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THE AMERICAN ACADEMY OF THE HISTORY OF DENTISTRY AND THE LINDSAY SOCIETY FOR THE HISTORY OF DENTISTRY

65th Annual Meeting
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Photo: Mariano Mantel
A recent publication in Nature – Scientific Reports identified a 14,000-year-old tooth that apparently had undergone a dental procedure to remove dental caries. This report is well detailed and focused on the discovery of what appeared to be dental caries manipulation in the Late Upper Palaeolithic Era in a human specimen (Villabruna) from a burial site in Northern Italy. Modern technology was used to assess this finding and provide a reasonable explanation based on specific enamel chipping observed in the uppermost mesial margin of the tooth cavity. While details of the discovery were based primarily on the tooth cavity that was identified and the specific characteristics it displayed, upon review of the report other observations not reported or assessed may suggest additional considerations for contemporary dentistry. The purpose of this article is to attempt to provide a plausible clinical perspective on these additional observation and assessments along with identifying questions as to the importance of these conclusions.

In July 2015 a very interesting and detailed report appeared in a Nature publication – Scientific Reports that highlighted a claim for the earliest evidence of dental caries manipulation in the Late Upper Palaeolithic era (Fig. 1). This publication focused on anatomical details found on the tooth structure that strongly influenced the authors to speculate that a specific procedure had been used to chip away at the tooth enamel using microlithic points.

“‘There is no universally accepted definition of the term microlith, especially regarding size. The Dictionary of Archaeology defines ‘microlith’ as ‘Small flint blade, or fraction of blade, often defined...”

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as less than 5 mm long and 4 mm thick to make arrow heads, spears, and other weapons and tools. However, most sources illustrate microliths in a range of sizes from a few millimetres to almost 2 centimetres wide, and up to 5 centimetres long."

Due to the perceived importance of this discovery and report, the story was immediately picked up by both The Telegraph and the Washington Post. The investigators, who were from Italy, Germany and Australia used modern scientific methods (Scanning Electron Microscopy, Digital Photography, MicroCT, and Stereo Microscopic Imaging, along with chemical analysis of the materials found in the tooth cavity) to provide an excellent detailed description and explanation for their findings.

"The skeleton, found in a rock shelter, was laid in a shallow pit, surrounded by the hunter’s most prized possessions—a flint knife, a stone used as a hammer, a flint blade and a sharp piece of bone. The skeleton was unusually well-preserved, and the burial mound was marked with stones decorated with designs painted in red ochre. The scientists analysed one of the man’s molars and found evidence that it had once been infected and that rotten material had been dug out of the tooth with the aid of a stone implement, most likely a shard of flint."

"This discovery is about more than just the ancient roots of dental work. It also speaks to the lifestyle of this 14,000-year-old man and his contemporaries, as cavities are associated with a high-carbohydrate diet (because of the bacteria that cause tooth decay feeds on sugars) and that the onset of cavities is typically pegged to the arrival of agriculture during the Neolithic period, several centuries after the tooth’s owner was dead and buried."

"Recent studies show that dietary changes towards a more carbohydrate-rich diet (e.g., large exploitation of grains and starches) may have occurred well before the Neolithic, predating the origin of agriculture by ca. 10,000 years, if not 20,000 years. Thought it is undeniable that the frequency of dental caries increased with the advent of agriculture, some regions may have experienced a dietary shift during the mid-Late Upper Palaeolithic, as suggested by a greater incidence of carious lesions (rarely observed in fossil hominins in some modern human populations). The rise in caries incidence, coupled with appropriate lithic technology during the Late Upper Palaeolithic may have created an optimal context within which to adapt the habitual use of a toothpick (made of wood/other materials)."
towards a rudimentary dental intervention..."

In reviewing this original report and the details provided by the internet via The Telegraph and the Washington Post, some clinical contemporary questions presented themselves, along with some possible interpretations and plausible answers. It also raised some questions relative to some unaddressed clinical issues within the findings. However, as with any report that appears in the current news, comments from readers abound, along with the reporter’s “take” on the findings. Most of the recorded responses focused on pain and misery for the 14,000-year-old individual, along with dread of the dentist being reported by the responders.

Clinical Issues for Contemporary Consideration

- While the presence of pain during this procedure was a reasonable possibility, the other consideration would be that the dental pulp may have been non-vital, as there is no way of knowing that the intervention identified was due to pain. Therefore, pain may or may not have been felt during caries removal. Likewise, there is no way of knowing whether or not this was a self-intervention or one performed by an individual within the community who may have been versed in this procedure.

- Was it possible that this tooth had a pre-eruptive coronal radiolucency due to resorption and upon eruption and function the undermined enamel in the central fossa collapsed. Often invasive external resorptive defects occur with the site of entry of the resorptive tissue located below the gingival sulcus or even below the cervical attachment and the pulp remains vital and symptom-free.

- The position of the tooth relative to the lingual cortical plate of bone may have resulted in a periapical abscess along with swelling in the floor of the mouth (Ludwigs Angina). The cortical bone is very thin on the lingual and the inflammatory process may have penetrated this bone rapidly. See Fig. 2 (top) that shows the position of the tooth relative to the lingual cortical plate of bone. Extension of inflammatory or infectious processes from third molars in this position can be medially into the submandibular/sublingual spaces. Further progression along the planes of these spaces and may ultimately result in airway compromise by entering the parapharyngeal

---

**Fig. 2.** Top, occlusal view of the tooth in question and its relationship to the mandibular bone. Note its significant lingual inclination and evidence of an occlusal cavity. Bottom left, depiction of the area of the tooth that as caries and evidences the chipping away of the enamel and dentin. Note also the upper right hand coronal on the enamel ridge, the presence of a crack line adjacent to the 1 mm marker (See Fig 3). Bottom right, scan of the tooth in question. Note there is not obvious penetration of the large pulp chamber, although a crack may be present. Pulp canals are not visible to the apex and there is thickening of the periodontal ligament space greater than 2X its normal appearance.
spaces and mediastinum. \(^6^7\)

- If the roots of this tooth were below the mylohyoid muscle attachment (mylohyoid ridge) and if swelling did occur, it may have begun to place pressure on the tongue and possible distress during mastication, swallowing and breathing. (Note, while there is evidence of a widened periodontal ligament on both roots in Fig. 2 (lower right), this could either reflect the presence of an apical periodontitis or the fact the root apices have penetrated the lingual cortical plate of bone below the mylohyoid ridge. Direct visual examination would confirm or negate this latter possibility). This may have been the main reason for the attempt to relieve the discomfort by recognizing that a tooth was causing the problem. \(^7^9\) In this case, with the removal of the caries and opening of the orifice of the distal canal, drainage may have been obtained, thereby relieving the individual of the swelling and possibly any pain. However, there is no evidence presented to show that the tools specified in the report penetrated the large pulp chamber. If not successful, the soft tissue may have been cut to relieve the swelling. \(^10\) Likewise there is no information to support this as having occurred.

- There is significant bone loss distal to the tooth as seen on Fig. 2 (top), however it does not show on the MicroCT seen in Fig. 2 (lower right photo). On Fig. 2 (lower left photo), line “A” is drawn from the mesial buccal to the distal lingual and a MicroCT provides a view of the tooth in this plane (right photo). However, if a line were drawn from the mesial lingual to the distal buccal and a MicroCT exposed, especially at high resolution, it may show the depth of the bone loss along the distal root. Could there have been a periodontal pocket that reached the apex of the distal root, causing pulpal necrosis and abscess formation? Could there have been a crack or fracture along the distal wall of the tooth?

- Areas marked as caries in Fig. 2 (lower left) are questionable, as the black line from caries that goes distal appears to be pointing to the orifice of the distal canal; although, no penetration of the chamber is evident in the MicroCT picture presented. Likewise, this same circular area seems to represent the use of a rotary-type of drilling as seen later in the Neolithic period in a group of individuals identified in Pakistan. \(^11\)

- Would a full series of MicroCT pictures scanned at high resolution slices or sections (5000+ sections) provide evidence of complete canal closure or an open apex that never completely formed due to the position of the caries? Did the decay actually penetrate into the dental pulpal space? Would the distal root display a canal that exits to the lingual directly into the soft tissue of the floor of the mouth if the there was a osseous dehiscence? Additional information from the specimen may or may not shed light on these questions.

- The findings in this report were identified, as being from a 25-yo skeleton and the tooth in question is a third molar. Based on diet and lack of routine oral hygiene, along with the possible failure of the enamel to fuse in the central fossa creating a defect that could not be easily cleaned, especially in a third molar, was this environment conducive for rapid caries advancement into the dental tubules and pulp chamber? \(^12\) Note the size of the pulp chamber in Fig. 2 (lower right). Furthermore, reaching a third molar to perform such excavation procedures is often quite...
Based on the wear pattern identified in the original report it is possible that there were cracks or even fractures in the tooth structure that may have led to the bone loss on the distal lingual of the tooth, along with contributing to the devitalization of the dental pulp. Note the crack lines in the enamel on the distal marginal ridge and distal lingual cusp (Fig. 3 - yellow arrows). Often these cracks can be seen progressing from the occlusal surface down the length of the root, especially in the most posterior teeth. In this area optical coherence tomography may shed some light on the integrity of the tooth structure and provide a more definitive diagnosis regarding the presence of vertical root fractures. Were the striations that were found in the tooth cavity due exclusively to the use of flint tools? Could the nature of the food that was consumed have contained a gritty substance or sand that contributed to the markings that were identified in the cavity (Fig. 4)?

