A Dentist and a Gentleman:  
The Significance of Gender to the Establishment of the Dental Profession

by

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A thesis submitted in conformity with the requirements for the degree of Doctor of Philosophy  
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Abstract

This study examines the role played by gender relations and ideology in the establishment of the male-dominated profession of dentistry in Ontario. Gender ideology and relations characteristic of Ontario society in the period during which Ontario dentistry was establishing its professional status (1868-1918) became embedded in dental practice and the dentist's role. Gender provided a useful tool for professionalising dentists. It provided a script from which they could define their own role and relations, and a means for legitimating that role to the public. While dentists drew on a number of legitimating ideologies and contemporary beliefs in structuring and legitimating their profession, the language of gender permeates their efforts to establish their professional status.

The notion of gender utilized by Ontario dentists was very class and race specific. Dentists as middle-class, Anglo-Saxon men had a very particular notion about what defined a man, and by extension what made a good dentist. Gender identity was fused with class and race identities into an inseparable whole. Thus, in discussing the impact of gender on the establishment of the
dental profession, this study argues that gender cannot be seen entirely separately from other characteristics and relations such as class and race.

Data for this study were primarily drawn from professional documents and journals published in Ontario between 1868 — the year in which Ontario dentists began organizing — and 1918. These documents and journals provided a wealth of information on the processes of profession formation during Ontario dentistry's first fifty years and on the role of gender in these processes.

Dentistry has been a male-dominated occupation since before it organized as a profession and it remains a male-dominated profession today. It is my contention that the way in which dentistry was structured by and for middle-class men has ensured that dentistry remained male-dominated for decades after its initial organization. While women were never formally excluded from dentistry, the way in which the profession was structured provided inherent barriers and difficulties for women attempting to pursue dental practice.
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V
The importance of gender to the experience, organization, and structure of work in modern capitalist societies has been well-documented. Studies have shown that men and women tend to work in different occupations, and that men are more likely to be in occupations that provide authority, opportunities for advancement, and a high income (Fox and Fox 1987, Armstrong and Armstrong 1994, Reskin and Padavic 1994). Furthermore, many recent studies have illustrated that work plays a large role in the construction and reaffirmation of gender identity, and, in turn, that gender identity can affect the way in which work is organized and perceived (Westwood 1985, Cockburn 1983, Parr 1990, Cohn 1985). However, studies of gender and work have tended to focus on certain kinds of work, such as manufacturing and clerical work. Work in the professions has been largely ignored. Although there is a substantial sociological literature on the professions, this literature, until recently, has paid scant attention to gender (cf. Witz 1992). While there have been a number of more historical studies that examine women's participation in professional work, these studies have rarely examined the salience of gender to men's professional experiences (Glazer and Slater 1986, Strong-Boag 1976, Reverby 1987, Hacker 1974, J. Coburn 1974, Mitchinson 1990, Devine 1992). Thus, the significance of gender to employment in the professions has not been fully explored.

In this dissertation, I examine the role of gender in the organization and definition of professional work through a case study of the dental profession in Ontario. It is my contention that gender ideology, relations and identity all played a substantial role in defining and structuring professional employment. When establishing and defining dentistry as a profession in the late nineteenth and early twentieth centuries, Ontario dentists drew upon the gender relations, gender inequality, and beliefs about gender characteristic of their class (middle) and race (Anglo-Saxon) at the time. These beliefs and relations were embedded in the dental profession, and they were
embodied in dentists' roles and in the nature of dental work. Gender ideology provided a familiar and legitimate script that nascent professionals could draw on both to define their work roles and authority, and to legitimate their claims to professional authority and status to the public, the state, and other professionals. Gender was an important tool in the process of creating and establishing the dental profession.

Although this study focuses on the dental profession in isolation, it is likely that dentistry is not unique in having a history of professionalization in which gender is so significant. Historically, dentistry has been male-dominated, like most occupations that are popularly and sociologically regarded as professions. Women's professions such as teaching, nursing and social work have typically been regarded as "semi-proessions", or subordinate professions. They do not share the status, autonomy or financial rewards that have typically been associated with male-dominated professions such as medicine, law, and dentistry. Historically, women's participation in male-dominated professions has been quite low. During the nineteenth-century, women were formally excluded from participating in male-dominated professions like medicine and law, and from higher education in general. Although women achieved formal -- but not equal -- access to many male-dominated professions late in the nineteenth century, they did not enter these professions in large numbers until after the 1970s. Women's participation in many professions was uniformly low until recently. Even after the recent influx of women, in many professions their participation has not yet equalled that of men. Women have been moving into some male-dominated professions at a much higher rate than others. For instance, women compose a higher percentage of lawyers, medical doctors, and accountants than dentists and engineers.¹

Exactly why professions like medicine, dentistry and law have remained male-dominated throughout their history remains unexplained and unexamined. The formal exclusion of women

¹ Women have moved into some male-dominated professions in dramatic fashion: for instance, women currently compose the majority of pharmacists (Marshall 1990).
from participation in many male-dominated professions may partly explain men’s dominance in professions. Nonetheless, women gained formal access to these professions approximately 100 years ago, and yet their participation has only recently begun to increase. Unequal access to professional training may also have contributed to men’s predominance in many high-status professions. This study examines why men have predominated in many professions, and how their predominance shaped professional employment. In this study, I examine how male-dominated professions have been defined as male or masculine. By focusing on the association between masculinity and professionalism, this study seeks to provide a greater understanding of professional employment in general, and of the gendering of professional employment in particular. It is my contention that middle-class Ontario men structured professions to meet their own needs and goals, and to define their own identities. In doing so they organized and structured professional work in such a manner that the employment of women and of men who were not middle-class and Anglo-Saxon was discouraged. While this study addresses barriers to women’s employment in professions, it is primarily a study of men, and the salience of gender, class and race to their professional projects.

To examine the gendering of professional employment, I have chosen a case study approach. By closely considering the establishment of one profession, I can examine in detail how gender was involved in the very processes by which that profession was created and defined. A case study provides the opportunity to examine the subtle ways in which gender was significant to the attainment of professional status and the definition of professional roles. Such subtleties might be lost in a study that examines processes of professionalization in general.

Dentistry provides a valuable subject for a case study for many reasons. First, dentistry is a male-dominated profession, and has been since its inception. To date, women have made fewer
inroads into dentistry than into many other male-dominated professions such as medicine and law. Secondly, while sociologists have examined the nature and history of a number of professions, the dental profession has not been widely studied. Its history may provide new insight into processes of profession creation. Thirdly, dentistry’s rise to professional status was relatively brief, encompassing a period of less than fifty years. Given this short time span the factors that contributed to dentistry’s rise in status may be more evident.

Fourthly, unlike the professions of medicine and law, it seems that women were never formally excluded from participation in the Ontario dental profession. An examination of the dental profession may more clearly reveal the factors beyond formal exclusion that defined professional employment male. Fifthly, dentists’ efforts to establish their occupation as a profession are clearly documented in their professional journals and documents. In their journals, professionalising dentists clearly defined their vision of a “dental profession” and the ideal professional dentist. They also carefully documented their attempts to turn this vision into a reality. Dentists publicly discussed their efforts to construct a gendered professional identity and to define their profession as masculine. These above-mentioned factors make dentistry a good subject for a case study on the gendering of male-dominated professions.

Nevertheless, there are limitations with the case study method. Focusing attention exclusively on dentistry may result in a limited vision of the professions and profession creation. By focusing on only one profession, of relatively small size, one risks losing sight of the interdependency, interaction and influence amongst professions. Dentistry sought professional status at the same time as many other professions and occupations – the late nineteenth and early twentieth centuries. In many respects, the issues professionalising dentists grappled with in establishing their professional status were shared by other professions. By focusing only on dentistry, I am not suggesting that dentistry had a history that was completely different or unique compared with other Ontario professions. Rather, although dentistry’s history differs from that of other
professions in some respects, in many respects it does not. A case study of dentistry enables a close glance at processes of profession creation that likely occurred in other professions as well. It is likely that gender ideology and roles influenced the structure of other professions as much as they influenced dentistry. Future research can more decisively determine the extent of gender's influence upon other professions.

Defining Professions

Before discussing the part played by gender in the creation of the dental profession, it is necessary to consider exactly what a "profession" is. There is an extensive literature on the professions that has attempted to define professions and to detail their characteristics. Research on the professions has also attempted to delineate exactly how professions have been created and established. However, defining professions and professionalization has proven difficult and controversial. Studies disagree about exactly what a profession is, and how professions are best understood. Some sociologists have attempted to isolate the characteristics that distinguish a profession, and to delineate the order in which these characteristics are acquired to form a profession. Taking a "trait approach" to the study of professions, researchers have listed the traits commonly possessed by professions. These traits include: a code of ethics, an orientation towards public service, a scientific or abstract theoretical knowledge base, practitioner autonomy, university-based professional training, professional associations and journals, and government legislation that protects an occupation's market position (Hall 1975).

In the past 25 years, there have been many criticisms of this approach to defining and conceptualizing the professions. Critics have questioned the usefulness of these trait lists. Such lists have been criticized for blindly accepting professionals' definitions of themselves, and for being value-laden (Freidson 1970; Johnson 1972; Klegon 1978). Within sociology, professions have been seen as selfless entities that are entirely devoted to meeting or "serving" the needs of
the public (Durkheim 1984 [1933], Carr-Saunders and Wilson 1933). Yet many sociologists have countered that one cannot assume that professionals practice exactly what they preach. The trait approach has also been criticized for arguing that professionalization can be reduced to a series of universal, unilinear stages (Johnson 1972: 29). Research has shown that not all professions have gone through the same sequence of stages, in the same order (Freidson 1983, Johnson 1972). A related criticism is that trait theories pay no attention to the social and historical context of professionalization (Johnson 1972, Freidson 1983, Torstendahl and Burrage 1990). The occupations that are most considered professions in North America, such as medicine, law and dentistry, were established in the late nineteenth century, and their development and structure were influenced by their social context. Professions emerging at a later date and in other countries have different professional structures and characteristics (Torstendahl and Burrage 1990, Freidson 1970, Abbott 1988). Furthermore, the trait approach has been criticized for not acknowledging the role of conflict and control in the professions. Power struggles for control over an occupation and over a given market or jurisdiction have been shown to be an important aspect of professional creation and existence (Johnson 1972, Larson 1977, Starr 1982, Abbott 1988).

