

*The Effect of Legislation on Dentistry in England**

AS a schoolboy I disliked history intensely until I discovered John Richard Green's *Shorter History of the English People*. World events then came into their proper perspective ; battles and dates faded into the background and their place was taken by epoch-making events such as the introduction of root vegetables into England which changed the whole pattern of existence for the common man. No longer had most of the herds to be slaughtered at the onset of winter owing to lack of fodder for them, and hence the countryside became able to support a vastly greater population. We are perhaps too close to the events to judge the most important historical items of this half century, but I would venture the guess that the John Richard Green of a few hundred years hence will stress not the two world wars nor the invention of the atom bomb, nor even the achievement of independence by India, Ceylon and other countries. I fancy he will dwell most on the torrent of legislation which has poured forth from parliaments everywhere and in particular from the Mother of All Parliaments, Westminster. So great has this flood become that the Houses of Parliament have no longer time to discuss the details of the Bills they pass but leave these to be worked out by the Civil Servants whose decisions automatically become law. True there is a provision whereby their edicts may be challenged in parliament but it is a nominal rather than an actual safeguard. This flow of legislation, this enormously mounting interference in the affairs of the private citizen is not confined to one party or to one country. The strange thing is that the same process may be described by one and the same person as the emancipation of the proletariat in one country and the enslavement of the masses in another.

It is not my purpose to approve or disapprove of this modern trend. It obviously produces both bad and good and the scene is too vast to assess which preponderates. History also proves conclusively that what appears good or bad to contemporary eyes does not necessarily seem so to later generations. My purpose is to follow one tiny tributary of this immense river, accepting it as inevitable, and try and trace its effects on the countryside it waters.

In 1859 parliament authorised the Royal College of Surgeons to hold examinations in Dental Surgery and to grant the successful candidates certificates of fitness to practice—the term Licentiate in Dental Surgery was coined for them. In 1878 the Dentists Act was passed which instituted a register of all qualified dentists and reserved to them the right to the title of dentist or dental practitioner or similar title and laid down that only those on

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the register could sue in court for the recovery of fees for dental services. It did nothing, however, to stop the unqualified and unregistered from practising dentistry. Parliament's view was that all it had the right to do was to stop deception of the public by those who pretended to be qualified but who were, in fact, not. It felt it had no right to take away the liberty of the individual to have his or her teeth attended to by whoever he or she wished. Nor did Parliament feel that it had the right to restrict the liberty of the individual to practise dentistry by insisting on the passing of certain examinations.

By 1921 such old fashioned ideas about the liberty of the subject had passed away and "Mother knows best" had become the watchword. A new act was passed which forbade, in effect, any new entrants to the dental profession except through the recognised schools. To the fury and indignation of many of the qualified dentists this act did not stop the existing unqualified dentists from continuing to practice. Instead it almost made them appear respectable by putting their names on the register and permitting them to use the title "dentist" though not "dental surgeon". Parliament very wisely paid no attention to the dismay of those dental surgeons who deplored the inclusion of the existing unqualified dentists on the register for two reasons. Firstly there were far more unqualified dentists than qualified and most of the qualified were already fully occupied with their patients. To have stopped practice by the unqualified would have meant that a majority of the nation would have been deprived of any dental treatment—even the admittedly second-rate type they were already getting. Secondly the disregard for the individual had not then reached the extent which it did later in the century and even members of Parliament jibbed at putting out of business thousands who had been pursuing their present occupation for many years. I am not being cynical when I use the phrase "even members of Parliament". It is a well accepted fact that a committee of the most tender-hearted men will act ruthlessly and authorise deeds which none of the members would be capable of individually, and the further away from personal contact with the individual the committee or Parliament is the less human does it become.