While this historic scientific finding leaves us with additional pieces of information regarding ancient dental practices and possibly dietary variations, it also leaves us with multiple questions and speculations. While our early ancestors most
likely suffered from the same dental maladies that we do today, even modern technologies may not be able to answer all of our questions or satisfy our thirst for insight into our historical beginnings that are secured in the vaults of antiquity. However, they do identify the need to integrate current dental science and clinical expertise with archeological findings in an attempt to better understand our past.

References


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The Brisbane Dental Hospital Building:
“The Palace”
An Era Ends

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Constitutional, educational, humanitarian and political considerations underpinned the design and construction of the Brisbane Dental Hospital Building, often colloquially referred to as “The Palace.” The Queensland Heritage Council’s listing of the Brisbane Dental Hospital Building on The Queensland Heritage Register in 1999 confirms the cultural significance of Nowland’s architectural signature, the historical importance of the Wickham Park precinct and prior students’ connection with the building. Influences on decisions determining the location, grand design and timing of construction of the Brisbane Dental Hospital Building emanated from a far bigger and largely unrecorded political picture. The authors argue that the political context in two tiers of government, the timing and nature of the proposal, town planning issues, the exigencies of the caries epidemic and Forgan Smith’s post-Depression economic reconstruction across Queensland underpinned the project. Hanlon’s personal attributes and disdain for the autonomy of the dental profession, together with his desire to reform dental education and to establish statewide government-administred dental clinics, were also relevant. Accordingly, the BDHD portrayed aspiration, purpose, symbolism, and vision. This paper, essentially an integration of dental and mainstream history, assembles and analyzes hitherto scattered and unpublished evidence to fill a gap in the current literature.

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Introduction

In 1936, the Brisbane City Council (BCC) relinquished ownership of a 200-feet-deep Turbot Street frontage of Wickham Park to the Queensland Government in exchange for Crown-owned land fronting the Adelaide and George Street intersection. The BCC’s action provided the adjoining addresses of 168 and 200 Turbot Street. The former address became the site for the Brisbane Dental Hospital Building (BDHB) housing the Brisbane Dental Hospital (BDH) on Ground Level (1941-2017) and the Queensland College of Dentistry (QCD) on Levels 1 and 2 (1941-2014).

Officially opened on the 6th July 1941, the creative design and grandeur of the BDHB were unprecedented within the context of the contemporaneous architecture housing public dental practice across Australia. The building portrayed aspiration and purpose. It epitomized architect Raymond Clare Nowland’s vision and pragmatism, contributed to Premier William Forgan Smith’s post-Depression economic reconstruction across Queensland, embodied state Australian Labor Party (ALP) governments’ symbolic aspirations for Queensland and became the flagship for Minister Ned Hanlon’s dental policy. Throughout most of the twentieth century, the BDHB was also the hub for dental education in Queensland.

The Queensland Heritage Council’s listing, in 1999, of the BDH on The Queensland Heritage Register confirms the cultural significance of the building. This paper analyzes the historical and sociopolitical backgrounds to official decisions that allowed the location, grand design and construction of the BDHB. It argues that the political context in both tiers of government, the timing and nature of the proposal, town planning issues and the exigencies of both the caries epidemic and the Great Depression underpinned the project. Also relevant were Hanlon’s personal attributes and his desire to reform dental education and to establish statewide government-administered dental clinics. In late 2014, the University of Queensland School of Dentistry (UQSD) relocated from 168 and 200 Turbot Street to Herston. The BDH will follow in 2017. The departure of both institutions from the BDHB marks the end of an era.

Location, Nomenclature and Terminology

Terminology warrants brief explanation. Councils controlling central Brisbane were: the Brisbane Municipal Council (1859-1902), the Brisbane City Council (1903-1925) and thereafter the [amalgamated] Brisbane City Council (BCC). The BDH has been located at Harper’s Building, Elizabeth Street (1908-1916), Westbourne, George Street (1916-1941) and the BDHB, Fig. 1. In February 1936, the Queensland Government formally announced the Turbot Street Development Scheme, a proposal for buildings housing a dental hospital, art gallery and library, at 168 and 200 Turbot Street, Fig. 2.1,2 This plan, known also as the Turbot Street Redvelopment Scheme and the Wickham Park Development Scheme, would relocate the BDH and the QCD from outdated facilities at Westbourne to a new specifically designed and constructed building at 168 Turbot Street.

Due to the economic pressures associated with World War II, the State Government canceled the construction of the cultural center and library. Since the opening of the BDHB, either the Department of Home Affairs and the University of Queensland Dental Faculty or namesakes have provided both dental services and dental education at that location. On the 16th May 1970, the Governor of Queensland, Sir Alan Mansfield, opened the UQSD Building on the 200 Turbot Street address.

Historical Background to the BDH

The BDH founders, mostly members of the Odontological Society of Queensland, believed that the state needed both “a University and a Dental Hospital.”3 The former they could not implement; the latter they could. The founders’ aims for the BDH were to “relieve and help the necessitous poor” and to provide students with “practical training.”4 Benefactors and volunteers established the BDH with neither Government nor Dental Board of Queensland (Dental Board) subsidy.5 Levies for
Figure 1 Model of the BDHB. Source: Hanlon EM. Healthy Teeth & Dental Care. Brisbane, QLD: Department of Health and Home Affairs. 1941.

Figure 2 Turbo Street Development Scheme. Source: Courier-Mail. 24 April 1936:4 courtesy Australian National Library’s digital database Trove.
students’ tuition were paid to the Dental Board. Fees were charged for professional services but treatment for the “destitute poor” was gratis.

After Federation, successive Queensland Governments gradually assumed responsibility for public dentistry. The Department of Public Instruction established a School Dental Service in 1911. The following year, the same Department introduced a subsidy for dental students’ fees. Thereafter, until at least 1920, it contributed grants to the BDH. Moreover, when the Government purchased Westbourne in May 1916, the top floor became available to “The Dental Committee of the Dental Clinic.” Evidence regarding commercial arrangements is both sparse and conflicting. However, “the State Children Department” (sic) occupied the Ground Level. On Level 1, dental treatment for school children was provided “free of charge.” Reports of proceedings at annual meetings confirm the humanitarian and educational roles of the BDH, the honorary service of its staff, their difficult working conditions, the parlous state of the institution’s finances and the heavy demand for professional services.

Organizational change at Westbourne occurred in the mid-1920s. At the annual meeting in 1924, a motion “that the institution should be known as the Queensland College of Dentistry and the Brisbane Dental Hospital” was unanimously adopted. Moreover in 1926, the Brisbane and South Coast Hospitals Board, under the auspices of the Department of Home Affairs, took over the administration of the BDH. This action paralleled the ALP’s emerging vision for “free to the poor” dental clinics across the state. Furthermore that same year, the Brisbane and South Coast Hospitals Board, the Dental Board, the Odontological Society of Queensland, the University of Queensland (UQ), the Department of Public Instruction and appointees from the dental profession established the Joint Board of Dental Studies. This body coordinated the education of dental students.

The constitutional context was relevant to earlier and unfolding developments. At a national level, narrow pre-1920 interpretations of the Commonwealth of Australia Constitution Act (1901) dictated that health, excluding quarantine, was a retained state power. The 1920s saw increased federal involvement in health, for instance via the Commonwealth Department of Health, a Federal Health Council and the Commonwealth Serum Laboratories. The Report of the Royal Commission on Health (1926) formally confirmed common knowledge relating to the ubiquity and damage of the caries epidemic. However, the Commissioners recommended that the delivery of health services be retained as a state responsibility. Moreover, only three of seven Commissioners who served on The Royal Commission on the Constitution (1929) unequivocally endorsed “power to make laws with respect to co-operation between the Commonwealth and the States in regard to health.” Given the pre-1940 constitutional context, Federal involvement in providing dental services was insignificant. Hence, the Department of Home Affairs’ and Department of Public Instruction’s involvement at Westbourne conformed with federal-state divisions of constitutional authority. It also became the genesis of ALP policy relating to the state-administered delivery of adult dental services across Queensland.

The Australian Constitution dictated that education was also a state responsibility. Significant evidence suggests that Queensland lagged behind other states when it came to standards of education. For instance, Queensland was the last state on the eastern seaboard to establish a university. The problems within dental education in Queensland throughout the 1930s are extensively documented. They included, among other things: disagreement within the multipartite Joint Board of Dental Studies concerning student curriculum; Hanlon’s polarized relationships with dental academics and members of the Dental Board and the dental profession; the lack of reciprocity between states regarding recognition of dental qualifications; and Hanlon’s widely published views that real education in dentistry involved practical not theoretical training. Dental education in...
Queensland needed reform.

Westbourne, Dental Education and the State Government

The Departments’ involvement at Westbourne gradually drew the Government into controversies relating to dental education. Hanlon became implicated in rising discontent over the suitability of the Westbourne premises and its equipment.\(^1\) Moreover, personal and organizational infighting within the Joint Board of Dental Studies escalated at the end of 1934. The UQ Senate advised the Brisbane and South Coast Hospitals Board that it would take no part in the “tuition, practical training and examination of dental students.”\(^2\) Forgan Smith and Hanlon resolved some of these matters by: promising facilities for the BDH and the QCD at a new location; funding a Dental Faculty for the UQ; and transferring authority, via The Dental Acts Amendment Act (1935), to the Faculty for a new system of dental education.\(^2\) The Act now transferred “powers to teach and examine students of dentistry” from the Dental Board to the Faculty.