Since the 1970s there have been a number of studies of the professions and professionalization that emphasize conflict, power, and historical context. Rather than defining a profession by the traits it possessed, researchers have emphasized power and authority. Johnson (1972) argued that a profession was not an occupation, "but a means of controlling an occupation" (45). Johnson (1972) further argued that this means of control was an historically-specific development whose nature was determined by historical circumstances. A number of social scientists have used Johnson's definition of professions and professionalization, or a variation of it, in their research. These researchers emphasize that professions are based on power, and social or cultural authority (Starr 1982, Bledstein 1976). For instance, Larson (1977) argued that
Professionalization was an historically specific “process by which producers of special services sought to constitute and control a market for their expertise” (xvi). She further described it as a “collective assertion of special social status and ... a collective process of upward social mobility” (Larson 1977: xvi). Thus, in Larson's conceptualization, a profession is a high-status body of producers who control the market for their services. According to these definitions the specific traits of a profession may vary, as may the process through which occupations become professions. What is common among professions and processes of professionalization is control over an occupation, or over a service market, as well as social authority.

Definitions of professions and professionalization that focus on power and control are more nebulous, but they are also more helpful and accurate. However, these definitions are acknowledged to be historically limited and vague. Exactly how much “social authority” is required before an occupation can be viewed as a profession? Further, how much control over an occupation, or an occupation’s market, is necessary before the term “profession” applies? A number of occupations were referred to as professions — such as medicine and dentistry — before full control over a market was achieved. Moreover, does an occupation’s status as a profession vary over time, as its market control or social authority waxes and wanes?

For research purposes, the preferred definition of a profession is that of Freidson (1983) who treats “profession” and “professionalization”, not as “generic” concepts, but as changing historical “folk” concepts (Freidson 1983: 22). In treating “profession” as a folk concept

"one does not attempt to determine what profession is in an absolute sense so much as how people in a society determine who is a professional and who is not, how they ‘make’ or ‘accomplish’ professions by their activities, and what the consequences are for the way in which they see themselves and perform their work." (Freidson 1983: 27).

Exactly what gets labelled a profession is the result of a social and political process. A profession need not possess particular characteristics, or even complete market control to be viewed as a
profession in a given society, at a particular point in time. Freidson's (1983) definition of a profession calls our attention to the processes through which an occupation is labelled a "profession", and what consequences or rewards follow this label.

The process of defining a given occupation as a profession can be called "professionalization". According to this definition, professionalization does not necessitate progression through a number of fixed stages or the acquisition of certain traits. Professionalization is the process through which an occupation is socially labelled a "profession". Professionalization, thus, would encompass the processes and strategies through which a group of workers defines their work as a profession, constructs themselves as professionals, and endeavours to get others to accept this definition of their work. These processes and strategies generally include those identified in the professionalization literature such as attempts by workers to create and control a market for their services, and to raise the status of their occupation in the eyes of the public (Larson 1977, Howell 1981).

In examining the establishment and the gendering of the dental profession, this study uses those definitions of professions and professionalization adapted from Freidson (1983). In examining the establishment of the dental profession, I examine dentists' efforts to have their work defined as a profession, and themselves defined as professionals. The strategies they selected were influenced by their social context. Dentists drew on the structure and nature of other occupations regarded as professions in their society -- especially the medical profession -- and dominant social ideologies and social relations prevalent in their society. Because a principal part of the professionalization process involved convincing others of the legitimacy of their professional claim, dentists drew on dominant ideologies and accepted social relations to legitimate the professional, social roles and privileges they claimed for themselves. Middle-class gender ideology and relations were used by dentists -- along with ideologies of race, science and social purity -- to define their work and legitimate their professional status. Gender played an
important role in the professionalization of Ontario dentistry.

Gender

More will be said about gender and its significance to employment in the professions in Chapter One. Here, however, it is valuable to discuss the conceptualization of gender that will be used in the study. Gender is usually understood to refer to a social construction whereby social relationships, personal identity and cultural meanings are mapped onto sexual difference (Laslett and Brenner 1989: 384). Thus, "gender" does not refer to immutable or inherent sexual differences — although ideology sometimes portrays gender as inherent — but a historically specific conceptualization of the characteristics of men and women. While this definition of gender is widely accepted, treatments of gender and its relations with other social characteristics and institutions has varied widely.

In the past, some studies have treated "gender" as if it were only a significant factor for women (for instance, Gordon 1990: 852). Studies of the impact of gender, have often been studies about women. The significance of gender for men is still an area that has not been widely studied, although a number of recent studies have begun to rectify this oversight (Coburn 1983, Carnes and Griffen 1990, Baron 1991). Continuing in this new tradition, this study aims to examine the significance of gender to the men who defined and established the profession of dentistry in Ontario. In doing so, it focuses on notions of masculinity, defined as men's gender identity. Masculinity generally involves a set of attributes and viewpoints that are central to how men see themselves, as men.

There has been a good deal of debate in the feminist literature on work about the relationship between gender and other social characteristics or relations such as class and race. The dual

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2 In some conceptualizations of gender, sexual difference is portrayed as being concrete, yet the work of Laqueur (1990) shows that ideas about sexual difference are also historically-specific social constructions.
systems theory advocated by Hartmann (1976), Walby (1986) and many others holds that class and gender are separate characteristics that belong to two separate systems, capitalism and patriarchy respectively (more on this in Chapter One). Although analytically distinct these two systems are said to interact and intersect, particularly at the point of production. Although this perspective has spurred a number of good studies that examine the interactions between class and gender at work, this approach has been criticized for being theoretically untenable, implausible, and for not providing a proper reflection of people's lives nor of the nature of the capitalist system (Middleton 1988, Baron 1994, Sugimann 1994, Parr 1990). Moreover, the dual systems approach tends to lead research to focus on gender and class while ignoring other important social characteristics, most notably race.

In this study, traits like class and gender are not viewed as being separable as the dual systems perspective posits. Gender, class and race are characteristics of individuals and groups that are not and cannot be experienced as independent. As Sugimann (1994) explains, individuals experience the social relations of class and gender simultaneously, and hence, "gender and class are inseparable in lived experience" (Sugimann 1994: 7, Parr 1990, Smith 1995). One can add the characteristics and relations of race, religion and age to this depiction as well. As Griffen (1995: 91-92) argues, it is a fruitless exercise to analyse and rank the independent effects of race and class and gender in a given situation because the three are often so fused that to do so is an impossibility. Rather, it is more useful to explore how gender, class and race interact in a particular instance (Griffen 1995). Thus, in this study I argue that for professional men in nineteenth-century Ontario, characteristics such as gender, class, race and religion, were fused into one identity that influenced the way they saw the world, and the way they tried to establish themselves in the world. Most dentists were middle-class, Anglo-Saxon, Protestant males, and these characteristics combined to create a specific identity that was different from, for example, working-class men of the same religion and race, or middle-class women.
Given the interconnections between gender and a wide range of characteristics and relationships, it is impossible to separate completely gender's influence from that of class and race. Thus, while this study's primary focus is the impact of gender on the professions, gender is considered to be intertwined with the characteristics and relations of class and race indigent to nineteenth-century Ontario. While the significance of class has been noted in previous analyses of professionalization, few studies have portrayed class as being so interconnected with gender relations and ideology. This study will show that gender and class are not as separable as they have been treated in the past; they are fused in the consciousness and actions of men and women.

**Gender and the Dental Profession:**

There has been little attempt in the sociological literature to examine the salience of gender to the establishment of male-dominated professions, and to the work of male professionals. Moreover, there has been little attempt to explore why certain professions, like dentistry and medicine, have remained male-dominated throughout their history. However, there has been some effort by the dental profession and by sociologists of dentistry to explore why women have historically been so poorly represented in dentistry. Primarily, what these studies suggest is that men and women alike have viewed dentistry as an occupation that is neither suitable nor open to women. Dentistry has an "aura of masculinity" that attracts men to the profession, while discouraging women (Linn 1970). Studies have also suggested that discrimination and lack of recruitment of women by the profession also account for the small numbers of women in the dental profession in North America.

There is no obvious reason why the practice of dentistry might be regarded as masculine work. Although it has been suggested that women lack the mechanical and manual skill

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3 Similarly, members of the medical and law professions, as well as sociologists of these professions, have studied the participation of women in these professions (Bourne and Wilkler 1982, Hagan and Kay 1995).
demanded in dental operations, this explanation cannot be given too much weight (Bremner 1959). Ironically, elsewhere it has been argued that women have digital and manual skill that exceeds that possessed by men, and that this "inherent skill" makes them ideally suited to detailed manual work (Westwood 1984). The actual skills involved in dentistry are not inherently "masculine". In fact, in Eastern Europe the vast majority of dentists are female (Talbot 1961).
Thus, there must be other explanations for men's predominance in the dental profession in North America.

In the 1960s and 1970s, a number of studies were done by both dentists and sociologists to explore why there were so few women practising dentistry in North America. Most of these studies suggest that dentistry is permeated with an "aura of masculinity" or a male image (Linn 1970, Levine 1970, Talbot 1961, Wypkema and Hunt 1975). That is, dentistry has been viewed as being inappropriate for women, and it has been difficult for women to pursue dentistry as a career. For instance, in a study of high school students in the United States, Strange and Lu (1965) found that students believed dentistry was a good career option for men, but not for women. It was believed that women could not combine a dental career with a home and family. Other studies have suggested that even the faculty and male students in dental schools regarded dentistry as being inappropriate for women (Cowan et al. 1973, Wypkema and Hunt 1975). Moreover, only 50% of students in Strange and Lu's (1965) study believed that women would be accepted into dental colleges on the same terms as men. Thus, not only was dentistry seen to be inappropriate for women, but they were believed to face discrimination on entering the profession.