Parliament went so far as to lay down the principle that after a lapse of time no one could have their teeth attended to except by a dentist approved by the government. There were two dangers inherent in this policy. The lesser was that the government created a monopoly and all monopolies are very susceptible to abuse, even governmental monopolies. Many people, in fact, feared that the dentists would take the opportunity to unite and force up the cost of treatment for their patients. This fear was unfounded because dentistry by now had become a profession, not, as formerly, a trade, so such conduct would not be tolerated by its members. The real danger was that entry into the profession was restricted and nothing done to stimulate the flow of students to the dental schools—a lack of foresight which is now causing

the government considerable worry. Twenty-eight years too late money is now being provided for the dental schools to expand and a much higher standard of income postulated for the dentists. The trouble is that it takes a long time to train a dentist and even the expansion of the dental schools cannot be hurried too much owing to the absence of suitable teaching staff. How important this is, is shown by the ready acceptance a few months ago by the government of the advice of the Spens committee that the salaries of dental teachers should be drastically increased; that of professor jumping from approximately £1,500 to a minimum of £2,250 rising to £2,750. This big jump was necessary not merely to attract larger numbers to the teaching side of the profession, but to bring in the most suitable. In too many of the schools the paradox could be seen of men trying to teach students for the higher qualifications which they themselves had not attained.

I mentioned that the government had created a monopoly in that only those qualified at approved dental schools could practise, but it also, of course gave to those dental schools a monopoly in the teaching of the students. As there were a large number of such schools this involved no serious danger as they would naturally vie with each other and should any school lag behind the rest in the quality of its instruction there would be others to afford a comparison. Had there been only one dental school—as is the case in Ceylon—the danger would have been very great. Under unsuitable teachers the standard of training could easily deteriorate or fail to keep pace with improvements elsewhere and no one would be aware of it. The safeguards against such a deterioration are, of course, post-graduate training abroad, interchange of teachers, employment of external examiners and the establishment of one or more dental hospitals other than the teaching one so that they may be a yardstick to measure the quality of the treatment given.

The year 1906 saw the introduction of Lloyd George's Health Act which was carried through against fierce opposition by the medical profession and large sections of the public. It inaugurated what is generally known as the panel system. The principle was that the weekly wage earner had a small sum deducted from his pay packet, the employer had to contribute a somewhat similar amount and the tax-payer a third amount. For this the worker became entitled to free medical treatment and certain other benefits. He was left a more or less free choice of doctor and even the administration of the funds was largely left to the Friendly and Provident Societies who were already running insurance schemes of a similar though, naturally smaller character. The only compulsion was the payment. No dental benefits were included in the scheme but by 1924 it was found that many of the Societies had accumulated large undistributed funds and they were permitted to pay for dental treatment either in part or whole for their members. The exact fees which could be paid to the dentist were fixed by the government and were revised

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from time to time. To check the quality of the work performed the government employed a number of dentists and dental surgeons to whom cases could be referred for examination. Thus within three years of laying down the principle that unqualified dentists were unfit to treat the public and must be abolished, qualified ones were being paid to supervise the unqualified!

The scheme had many drawbacks but on the whole worked very successfully. Most of the Societies paid half the cost of treatment, and the fact that the patient had part to pay also was a great safeguard against abuse. Unnecessary treatment was not applied for and if the work done was not satisfactory the patient could and did complain and the complaints were promptly and effectively dealt with. There were many minor irritations, mainly because often the officials administering the scheme were petty minded and ignorant of anything to do with dentistry, but only one major difficulty arose. The scale of fees was so arranged that it paid the dentist better to extract and put in false teeth than to preserve the natural teeth. Further the Societies, and indeed the government, encouraged this as it was cheaper for the Societies in the long run. Once one of their members was rendered edentulous and supplied with full dentures he practically ceased to make any demands on the available funds. Inevitably there followed a steady decline in the standard of dentistry. This decline was soon apparent to the dental profession and it fought hard for the cause to be removed and a better balanced scale of fees to be introduced but it took 24 years to make the Ministry of Health realise the damage it was doing to the community. I am glad to say that in the new National Health scheme scale of fees this has at last been rectified, and the emphasis is now on preservation rather than destruction.

In 1947 the dental side of the old National Health Scheme to which I have been referring virtually broke down because the government refused to revise the fees to meet the greatly increased cost of running a dental practice. A normal periodical revision was due but the Minister of Health was about to introduce his new Health Act and was anxious not to commit himself on payments. Dentists all over the country ceased to treat "panel" patients and finally the government had to promise to pay retrospective payments on all National Health work should the fact finding Spens committee eventually decide that the average dentist's income was too low. It is now a year and a half since the Spens committee did so report but the unfortunate dentist is still awaiting his retrospective payment.

