

**From New Zealand Society of Dentistry for Children to the New
Zealand Branch of the Australian and New Zealand Society of
Paediatric Dentistry – Our First 40 Years**

Harvey Brown, BDS (NZ), DDSc (NZ)

I am privileged to be here today to speak about our first 60 years. Before I begin though, I do ask you to listen for the name of Dick King and note what he has done for our Society. Dick was a former colleague and friend at the School, a teacher of a number of you here today, and an Honorary Life Member of this Society. Dick passed away on 16 October. I have been asked to make further comment later.

We have come a long way since the founding of what started out as the New Zealand Society of Dentistry for Children just over 60 years ago.

It has been an interesting journey: initial strength followed by doom and gloom but, in more recent years, development into a society that is strongly supported, internationally connected, and of great relevance to the oral health scene.

I am not bringing you the definitive history of our society here today – that is impossible in a brief presentation, but nevertheless should be more fully recorded sometime in the future.

Rather I am focusing on our first 40 years, with several themes to illustrate where we have come from, and how we got to where we are now.

My themes are:

- The Beginnings
- Hospital and Private Practice
- Down, But Not Quite Out
- The New Enthusiasts

My sources are mainly the Minutes of our Society, faithfully kept over the years, and my own understanding of events with a few additional memories thrown in.

Firstly – the Beginnings

The inaugural meeting of the New Zealand Society of Dentistry for Children took place at the Dominion Museum here in Wellington on 1 September 1953. The meeting was convened and chaired by Professor George Davies, Head of the Department of Preventive and Children's Dentistry at the Dental School; George was later to become Dean in Brisbane and Pro-Vice Chancellor (Academic) of the University of Queensland. Seventeen others were there, including a strong contingent from the Dental Division of the Department of Health, one of whom, Dr Geoff Leslie, was elected Chairman. Also notably present at the meeting, and significant for us today, was one J Gavin Suckling – yes indeed, the husband-to-be of our previous speaker, Grace. Subscription was set at £1. Links were established with the American Association for the Advancement of Dentistry for Children, a twice-yearly bulletin was planned, *The American Journal of Dentistry for Children* was to be circulated amongst members, and a diagnostic service for problem patients was to be offered to members.

A strong attendance of 46 was at the second AGM held in Auckland in September 1954. Dick King took part in a panel discussion so, although not present at the inaugural meeting, Dick was one of us for virtually our full 60 years. A significant suggestion was the preparation of a list of members willing to treat children with problems beyond the scope of the School Dental Nurse. First step was to gain approval from the then Central Executive of NZDA, and this seemed to have been given by the time of the 1956 AGM. That meeting agreed to notify Branch Secretaries 'the names of members specially qualified to undertake treatment beyond the scope of School Dental Nurses', this information to be available only to members of the NZDA, suggesting that any such list of dentists was not available to School Dental Nurses for direct referral.

The system was certainly well-intentioned, but it never came to fruition. The Minutes of the Committee of the Society in June 1957, contained the terse statement: 'Certain information was made available regarding the policy of the Health Department regarding the official reference of patients to specific practitioners for treatment

beyond the scope of school dental nurses. This matter was discussed at length and it was decided to promote it no further.' No mention of the scheme appears in the AGM Minutes later that year, 1957, so it must have been heavily jumped on somewhere – my own guess is that it was perceived on high as advertising or self-promotion. A major topic within Dental Jurisprudence in my Final Year at the School in 1956 was the Advertising Regulations. At that time, advertising could be little more than a brief newspaper announcement of commencing practice, and strictly limited size of lettering on surgery windows. Practitioners promoting themselves as having special skills were very naughty indeed.

That 1957 AGM, incidentally my first, showed that the Society was on a roll. Although the purchase of a typewriter for the Secretary's use was not approved, Newton Wickham generously offered the services of his nurse to assist with any typing. And the Society's offer of a prize for a student in the Department of Dentistry for Children had been accepted by the University Council.

The name C McG Littlejohn appears in the Minutes of the 1958 AGM. Mac was a remarkable fellow, who struggled hard to make a living as our first full-time specialist paedodontist, and also was to struggle hard keeping our Society afloat. He was Secretary-Treasurer in 1958 and became President for the first time in 1959.

In the Minutes of that 1959 AGM, attended by 23 members, business included the motion that a box of cigars be presented to the Dental School Librarian for organising circulation of journals. But a more significant topic raised was the suggestion that we join with the Orthodontic and Perio Societies in a joint meeting in off-Conference years, and this proposal was confirmed at the 1960 AGM. The first such meeting took place at Wairakei in September 1961, with 14 members attending.