The dental profession's reluctance to encourage women's participation in the profession has only enhanced dentistry's aura of masculinity (Levine 1970, Snow 1961). There has been little attempt to recruit women into the profession, or to encourage their participation once they showed an interest. Dental recruitment books sometimes mention women's involvement in dentistry, but
they are ultimately ambivalent about whether women are welcome in dentistry or not. Some American recruitment books from the 1960s and 1970s argue that there are no barriers to women's participation in dentistry. They state that women do practice as dentists, and that there is no discrimination against women in the profession (Greenberg and Greenberg 1963, Vershel 1970). Nevertheless, they go on to suggest that dental school administrators might be reluctant "about accepting applications from women ... because so many have dropped their careers after much time and effort has been expended on them" (Greenberg and Greenberg 1963: 146). They continue that women seeking entrance into dental school might be questioned about their ability to combine their careers with their family work. Thus, students' perceptions of discrimination seem to have been accurate. Other studies of women's experiences in the dental profession suggest that, indeed, discrimination and discouragement on the part of male colleagues and teachers did occur, and that it likely discouraged women's participation in the profession (Vershel 1970: 66, Chebib 1973). Women dentists have recorded prejudice from their teachers, their fellow students and from their patients (Linn 1971, Wypkema and Hunt 1975, Levine 1970). As a result of this discrimination and lack of recruitment, women's participation in the profession has been discouraged.

In an effort to recruit women into the profession, and fight against this male image, some recruitment books published in the United States and Canada in the mid-twentieth century specifically mentioned that women were welcome in the dental profession. Books in the United States argued that women held special characteristics that would make them good dentists (Greenberg and Greenberg 1963):

For instance, they [women] have a tendency to be more patient and sympathetic than most men. (Perhaps that is the reason so many of them limit their practices to pedodontics [pediatric dentistry].) As a rule women have smaller hands than men, and you can recognize for yourself how much of an asset this would be when you are working in the mouth. Women are usually pretty good at details and, being more concerned with personal appearance than men, they have developed an acute aesthetic
appreciation of the human form and particularly the face, which is an essential part of much of dentistry (144).

Women were argued to have a personality that would make them particularly ideal for certain dental specialties. Women were believed to be suitable for practising on the ill, the disabled, and on children because of their compassionate natures, their understanding, and their skills with children (Greenberg and Greenberg 1963).

Some recruitment books also argued that there was plenty of opportunity for women to combine their dental practices with their family and home responsibilities. Books encouraged women to establish an office in their home, or work in public health — encouraging sex segregation within dentistry — so that women could combine their careers with their “personal needs, such as running and maintaining a home and caring for [their] preschool children” (Greenberg and Greenberg 1963: 145-147). Dentistry was argued to be good work for women because it could be flexible, it could utilize women’s special characteristics, and it also allowed women to have a family (Vershel 1970, Greenberg and Greenberg 1963, Levine 1970).4 Canadian pamphlets that discuss opportunities for women in dentistry quickly turn to a discussion of women’s opportunities in the subordinate occupation of dental hygiene, perhaps tacitly suggesting to women that hygiene was the more appropriate area for them (Canadian Dental Association 1949, 1961).

Thus, even when there was some attempt to recruit women into dentistry in the mid-twentieth century, the effort was mixed. At the same time that women were told that they were welcome in dentistry, they were informed that they would be discriminated against, and that they might want to consider dental hygiene instead (Vershel 1970, Canadian Dental Association 1949, 1961). Although women were “welcomed” in the profession, they were rarely actively recruited. As one

4 Recruitment books and pamphlets chose to emphasize that most women in dentistry had families, not that women in professions like dentistry were much less likely to be married and have children, than women in other occupations. However, they did suggest that it would be quite a challenge for women to combine the two.
report stated, "Canadian dental schools have expressed themselves as quite willing to consider women students but no great stress is placed upon the need of entry of young women into the course" (National Health and Welfare 1947: 25, Wypkema and Hunt 1975).

Women entering dentistry were encouraged to choose specialties or work settings that were different from men's and that would allow them to better combine their work with family responsibilities. Studies have suggested that women were taught the same thing while in dental school; male faculty encouraged them to specialize in areas and settings that were more "feminine", and also tended to be less prestigious and less remunerative (Linn 1971, Wypkema and Hunt 1975). Many women were taught in dental school that they did not belong, did not fit it, and that they were not really welcome (Wypkema and Hunt 1975, Linn 1971). Discrimination and a hostile atmosphere at dental school likely also encouraged women to stay away from those specialties that carried more prestige and income (Chebib 1973). It is not surprising, then, that many studies have shown that women dentists have tended to work in sex-segregated settings and specialties. In 1947 it was noted that the majority of women practising dentistry worked in schools or in pediatric dentistry (Health and Welfare 1947: 26). Many reports from the 1960s and 1970s also suggested that women's participation in dentistry was sex-segregated (Talbot 1961, Chebib 1973, McFarlane 1965). Women dentists responded to discrimination through sex-segregation. They chose to work, and were encouraged to work, in lower prestige and lower pay settings and specialties (Chebib 1973).

The above-mentioned studies on women in dentistry are revealing about why women's participation in dentistry has historically been low. The lack of acceptance and hostile environment women experienced in dental school likely discouraged them from entering the profession, and may have limited their practice once they were in the profession. Women were rarely recruited into dentistry. Although dental recruitment books and pamphlets often stated that
women were "welcome" in dentistry, they sent mixed messages by warning of discrimination and encouraging women to consider dental hygiene instead. Dentistry was generally thought to be inappropriate for women. Male and female high school students argued that it was so, and the message from within the profession was the same. Many women students in dental school were told that they did not belong, both explicitly and metaphorically, by their male classmates and faculty. Dentistry was said to have an "aura of masculinity" that made it an occupation that was suitable for men, but not for women.⁵

However, exactly what the nature of this "aura of masculinity" is, or how it developed, has not been explored either in the dental literature, or in the sociological literature on dentistry. Although many histories of dentistry in North America have been published, this literature, too, has not explored dentistry as a "masculine" occupation. Thus, neither the sociological and historical literature on dentistry nor the sociological literature on the professions has explored the role of gender in profession creation. How professions like dentistry -- that have remained male-dominated throughout their history, and which are perceived as "masculine" occupations by the public -- were sex-typed masculine has not been explored.

If the nature of professional employment and the patterns of sex segregation between professions and within professions are to be understood, the significance of gender to the establishment of professional work should be explored. Such an exploration would also provide necessary backdrop for studies examining the nature of women's current influx into many male-dominated professions. Understanding of why women are currently entering male-dominated professions would be enhanced through knowledge of what made these occupations a male preserve from their inception. Moreover, understanding how certain professions were sex-typed male may shed new light on patterns of sex segregation between and within professions today.

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⁵ Dentistry's "lack of glamour", compared with other professions, was also seen as a deterrent to women, although this factor likely discouraged men as well (Snow 1961).
This study will examine how the profession of dentistry achieved its “aura of masculinity” and how it became a masculine, male-dominated occupation. In doing so, it provides a corrective to research on the professions and professionalization, as well as a backdrop to studies of the gendering of the professions in the present day.

Plan of Study

This thesis is primarily concerned with elucidating the myriad ways gender can be seen to influence the formation of professions. It argues that gender was central to the way in which dentistry — and likely other professions — was defined, organized, structured, and legitimated to the public.

Nevertheless, this study has two more secondary aims as well. First, this study provides a social history of the practice of dentistry in Ontario. In examining the impact of gender on the dental profession it is necessary to discuss this history, which has not been covered sufficiently elsewhere. In reviewing the history of the dental profession, it becomes clear to what extent gender, class and race have influenced the dental profession, throughout its early development. Second, this study illustrates the complex interrelationships between gender, race and class, as well as how these elements combine with other characteristics and relationships in the social order to influence behaviour and consciousness. Gender, class and race relationships and ideologies are intertwined and inseparable.

Before examining the significance of gender to the establishment of the dental profession, it is valuable to review the literatures on gender, work and the professions to draw on the insights this literature has provided. Chapter One discusses the limitations of recent research into gender and the professions. Moreover, it reviews the literature on gender and work to illustrate the many ways in which work has been shown to be gendered by previous research into non-professional
work. The literature on gender and work provides a framework that guides the research contained in later chapters.

In Chapter Two, I discuss the social context in which professions established themselves. It is a principal argument of this study that the social context in which professions arose created a lasting imprint that influenced the nature of professional employment. Chapter Two discusses the rise of capitalism, urbanization and industrialization which together helped to create the conditions in which modern professions arose. In this chapter, I pay particular attention to the rise of a middle class in nineteenth-century Ontario, and to middle class gender ideology and relations which influenced professional employment. Chapter Two also places the rise of dentistry within the context of the rise of other professions, particularly the medical profession. During the late nineteenth and early twentieth centuries, the medical profession became a dominant force in Ontario society. The medical profession exerted power and influence over other professions in the health care field, including dentistry.

Chapter Three discusses the nature of dentistry before the occupation attained professional legislation in Ontario in 1868. Dentistry was a masculine, male-dominated occupation long before its professionalization. However, early dentistry was associated with a different notion of masculinity than that of later professional dentists. Dentistry was first practised part time by tradesmen and itinerants. In the 1860s, there was an increase in the number of full-time, formally trained dentists, who either possessed or desired a middle-class status. In Chapter Four, I document the efforts of these "middle-class" dentists to define dentistry as a profession through the formation of a professional association and the attainment of professional legislation. Middle-class dentists attempted to prevent itinerant and untrained dentists from practising the profession. At this point, professionalising dentists began defining dentistry as a profession that only middle-class gentlemen should and could perform. Nevertheless, professional legislation did not secure dentists' "professional" status in the eyes of the public. Dentists had to find other ways of
securing their professional status.