We must now go back a long way to consider the effect of legislation on another branch of dentistry—the treatment of the school-age child. In 1907 the Board of Education decided to permit the local authorities to provide free dental treatment for the children attending their schools. The treatment was to be provided by salaried dental surgeons working either in special clinics or at the schools in rural areas or from dental vans, and was not to be compul-

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sory. The city and county councils were unfortunately very slow to work this admirable scheme and the salaries offered were so low that such posts as were created were mainly filled by those who doubted their own ability to make good in private practice. Fortunately the demand rate of potential patients was also low, because the dental surgeons who were appointed soon found that they were swamped with work even from the small percentage of children who claimed treatment. This meant that the dentists had no time for conservative work and wholesale extractions particularly of the temporary teeth constituted their work. This in its turn caused underdevelopment of the jaws and produced many cases needing orthodontic treatment which the school dentist had neither the training nor the time to treat. Fourteen years after the start of this scheme a school dentist reporting in the *British Dental Journal* stated that in his district only $\frac{1}{2}\%$ of all the children he examined were getting full dental treatment. Other areas were, no doubt, better but it was not until just before the 1939 war that most areas could report a fairly efficient service. Education had worn down prejudice and a high percentage of children were regularly coming for treatment. The quality of the work was still often open to criticism, partly because of the shortage of staff forcing the dentist to extract when he would have preferred to fill, and partly owing to the love of the uninstructed lay mind for impressive statistics which might be most fallacious. The local Education Committees and indeed often the Medical Officers of Health tended to be much more pleased with a school dentist who could show a thousand patients treated by extractions rather than with the one who could only display 250 treated efficiently with fillings.

When the war was over and many dentists were released from the forces the numbers in the school service rose greatly as the future outlook for private practice was most uncertain and men were unwilling to risk their capital in setting up practices and even more unwilling to borrow to do so. It looked as if the school dental service was at last going to fulfil its important task. Then the new National Health Act came into force with its greatly increased payment to the private dentist and the school dentist found that his colleague in private work was making three times his salary without risk since the demand for free dentistry was so great that even the inefficient were swamped with work. Naturally there was a demand for higher salaries. This was refused with a consequent exodus from school work to private. Let me quote the *Practitioner*. "The introduction of the general dental service has indirectly caused irreparable damage to the teeth of hundreds of thousands of school children, and may bring about in the near future the total collapse of all the priority services". In theory the children have the same right as adults to free treatment from the private dentist but this is largely stultified by the fact that the government will only pay a much lower fee for filling a temporary tooth than it does for a permanent one, and yet the difficulty of

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treating a child is much greater than an adult. Further the school dental service brought the dentist to the child, under the general dental service it is the parent who has to seek out the dentist and bring the child to him. A very big difference indeed.

Two other factors connected with public dentistry prior to 1948 still need to be considered. The children of the weekly wage earner were entitled to free dental treatment up to school leaving age when they went into industry themselves but there was a considerable lapse of time before they became entitled to the partly free dentistry of the old National Health Insurance, normally five years. To expect either them or their parents to pay full fees for dental treatment during this period was to ignore the mental attitude induced by paternal legislation. The result was, of course, that during the period when dental care was most required practically none was obtained. Any dentist in a working class practice would tell you the same story. No adolescent patients except girls who would only allow front teeth to be filled; back teeth could wait; and then when the insurance was available extraction was normally all that could be done. Up to a point, therefore, treatment was provided for the weekly wage earner and his children but what of his wife? Here the legislators were to reach the height of cynicism and frugality. Free treatment was provided solely while the woman was pregnant. Needless to say it consisted almost entirely of complete extractions and full dentures.

These ridiculous results of piecemeal undigested legislation could not be allowed to continue for ever. It was as if an army of painters were kept busy whitewashing the interior of a house while the rain poured in through the holes in the roof which everyone was too busy to repair. Mr. Churchill's coalition wartime cabinet decided that as soon as the war was over a full scheme of free medical and dental treatment must be provided for the whole population, and even during the war itself plans were being made and a general scheme agreed on by all three political parties. With the fall of Germany the Socialists withdrew from the government to prepare themselves for the coming general election and Mr. Willinck as Minister of Health in the so-called "Caretaker" government started on consultations with the Medical profession. The original rough draft put together by the Ministry officials was appreciably altered, and some would say improved, by these consultations, but the election returned a Socialist majority and Mr. Willinck retired to the comparative peace of university life and was succeeded by Mr. Aneurin Bevin who promptly swept aside all his predecessor had done. No official negotiations had been opened at this stage with the dental profession, nor did they start until very close to the introduction of the act to Parliament and were then most perfunctory. The act itself was but a skeleton and the Minister of Health and his officials were left to fill in all the complicated muscles, nerves *et cetera* which would make it into a living body capable of working. The consultations on these were also left until very

close to the day appointed for the act to come into force and were therefore necessarily hurried and incomplete. The obvious lesson of the dangers of undigested legislation had not been learned.