The creation of a Faculty and the provision of new facilities were universally acclaimed. However, other sections of The Dental Acts Amendment Act (1935), often referred to as “The Dog Act”, immediately became contentious. Hanlon introduced Section 8 to ostensibly “protect his obligation to people in North, West and Central Queensland.”\(^3\) It allowed Hanlon to control non-university and overseas-trained registration and appeals for “examination in special circumstances.”\(^4\) Much to the dismay of the Australian Dental Association Queensland Branch (ADAQ) and some Dental Board members, Section 8 allowed a Ministerial discretion for a “back door test.”\(^5\) This allowed an avenue for both unqualified and poorly qualified applicants to register as dentists in Queensland.

Other issues relating to the act came to the fore in 1935. They included the qualifications of Dental Board members, namely medical practitioners, acting as examiners of dental students’ “practical and mechanical dentistry”;\(^6\) and the automatic right of medical practitioners, via Section 19 of The Dental Act (1902), to practice dentistry.\(^7\) These developments, together with Hanlon’s autocratic handling of them, entangled the Government in the acrimony linked to the Minister’s discretion to facilitate dental registration. Nonetheless, the creation of the Dental Faculty, the provision of new facilities and the legislative amendment extricated the Minister from many of the more mundane negotiations in dental education.

Westbourne, Public Dental Treatment and the State Government

Widespread public concern about the consequences of dental caries added weight to calls for a relocation of the BDH. Statistics for the 1934-1935 year are scant, but those for neighbouring years confirm the prevalence and severity of the caries problem. Circa 1936, nine dentists, nineteen students, twelve dental mechanics and an unspecified number of dental assistants, treated 300 patients per day at Westbourne.\(^8,9\) In the 1936-1937 year, 13,666 children and 10,121 adults had 66,222 teeth attended to. Treatment involved 30,000 restorations and 36,222 extractions. In 1937, The Sunday Mail reported that bad teeth were “Public Enemy No.1.” The destructive and recurring nature of dental caries, together with its ubiquity among the dentate and the costs associated with dental treatment, generated a communal sense of urgency regarding access to treatment.

Hanlon, while abrasive, divisive and tough, was also compassionate. He was “struck” by the dental condition of unemployed men and their families throughout the Depression and felt bound, on humanitarian grounds, to rectify the problem.\(^10\) This experience partly explains why, in 1933, Hanlon announced proposals for dental clinics in major provincial centers.\(^11\) Within four years, the Government had opened four suburban clinics in Brisbane. The following year, Hanlon acknowledged that, “the oral health of the community was now regarded as a major responsibility of Governments.”\(^12\) Hence throughout the 1930s, under Hanlon’s stewardship, reform of dental education and the provision of dental services to disadvantaged adult Queenslanders emerged as state priorities.
Other developments relating to public access to dental treatment came to the fore in early 1935. These added impetus to calls for a refurbished BDH at a new location. Hanlon outlined Labor’s “Broad Plans for Hospital Services” with the “ultimate objective complete nationalization” of dental services. Hanlon also declared that government involvement in providing dental treatment was a “sound economic investment.” Moreover, a new BDHB harmonized with Forgan Smith’s strategies for post-Depression economic reconstruction and for expansion of the UQ. Finally, The Courier-Mail editorialized about the “inadequate” and “cramped quarters” at Westbourne. Hence, in early 1935, Hanlon announced “a complete overhaul of the Dental administration in Queensland.” However, one major element of the announcement would soon prove to be premature.

The first phase of the plan involved, inter alia, an annual government grant to the QCD and a new building for the BDH and the QCD on vacant land at the corner of Edward and Turbot Streets. The site conformed to Hanlon’s prior recommendation: “the clinic should be centrally located in the city.” The proposal, announced three months before the May 1935 Queensland election, was conditional on the Railway Commissioner’s surrender of the land. However, the Secretary for Transport rejected the proposal. Hanlon had to either renege on a promise or find an alternative location that was “reasonably convenient to tram, train and bus services.”

A Definitive Proposal: 168 Turbot Street

Ongoing discussions between the State Government and the BCC revealed a potential alternative site for the BDH and the QCD. Throughout 1934, public pressure had been growing for “peoples’ institutions,” namely an art gallery and library. Accordingly in November, the State Government unilaterally announced an extensively publicized and widely acclaimed “Turbot Street Redevelopment Scheme for the site bounded by Turbot Street, the Jacob’s Ladder pedestrian staircase, Wickham Terrace, and Albert Street.” However, Councilors had no knowledge of the proposal until it appeared in newspapers. Moreover, the BCC owned the land and negotiations over its surrender became protracted.

During this dialogue, the Grand Council of Progress Associations and the Town Planning

Figure 3 Adelaide George Street Intersection 1934. Source: Artwork by H. Akers. Not to scale. Adapted from information in BCC Archives, Australian National Library’s digital database Trove and Courier-Mail. 12 February 1937: 13.
Association of Queensland (TPAQ) raised longstanding concerns about the Adelaide-George Street intersection, which blocked a major southern portal of entry from North Quay to the central city precinct, Fig. 3. Crown-owned land in George Street, adjoining the intersection, housed the Supreme and Police Court Building and the Railway Commissioner’s Offices. Businessmen “urged the State Government to remove these buildings to enable the long overdue extension of Adelaide Street.” Fig. 4. Increasing vehicular traffic across the Victoria and recently opened Grey Street Bridges, the latter now known as the William Jolly Bridge, added momentum to formal requests for the BCC to create direct access to and from North Quay via an extended Adelaide Street. This widely acknowledged town planning issue became a pivotal consideration in the BCC’s eventual surrender of the Turbot Street frontage of Wickham Park to the State Government.

The window of opportunity for the Turbot Street Development Scheme opened further in January 1935. The Courier-Mail supported the State Government’s drive for development and cultural advance across Queensland and the TPAQ’s enthusiasm for a formal town plan in Brisbane. The Courier-Mail published a thematic sequence of ten features under the banner of “Brisbane of the Future,” List 1.

Figure 4 Proposed North Quay Improvement 1917. Source: BCC Archives File BCC Archives BCA1131 North Quay Improvement 1917. Note the 1917 proposed extension of Adelaide Street through George Street to North Quay.
Historical Problems - Limited Options

At this juncture, a brief history of aspects of Brisbane is worthwhile. The legacies of a Sydney-based colonial authority influenced development in central Brisbane. Officially proclaimed a city in 1902 and “unloved by both town-planners and the administrators,” Brisbane was a late and “accidental” development in the colonial era of New South Wales. Historians Ross Johnston and John Laverty cite evidence to explain the Brisbane Municipal and the Brisbane City Councils’ limited acquisition of central parkland and the gridiron of narrow streets. At the turn of the century, over twenty local authorities including the Brisbane Municipal Council administered the Brisbane region.

Rapid and haphazard population growth, together with the north-south division of the city by the Brisbane River and the right to petition for a local authority, generated discrete patterns of settlement and parochialism. Moreover, the river divided and intermittently flooded parts of the city. The consequences were conflict and inefficiency among the local authorities. The City of Brisbane Act (1924) led to the consolidation, in October 1925, of eighteen municipalities, together with parts of two others, into the BCC. The historical evolution of Brisbane explains the BCC’s ownership of Wickham Park and the aforementioned Adelaide-George Street impasse at a potentially major portal of entry to and exit from central Brisbane.

The Brisbane Municipal and the Brisbane City Councils left other legacies for the BCC. The city was poorly designed and unprepared for automated transport. There are numerous explanations: the absence of an authoritative civic survey; the lack of a formal town plan; a paucity of high-level river crossings on appropriate arterial roads; obscurities in State Government-BCC responsibilities relating to vehicular, railway and tram traffic; spider-like and ribbon patterns of development; and topography. Moreover, soon after the inauguration of the BCC, the Great Depression affected both Queensland and Brisbane.

The BCC’s limited access to loan money throughout the Depression generated administrative difficulties. The BCC’s survival and the concept of “Greater Brisbane” were “in question.” In 1934, Alfred Jones

for “Brisbane of the Future”

- Brisbane of the future I. Courier-Mail. 3 January 1935:10.
- Price V. Brisbane of the future III. Courier-Mail. 7 January 1935:10.
- Steer GR. Brisbane of the future VII. Courier-Mail. 15 January 1935:12.
- Stable JJ. Brisbane of the future X. Courier-Mail. 18 January 1935:12.

Authors were the Lord Mayor of Brisbane, the Archbishop of the Catholic Archdiocese of Brisbane, the Presidents of the Grand Council of Planning Associations and the TPAQ, the General Manager of the Brisbane City Council Tramways Department, the Deputy Director of Posts and Telegraphs and the Dean of the UQ Faculties of Arts and Commerce. The last author rejuvenated the TPAQ’s longstanding calls for a “Civic Survey” and a formal town plan, which themes The Courier-Mail pursued. The following month, The Telegraph announced “a prize of £5/5/- and several additional prizes” for a “City Beautification Ideas Competition”. With infrastructure, for instance the Brisbane City Hall completed and the construction of the Story Bridge about to start, the development of Greater Brisbane became State Government and BCC priorities.

Forgan Smith, Hanlon and Jones

The BCC’s limited access to loan money throughout the Depression generated administrative difficulties. The BCC’s survival and the concept of “Greater Brisbane” were “in question.” In 1934, Alfred Jones...
(ALP) became the Lord Mayor of the BCC. Both the State Government and the BCC wanted post-1925 Brisbane to develop from what a later Town Clerk described as “the most backward capital city in Australia.” Hence, the era for site selection for the BDHB was one where: Labor controlled the State Government and the BCC, List 2; the management of traffic in central Brisbane was problematic; and the need for state development paralleled the need for urban transformation and infrastructure in Brisbane.