Chapter Five explores how dentists went about defining themselves as professionals. Through their journals and association meetings, Ontario dentists carefully defined exactly who a professional dentist should be: what characteristics he should possess, and how he should dress, act and interact with others. The ideal dentist was defined as the ideal gentleman. It was argued that to be a successful, acceptable, professional dentist, a practitioner must be a middle-class gentleman. Also discussed in Chapter Five are dentists' attempts to ensure that all members of the profession lived up to this ideal image of the dentist.

Chapter Six discusses dentists' difficulties with securing their professional status in the late nineteenth century. Despite their professional legislation, and early attempts to ensure that all dentists were middle-class gentlemen, dentists did not conform to the ideal image established by professional leaders. During this period, dentists identified barriers to the attainment of professional status, particularly professional overcrowding, quackery and illegal practitioners. In their debates and complaints about their professional woes, dentists emphasized gender. Professionalising dentists' solution to these problems was to reassert the masculine image of dentistry, and to renew attempts to reinforce this image. Professional leaders argued that if they could live up to the defined masculine image of the ideal dentist, professional status would follow.

Chapters Seven, Eight and Nine discuss dentistry between the turn of the twentieth century and World War One. Chapter Seven reviews the rise in dentistry's status after the turn of the century, and it identifies the strategies professional leaders pursued to raise dentistry's status. The use of gender ideology to define dentists' roles and relations with others was a key factor in dentistry's eventual attainment of professional status. Chapter Eight examines dentistry's role in the Ontario public health movement. Dentistry's involvement in this movement was conditioned
and structured by contemporary gender ideology and roles. Dentists' involvement in public health, and their use of gender roles and ideology to structure their involvement were important factors in dentistry's rise in status after the turn of the century. Chapter Nine discusses the rise of a gendered division of labour in dentistry, and the rise of the female-dominated occupation of dental assistant. Dentists structured a subordinate occupation for women that was defined partly by drawing on contemporary gender ideology and roles. Dentists used dental assistants to increase their work efficiency and to rid themselves of the lower status, unremunerative aspects of their work. In so doing, they were able to confine their work to "more important", higher status tasks.

Chapter Ten describes the nature of dental education. It examines how dentists were made in Ontario. Dental education was seen as effecting a dual transformation: it changed laymen into professionals, and it turned boys into men. Masculinity permeated the culture at dental school, and it prepared students for the masculine culture of the dental profession. Dental students, like professional dentists, were expected to behave like middle-class Anglo-Saxon gentlemen. Dental education once again emphasized the connection between dental professionalism and masculinity.

Chapter Eleven discusses women's participation in the dental profession. Despite its masculine history and image, dentistry did have some female practitioners during its first fifty years. This chapter explores the nature of their experiences in the profession that was defined by men, for men. Although women were never formally excluded from the dental profession, their participation was hindered and coloured by the masculine structure and definition of the profession.

Like other studies of gender and work, this study shows the many ways in which gender ideology, roles and relations can become embedded in the experience and structure of work.
Research into professional employment -- both historically and in the present -- should consider the professions as gendered occupations whose very nature has been influenced by gender.
Chapter One
Gender, Work and the Professions

Until recently, there has been little attempt in the sociological literature to explore the significance of gender to the organization and establishment of professions. This omission in the extensive literature on the sociology of professions is surprising given that the archetypical professions, such as medicine and law, have been overwhelmingly male-dominated. Perhaps more surprising is the scant attention paid to professional work in the literature on gender and work. This latter body of literature has revealed the myriad ways in which gender is fundamental to the organization, structure and experience of work, as well as the ways in which work is central to the construction and reconstruction of gender identities and relationships. Nevertheless, this literature has not fully explored the significance of gender to work in the professions.

Recently, there has been some attempt by researchers to bring gender into discussions of work in the professions. In response to the influx of women into traditionally male-dominated professions in the past two decades, sociologists have studied professional employment to explain women’s increased participation, and to characterize their work experiences. This literature, however, has tended to limit its focus to the gender composition of the current professional labour force. Researchers have made little attempt to understand the significance of gender to the creation and establishment of professions.

The work of Anne Witz (1986, 1988, 1992) differs from much of the recent literature on gender and the professions in emphasizing the importance of gender struggles to the professionalization process. Witz (1992) examines medical men’s attempts to exclude women from the high-paying, high-prestige profession of medicine, and their efforts to limit the scope of women’s activities in related occupations such as nursing and midwifery. Through her work, Witz (1986, 1988, 1992) illustrates that the professions have a history in which gender is
significant. Nevertheless, Witz' study remains somewhat isolated. Moreover, the significance of gender to professionalization processes beyond men's explicit attempts to restrict women's participation remains largely unexamined. There have been a number of historical studies of the professions that document the significant role gender played in the practice and organization of professions, historically (Mitchinson 1991, Smith-Rosenberg 1986). However, this literature has tended to examine neither the significance of gender to male professionals, nor the role played by gender relations and ideology in structuring, defining and legitimating professional work.

The sociological literature on professions has emphasized that, by and large, professions were created in a very specific context — late-nineteenth and early-twentieth century North America — by a specific group of people — middle-class, Anglo-Saxon, protestant men (Reader 1966, Larson 1977, Starr 1982, Freidson 1970, Torstendahl and Burrage 1990). Yet, neither this literature, nor the literature on gender and the professions, has investigated how the gender relations and ideology specific to this social context and social group may have affected the nature and structure of professional work and relations. Moreover, neither literature has explored how gender identity and masculinity could be intertwined with the work of professionals and with processes of professionalization. If the relevance of gender to the professions is to be understood, the insights of the literature on gender and work, with respect to how significant gender is to the nature and experience of work, must be taken into account.

In this chapter, I will critically review the literature on gender and the professions, and gender and work. While the literature has neglected to examine fully the relevance of gender to professional work, it provides a solid background for research in this area. In this review, particular attention will be paid to the conceptualization and treatment of gender in the literature. A more complete understanding of the role of gender in the establishment of professions can only be achieved with a more complex conceptualization of gender than has heretofore been used in the small 'gender and the professions' literature.
Gender and the Professions Today:

Much of the literature on gender and the professions has focused on the influx of women into professional occupations in the past twenty-five years. Although women have been well represented in the professional labour force historically, their employment has been concentrated in a few professions such as nursing and teaching (Blitz 1974). These female-dominated professions do not carry the financial rewards, social authority, or status that are characteristic of "real" (male-dominated) professions, and they have been termed "semi-professions" by some sociologists (Etzioni 1969). Since the 1970s, however, women's participation in male-dominated professions has increased substantially. In Canada, for instance, women constituted 11% of workers in these professional occupations in 1971. By 1986, the number of women working in male-dominated professions had jumped 288%, and women made up 23% of those working in male-dominated professions (Marshall 1990). This increase in women's participation in the professions has not been distributed equally across occupations: women have been flooding into some professions, like pharmacy and optometry, while barely making inroads into others, like engineering (Marshall 1990). These trends in women's professional employment have led sociologists to consider two questions: 1) does the increase in women's professional employment mean that there has been a decline in sex segregation; and 2) why has women's participation in some professions increased in recent decades?

Answers to the first question in the literature on gender and the professions have been very consistent. The movement of women into the professions has not resulted in a decline in sex segregation: professions are internally sex segregated. Hagan's (1990a, 1990b) analyses of lawyers show that women are over-represented in jobs at the bottom of organizational hierarchies, and are, thus, more likely to have jobs that are routinized, and allow for little autonomy; furthermore, mobility ladders for male and female lawyers differ (see also Podmore and Spencer 1986). Hagan (1990b) also shows evidence of segregation by specialization in the profession as
women are over-represented in family law, and under-represented in corporate and commercial law. Moreover, women are penalized in terms of income for working in sex-typical spheres, while men are not. Crompton and Sanderson’s (1990) study of pharmacy also reveals evidence of sex segregation: women predominate in hospital settings and in lower grade work, while men predominate in community and managerial positions (see also Phipps 1990, Coughill and Tanner 1994). Devine’s (1992) study of the engineering profession, and Armstrong and Armstrong’s (1992) study of a wide range of professions in Canada also point to the presence of extensive sex segregation: female professionals have less occupational mobility than do males, and also suffer comparatively in terms of power, pay and prestige.

Answers to the second question -- why has women’s participation in male-dominated professions increased recently -- have been less concrete. Most researchers seem to agree that women’s increased access to education, training, and professional credentials such as licenses is a major factor behind their participation in the professions. Historically women have been explicitly and formally prohibited from attaining the necessary education and credentials for professional employment. For instance, women were excluded from the medical profession in Britain until the late 1870s, and in Canada until the 1880s (Witz 1990, Strong-Boag 1979, Hacker 1974). Even after they were formally allowed to attain professional credentials, there were many barriers that prevented women from having equal access to professional education and licences (Glazer and Slater 1986, Hacker 1974). However, barriers to education and training are now lower for women than they have been in the past, and thus, women have easier access to professional skills and employment. Rosemary Crompton (1987) has stressed this ‘credentialist’ explanation for women’s entrance into the professions. Crompton and Sanderson (1990) argue that women’s entrance into pharmacy, for instance, is partly explained by women acquiring the appropriate qualifications. Other researchers also stress that the acquisition of education is at least an important precursor to the movement of women into male-dominated professions (Clifford
1991, Reskin & Roos 1990). Witz (1992), however, notes that women have a more difficult time entering the professions through credentials than through legislation, via the state. State intervention, and state involvement in professions, such as those in health care, may have encouraged women's participation.

Crompton and Sanderson's (1990) analysis of the movement of women into a number of male professions and occupations emphasizes the role of women's personal choices in addition to their access to education. For instance, in explaining women's entrance into the profession of pharmacy, Crompton and Sanderson (1990) stress women's personal preference for work that provides good rewards, is available, and allows flexibility so that paid work can be more easily combined with family and household responsibilities. However, employment features such as flexibility and good rewards have long been pointed to in the dental profession as features that should make the profession attractive to women (Greenberg and Greenberg 1963: 143-147, Vershel 1970: 64-65). Despite these features, women still did not enter dentistry in significant numbers until the 1980s and 1990s. Hence, other factors seem to have an influence on women's entrance into professional employment.