A larger attendance was at the AGM during the Dunedin Conference in 1962. Notable at this meeting was the first mention of people with disabilities, when Harvey McClymont from the Dental School spoke on 'The Handicapped Person – a Broad Outline of the Types and Treatment'. This paper, which also included a tape recording by George Davies on his experiences in this field overseas, created a lot of interest, and could well have been the first on this topic ever presented at a meeting or

conference in New Zealand. Harvey did great work for children with disabilities, and his work at the School was much appreciated by parents. He had what some of us thought was a rather tricky process of dressing teeth of children under nitrous oxide anaesthesia, which was given by Sandy Macalister – day-stay endotracheal general anaesthesia for restorative care at Dunedin Hospital was to come a little later. Harvey also used sedation extensively, and he is reported as saying in his paper that ‘when drugs are used, it is essential to be thoroughly familiar with their action’ and that ‘The need for sedation decreases as the experience of the operator increases’, which I think we would all agree with. Harvey never took office in the Society, but his work for the care of children with disabilities was widely acknowledged.

Subs, incidentally, are still £1.

Mac Littlejohn was re-elected President at the Wairakei meeting of 1963, where he opened discussion on hospital dental services for children, referring to a submission made by the Society. I don’t recall what this contained, but I clearly remember Mac’s frustration over the lack of such services. He had a part-time Auckland Hospital appointment at this time, but he was working under great difficulty. As a recognised specialist in his own practice, he was expected to provide treatment for children with all sorts of problems at Dental Benefit rates – he was not able to charge anything over that, and parents were very reluctant to pay a reasonable private fee.

Two items at the Wairakei meeting in 1965 again showed the difficulty of providing care for children with disabilities. It was decided to send a letter to the Department of Health ‘requesting automatic enrolment for Dental Benefit purposes of intellectually handicapped children who have been unable, in the past, to obtain treatment’; and Mac discussed further submissions on hospital dental services and the possibility of ‘grant in kind’ (probably meant to be grant-in-aid) for the treatment of handicapped children.

By this time I was back at the then Levin Hospital and Training School after my studies at the University of Illinois, and I was being approached by parents of children from outside the hospital frantic because of inability to obtain care – at that time there was no Mac Littlejohn or Harvey McClymont in the southern parts of the North

Island. The IHC was working hard to improve the situation, but it was a very unfortunate period. Incidentally, Brian Watson became the Secretary at that meeting. Brian was an Auckland GP dedicated to the care of children with disabilities and, I recall, he had such a child of his own.

At the 1967 AGM, the possibility of the Society, now known as the NZDA Society of Dentistry for Children, first discussed the possibility of sponsoring a course for general practitioners on the care of children with disabilities. The first of two courses I ran on behalf of the Society at the Levin Hospital and Training School was in July 1968, with the full support of the then Divisions of Dental Health and Mental Health; and the second was in November 1973, some 3 years after I had left the Hospital for Dunedin. Both courses were very well received, certainly by practitioners who had never experienced treatment of children under endotracheal GA.

Coming back to that meeting in 1967, President Mac Littlejohn reported on his meeting with members of the Australian Dental Association and of the efforts being made to form an Australian Society of Dentistry for Children. At this time we were going along quite nicely with 12 members at Wairakei and a healthy list of apologies, so there was no thought then of any future formal liaison with our Aussie colleagues.

Efforts to gain additional reward for treating children with disabilities was gaining momentum, with support coming from NZDA for dentists being able to charge an additional fee over the Dental Benefit fee. This never happened though – no doubt the suggestion was viewed by the Dental Benefits Advisory Committee as a can of worms that, once opened, could never be closed. Poor Mac just struggled on for meagre reward and, I believe to the detriment of his health.

Two items of interest are noted at the 1968 AGM – I became President for the first time, and Dick King was pushing for the Surgical Trades Association to get cracking on importing stainless steel crowns – we were using them and teaching their use at the School, but they were very hard to get, and this problem continued for some years.

In the early 1970s we were struggling for members, so much so that, at 1975's AGM at Wairakei, the only member present was the President, Betty de Liefde, and I am

delighted to see my former class-mate and friend here today. Not surprising, then, that she suggested in her 1976 Annual Report we should consider going into recess. All seven of us present at that meeting had a good discussion on the proposal – the Minutes tell me that I proposed we write to all our members telling them we were considering going into recess, and what are their thoughts? I also see that, if we were to go into recess, I suggested, very thoughtfully, that we keep back enough cash to continue with the Society's prize at the School, that we should meet again the next year at Wairakei, and that we increase the subscription to \$3; but we didn't have enough cash to continue association with the IADC, the International Association of Dentistry for Children.

Only three members were present at that Wairakei meeting – Dave Dinniss (President and private practitioner), and Michael Hollis and Betty de Liefde, both of the Department of Health. They bravely decided to carry on, one reason being that the profession had to be seen to be interested in children's dentistry.