List 2: The State Government and Brisbane City Council

<table>
<thead>
<tr>
<th>State Government</th>
<th>Brisbane City Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>1941-1942: ALP, Forgan Smith</td>
<td></td>
</tr>
</tbody>
</table>

The era of the Jones Lord Mayoralty was one of disorganization and State Government intervention. Moreover, Forgan Smith’s election win in 1932 involved Labor winning twelve of the nineteen seats in the Brisbane metropolitan area. It is reasonable to propose that Forgan Smith’s public support for economic development in Brisbane was due to: an electoral commitment to post-Depression economic reconstruction via a statewide building program; a geographically distorted Cabinet with Hanlon being the only metropolitan-based Minister; and a need to hold Brisbane-based electorates. Forgan Smith and Hanlon endorsed both Jones and his policies, which incorporated “a vigorous works policy in co-operation with the State Government.” This evidence suggests that mutual self-interest and party-partisan politics shaped an alliance of convenience between Forgan Smith and Jones. This political context underpinned the exchange of real estate that allowed the first stage of the Turbot Street Development Scheme, namely the location for the BDHB, to proceed.

Archbishop Duhig

The influence of Catholic Archbishop James Duhig’s endorsement for the transfer of land to allow an art gallery, public library and dental hospital at Turbot Street, although poorly recorded, should not be underestimated. Duhig was accustomed to dealing with Parliamentarians, generally enjoyed amicable relationships with Forgan Smith and Hanlon and supported Forgan Smith’s plan for post-Depression economic reconstruction. This was an era when the Brisbane Archdiocese changed Brisbane’s skyline with stately designed and conspicuously located churches and schools.

An influential figure, an astute investor, well connected, colloquially known as “James the Builder” and a later Patron of the Arts, Duhig also “regarded himself as an expert on town planning.” Moreover, he had resided and worked in nearby Spring Hill and believed that “Wickham Park has a most unsavory reputation, and has become the resort of low and undesirable characters.” Duhig understood the historical problems associated with town planning in Brisbane, appreciated the traffic-related difficulties in Adelaide Street and wanted Spring Hill redeveloped. Assessing the social significance of Duhig’s support for the Turbot Street Development Scheme involves conjecture. However, he was an early and strong supporter.

Controversy

The timing and context of the proposed transfer of ownership of the Turbot Street frontage of Wickham Park from the BCC to the State Government was relevant to the emerging controversy. In the 1934 BCC election campaign, the Lord Mayor and Labor colleagues espoused a policy of retaining existing parkland. Against this backdrop, the imminent sale of Hamilton Park to Brett & Co for “wharfage purposes” had generated discontent within the electorate. Concerns relating to the Turbot Street
Development Scheme also appeared. The Courier-Mail editorialized that the exchange of Wickham Park land was contentious and described it as a "hornets' nest." The Trades and Labor Council was "tremendously against" the exchange. Its "emphatic protest" influenced several Labor Councilors. A member of the Dental Board, several members of the Royal Queensland Art Society and the TPAQ, leading members of the dental profession, several BCC Councilors, most notably Alderman Tait who represented the Hamilton Ward, and nom de plume authors expressed opposition, List 3. Their and others' reasoning appears in List 4. However, Forgan Smith and Hanlon were powerful influences within the Trades and Labor Council and the ALP. The end result was a 17-4 BCC vote for the exchange.

Opposition in newspapers waned after The Courier-Mail published a Department of Public Works' sketch for the Wickham Park Redevelopment Scheme, which included the proposed BDHB, Figs. 1 and 2. Hanlon announced in December 1936 that work on the BDHB would start in early 1937. The residence of the Lord Mayoral chauffeur and the Gymnasium Hall would be demolished. The former Seamen's Institute Building, opened in 1904 and vacated in 1926 and known to dental students as the Annex, was retained at 200 Turbot Street for preclinical instruction until 1970. It was then demolished to allow for the additional building housing the UQSD.

List 3: Newspaper Reports Expressing Opposition
- Art gallery site should be clear of dental hospital. Courier-Mail. 11 February 1936:14.
- Art gallery site Wickham Park still in doubt. Courier-Mail. 3 April 1936:16.
- Avoid this civic blunder. Courier-Mail. 24 April 1936:12.
- Dental hospital should be near medical school. Telegraph. 13 February 1936:13.
- Dental hospital site board member objects. Courier-Mail. 13 February 1936:12.
- Dental hospital site will not be changed. Courier-Mail. 26 March 1936:15.
- Do not botch a good intention. Courier-Mail. 12 February 1936:12.
- The wrong approach. Courier-Mail. 10 February 1936:12.

List 4: Rationale for Opposition
- The BCC only holds parks in trust for the people of Brisbane.
- The BCC should not exchange land.
- There were too few parks in Brisbane.
- The State Government should give the George Street land to the BCC.
- The BDHB, located near the art gallery and library, would spoil the precinct.
- The art gallery and library needed isolation and room for later expansion.
- The site had a wonderful view.
- The site was too small.
- Trees should not be destroyed.
- The State Government is occupying more and more land and not paying rates.
- Traffic- and odor-related issues from the Fruit and Vegetable Markets.
- Noise, dust, smoke from Central and Roma Street Stations and the Markets.
- The BDHB should be at Herston near the Medical School.
- Lack of natural light within clinics of the BDHB due to adjacent cliff face.
- A dental hospital was of secondary importance to cultural needs.
- A dental hospital did not need much space: find another location.
- Loss of Waterworks Reserve.
- Paucity of detail in the proposal.
- Costs and time lost for students traveling to and from the Medical School.
- Many had made strenuous efforts to establish a
standalone cultural precinct via the Queensland Art Fund and the Darnell Bequest Appeals.
• Contention over a potential sale of Hamilton Park to Brett & Co.

The Preamble to Construction

The proposed site for the BDHB, elevated above the intersection of Albert and Turbot Streets, was on a major vehicular portal of entry to the Brisbane Central Business District. It was accessible, conspicuous and identifiable. The location for the Turbot Street Development Scheme contained a cottage for the Lord Mayoral chauffeur, a gymnasium, a water reserve, the Water Supply and Sewerage Department’s garage and the Seamen’s Institute Building. Demolition began in late February 1938 and Cabinet approved the excavations for the BDHB on 10th March 1938. Characteristic of Hanlon’s domineering approach, BCC archives confirm that the Government “desired to make an immediate start with the erection.” He laid the foundation stone for the BDHB on 20th March 1938. Construction started immediately. However, media reports and archival evidence suggest a tardy land title transfer for small portions of the water reserve. On the south west corner of the property, a 173 square meter easement persists.

The topography of the site, prior to its extension to a 200-feet Turbot Street frontage, presented challenges to the Department of Public Works. A Metropolitan Water and Sewerage Board map (1913) confirms a vertical elevation of approximately 6.5 meters from the Turbot and Albert Street intersection to the rear of the existing buildings. In 2014, The Brisbane City Council Plan reveals elevations from the same intersection to the Ground Floor of the BDHB and to the top of the near vertical cliff-face at the rear of the BDHB of 6 meters and 13 meters respectively, Fig. 5. This change of contour and depth of the allotment, together with the presence of metamorphic rock and sparse topsoil, meant that excavations to prepare the northeast and northwest aspects of the site were both extensive and difficult.

The site required architectural and engineering expertise to establish the esthetic and structural integrity of the building. The foundations for the BDHB straddled the railway tunnel connecting Roma Street and Central Stations. Before a floor could be laid, engineers from the Department of Public Works and the Department of Transport (Railways) had to establish a steel-reinforced concrete foundation and a stable, level platform for the base of the building. The resolution of these issues required elaborate concrete beams and steel stanchions to buttress the foundations and to resolve safety and vibration issues arising from traffic in the tunnel, Fig. 6. Furthermore, parts of the central, southwest and southeast aspects of the allotment were raised by backfill, Fig. 7. To this end, Camp Mountain granite was transported from Samford and compacted into the site.

The original topography and preparation of the site provide clues to the current landscape, namely: the terraced Turbot and Albert Street frontages to the BDHB; and the abrupt, approximately 8 meter-high, rock interface that remains behind the BDHB.
today. The latter protects much of the northeast and northwest façades of the building. During storms, water flow down this vertical wall is torrential. Water is directed to the streets by four means: the access laneway, appropriately inclined landscape, contoured concrete pathways and trench-grate-protected concrete drains on the northeast and northwest aspects of the site. The backfilled southeast and southwest aspects establish the notable, dual-terraced streetscape.

Layout, Landscape and Precinct

By modern standards, the layout of the BDHB occupies a small area of the site plan. The southeast and southwest façades are generously set back from the footpath and the building encloses an open quadrangle. A basement exists under the northwest aspect of the Ground Floor (Floor Area 1385 square meters). To clearly demarcate the dual purposes of the building, “Brisbane Dental Hospital” and “Queensland University Dental College” are respectively emblazoned on the façades of the Level 1 and Level 2 (Floor Areas 1385 and 1020 square meters). In 1949, at a budgeted cost of £1582, the enclosed structures of Level 2 were extended to become laboratories and common rooms. Until late 2014, the Levels 1 and 2 of the BDHB, together with the post-1970 adjacent building at 200 Turbot Street, housed the clinical and teaching facilities of the Dental Faculty. An access laneway from Turbot Street separates the two buildings. An enclosed, second-floor walkway links both premises. This pedestrian overpass is approximately seven meters above the laneway.