A more complete explanation of women's entrance into male-dominated occupations is offered by Reskin and Roos (1990). They argue that the sex composition of an occupation is the result of a "dual-queuing process" (29). Employers order prospective employees in terms of who they would like to hire most, and form a (gendered) queue or list of desirable employees — white men are often at the top of these lists. Prospective employees also compile a queue: a list of jobs in order of their attractiveness. Because on many employer queues men are preferred to women, they will take the "best", most attractive jobs. What has happened in recent years, Reskin and Roos (1991: 48 - 64) argue, is that the shape of workers' and employers' queues has changed. Changes in the qualifications and productivity gaps between men and women have led employers to see women as being more attractive employees. Moreover, sex discrimination lawsuits and
legislation have increased the cost for employers of indulging their preference for male employees. At the same time, the job queues held by male workers have altered. Some jobs have become less attractive to men as the nature of the work involved changed, and economic rewards and chances for mobility declined. It is in these altered jobs that women are making gains. Women fill the positions that men are no longer interested in taking (Reskin and Roos 1990: 38-63, Phipps 1990, Jolly, Grimm and Wozniak 1990, Roos and Jones 1993). Reskin (1993) explains that the increase in women's participation in male-dominated occupations can be explained by both "demand-side" factors, such as employer's preferences, demand for workers and economic pressures, and "supply-side factors' which included the size of the labour supply, changes to the human capital possessed by women and men and changes to gender-role socialization.

While not coming specifically from a dual-queuing perspective, Hagan and Kay's (1995) analysis of gender and the legal profession mentions many of the same factors as Reskin and Roos (1990) in discussing women's entrance into the legal profession. Hagan and Kay (1995) argue that changes to the structure and nature of legal practice in recent years have encouraged the employment of women in law. These structural changes have helped to make women more attractive employees in large legal firms, especially in lower-level positions. Improvements in women's education, declines in women's family responsibilities, and the feminist and civil rights movements are other factors Hagan and Kay (1995) mention as affecting women's increasing participation in the legal profession. These social changes both encourage women's interest in entering law, and employers' desire to hire them. In Reskin's (1993) terms changes in both the demand for male and female workers, and to the supply of male and female workers can account for the increase in women's participation in the legal profession and other male-dominated occupations.
Overall, there has not been a great deal of research into explaining women's movement into male-dominate professions and occupations, and, thus, conclusions are hard to draw. Moreover, there are problems with the way in which professions and gender have been conceptualized in this literature that hinder the development of an understanding of the gender composition of professional employment. One of the biggest problems with the literature on gender and the professions is that it is not sufficiently historical. Researchers have examined why women are currently moving into the professions without really considering the complementary question, why have men predominated in some professions since their inception? Crompton's (1987) argument that formal access to credentials is the most salient factor does not seem convincing when women gained formal access to skills and credentials for most male-dominated professions in the late nineteenth century, and yet these professions remained male-dominated for over a century.

In studying the professions only as modern, established entities, researchers have underemphasized the gendered histories of these occupations. In fact, they generally treat the professions as gender-neutral entities. At best, what is stressed is the gender of the person performing the job, and not the possibility that the jobs themselves have been gendered. For instance, although Crompton (1987) acknowledges that professions have typically been sex-typed, she views sex-typing solely in terms of an occupation's traditional sex composition. Male-dominated professions are seen to have been sex-typed male through men's exclusion of women from the work. There is nothing about these professions -- the way they have been structured, their typical career patterns, their professional-client relationships, and so on -- that is seen to have been defined as male or masculine. That the very nature of professional work may have been shaped by the men and women performing the work, so that the work itself has been gendered -- that is, that social expectations about gender relations, gender roles and abilities may be embedded within the job itself -- has not been explored sufficiently in the sociological literature on gender and the professions.
Studies by Bourne and Wilder (1982) on women's experiences in the medical profession, and Hagan and Kay (1995) on Ontario lawyers suggest that professions have been gendered in precisely this manner. Their analyses document that the medical and legal professions have been structured to meet the needs and traditional work patterns of men. Women entering these professions, therefore, are faced with a male culture and structure that has endured over time. This culture and structure subtly discriminates against them, and makes practice and professional success more difficult for women professionals. Professional careers in medicine and law are seen to require a level of "commitment" that the male professional elite believe women do not possess because of their family responsibilities. This perceived lack of commitment on the part of women professionals, who Hagan and Kay (1995) show are actually very committed, can lead to discrimination in terms of hiring and promotion, sex segregation, and lower incomes for women professionals. Bourne and Wildler's (1982) and Hagan and Kay's (1995) analyses are valuable in acknowledging that male-dominated professions may have been structured in such a way that women's employment has been inhibited and subordinated (see also Kazanjian 1993).

Less considered in these, or other analyses, are how this structure and culture were first established, and how they have influenced the work of men over time.

By paying insufficient attention to the history of professions, some studies of women's movement into the professions seem to have over-emphasized the extent to which professions are like other occupations. Analyses such as Crompton and Sanderson's (1990) and Reskin and Roos' (1990) lump professions in with a range of other occupations. In doing so, they miss the fact that professions have a history of self-employment and self-creation. Professional occupations were not so much created and shaped by the needs of a capitalist employer, as they were by the actual workers in the profession. Therefore, who these professional workers were, what their beliefs were, and what kind of society they lived in when they established professions are all relevant to understanding the nature of professional employment. Explanations of the sex composition of
employment in professions and occupations, such as Reskin and Roos's (1990) which stresses the preferences and beliefs of employers, may not be as relevant to those professional occupations which have a history of self-employment. The literature on gender and the professions is flawed in not exploring the significance of the unique history of the professions. The fact that many professions were created and shaped by the actions of middle-class white men, in a particular context with its particular set of gender relations, likely shaped not only the gender composition of professional employment, but also the very nature of the work performed by professionals.

A further problem with the current literature on gender and the professions -- a problem which underlies many of the above criticisms -- involves its treatment of gender. This literature focuses on the movement of women into the professions and, thus, this research examines women professionals -- where they work, their access to training, skills, and credentials, their opportunities for employment and promotion, and so on. The characteristics of men, and their social background and experiences, are rarely considered. Men appear in the analyses only when they are excluding women from employment in the distant, and largely unexamined, past (Crompton and Sanderson 1990), or when they are choosing to abandon professions, leaving them open for women to move in (Reskin and Roos 1990). There is little discussion of the role of gender relationships, gender roles, or ideas about sexual difference in shaping employment in the professions. It is impossible to explore the myriad ways in which gender may be significant to the professions, if "gender" refers to little more than the sex of a worker. To adequately understand the relevance of gender to employment in the professions, research must broaden its treatment of gender, and explore the role of gender in the creation and establishment of the professions. Questions about why women are currently moving into the professions can be better answered if the way in which male-dominated professions have been defined as male or masculine is adequately understood.
Gender and Professionalization:

Anne Witz's (1992) study of health professions in Britain examines the significance of gender to the formation and establishment of professions historically, and, thus, improves on much of the research discussed above. Witz's book effectively illustrates how gender struggles were central to the formation of professions. She documents men's attempts to exclude women from the medical profession by blocking access to medical education, training and credentials, and their attempts to delimit and subordinate women's work in related health occupations such as midwifery and nursing. Witz's analysis does not treat women as passive victims of these male strategies, however, as she also details women's success in fighting their exclusion from medicine, and women's efforts to fight against medical control of nursing and midwifery. Witz shows, thus, that gender is important to the history of professions.

Witz (1992) also argues that gender is important to how professions have been defined. Whereas much of the current literature on gender and the professions treats 'the professions' as a gender-neutral concept, Witz argues that it is not. Definitions of "professions" and "professionalism" have been masculine and androcentric (Witz 1992: 60 - 64, Silius 1994). She argues that we should reject these notions of professions and professionalization, and adopt a definition that is more gender neutral so that women's professional projects can be better understood. However, I believe that this connection between professions, professionalism and masculinity is something that should be explored, not rejected.

The connection between professions and masculinity is something that has not been considered sufficiently in either the literature on the professions, or that on gender and the professions. If professions have been defined as masculine, it is not solely because of sociological bias; such a conceptualization reflects professionals' definitions of themselves.

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6 Studies by Biggs (1983) and J. Coburn (1974) also detail the medical profession's efforts to control and subordinate the female-dominated occupations of midwifery and nursing (respectively) in nineteenth-century Ontario.
Moreover, this conceptualization has met with a good deal of general social acceptance. Exactly how professions have come to be defined as masculine, and what implications this definition has for the structure, social authority, status and remuneration of professions, are topics that need to be explored if the importance of gender to the professions is to be understood.

Although Witz's (1992) study improves on previous research on the professions in acknowledging that gender is important to the professionalization process, her theoretical perspective leads her to examine only one of the many ways in which gender may be important to work in the professions. Witz's (1992) study combines two theoretical approaches: dual systems theory and Weberian closure theory. Dual systems theory argues that capitalism and patriarchy are two separate but interacting systems. At the intersection of these two systems occurs sex segregation at work. Men maintain their superiority over women in the system of patriarchy by excluding women from "paid work on the same terms as men" in the capitalist economy (Walby 1986: 54). Many dual systems studies, including Witz's, detail men's attempts to exclude women from participation in some occupations and restrict their employment in other occupations (Walby 1986, Hartmann 1976). The dual systems approach meshes well with Witz's other theoretical influence, Weberian closure theory, which also emphasizes processes of "subordination whereby one group monopolizes advantages by closing off opportunities to another group of outsiders beneath it which it defines as inferior and ineligible" (Murphy 1988). The focus of both closure theory and dual systems theory is on processes of exclusion. Although Witz attempts to extend her focus beyond exclusion to include processes of segregation and "inclusion", her treatment of gender still centres around processes of exclusion: men's subordination and exclusion of women, and women's attempts to fight that subordination. Witz's (1992) theoretical framework does not enable one to examine the many ways, beyond formal processes of exclusion,

7 As discussed in the introduction, I believe this theory is untenable and does not adequately reflect social reality. Class and gender are not, and cannot accurately be perceived as part of separate systems, or even as being easily separable.
in which gender can be seen to affect the professions.