I had the honour of being one of the representatives of the dental profession in these consultations and to us Mr. Bevin made no bones about his view that all treatment should be given by salaried government dentists at dental clinics but admitted that for the moment he was not in a position to force this on the country and the profession. The doctors were sufficiently powerful to force him to introduce and have passed an amending act restricting the present or a future Minister of Health from changing the medical service to a salaried one without fresh legislation but the dentists were unable to obtain the same concession. Thus, though the patient still has free choice of dentist, and the dentist can still accept or decline to accept anyone as a patient, it is not the intention of the present government that these freedoms will continue indefinitely. The pendulum had swung a long way since 1878.

The dental side of the New National Health scheme is basically an extension of the old one. Any man, woman or child in the country, or any visitor staying for a fortnight or longer can go to any dentist taking part in the scheme and ask for the so-called free treatment. The dentist can provide normal fillings and extractions provided that the extractions do not necessitate dentures, scaling and minor repairs to dentures, and send the bill to the Government. For most other work, including the provision of dentures he has to obtain authority from the Ministry officials before starting. Should the patient desire gold work which is not absolutely necessary then the Ministry officials state how much the patient will be allowed to pay for this. As I mentioned earlier the scale of fees is properly balanced as between conservative work and dentures.

The first trouble that arose was over this scale of fees. The government-appointed Spens committee had laid down how much an average dentist's nett income should be for so many hours work a year. There was no real difficulty in assessing the proportion of nett to gross earnings and arriving at the correct remuneration per hour. The next thing was to translate this into fees per item on the scale by deciding how long each individual item took to perform. Here the Ministry officials, having themselves had no personal experience of private practice, and being too pressed for time to make full and proper enquiries went very wrong. For example there was a fee of ten shillings for each examination of the mouth and this fee was allowed twice a year for adults and three times for children by the same dentist. This fee has since been halved, I understand, but even so it takes no account of the difference in examining a single patient and examining say, a whole school. With the aid of a girl clerk and proper equipment there is no difficulty in examining a succession of children who are getting regular treatment at the rate of 30 per hour which gave a gross payment of seven and a half times that

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intended. A rapid worker or one willing to scamp his work could increase that figure considerably. Similarly the scale allowed 30 minutes for an average simple filling with increased time and therefore increased payment for the more complicated fillings. This at first sight seems reasonable; you have a half hour appointment with your dentist and he normally does one filling in that time. But you probably regularly attend to your teeth and go to your dentist at more or less frequent intervals; he is a personal friend or at least acquaintance of yours and inevitably some of that time is occupied with that pleasant exchange of polite conversation which puts you at your ease. The average patient presenting him or her self for treatment under the state scheme has a grossly neglected mouth and beside the teeth too far gone for filling there might well be three or four with cavities just starting. Two, three or even four of these could well be completed in half an hour especially with patients who were not accustomed to nor expected the pleasantries of polite conversation I have already mentioned. In actual fact it very soon became apparent that the dentists were being paid considerably in excess of what was reasonable. There was a joint fact finding committee investigating the real average time taken to do the various items but it could not report for some little time so the government took the remarkable step of stating that if a dentist's gross earnings in any one month exceeded a certain figure they would only pay half the agreed fees for work done in excess of that amount. Surely one of the strangest bits of legislation ever to be produced. This meant that if the dentist worked hard he literally lost money on the work he did at the end of the month. For example if he employed a doctor to give an anaesthetic the state laid down the fee he had to give the doctor but would only pay the dentist half that sum. The accepted figure of expense ratio to gross takings of a dental practice is 52% and much higher for denture work. Naturally the dentists stopped work on state patients as soon as the maximum figure was reached and would only treat private patients, or, more frequently, rationed themselves to so many state patients per month with the consequence that in many cases a state patient could not get an appointment under several months waiting.