The elevated and inclined landscape creates problems for patient access and ground maintenance. Entry from Turbot Street is both imposing and demanding: 38 to 40 concrete steps. However, the service lane and a gently sloping rear-entry ramp provide ambulance, taxicab, disabled
and wheelchair access. In the bygone era of mass extractions under nitrous oxide anesthesia, many patients left the BDHB via this ramp. A discreet rear portal from Albert Street is available for staff. To facilitate patient entry, a lift, lift-well and suspended walkway from the Ground Floor Level to Turbot Street were installed in 2004. Lawn mowing is problematic. Ground staff use whipper snippers but formerly used mowers, initially manual, then electric and later petrol-driven, attached to ropes. Eighty years after Cabinet approved Nowland’s plans and specifications, the design and layout of the BDHB and its surrounds remain virtually unchanged.

The BDHB is located on the perimeter of the inner Brisbane Central Business District. In 1941, the elevated site and height of building, together with the absence of high-rise office towers, allowed direct vision to two commanding, now heritage listed, buildings: the Brisbane City Hall and the Central Methodist Mission, now known as Albert Street Uniting Church. There was a downside to the outlook. Until 1964, the Albert Street frontage of the BDHB beheld the rooftops of the Municipal Markets and the Brisbane Fruit and Produce Exchange. Today, the BDHB remains within walking distance to major bus and rail centers. In late 2014, the State Government listed the BDHB “for sale by expression of interest.” A sale was not forthcoming. However, seventy-five years after its opening, the BDHB remains not only accessible, functional and magnificent but also positioned on prime real estate.

The Albert and Turbot Street precinct is steeped with cultural significance. Apart from the Brisbane City Hall and the Central Methodist Mission to the south, the north and northwest of the BHDB borders onto Wickham Park. It either houses or adjoins additional heritage listed landmarks:

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**Figure 7** BDH 1941. Source: Australian Dental Mirror. 1941; 6 New Series(8):13-20. Courtesy Australian Dental Association Queensland Branch Archives and The Telegraph.
Albert Park South Air Raid Shelter (Albert St, built 1942), the King Edward Park Air Raid Shelter (224 Turbot St, built 1942), the Windmill Tower (226 Wickham Terrace, built 1828) and Brisbane's first in-ground water reservoir (built circa 1871 with a second built circa 1882). The Windmill Tower is the second oldest residual building in Brisbane. Moreover, although not heritage listed, the nearby Jacob's Ladder is a popular landmark. The adjacent precinct is only one reason for Queensland Heritage Council interest in the BDHB.\textsuperscript{86} The aesthetics, architecture, creativity in design and prior students' connection with the building are others.

Architecture and Fixtures

The BDHB is a British-derived, neo-Georgian expression of Renaissance style with an external perimeter involving flat linear outlines embracing an open, interior quadrangle. A recessed frontal vestibule carries two ornately fluted, Ionic columns. A parapet-like balustrade encloses the perimeter of Level 2. Nowland stamped his architectural signature on the building in many ways: the use of Renaissance typology and detail, the restrained neo-Georgian composition, the fluted Ionic columns, innovation, practicality and bronze lanterns.\textsuperscript{87,88} Nowland adapted the traditional symbol of education and enlightenment, namely the burning torch and lighted lantern, to the metaphorical concept of “Lux Sanat - The Light of Learning Heals.” This explains Nowland’s use of ornate bronze lanterns in his designs at the Brisbane Clinic (Wickham Terrace), the BDHB and the Mayne Medical School (Herston). The first and last are also heritage listed. Nowland designed at least thirteen high profile government buildings across Queensland. All typify his creativity, competency, vision and pragmatism.

Nowland’s creativity relied on another exceptional engineering feature. The roof of Level 1 serves as the floor for Level 2. This dual-purpose structure consists of cellular concrete covered by bituminous felt and additional concrete. This approach allowed the enclosures and later extensions on Level 2. Known sub-contractors and materials appear in List 5.

List 5: Sub-contractors and Materials

- Roofing: Wunderlich Limited
- Asphalt: Ormonoid Roofing & Asphalt Co. Ltd.
- Lifts (presumably cranes for construction): Standard-Waygood Ltd.
- Hardware: RS Exon and Co Pty Ltd.
- Painting: Berger Full Gloss, Department of Public Works.
- Sanitary hardware: Fowler.
- French polishing: Patrick Quinn, Department of Public Works.\textsuperscript{89}
- Air conditioning: unknown.
- Cable carrier and air shute (pneumatic tube): Lamson Paragon Ltd.

Some of the internal fittings are shown in Fig. 8. All available evidence suggests that the BDHB was the first government building in Queensland to be fully air conditioned.

Propaganda

The planning, construction and opening of the BDHB generated widespread publicity. Press reports, often orchestrated, detailed progress from plans and excavations through to the official opening. The last, an event where the community could inspect facilities, attracted many dignitaries and was extensively reported, List 6.

List 6: Immediate Publicity Related to the Official Opening

- Brisbane dental hospital and college. Telegraph. 4 July 1941:2.
- Broadcasting programs Sunday July 6 speeches at official opening of Brisbane Dental Hospital 4QR. Telegraph. 5 July 1941:16.
- The chain of health is incomplete. Courier-Mail. 6
Figure 8 Internal Photographs.
Source: Courtesy Australian Dental Association Queensland Archives.
Figure 9 Official Opening BDHB. Source: Australian Dental Mirror. 1941; 6 New Series(8):13-20. Courtesy Australian Dental Association Queensland Branch Archives and The Telegraph. Note Nolan’s use of bronze lanterns.

January 1941:4.
- Dental college credit to Queensland. Courier-Mail. 3 January 1941:3.
- Dental hospital here studied by Victorians. Courier-Mail. 27 September 1941:5.
- Dental hospital officially opened. Telegraph. 7 July 1941:3.
- Dental hospital to be opened on July 6. Courier-Mail. 14 June 1941:3.
- Larcombe J. Labor’s silver jubilee in Queensland minister’s historic review. Worker. 29 October 1940:7-11.
- Minister opens dental hospital. Courier-Mail. 7 July 1941:3.
- Radio highlights to-morrow 2.45pm. Official
opening of Brisbane Dental Hospital 4QR. Courier-Mail. 5 July 1941:7.

- PA. Queensland sets example in dental science impressive monument to government’s policy of protecting public health. Telegraph. 28 March 1941:10.
- State has £165,000 dental hospital. Courier-Mail. 7 July 1941:3.
- To-day’s radio 2.45pm. Official opening of Brisbane Dental Hospital 4QR. Telegraph. 6 July 1941:7.
- Tooth pulled from 3 weeks’ child. Courier-Mail. 7 July 1941:3.

Descriptions were lavish. Examples include: “an impressive monument”;90 “a credit to Queensland… an amazing institution”;91 “better equipped than any other dental hospital in Australia”;92 “studied by Victorians”;93 “would make Turbot Street one of the most beautiful streets in any city of the Commonwealth”;32 and “Queensland will have the most - advanced dental hospital and college in the Southern Hemisphere and even surpassing many well-known institutions in England and Scotland.”90

The opening, Fig. 9, is reported in The Queensland Year Book 194194 and in “The Governor’s Opening Speech” in The Hansard.95 It also heralded a souvenir magazine, Healthy Teeth & Dental Caries, which was extensively distributed throughout Queensland, Fig. 10.96 Both Forgan Smith and Hanlon exploited opportunities for publicity and used them to generate “Only in Queensland” propaganda.

**Political Rationale: The Micro- and Macro-pictures**

Significant evidence suggests that Forgan Smith and Hanlon’s dental polices generated benefits at the ballot box. Hanlon announced the BDHB immediately prior to the 1935 election, laid the foundation stone immediately prior to the 1938 election and opened the building four months after the 1941 election. On the 30th June 1939, 496 registered dentists served a Queensland population of 1,008,207.97 Almost all dentists worked in a private, fee-for-service system located predominantly along the Queensland coastal corridor. Hanlon’s concerns were obvious: a shortage of dentists; their skewed coastal distribution; and access to and the affordability of dental treatment. The demand for dental treatment via the emerging network of government-administered clinics was palpable. However, the electoral benefit line of reasoning to explain Forgan Smith and Hanlon’s actions...
is a narrow interpretation.

The genesis of the BDHB was only one small facet in a far bigger and largely unrecorded political picture, which evolved from circumstances that were initially remote from the Home Affairs portfolio. This cascade of events began in 1929 when Forgan Smith, then Leader of the Opposition, stated future ALP economic policy: “What I consider to be the proper policy of public finance is that a Government and those in authority should carry out public works to a greater extent during periods of depression than during periods of prosperity.”

Forgan Smith’s 1932 state election win, Table 1, involved a policy to establish a “Bureau of Industry” (a body to coordinate long-term planning across the state) funded via a “Queensland Revival Loan.” As Premier, Forgan Smith had to deliver that promise.

In reality, Forgan Smith had three early political goals: reinstate Labor’s credibility, minimize the economic legacy and affiliated social misery of the Great Depression and win the 1935 election. The last goal meant holding Brisbane-based seats. The population of Brisbane was 31.6 percent of Queensland. However, Brisbane accounted for almost 55 percent of all registered relief workers. Moreover, Hanlon was the only Brisbane-domiciled Minister. Hence, generating employment by the construction of infrastructure in Brisbane became a priority.