Witz's analysis also embodies a further flaw of dual systems theory: in focusing attention on two separate systems, based on class and gender inequality, other important characteristics and variables such as race and religion are ignored. Moreover, because the dual systems approach conceptualizes gender as being separate from class, complex inter-relationships between class, gender and race generally remain unexplored in analyses such as Witz's.

In summary, Witz's analysis is insightful in illustrating how gender conflict and gendered exclusion have been integral to processes of professionalization, and how they have shaped the gendered division of labour among the health professions. Nevertheless, Witz's study addresses only one of a number of ways in which gender may have influenced the creation of professions. Many studies of gender and work use a broader conceptualization of gender, and they reveal that work and gender are tightly interwoven. These studies suggest that gender relations and ideology influence the organization and structure of work, and that work is also important in the construction of gender identity and gender relations. In this literature, one finds a good basis for exploring the ways in which gender is important to the professions.

Gender and Work:

Perhaps the major insight that has come out of the literature on gender and work is that work is itself gendered. That is, gender is not only an attribute of a worker, but notions of gender and relations of gender can be embedded in work, and can shape the organization and structure of work (Fox 1989). The widespread presence of sex-segregated jobs and work environments is one key way in which gender can be seen to be embedded and incorporated in the nature and organization of work (Reskin and Padavic, 1994). Countless studies have illustrated that work in capitalist societies is highly sex segregated. Men and women tend to work in different jobs (Bielby and Baron 1984, 1986, Reskin and Padavic 1994). Women's work is clustered at the
bottom of organizational hierarchies, and it confers less authority and offers less chance for advancement than men's work (Kanter 1977, Boyd et al., 1992, Game and Pringle, 1983). Women's work is paid less than men's work (Fillmore 1990, Ornstein, 1983). Furthermore, women's work is viewed as being less skilled than is men's work (Boyd 1990, Myles and Fawcett 1990, Gaskell, 1984).

These patterns of sex segregation were largely established in the nineteenth century, and they can be seen as the result of struggles between workers and employers for control over the labour process at work, and between male and female workers over access to paid work (Bradley 1989, Cockburn 1983, Cohn 1985, Lown 1983, Rose 1986, 1987, Taylor 1979, Valverde 1988). Many studies document attempts by skilled male workers to exclude women (and other men) from access to their skills and their jobs, in an effort to protect their wages and their control over the labour process against employer infringements (Cockburn 1983, Rose 1986, 1987, Bradley 1989, John 1986).

Processes of gendered exclusion, however, are not the only force behind the creation of sex-segregated work environments. As Sonya Rose (1986) illustrates in her review of this literature, gender ideology, traditional gender relations, and family authority structures have all played a role in creating work environments where skilled jobs that demand authority are occupied by male workers, while female workers labour in subordinate jobs. Both employers and employees have used beliefs about the abilities of men and women, and their appropriate roles, to sextype and structure employment, thereby incorporating gender in the workplace (Cohn 1985, Rose 1986, Steedman 1986). In this manner, gender ideology and gender roles characteristic of a society at a certain point in time have been utilized to define and justify sex segregation at work.

Many studies have illustrated that the significance of gender to work goes beyond processes of sex segregation. For instance, gender ideology and identity can also affect the meanings that
workers and employers attach to work, and the structure and organization of worker roles and relationships. Cynthia Cockburn's (1983) study of male dominance in print composition is perhaps the work that best illustrates the extent to which gender identity and gender ideology are important to the organization and experience of work. In the nineteenth and early twentieth centuries, male print compositors attempted to restrict access to their craft skills, and, in particular, to prevent women from acquiring composition skills. Cockburn (1983) shows that by excluding women from their work, male compositors were not only protecting their jobs, they were protecting and reaffirming their masculinity which they defined largely through their work. In their justifications for why women should not and could not do their work, compositors drew on gender ideology and traditional gender relations (Cockburn 1983: 174-190). They argued that women should not work in compositing because their proper place was in the home where they would be supported by male breadwinners. Further, they argued that women were incapable of performing compositing work as it was too hot, dirty, and difficult for them, and the masculine atmosphere of the work room would degrade them; only a certain kind of man was capable of doing compositing work. Male print compositors saw their work as "men's work": the work was gendered by the men as masculine, and through their performance of this work, men reaffirmed their own masculinity.

Joy Parr's (1990) study of gender and work in two Ontario towns between 1880 and 1950 also effectively illustrates the extent to which gender identity has been embedded and embodied in the organization and structure of work. One of these towns, Paris, she describes as a "women's town": that is, it was a place where there were many employment opportunities for women with the town's main employer, Penman's Ltd, a knit-goods manufacturing firm, and women held a lifelong commitment to work. The second town that Parr considers was a "men's town": Hanover, Ontario was a place that provided little employment for women. Furniture making was the dominant industry in town, and jobs were held by craftsmen. By examining employment in these
two very different towns, Parr is able to illustrate the complex manner in which work and gender are inter-connected.

Parr's analysis tells us a great deal about how work shapes gender identity and relations, and how gender shapes work. Different experiences of work and community in Paris and Hanover led to very different notions of gender identity and gender relations. For instance, because of their long-term access to work, women in Paris were highly independent. They were more likely to remain single, and maintain close friendships and ties with other women, than women in other areas. When they did marry, Paris women had smaller families, more egalitarian households, and showed a greater commitment to paid work than has commonly been seen to be true for women (Parr 1990: 15 - 33). Paris women's traits were shaped by their experiences at Penmans and in the Paris community. Similarly, Parr shows how Hanover men's gender identity and masculinity were closely tied with the labour process in furniture manufacture, and with their roles as family breadwinners. In fact, Parr reveals that masculinity was so influenced by the labour process that men working in different areas of the factory, and in different positions of authority, had different notions of masculinity (Parr 1990: 166 - 180). Moreover, as Parr shows, these notions were not static: as workers' relationship to the labour process shifted over time, so did their notion of masculinity. Thus, the nature and structure of work had a strong influence on the construction of gender for men and women.

Parr's analysis also shows how gender influences the structure of work. For instance, beliefs about women's mechanical abilities, their appropriate working hours, and their subordinate nature, helped shape the labour process at Penmans: women knitters worked only in the daytime and were not responsible for the maintenance and repair of their machines (Parr 1990: 73 - 75). Similarly, in Hanover, aspects of work were influenced by beliefs and expectations about gender. For instance, Parr argues, Hanover men's ability to form a union and successfully bargain with their employers was tied with strong community roles in which they participated as family heads,
and as men (Parr 1990: 226-228). Moreover, the very nature of work in the furniture industry—the autonomy and authority that the work demanded—existed because this work was performed by men who by their gender, heritage, and custom were bearers of independence, autonomy and authority. The nature of the craftsmen's work was shaped by the notion of masculinity (as embodying independence and skill) shared by the inhabitants of Hanover. Thus, according to Parr, Hanover men's and Paris women's experiences of work were very much influenced by their gender. At the same time, their gender roles and identities were influenced by their work experiences. Parr's study reveals just how deeply work has been gendered.

Kwolek-Folland's (1991) study of gender in the life insurance industry illustrates an additional way in which gender is important to work: she examines how companies used gender ideology, accepted images of masculinity and femininity and traditional gender relations to "explain and legitimate their product and the production process to the public and to workers" (169). Specifically, she argues, life insurance companies used nineteenth-century middle-class ideals of motherhood and family to portray their masculine business as a loving mother: nurturing, benevolent and concerned for the safety and well-being of her children/clients (Kwolek-Folland 1991: 172). By using this positive and familiar gender imagery, the life insurance industry made their product and their industry appear less unstable, threatening and foreign, thereby making it more appealing to potential clients (Kwolek-Folland 1991: 172 - 175).

However, traditional conceptions of gender were not only used by the industry to sell a product. They were also used by managers to organize work space and roles, and by workers to describe their experiences of work (Kwolek-Folland 1990: 177-188). The industry was organized such that men held the top positions, and work status was closely tied with masculinity. Selling life insurance was regarded as a manly, rational profession—an occupation that demanded men's particular abilities. Men in executive, managerial and top sales positions were regarded as more manly than men in subordinate positions. Women in the industry were small in number, and they
worked in subordinate sex-segregated positions (Kwolek-Folland 1990: 180). Like men, women attempted to argue that selling life insurance demanded particularly female abilities. However, ultimately, women's success in the industry was associated with becoming more masculine – adopting male business values and behaviours – just as it was for men (Kwolek-Folland 1990: 189). Gender identity, in terms of masculinity and femininity, was linked with success at work. Gender images and expectations provided a familiar script that workers and employers could use both to organize work tasks, roles, and interactions hierarchically, and to interpret and legitimate that organization.

The importance of Kwolek-Folland's analysis lies not only with its illustration of how interconnected gender identity and work are, but in further illustrating how gender can be used by workers and employers as a tool. Life insurance companies used accepted and easily recognizable notions of gender roles and characteristics to *structure* and *legitimate* their product and their work roles. Companies mapped established and popular gender imagery onto something newer and less established and acceptable (the life insurance business) to explain it, and to portray it in a positive light, thereby making it more acceptable and legitimate to the public. Workers and employers also appropriated these gender images in their efforts to organize the work process, and to justify their work roles within the industry. Kwolek-Folland's analysis illustrates that gender – in addition to being integral to the way work is organized and experienced – can be utilized to legitimate and describe jobs, organizations, and products to society.