Previously I used the term "so-called free treatment"; in actual fact the treatment costs the individual considerably more than it did previously. Part comes from the greatly increased weekly contribution and part from general taxation but the actual cost per item is increased in several ways. Firstly by the cost of the army of new government officials appointed to deal with the scheme and secondly by the extra time spent in form filling by the dentist. Two large and complicated forms have to be filled in for each patient which give fullest details of all work needed as well as the work the patient is willing to have done. This expenditure of the dentist's time of course, has to be paid for. During the negotiations this quite probable happening was

put before the officials for their comments. A lorry driver going from London to Edinburgh develops toothache and goes to the first dentist's consulting room he sees and asks to have the tooth removed. Yes, says the dentist, but I must first chart your whole mouth for which the government will pay me ten shillings. If I do not do so they will refuse to pay for the extraction also. The mouth is charted, the forms filled in and the tooth extracted, the patient signs twice and the dentist five times. Off goes the lorry driver. Unfortunately the socket begins to bleed so at York he finds another dentist and asks him to plug the socket. Yes says the dentist but I must first chart your whole mouth and go through the whole rigmarole of the form filling for which the government will pay me ten shillings. Otherwise they will not pay me anything at all. The socket gets plugged and the dentist explains that the patient must return the next day for the plug to be removed. Sorry says the lorry-driver but I shall be in Edinburgh then. Right, go to a dentist there and he will remove the plug, after, of course examining and charting your mouth and fillings in all these forms yet again, for which a kind government will pay him ten shillings. The officials declined to comment but, I understand, a year later they have introduced a shorter form for those dentists who did not wish in such like cases to claim payment for useless work. I have not seen this new form so I cannot say if it is satisfactory. Obviously dentistry under these conditions will be expensive and the next step will be the opening of government clinics. If these can be shown to be cheaper then they will be extended to cover either the whole country or at least that part where they can operate successfully. On the medical side Health Centres where general practitioner doctors could have their consulting rooms and the specialists visit on regular days are envisaged. To these Centres will be added the dental clinic staffed by salaried dental officers unlike the medical side where the payment is and will continue (unless there is a fresh act of Parliament) on a capitation basis.

I mentioned that only certain work could be performed by the dentist without prior approval. The regulations for work in Health Centres by the salaried government employed dentists do not require this prior approval and it is here that the dentist is most handicapped. Routine work usually took a fortnight for approval to be granted and anything deviating a little from the normal resulted in endless correspondence and delay. This delay was a very real handicap to many patients ; for example teachers or others desiring treatment during the holidays, or those requiring extensive repairs to their dentures. It also, I am told, produced a disinclination of many dentists to battle with the authorities to claim the best treatment for their patients. Not only was it so much easier to provide the standard but there was a tendency for the patient to wonder if what the dentist advised was really the best if the authorities showed such disinclination to allow it.

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Before the Act came into operation everyone expected a big demand for dentures but I think no one expected the enormous increase in the demand for conservative treatment which flooded the dentists with work. It was thought that dislike of the drill was what kept down the demand for fillings rather than the cost. This proved fallacious and it soon was quite obvious that there were great numbers of people who had denied themselves good dentistry only because they could not or would not afford it.

Considerable publicity has been given to abuses of the Health Act by the public and on the medical side there certainly are many. So much so that the government has recently announced that a charge is to be made for each prescription in an attempt to restrict the demand from those not really in need of medical attention. On the dental side there has been a considerable demand for new dentures from those already in possession of satisfactory ones. This is quite impossible to stop, but once the scheme has been in action for a number of years this will no longer be possible as everyone's dental history will be available as a check.

Summing up, I think it is fair to say that the Act of 1878 has no critics ; the Act of 1921 though it had many critics when originally passed has proved so satisfactory in its working that it is now generally agreed that though it did restrict the liberty of the individual did so entirely for his own good and the dangers which might have arisen through the granting of a monopoly of teaching have been avoided through the multiplicity of dental schools. In a smaller country such dangers are very real and need special care to be overcome. The original National Health Insurance provided a fair but not the best standard of dentistry for many who would otherwise have been unable or unwilling to obtain it. The fact that in most cases the patient had to pay part of the cost provided a safeguard against abuse.