Table 1: Forgan Smith Governments 1932-1942 with State ALP Election Statistics

<table>
<thead>
<tr>
<th>Term in Office</th>
<th>Election Date and Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1932-1935</td>
<td>11 May 1935: ALP won 53.43% of formal primary votes and 46 of 62 seats.</td>
</tr>
<tr>
<td>1935-1938</td>
<td>2 April 1938: ALP won 47.17% of formal primary votes and 44 of 62 seats.</td>
</tr>
<tr>
<td>1938-1941</td>
<td>29 March 1941: ALP won 51.41% of formal primary votes and 41 of 62 seats.</td>
</tr>
<tr>
<td>1941-1942</td>
<td>5 April 1944: ALP won 44.67 % of formal primary votes and 37 of 62 seats.</td>
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Funding the BDHB: the Long Prelude

To generate employment, Forgan Smith became the driving force for contrarian post-Depression economic policy in Australia. He rejected the notion that contracted public expenditure resolved economic stagnation. He opposed The Uniform Tax Act and the deflationary strategies in The Premiers’ Plan and initiated a vigorous public works policy for the absorption of the unemployed. This fiscal strategy administered under the auspices of the Bureau of Industry, together with funding from the Golden Casket Art Union (a lottery), eventually delivered a debt-free opening of the BDHB.

To implement policy based on his alternative economic reasoning, Forgan Smith had to establish authority and credibility within the party. He understood and capitalized on the power structure within the Queensland ALP. He also realized that patterns of unemployment throughout and immediately after the Depression had not only reduced the influence of smaller unions in Queensland but also comparatively reinvigorated the Australian Workers Union (AWU), Table 2. Furthermore, Forgan Smith recognized AWU members’ historical contribution to the Party and the AWU’s influence in Labor’s power structures, including the State Parliamentary Caucus. These perceptions were astute. The AWU became not only the dominant power in the ALP but also the foundation for the Party’s electoral successes from 1932 until the late 1950s.

Table 2: Queensland Trade Union Membership 1927, 1932 and 1935

<table>
<thead>
<tr>
<th>Year</th>
<th>1927</th>
<th>1932</th>
<th>1935</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Workers Union Membership</td>
<td>58,224</td>
<td>26,862</td>
<td>55,547</td>
</tr>
<tr>
<td>Total Union Membership</td>
<td>154,781</td>
<td>108,285</td>
<td>154,025</td>
</tr>
</tbody>
</table>


To reinforce his political and administrative authority, Forgan Smith established two personal alliances. The first was with Clarrie Fallon, the
State Secretary of the AWU, the Vice-President and later President of the Queensland Central Executive and office bearer in the Queensland and Federal ALP. \(^{104,105}\) “After 1933, nothing was done by the ‘inner executive’ or by the QCE, or by the PLP [Parliamentary Labor Party] unless Forgan Smith and Fallon agreed to it.”\(^ {104}\) In return, Forgan Smith looked after the AWU by placing relief workers on industrial awards, which action bolstered AWU membership.\(^ {106}\) The second alliance was with Hanlon, who was astute, capable, motivated and tough but “could be as dirty as you could wish.”\(^ {107}\) Throughout Forgan Smith’s four terms as Premier, only six new Ministers were appointed to Cabinet. This control, power and stability within a Cabinet that operated in a unicameral Parliament, together with the previously cited constitutional, educational and humanitarian considerations, underpinned the timing of construction of the BDHB.

Forgan Smith’s conviction, pragmatism and vision were other factors that facilitated his pursuit of economic reconstruction. To this end, he strengthened his influence in the administrative arm of government, usurped economic authority and fashioned strategic relationships with several members of the bureaucracy. Forgan Smith became Treasurer from 1932 to 1938, established the Bureau of Industry and appointed himself as President of that organization. He also either appointed or re-appointed key personnel, for instance James Brigden and John Kemp. Against this backdrop, Nowland, who drafted the Turbot Street Development Scheme, moved from private practice to the Queensland Department of Public Works (1932-1945), where he became a Senior Architect in 1938. In essence, Forgan Smith had centralized his administrative, political and economic authority. This milieu explains historians’ “Dictator or Democrat?” interpretations of Forgan Smith’s actions.\(^ {37}\) It further explains the timing of construction of the BDHB.

**A Hidden Agenda: Hanlon’s Symbolic Gesture**

Considerable evidence suggests that Hanlon had a hidden agenda within his support for the BDHB. Hanlon undoubtedly believed that there was an evidence-based humanitarian need for a government-administered dental service to low socioeconomic groups at a site in Brisbane. By 1950, ALP State Governments had established “35 country dental clinics” across the state.\(^ {108}\) He also understood the need for reform in dental education. However, he perceived the dental profession as autonomous and privileged and, at times, treated it with contempt.\(^ {109}\) Given the constitutional background, Hanlon’s oratory relating to the “complete nationalization of health services” was unrealistic.\(^ {34}\) However, it appealed to a “strongly rural-based working class Labor party... and a conservative Australian Workers Union [that] reacted against the apparent intellectualism and wealth of professional workers.”\(^ {110}\) Hanlon revisited The Dental Act Amendment Act in 1939 to “improve control of the dental profession... with a view to having the profession serve the public interest as far as possible.”\(^ {111}\) In this sense, the BDHB was also Hanlon’s intransigent gesture to the dental profession.

**Why the Grand Design?**

Explanations for the grand design of the BDHB are many. The BDHB was the first stage of the Turbot Street Development Scheme. The building was to be positioned alongside a long-awaited cultural center. The Department of Public Works wanted unity in the precinct. The site was conspicuous and overlooked eminent Queensland architecture. Nolan’s professional traits are highly relevant. Competency, experience, innovation and pragmatism permeate much of his architecture. Hanlon wanted the BDHB to beautify both Turbot Street and Brisbane and to send a symbolic message to dentists. Moreover, the BDHB was part of Forgan Smith’s impressive building program for the UQ. As the BDHB came under the umbrella of health and hospital facilities, Forgan Smith could fund it via revenue from the Golden Casket. Finally, the design lent itself to the use of overt political and subtle state-based “Only in Queensland” propaganda. In essence, the BDHB was far more than infrastructure established to deliver dental services and dental education. It was
Forgan Smith and Hanlon’s statement to dentists, Queenslanders and Australians.

Conclusion

Literature either analyzing or describing dental history in Queensland is scant. Mainstream historians virtually ignore the history of dentistry. Dental historians are almost invariably dentists, whose interpretations reveal a limited appreciation of mainstream history. Their findings are in accord. The BDHB was built to implement reform of dental education in Queensland and, to a lesser extent, to facilitate access to dental treatment in Brisbane. Dentists and dental historians award kudos to academics, colleagues and leaders for their commendable efforts either in establishing or developing the BHD and the QCD. While legitimate, this line of collective reasoning is too simple. It largely ignores the political context and the reasons for the location, grand design and timing of construction of the BDHB.

The BDHB emerged in a narrow window of post-Depression and pre-World War II opportunity. Forgan Smith drove a statewide economic agenda, Hanlon a health reform agenda. Despite dentists’ and dental historians’ criticisms of Hanlon, he not only understood the ubiquity of dental caries and the autonomy of the dental profession but also perceived a humanitarian need for government-sponsored dentistry. Lord Mayor Jones perceived an urgent need for dental facilities and the new portal of entry into central Brisbane. The community understood the emotional and financial price of the caries epidemic and traffic-related problems in central Brisbane. This collective background, together with Hanlon’s abrasive and autocratic manner and his swift and resolute decisions, expedited the authority, legislation, personnel, resources and political resolve that provided the outcome.

Recent events, namely one government’s attempt to sell the BDHB, the relocation of the UQSD and the imminent departure of the BDH, spell the end of an era. Nonetheless, the BDHB will leave a footprint on the histories of government-sponsored dental practice for adults and dental education in Queensland. Many BDH and QCD employees either were or became high profile members of the dental profession. The BDHB today houses an extensive range of specialists and general dental practitioners who provide complex multidisciplinary treatment to eligible patients. Testimonials, together with the heritage listing of the building, confirm patients’ appreciation to the staff for the services provided and a widespread community affiliation with the BDHB.

Dental and mainstream historians poorly acknowledge Nowland’s contribution. The Queensland Heritage Council endorses Nowland’s esthetic, creative and pragmatic design, the cultural value of the precinct and prior students’ connection with the building. Despite internal modifications to accommodate changes in patient demography, technology and patterns of disease and treatment, the building retains Nowland’s original design. “The Palace” remains esthetic, functional, grand and revered. Nowland inspires the authors’ final comment: “Lux Sanat.”

Acknowledgement

The authors acknowledge but ignore, for the purposes of this paper: over 40,000 years of indigenous occupation of land, now known as Queensland; and the traditional owners of Wickham Park and much of Greater Brisbane region, namely the Turrbal people.

References


28. Roberts R. Fight against toothless future Brisbane dental hospital handles up to 300 patients
Brisbane Dental Hospital Building

daily! *Queenslander*. 10 December 1936:4,35.


34. Public health a vital national asset labour policy on hospitals ultimate objective complete nationalisation. Maryborough Chronicle, Wide Bay and Burnett Advertiser. 21 February 1935:18.


78. Art gallery site water reserve as park are committee's plan. *Courier-Mail*. 2 March 1936:17.

79. SLB (City Solicitor). Correspondence GLB/JI to the Manager, Department of Works, Re Wickham Park 26 June 1940, Town Clerk Copy BCC Archives 35240 Wickham Park 1/1: BCA1739 Wickham Park, Brisbane - File Relating to Requests for Use, 1938-1940. Brisbane, QLD: Brisbane City Council. 1940. Courtesy Brisbane City Council Archives.
Brisbane Dental Hospital Building


89. One of many Deptment of Works’ employees and uncle to author, JB: “a fastidious French polisher in an era when tradesmen put their very best into their work, as a point of honour.” See Fig. 5. During renovations in the later 1990s, the internal fit-out of beautiful Queensland timbers, for instance Queensland maple in the tiered lecture theatre in Image 5, ended up in a dumpster.