Studies of gender and work, including those by Kwolek-Folland, Parr and Cockburn, stress that work does not occur in a social vacuum, but within societies that are rife with expectations about gender roles, relations and abilities. Work, thus, cannot avoid being influenced by the gender relations and ideology characteristic of the society in which it is situated. General ideas about men's and women's natural abilities, and what is appropriate work for men and women, are often used by employers and managers in their hiring decisions (Cohn 1985). Moreover, such
ideas may inform the work choices that men and women make.

Accordingly, a number of studies conducted in the 1960s and 1970s argued that the low participation of women in dentistry may be partly explained by the fact that dentistry was viewed as a "masculine" occupation, and, therefore, inappropriate for women (Linn 1971, Wypkema and Hunt 1975, Strange and Lu, 1965). This perception was so widespread that women rarely considered dentistry as a valid career choice (Linn 1971; Strange and Lu 1965). On the occasions when they did pursue dentistry, men in the profession and in administrative and educational positions often discouraged them, or attempted to channel their dental practice into "feminine" areas such as paediatric dentistry (Linn 1971, Wypkema and Hunt 1975, Levine 1970). Thus, gender expectations and gender ideology have an impact on the gendering of work by affecting both the career choices that men and women make, and the decisions made by educators, administrators and employers (see also Bourne and Wikler 1982, Hagan and Kay 1995).

Moreover, gender expectations compose a familiar script from which workers and employers can draw when they try to legitimize their choices and their efforts to monopolize certain tasks and skills for economic reasons (Cockburn 1983, Cohn 1985, Steedman 1986, Taylor 1979, Valverde 1988). As Parr’s analysis shows, gender identities formed at work can be carried into other aspects of life, and gender identities shaped by other social experiences can influence a person’s experience of work. Gender relations and beliefs about gender endemic to a society – particularly those associated with family roles – are brought with men and women to their work, infused into their work, and incorporated into work cultures and interactions. In this manner, gender relations and expectations are reconstructed and reinforced through work (Westwood 1984, Cockburn 1983). At the same time, gender inequalities that occur at work also reinforce and recreate the inequalities that are prevalent throughout society. For instance, women who are in subordinate positions at work rarely earn much money and, therefore, their subordination in the outside world is reinforced as they must rely on a superior male income to survive (Westwood
1984, Steedman 1986). Gender relations and gender ideology characteristic of a society, at a particular point in time, cannot help but influence gender relations, ideology and identities characteristic of work in that society, and vice versa.

In summary, the literature on gender and work illustrates that work cannot be adequately understood without reference to gender. Gender's significance for work goes beyond the sex of a person performing a job. Work is organized and structured by gender: it is sex-segregated and sex-typed. Gender ideology and unequal gender relations prevalent in society are embedded in and reconstructed at work. Moreover, gender ideology and gender relations are used by workers and employers as a tool with which to justify and to legitimate -- and, at times, to subvert -- a given organization of work, or product of work. Importantly, studies of gender and work have also revealed that workers can construct and support their gender identities through their work. Work is particularly important to constructing and maintaining masculinity: men's sense of manhood seems to be defined through their work.

Exactly how the insights of the literature on gender and work may apply to work in the professions remains to be examined. Research on gender and work has largely ignored professional employment, with its history of self-employment and independence. What the literature on gender and work makes clear, however, is that if the significance of gender to work in the professions is to be understood, a more complex conceptualization of gender than has been used, heretofore, in the literature on gender and the professions is needed.

**Conceptualizing and Utilizing Gender**

Recent essays by Ava Baron (1991) and Joan Acker (1992) are useful in discussing the conceptualization and utilization of gender in research. Ava Baron's (1991) essay discusses the weaknesses of the conceptualization of gender found in earlier studies of gender and work, and outlines new directions and goals in the treatment of gender in research. One of Baron's
The criticisms of previous research is that gender is too often seen to be a significant factor in women's work only. The significance of gender to men's work, and the role that gender can play regardless of women's presence or absence has gone unrecognized (Baron 1991: 20). To Baron, gender is not only relevant to relationships and conflicts between men and women — such as men's attempts to exclude women from some professions — but also to relationships among men and relationships among women. She argues that future research should apply gender to men's work as well as women's, and explore the role of gender in same-sex work relationships and struggles.

Baron (1991) also argues that in examining gender and work researchers must inquire "when and why sexual differences become culturally and politically significant" (21). Previous research, she says, has taken sexual differences for granted, and has not explored them adequately. Research should explore the ways in which sexual difference is defined as being important and relevant to work, and by whom it is so defined. This includes exploring the use of gender ideology and notions of masculinity and femininity to sex-type certain jobs as "male" or "female", and to legitimate the nature and content of work roles within an occupation (see also Cohn 1985, Game and Pringle 1983, Kwolek-Folland 1991, Lowe 1987, Milkman 1987).

Baron, like Cockburn (1983), also stresses the importance of gender identity to work. She argues that research should explore "men's and women's efforts to construct and defend a collective gender identity" through their work (Baron 1991: 30). As Cockburn shows, workers' efforts to defend their work are often intertwined with efforts to defend their gender identity. Baron argues that there is a particular need to explore the construction and defence of male workers' masculinity (Baron 1991: 29).

Another way in which Baron's conceptualization of gender improves on previous research is in stressing that categories such as "men" and "women" must be contextualized. Men and women of different races, classes, historical eras, regions, religions, and so on may have different
experiences. Gender is not a universal category that can be seen as completely separate from other characteristics. Research into gender and work, therefore, should acknowledge the extent to which race, class and gender membership intertwine and interconnect to define individual identity and experience (Baron 1991: 33 - 35).

In Baron's conceptualization, thus, gender refers to more than just the sex of a worker, a set of attributes ascribed to a worker, or men's subordination of women. Instead, gender is conceptualized as a social process, and as a set of ideas that is complex, mutable and constantly being constructed, reconstructed and contested both at work and outside of it (Baron 1991: 35 - 37). Joan Acker's (1992) treatment of gender is similar in stressing that gender is a process, but one that is not separable from other social processes. Gender is "part of the processes that also constitute class and race, as well as other lines of demarcation and domination" (Acker 1992: 567). One, thus, cannot examine gender processes, without recognizing that these are not entirely separable from concomitant race and class processes. Acker (1992: 567) introduces the term "gendered institutions" to convey that the processes by which societal institutions (like the state, law, economy, and the professions) have been developed, hierarchically structured, legitimated, and maintained have incorporated gender. If one views social processes and social institutions as being "gendered", then, according to Acker (1992: 568), the relevant research question is not so much why are women excluded -- the question that has driven some of the previous work on gender and the professions -- but how has the character and structure of societal institutions been influenced by gender?

Ultimately, the conceptualization of gender put forth by Baron and Acker is vague (Tilly, 1992: 595). Neither researcher is concerned with composing a neat definition that allows one to distinguish gender from other social characteristics or relationships easily; in fact, both argue, 

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8 The problem with the term "gendered institutions", however, is that it implies that there are institutions in society that have not been influenced by gender, yet it seems to be Acker's (1992) point that gender is always present.
gender cannot be isolated from other characteristics and relations (such as class and race). Gender is a social construction and social process, and it is too mutable and complex, and too intertwined with other characteristics and processes, to be defined in such a simple fashion. What Acker's and Baron's work does provide one with is a useful framework within which to examine historical processes. Their work leads one to examine how gender identity, roles, and relations become produced and reproduced, and how they become embodied in institutional structures and relations.

The broader conceptualization of gender found in studies of gender and work, and especially in Baron's and Acker's essays, provides a good basis for doing research on gender and the professions. While a more comprehensive theory such as dual systems theory has generated good research, it is unable to accurately reflect social processes and social reality. Thus, for the purposes of this study, I choose to work within the framework provided by Ava Baron and a wealth of social historical studies. While not proposing a theory, what I will call a social-historical approach to studying gender provides a useful framework for research by emphasizing the need to treat gender as a multi-dimensional concept, integral to social relations and institutions, and inseparable in its dynamic from relations and characteristics such as race and class.

A social-historical approach does not dictate exactly how gender is significant to social institutions -- for example through mechanisms of gender exclusion -- but suggests that there are a number of ways in which gender is significant to employment and social institutions. Gendered exclusion, gender identity, gender ideology and diverse gender relations all have influenced the structure and experience of work. A social-historical approach reminds us that gender is salient not only for women, but for men as well. This approach encourages one to explore how various aspects of gender, including gender ideology, gender identity and gender relations have shaped employment, and how employment, in turn, may have influenced these aspects of gender.
Perhaps by exploring the many different ways in which gender is significant to work, and vice versa, a more accurate theory about the significance of gender to employment can be derived in the future.

Applying the insights of the literature on gender and work to the study of professions means recognizing that work is gendered. Although many professions have been male-dominated since their inception in the mid-nineteenth century, the gendering of professional work as male or masculine has not been explored. The literature on gender and work, and the conceptualization of gender found within this literature, suggests that the following questions about gender and professional work are relevant:

1) How have the ideas about sexual difference, gender, and gender relations prevalent when professions were being established become embedded in professional work and professional roles?

2) How have beliefs about gender and gender relations been utilized to define and to legitimate professional roles and professional authority, and to structure inter-professional relations, and professional-client relations?

These broader questions lead to three more specific ones:

3) When professional work was first established and defined, how was it defined as masculine?
4) How has the construction of gender identity influenced the construction of a professional identity, notions of professionalism, professional roles, and professional work and careers?
5) How have professionals' beliefs about gender, class and race, and their construction of gender identities, been used to define who can be a professional and who cannot? How have these beliefs been used to enforce such a definition?
In addressing all of these questions, it is important to keep in mind that notions of gender are influenced by time and place, and also that notions of gender are class and race specific. Thus, an examination of the establishment of professions must consider the beliefs about gender and gender relations that were characteristic of the time, place, class and race of the men struggling to establish the profession.