Next year's meeting was in Christchurch, only five present (apology from me), but moral support came from unnamed members of the Australian Society of Dentistry for Children, and the meeting agreed that 'some effort must be made to keep the Society going'. I believe much credit here must go to David Dinness. I thought him to be a very gracious and compassionate person, who came to the second of my Levin seminars. However, I lost track of him when he left the profession and was subsequently ordained as an Anglican priest.

Things were looking up in 1980 when 13 of us were at the AGM in Dunedin. We re-joined the IADC, Clive Wright reported on progress within the Australian Society, which was hosting the Congress of the IADC in Melbourne, and we bravely raised the sub to \$5!

But at the 1982 meeting there were still doubts about whether we should continue. I suspect that Allan Isaac saved the day in his contribution to the discussion, but then, later in the meeting, came the first serious move to change the Rules in order to bring in Associate Members, the school dental nurses. I was not at that meeting, but the Minutes record fully the nature of the discussion – some in favour as revitalising the

Society, others dead against, some on the grounds that dental nurses, if admitted, could be perceived as being equal with dentists, and even taking over the Society in the future.

The motion to include Associate Members was lost, but was raised again, and lost again, at the 1984 meeting where 21 members were present – including, for the first time one BK Drummond. I was somewhat surprised to see in the Minutes of that 1984 meeting that ‘RH Brown was keen to see closer association with the Australian Society of Dentistry for Children, even to the point of our forming an ANZ group’. Peter Ashton was going to be at the Australian meeting, and he was to be asked to initiate some form of liaison.

In my 1986 Presidential Address I made the point that if we failed to achieve some association with the Australian group, we should allow our Society to ‘die a natural death’. A discussion on this waxed and waned, until finally, and even after what reads like an impassioned speech from Allan Isaac, a very pessimistic motion for the Society to cease at the next AGM was passed.

However, Alan was asked to represent us at the next Australian Society’s Congress. The outcome proved very positive, as reported at our 1988 AGM, for the motion for us to cease was not discussed. Instead we passed the motion ‘That the NZDA Society of Dentistry for Children be reconstituted as the New Zealand Branch of the Australian and New Zealand Society of Paediatric Dentistry’. A Steering Committee consisting of Peter Ashton, Bernadette, Alan, and Geoff Lingard was appointed to sort out the details.

Incidentally, from that meeting we sent a letter to Dick King marking his retirement from the Faculty and, although not mentioned in the Minutes, I believe that was when we elected him an Honorary Life Member. We also congratulated Bernadette on her appointment to the Department of Community Dental Health, and welcomed her back to New Zealand.

And having her back has been of huge importance to us. I believe a turning point in New Zealand Paediatric Dentistry came when this young student at the School came

to Dick and I asking if she could do an elective with us in her Final Year. That was easily answered, and Bernadette had a great elective, won our Society's Prize, went on to higher degrees overseas, academic appointment at Leeds and, to our delight came back to Otago. Here her enthusiasm, energy and commitment have raised the profile of Paediatric Dentistry and her influence is seen in this room today with many of you having been inspired to make our discipline your career and life-long interest. Bernadette we honour you.

But returning to our ongoing story.

We survived the very difficult 1980s when we tried to maintain relevance, and wrestled with membership issues, including the vexed question of Associate Members. The ray of hope was the prospect of becoming a properly constituted branch of the ANZ Society of Paediatric Dentistry, and that indeed was achieved.

There are no formal Minutes between the AGM's of 1988 and 1994, but there definitely had been a meeting in 1992. And there was plenty going on. The 1994 Minutes reveal a completely different atmosphere. Bernadette was President and Councillor to the ANZ Society of which we were by then a full Branch; we had a new Constitution; our little *Bulletin* had now been replaced by the up-market and very informative *Synopses*; new names appearing included Callum Durward, Craig Waterhouse, Mary Livingston, Christine Holloway, Ian Esson, Mary-Anne Costelloe, Robyn Whyman, John Strange, Stephanie Wills. Courses by overseas clinicians Professor Stephen Moss (New York) and Louise Brearley-Messer (Melbourne) had been held in 1992; James Lucas gave a 2-day hands-on course in 1993; Richard Widmer had been over from Australia taking part in a 1-day course; and we were to host the ANZSPD Conference at Queenstown in 1995. And, you pensioned off this old chap by making him an Honorary Life Member, a distinction I greatly treasure.

And later came further new names, people who have served and continue to serve our Society well – such names as Nina Vasan, Wanda Gaynor, Katie Ayers, Alison Meldrum, Heather Keall, Heather Anderson, Dorothy Boyd, Jo Pedlow, Kate Naysmith, Erin Mahoney, and so on and on. And an even newer generation is here today with more-recent graduates.

So that takes us briefly over the 41 years from 1953 to 1994. And there I conclude. Many of you know well the other 19 years of our 60, so I can confidently leave the rest to you, to be told on some future occasion.

I congratulate you all on rebuilding our Society into the vital, relevant, vigorous organisation it is today.

Wellington

16 November 2013