90. Rayner PA. Queensland sets example in dental science impressive monument to government’s policy of protecting public health. Telegraph. 28 March 1941:10.

91. Dental college credit to Queensland. Courier-Mail. 3 January 1941:3.

92. State has £165,000 dental hospital. Courier-Mail. 7 July 1941:3.


Dental Trade Cards XLIII

Theodore P. Croll, DDS
Private Practice, Pediatric Dentistry, Doylestown, PA
& Ben Z. Swanson, Jr. DDS, MPhil

DIVIDED OVER DENTISTRY ROOMS.
At Third Avenue and Thirty-fourth Street is Modemman's dentistry shop. Mr. G. H. Mode-
mann, the proprietor, has been in Davenport,
Iowa, since July 1, and during his absence his
Third-avenue place of business has been the
object of a fight between Dr. H. A. Lewis and a
corps of operators whom Dr. Modemman left in
charge and Mrs. Modemman, who claimed one-
third interest in it. Monday Mrs. Mode-
mann's lawyer, W. B. Butler, advised her to hire four operators and take them to the establishment to do their
share of the work. The guile for customers
got so hot that Dr. Lewis sent for Police Captain
Ryan to have the Mrs. Modemman confined
imprisoned. Capt. Ryan investigated and found
he could do nothing. In this emergency Dr.
Modemman was telegraphed for. He arrived
home last evening. H. B. Klashorn, his lawyer,
said: "When Dr. Modemman was in Iowa a
year ago Dr. C. H. Young married Modemman's
sixteen-year-old daughter. He had the moth-
er's consent, but the father was ignorant of the
wedding. Young and Mrs. Modemman started
dental rooms in West One Hundred and Twen-
ty-fifth Street. When Dr. Modemman returned
and learned all this, of course it caused trouble
in the family. Their coming here and claiming
partner's rights while the motor was on this
last Western trip was a simple trespass."
As Mrs. Modemman is determined to claim
equal partnership in the Third-avenue estab-
lishment, and Dr. Modemman is equally deter-
mined to oppose her, a fight in the courts
seems probable.

The New York Times
Published: August 15, 1889
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Dr. Theodore P. Croll
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George H. Modemann was born in Louisville, Kentucky on 2 March 1851. He was the son of George Modemann, a Jeweler from France (some say Germany), and Mary VanZindren Webb. He practiced dentistry beginning about 1886. His wife Catherine and his sister Mary Louise Modemann were also practicing dentists. We could find no evidence of any formal dental education of the three; their training in dentistry probably took place as preceptorships in dentists’ offices. Even so, they were still referred to as “doctor” by the public and the media.

This advertising trade card was copyrighted in 1886 and was made to advertise the dental practice of George H. Modemann and his wife Catherine. The “Chestnut” card message is quite strange by today’s standards, and we imagine it may have also been strange to some people in the 1880s. The text reads:

“When you are bored with some ‘Chestnut, That you have heard before, You certainly should club the wretch. And with him sweep the floor. But should the culprit be too big, It would not be just right; So show his card. ‘t will do the work, And thus avoid a fight.”

An archaic meaning of “Chestnut” is “an old chestnut: A joke or story that has become tedious because of its age and constant repetition.”

Our interpretation of the text is:

If someone is boring you with a stale, oft-repeated story or joke, you should hit that person and mop up the floor with that offender. However, if that person is too big, you shouldn’t get physical because you might become the floor mop instead. Alternatively, just show him (her?) this trade card and the joke teller will realize that the story is tedious and constantly repeated and learn a lesson from the card. Therefore a physical altercation will be avoided.

The authors consider this one of the strangest messages they have encountered in the obverse (front) side of a Victorian Era dentistry advertising trade card. This was a “stock” card with the chestnut message preprinted. Dr. Modemann or his representative chose it, and had the office information printed at the bottom of the front side. In addition, the reverse of the Modemann card offers marketing comments typical of the day: “lowest priced first-class Dental Office in the City,” “painless extracting with pure, fresh nitrous oxide or laughing gas,” “lady in attendance,” “Teeth repaired in fifty minutes,” “Sets made while waiting,” and several New York City locations.

The joint dental practice and the marriage of George and Catherine would prove to be in turmoil after the scandalous newspaper reports of August 15 and 16, 1889 were published in the New York Times (Figures 3 and 4). In fact, George’s wife, Catherine, moved to New Jersey and abandoned the profession of dentistry in favor of becoming a Christian Science Practitioner and Librarian. As a parting shot at her husband, in the 1917 city directory she listed herself as the widow of George H. Modemann, even though he didn’t die until 11 April 1919.

References

From the Archives: Vol. 5, Nos. 7 & 8

Volume V, No. 7

BULLETIN OF THE HISTORY OF DENTISTRY

official monthly publication of
American Academy of the History of Dentistry

DENTISTS' FEES IN EARLY TIMES

Curt Proskauer has published a series of articles on "Dental Fees" in Tic (16:1-4 April; 4-7 May; 14-16 June; 5-6 July 1957). The concluding installment will appear in the August issue.

The editor from his notes offers some instances from the earlier periods to supplement Dr. Proskauer's.

The earliest record of a fee for a specified operation found by Dr. Proskauer was Jan. 23, 1568 (p. 2 April). Rendell Williams (Oral Health 21:48 Jan. 1931) published an excerpt from Privy Purse Expenses of Princess Mary from Dec., MDXXXVI to Dec., MDXLIV (published by Frederick Madden in 1831). The entry, dated Nov. 1537, is: "Given to Nicholas Sympson, sent by the King's Highness to My Lady's Grace to draw her tooth, vii Angels....xiv s." The angel was 7 shillings 6 pence in contemporary coin.


An interesting statement on the fees of dentists and surgeons in the royal court of France during the latter eighteenth century is made by Jean Verdier in his Jurisprudence de la Medecine en France c. 1773 + vol. 2, p. 99-100. In translation it reads: "There are further in the Court some surgeons for the special professions of this art. One surgeon-dentist operator for the teeth, with title of valet-de-chambre; he has 600 livres in salary and 600 livres recompense at the Royal Treasury, and 1025 livres at the mint: for his living /ordinaire/; he has charge of cleaning and filing /couper/ his teeth and of furnishing some root /for brushing/ and dentifrice when the king washes his mouth. Three surgeon bone-setters, each serving for four months, at 600 livres salary; and a surgeon-operator for the stone; but the title and office have been abolished and suppressed by an edict of December 1773."

Georges Dagen (Semaine Dentaire 14:1178-1179 and 1180-1189 Oct. 4, 1931) gives some documentary material on the fees of dentists in the second half of the eighteenth century.
One of the courts gave a judgment (1761) in favor of the dentist Chardon against the Sieur de Plessigny, as follows:

"We order the defendant to pay to the plaintiff the sum of 96 livres.

"To wit: 90 for 30 visits to the residence of the defendant to clean his carious teeth as well as to Lady Cuart, and 6 livres for attending the defendant by his order at the residence of Lacon, his surgeon, for four hours consulting on the state of his health."

The arbiter in a case between the dentist la Forgue and Mme. Rousset concerning a denture, decided that the defendant should pay 24 livres, half the sum charged by the dentist "for the gold he has furnished and his handiwork," inasmuch as she had not allowed la Forgue to complete his work for her.

IDENTIFICATION OF DR. BUNN

In response to the request of Dr. John C. Forsyth (212 West State Street, Trenton 8, New Jersey) for information on one Dr. Nathaniel Bunn (see Bulletin for June), Milton Asbell calls attention to the article by Harold L. Faggart (Outlook and Bul. South. D. Soc., N. J. 19:70-71 Sept. 82-83 Oct. 1950). Excerpts from an autobiographical address by Dr. C. A. Kingsbury quoted in this article shed some light on Dr. Bunn's identity.

"In the spring of 1838, I visited Trenton, New Jersey, for the purpose of teaching another year before entering college. Among the first acquaintances I formed in that city was the late Dr. Nathaniel Bunn, one of the only two dentists in the city at that time.....I became a student of dentistry with Dr. Bunn.....

"At the close of my first year's study with Dr. Bunn in 1839, I found that in my further preparation for dental practice it would be necessary for me to obtain practical instruction in working gold, constructing artificial dentures, and some other points in regard to which I felt the need of more light.

"After repeated efforts and failures I finally succeeded in obtaining a position with a gentleman who had a large practice in mechanical dentistry, and who had the reputation of great success."

Dr. Kingsbury's address was published in the Odontographic Journal (12:20-23 1891) at the time he delivered it at a banquet.

Dr. Asbell will do further sleuthing in this case.
Volume V, No. 8 * * * August 1957

BULLETIN OF THE HISTORY OF DENTISTRY

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HISTORY PROJECTS AT BALTIMORE COLLEGE

The following paragraph regarding historical studies at the Dental School is quoted from the University of Maryland Reference Journal (vol. 10 June 1957):

"The Department of Dental Literature and Dental History continues to gather additions for its outstanding collection of items pertaining to 'The Dentist in Literature.' A paper on 'Dentistry in Shakespeare' was presented at the 1956 meeting of the American Academy of Dental History. This Department is also engaged in steadily maintained research in the fields of 'Alumni Records (1841- )' and 'The History of the School of Dentistry.' Another continuing project is 'Almanac Dentistry,' which involves a survey of thousands of numbers of American almanacs to obtain a colorful and interesting reflected picture of Nineteenth Century American dentistry."

A.A.H.D. PROGRAM AT MIAMI

A paper entitled "Edward Maynard, a Progenitor of the United States Army and Navy Dental Corps," by William N. Hodgkin has been added to the morning session of the A.A.H.D. annual meeting.