The treatment of the school-age child by the Education authorities was for many years most unsatisfactory and now again is most unsatisfactory owing to lack of correlation with the dental treatment provided for the adult, owing to parsimony and owing to the inability of those in charge to distinguish between fallacious statistics and genuine sound work. The new National Health Act is a great advance on its predecessor in that it extends the benefits of dental treatment to the whole population and it encourages preservation rather than destruction of teeth. It is unlikely however to last long in its present form owing to administrative difficulties and expense. It encourages a lower standard of dentistry than the best. It is likely to be followed by institutional treatment which will result in a considerable part of the population declining the so-called free treatment and therefore having to pay twice over, once to the state and once to the private dentist. Perhaps, however, the pendulum of state control has swung to the end of its period and there may be a revulsion against loss of freedom, resulting, perhaps in a happy compromise where the

individual may be allowed to choose his own dentist and the dentist allowed to give of his very best without governmental interference or red tape. In this case payment would no doubt be on what has been called the grant-in-aid system which was advocated by the dental profession in England but refused by the Minister.

Certainly it is true to say that at the present time there is a sense of frustration and bitter discontent among the dentists working for the government despite their retaining their independence as private practitioners and despite the fact that they are making considerably more money than ever before. This frustration and discontent has previously been confined to salaried government dentists and among them it is so endemic as to be accepted as normal. I sometimes wonder when I see legislation affecting the whole population of a country rushed through Parliament whether the legislators have any real appreciation of the number of lives they are dealing with, so that every tiny error they make is multiplied so many times that the harm is colossal. The population of Ceylon is, I believe, about six million. How much does that figure convey to you and me? Let me put it this way; I said that it was possible under certain conditions to examine mouths at the rate of 30 an hour; hard work but possible. Suppose I spend all my working hours doing so and maintain this rate how long will it take me to examine six million people? The answer is, of course, that it would take not only me but my descendants for generations to complete the task. Roughly 120 years! The power wielded by a cabinet minister nowadays is so enormous that it is his bounden duty to take every possible precaution to see that such power is used only to good advantage; that before any legislation is introduced it should be carefully and unhurriedly examined from all points of view and by such expert advisers as can be found. While I admit that the expert is by no means always right he is more likely to be right than those ignorant of the subject. Certainly when a minister has decided on legislation then that legislation should be examined by the experts so that they can advise on possible errors before it goes for consideration by a house of parliament very few of whose members can possibly be experts on any one particular subject. What has alas so often happened is that the minister has approved the general lines of legislation and the details have been filled in by civil servants who are supposed to be experts but who have been so long ensconced in an office chair that they have lost the personal touch and direct knowledge of the subject. To them, inevitably, human beings have become counters. They think in terms of forms and serial numbers not in terms of housewives with children to cook and mend for, men with jobs to be done, children with varying temperaments. Hence legislation so often caters for the majority but ignores the needs of the minorities. In England now there is a tendency to put on government appointed Boards representatives of the consumer as well as of the employer

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and the trade union. This happy innovation might well be extended to allow representatives of the common citizen to examine and criticise bills before they become acts. It may be argued that the members of parliament are the representatives of the people in this sense. My experience is that most members of Parliament who support the government are very wary of criticising and most members of the Opposition are so determined to oppose that their criticisms are automatic and unheeded. If you think this statement to be incorrect I suggest that you look through the pages of Hansard and note how many amendments are accepted by the minister in charge of a bill other than those amendments which merely change the wording and clarify the meaning. I well remember the excitement and surprise when the Conservative Member of Parliament for my own constituency, Bath, succeeded in persuading the Socialist Chancellor of the Exchequer Sir Stafford Cripps to withdraw from his budget his proposed tax on advertising. I should think every newspaper in the English-speaking world featured this as a most unusual item of news. Time also, nowadays, does not allow for a full consideration of legislation by Parliament, so many bills are submitted to it in this outpouring of laws to which I have already referred.

May I end by saying that though Ceylon's problems in dentistry are not necessarily those of England much can be learned from the successes and faults of English legislation. Ceylon has still a long way to go to build up a dental service in any way comparable with that in Great Britain. If every registered dentist, both qualified and unqualified were set to examine the mouths of the people of Ceylon in the way I have already indicated they would take two years to complete the task, and during this period no treatment at all could be given! From which you can draw your own conclusions about the necessity for more dentists. Ceylon has recently passed legislation similar to the English 1921 Act. Is it going to provide for the necessary increased entry of dental students or is it going to make the same mistake as England and be faced with an acute shortage later?

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