BIOGRAPHY OF NORRIS W. KINGSLEY


HULLIHEN FEATURED AT ORAL SURGERY MEETING

At the meeting of the Middle Atlantic Society of Oral Surgeons, July 21, the memory of S. P. Hullihen, America's earliest oral surgeon, was recalled. A Hullihen historical exhibit was presented in the form of oral surgery movies by J. Ben Robinson and Edward C. Armbricht. Dr. Robinson also made an address--"Historical Tribute to S. P. Hullihen."

** In these days of high speed cavity preparation and rapid operation, it may be pertinent to note (as does J. Menzies Campbell) that the notorious Carwours, early in the nineteenth century, advertised to fill a tooth in "about two minutes, without the slightest pain, inconvenience and pressure."
FEES FOR DENTAL SERVICES
J. Kenzies Campbell calls attention to the fact, related in his article "A Brief History of Dentistry in Scotland until 1951" (Dental Magazine and Oral Topics 74:81-92 June, 1957), that the fee for extractions under James IV was 14s., as evidenced by instances in 1503 and 1511.

HISTORY OF DENTISTRY IN ARKANSAS
Fred V. Histrich’s "The History of Dentistry in Arkansas" (1957) is "a story of progress" from the time of the earliest dentists in the state, such as William Kilgore (1830) to the present. As with many other state and local histories a large part of the 400 pages is taken up with biographical detail, lists of names, and photo-portraits of prominent individuals and groups. The work, therefore, becomes more of a historical record than a connected history of dentistry or of the organization in Arkansas. The preservation of such records is necessary in order that the historian may have substantial information from which to construct an account of more general import.

THE FORTUNES OF MEDICAL HISTORY
In an article entitled "Medical History: Profession or Pastime?" (The Lancet 223:423-424 Aug. 31, 1957), L. R. C. Agnew takes stock of interest in medical history. He points out that the only full-time professorships of the history of medicine in the United States are at Johns Hopkins, Yale, Kansas, and Wisconsin. While indicating the great value of instruction in history for medical students, Agnew feels that there is too little activity in that field.

Devotees of the history of dentistry will recognize the same difficulties, considerably enhanced, in their own efforts toward securing an interested response from their profession.

DENTAL JOURNALS IN BRAZIL

BIOGRAPHY OF FONTANILLS, CUBAN DENTIST
Continuing his biographies of dentists who participated in the Cuban struggle for national independence, Cesar Mena Serra contributes an article on 'Captain Antonio Maria Fontanills y Yurre (Protesis Clinica, 18:3, 8 Sept. 1957).
150 Years of the
American Dental Association
Published by the American Dental Association
color, hardcover, 200 pages

For 15 generations, the American Dental Association has been recognized as the world’s largest and oldest national association within the profession. This new 200-page, full-color hardcover book explores the rich 150-year history of the ADA. The text and rare photographs offer a valuable resource for the dental historian and the dentist’s personal library. Additionally, it may offer an interesting read for patients in the reception room. Its 300 historical photographs, many of which are especially intriguing, were principally taken from the archives of the ADA.

The impressive Appendix lists every ADA annual session site, all former presidents, secretaries, executive directors and other notables of the organization.

$44.95 for ADA Members, $74.95 for non-members
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Tom Brown: Victorian Middlesbrough Dentist
by Dr. Anthony Brown

This biography combines “family, dental, social and local history” in telling the story of Tom Brown’s determination and ingenuity in achieving professional and economic success in the late 19th century. The inclusion of numerous images (photographed, developed and printed by Tom Brown himself), and annotations blended throughout provide additional insight into the subject’s social and cultural milieu. In addition, the author has been able to accurately describe dental practice during this period, with its emphasis on the so-called “mechanical dentistry” provided by dentists prior to the expansion and integration of the commercial dental laboratory system in the twentieth century.

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A Guide to Bone Toothbrushes of the 19th and Early 20th Centuries

by Dr. Barbara E. Mattick

While this book’s primary audience is archeologists, the subject of toothbrushes is intimately connected to our profession. A valuable reference source has been provided to those with an interest in collecting bone toothbrushes, and for anyone with an interest in dental history. Dr. Mattick has assembled, in a useable and well-visualized monograph, essential information for identifying such material.

The basis of this book is derived from research for her master’s thesis in anthropology, which proved that “bone toothbrushes are excellent dating tools for historical archaeologists.”

$41.99
Available from: www.xlibris.com/bookstore
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The Toothpick and its History

by Dr. Hans Sachs
Translated by Anna C. Souchuk, PhD
Published by Steven Potashnick, DDS
Soft cover, 51 pages, 86 illustrations

There have been a number of English language articles about the toothpick, J. Menzies Campbell’s 1952 paper (Campbell JM. Toothpicks and toothbrushes. Dent Items of Interest. 1952;74: 295-305.) is of particular note. However, DerZahnstecherundSeineGeschichteinekulturgeschichtlich-
kunstgenblichestudie(TheToothpickanditsHistory:Acultural-
historical and arts and crafts study) remains the premier reference resource. We must congratulate Dr. Potashnick for the time, effort and cost in providing this English translation.

$35
Postage: $5 US, $14 Europe
Available from: Dr. Steven Potashnick
528-A West Barry Avenue
Chicago, IL 60657-5417
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ISBN 978-1456494179
A Sourcebook of Dental Medicine
Being a Documentary History of Dentistry and Stomatology from the Earliest Times to the Middle of the Twentieth Century.
by Gerald Shklar, DDS, MS
& David A. Chernin, DMD, MLS
864 pages, hardcover

The aim of this book is to make available to the profession of Dental Medicine and other interested parties the extensive literature of the past dealing with the diagnosis, description, causes, treatment and prevention of oral diseases. Drs. Shklar and Chernin are presenting the original texts concerning the diagnosis and management of oral diseases ranging from ancient Egypt through the world of the 20th Century.

Many of the basic texts of the past have already been translated into English, French and German from the original Sanskrit, Greek, Latin and Arabic. However, a number of important texts have never before been translated into English. The authors are presenting all these materials to the English-reading professionals in medicine and dental medicine in this 864-page reference book.

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Limericks With A Smile:
Dental, Oral and Facial Limericks of Yesterday and Today
by Joan A. Christen, BGS, MA
& Arden G. Christen, DDS, MSD, MA

The authors have compiled 188 previously-published limericks related to dental, oral and facial themes; plus they offer an additional 384 personally-composed limericks. The humorous verses in this collection are at once bawdy, whimsical, ludicrous and cynical, and though simple in format, they communicate in few words their strong, sometimes paradoxical message. 159 pages with complete index.

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Intriguing and Eccentric Characters
& Stories from the World of Dentistry
by Arden G. Christen, DDS, MSD, MA
& Joan A. Christen, BGS, MS

In this 230-page book, the authors have glimpsed into the lives of 32 dental characters: professionals who range from the noble to the bizarre. Introducing this work is a chapter on one of the most memorable and controversial characters of all time, Dr. Painless Parker (1872-1952). All of these fascinating individuals have left indelible marks on their chosen profession. The stories from this collection may be inspiring or infuriating, ingenious or absurd, credible or questionable—but seldom are they dull.

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A Little Treatise on the Teeth:
The First Authoritative Book on Dentistry (1563)
by Bartholomaeus Eustachius
Edited by David A. Chernin, DMD, MLS
& Gerald Shklar, DDS, MS

This volume presents the first direct English translation from the original Latin Libellus De Dentibus, and maintains the Latin and English texts on facing pages. His conceptual advances concerning tooth development and function were further buttressed by detailed plates of the musculature of the face, floor of the mouth, the neck, the tongue, and the roots and crowns of the teeth. In addition to giving us the first clear description of the dental pulp and root canal, Eustachius also conceived of the periodontal membrane as a gomphosis. Eustachius’ observations are an illuminating precursor to 21st-century medical science, and still represent a timely and relevant reference for any practicing dentist.

$60
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Flower of Remedies Against the Toothache
by M. Arnauld Gilles, Operator for the Aches of the Teeth

The first French text on dentistry and the diseases of the teeth. This work was published in 1621, more than 100 years before Pierre Fauchard’s classic work Le Chirurgien Dentiste. Re-discovered by Dr. Jacques R. Foure, who translated the work into English, he has provided us with an insight into the clinical treatments that were available in early 17th century France. M. Arnauld Gilles was a Parisian dental practitioner who was fully recognized by the state licensing authorities as “Operator for the Ache in the Teeth.”

The printing of the book has the left-hand pages as an exact facsimile of the original French text, with the English translation on the right facing page.

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Painless Parker: A Dental Renegade’s Fight to Make Advertising Ethical

By Arden G. Christen and Peter M. Pronych

Throughout his professional life, Painless Parker—a self-promoting dental crusader and patient advocate—sought to gain respectability from the profession of which he was a member. Instead, he was rejected by his colleagues because he used the unacceptable practice of advertising blatantly to the public. The ultraconservative Profession of Dentistry regarded Painless as an outlaw, a renegade, a fraud, a charlatan, a quack, a scoundrel, a thorn in the side, and above all else—unprofessional. However, Painless may have been years ahead of his time as he can be credited with pioneering many innovative practices now accepted by modern dentistry. He developed and perfected the concept of group dental practice. As he stated, “You (the dentist) have to be organized, systematized, capitalized, advertised, standardized and specialized.” This 491 page book tells Painless’ story as he wanted it told: from his perspective, using many of his own words.

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The second page should contain an abstract of no more than 200 words. This abstract should be factual and summarize reason(s) for the study, the main findings, and the principal conclusions. Include four to eight keywords for indexing purposes.

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