In this study, because I am largely following the efforts of male professionals, I place particular emphasis on middle-class Anglo-Saxon notions of masculinity characteristic of late-nineteenth and early-twentieth century Ontario. By masculinity, I am referring to men's sense of their gender and their gender identity; masculinity involves a set of positive traits men believe that they possess or, at least, desire to possess. These traits are seen as central to their identity as men. Masculinity defines their manhood. Inherent in notions of masculinity are contrary notions of what is not "masculine" and what is feminine. As discussed in Chapter Two, nineteenth-century gender ideology defined men and women — and thus, masculinity and femininity — as opposite yet complementary entities. At this time, professionalising men's sense of manhood, or masculinity, was largely that delineated in nineteenth-century white middle-class gender ideology.

In the succeeding chapters, I explore the significance of gender to the structuring of professions, and specifically the Ontario dental profession, by answering the above-mentioned questions. Before examining the rise of the dental profession, however, it is important to consider the context in which that profession arose. In Chapter Two, I consider nineteenth-century Ontario, paying particular attention to the rise of the middle class, middle-class gender ideology, and the expansion of professional employment.
Chapter Two

Nineteenth-Century Ontario

In the previous chapter, I argued that if the significance of gender to the professions is to be understood, the context in which professions arose must be considered. In this chapter, I will set the scene for dentistry's struggle for professional status by providing an overview of the historical period. Specifically, I will review the broad social changes that occurred in nineteenth-century Ontario, and discuss how these changes affected the formation of professions. Particular attention will be paid to the rise of the middle class which was associated with the rise of professions. Gender relations, roles and ideology within the middle class at this time will be examined closely, as these gender dynamics came to play an important role in the creation of the dental profession.

In this chapter, I also review the rise of the medical profession, and its increasing dominance over other health professions. It is relevant to review the history of the medical profession in Ontario for a number of reasons. First, the medical profession provided a model for professionalising dentists who were eager to attain professional status for themselves. Second, the medical profession influenced dentists' professionalising drive, both by providing active assistance, and by ensuring that dentists' professional sphere did not infringe on their own. Third, since much of the literature on the professions has used the medical profession as its primary model, a review of the history of the medical profession reveals a great deal about processes of professionalization in general.

The rise of professions such as dentistry was related to socio-economic change that transformed Ontario society in the nineteenth century. The rise of capitalism, and the spread of urbanization and industrialization provided both the impetus for the establishment of professions,
and created a context in which professions could grow. The class and gender relations characteristic of this new Ontario society influenced both the establishment of professions and the nature and organization of professional employment. To understand the rise of dentistry to professional status, and the role of gender and class within that rise, it is important to understand the nature of nineteenth-century Ontario society.

Nineteenth-Century Ontario

Before mid-century, Upper Canada was a pre-industrial, agricultural society. The majority of people living in Upper Canada were tied to the land, and engaged in agriculture (Pentland 1981, Johnson 1974). Staples production, for domestic use and for export, was the focus of the economy (Cohen 1989, Pentland 1981). Local markets were virtually non-existent. Typically, families produced for their own use; there was little agricultural surplus (Isbister 1987). A great deal of the land in Upper Canada was not under cultivation, largely due to the corrupt land-granting policies of the colonial elite (Teeple 1972). Rather than dispersing land in smaller parcels for settlement and cultivation, land was granted by colonial officials to influential companies with whom they were closely allied. Land in Upper Canada came to be controlled by a small number of people, who did little more than strip the land of timber for profit (Teeple 1972). These policies prevented many new immigrants from acquiring land, and ensured that agricultural settlements were isolated and sparse (Teeple 1972, Johnson 1974, Pentland 1981).

In this society, families had to rely on their own resources to secure subsistence and fulfil their own needs. The little wage employment available was generally temporary or seasonal in nature (Pentland 1981). Thus, the labour of all family members was geared towards various aspects of agricultural production and family maintenance. Wife, husband and children all had distinct roles to fulfil in the family production unit. Each family member was viewed as an
essential part of the production team (Gaffield 1984, Johnson 1974). Typically, men’s agricultural work involved the production of staples for export, whereas the labour of women and children was more devoted to producing for family use (Cohen 1989). With some assistance from their neighbours, families were self-sufficient. Everything they needed for themselves or their homes they provided themselves, and they met their own health care and education needs9 (Prentice et al. 1988, Gaffield 1984, 1990). Encouraging self-sufficiency were difficulties with transportation, due to bad roads and inefficient rail travel, and with communication between regions (Glazebrook 1868). The isolation of many families and small communities ensured that there was little demand for health care or other social services, outside of a few small urban centres.

However, in the latter half of the nineteenth century, life in Upper Canada/Ontario changed dramatically. A change in Canada’s economic relationship with Britain, due to the latter’s policy of Free Trade and the Corn Laws, spurred the rise of Canadian capitalism (Johnson 1974, Pentland 1981). The rise of capitalism and the spread of industrialization in Upper Canada gradually transformed Ontario society. Before mid-century, rural society was affected by the “spread of agrarian capitalism and the emergence of rural industries” (Gaffield 1990: 26). By mid-century, there was a class of independent farmers in Ontario whose productivity and prosperity spurred the rise of local markets (Gagan 1989). A domestic market for goods and services became more pronounced (Pentland 1981). Reliance on a cash economy spread, and households became less isolated (Gaffield 1984, Glazebrook 1968, Johnson 1974). However, land shortage, overpopulation and lack of economic success drove many farmers off the land, and encouraged the movement of small farmers, farm labourers and youth towards urban wage employment (Gagan 1989). Proletarianization and government immigration policies created a capitalist labour market around mid-century, as well as a capitalist class – although little is

9 Education needs at this time rarely went beyond those practical skills required in the production process (Gaffield 1984, 1990).

Despite urbanization, Ontario’s population remained largely rural until well into the twentieth century. Nevertheless, with the rise of agrarian capitalism, rural life and agricultural production underwent substantial change during this period. Agricultural production became more large-scale and centralized. This transformation had implications for the traditional division of labour in the family production unit. For instance, some of the work that had been performed by women on a smaller scale, such as dairying, was now performed on a larger scale by male workers and machines (Cohen 1991, 1988, Prentice et al. 1988). Moreover, more of the goods that women had produced themselves in a subsistence economy could be purchased in a cash economy (Johnson 1974). Thus, women’s role in production declined somewhat; at the same time, their responsibility for family and household maintenance increased (Johnson 1974).

In response to the changes in agricultural production, families began to diversify their economic activities, and they engaged in more wage labour (Gaffield 1984). Women both participated in domestic production, and, like men, increased their market activities (Cohen 1988). Wage labour was typically more available for young single men in rural areas. Those who could find no employment or agricultural opportunities often headed west (Cohen 1988). Finding little in the way of labour or marriage opportunities in rural areas, many young women moved to urban centres where paid employment was more available, although it was not of a nature that enabled young women to support themselves (Cohen 1989, Prentice et al. 1988, Gaffield 1984, 1990). Rather than sustaining themselves solely through their own labour on the farm, families increasingly relied on local markets and wage labour to meet their needs.
Both in rural and urban areas, a “family wage economy” became common (Gaffield 1984, 1990). Instead of pooling their labour, family members pooled their incomes garnered from wage labour to make a living. Women’s work was structured around the needs of their families and the availability of paid work. Women performed a wide range of work tasks both in the home and out of it, for the market, and for their families (Cohen 1989). Families organized the labour of men, women and children to meet their subsistence and lifestyle needs (Gaffield 1984). Women’s work in the home was still an essential part of family survival and, therefore, married women were less likely to seek wage work that took them outside the home than were single women (Cohen 1989: 119, 128-9). Married women did perform a number of wage-earning activities that allowed them to work within their homes (Cohen 1989).

Later in the century, a family consumer economy was more common, except for the poor (Gaffield 1984). Here, adult males were the main family income earners. Children were sent to school rather than to work for wages. It became increasingly common, for women who could afford to do so, to restrict the majority of their work to the household, and the many tasks associated with family maintenance and social reproduction. The lack of good opportunities for wage work for married women encouraged this decision (Gaffield 1984). Nevertheless, as Cohen (1988) argues, women’s participation in the labour force steadily increased after the establishment of markets.

As the nineteenth century advanced, families in Upper Canada/Ontario became less isolated. Transportation became easier as local roads were improved, and travel by rail became more convenient and widespread (Glazebrook 1968). Moreover, communications improved with the introduction of the telegraph and telephone. These changes allowed for greater movement of both people and goods and services. Urbanization became a dominant trend after mid-century. Although at mid-century, 85% of Ontario citizens lived in rural areas, the percentage had dropped to 60% by the turn of the twentieth century (Cohen 1989: 123). Improvements in transportation,
communication and urbanization, along with the contact with markets that these trends entailed, meant that the way families went about meeting their needs was altered. Families no longer needed to meet all their needs themselves, or through barter exchange with neighbours. With access to cash income and markets, families purchased more of the materials and services they required.

The expansion of social services was particularly marked in urban centres. As towns and cities expanded, so did local infrastructure. Social services such as police departments, fire brigades and water sanitation were established (Glazebrook 1868). Demand for the health services of doctors and dentists increased as well. A market for health services was created, as families began to rely on others to attend to some of their health care needs (Starr 1982, Larson 1977, Gaffield 1984). In urban centres, work that had been performed on an informal and part-time basis within rural communities became more specialized. Increasingly a regular part of the urban social structure were occupations in business and retail trade, industry, and in established and nascent professions such as the church, medicine, law, dentistry, engineering and teaching (Glazebrook 1968). Many of these latter occupations came to be associated with a “middle class”. The expansion of the middle class was in part a by-product of urbanization, and the growing complexity of the urban social structure (Glazebrook 1868: 183, Reader 1966, Davidoff and Hall 1987).

However, with urbanization and industrialization jobs that afforded less status, remuneration and stability also became more prevalent (Heron and Storey 1986). Work in skilled trades afforded craftsmen a degree of status and stability. The same could not be said for a great deal of industrial work. Here men, women and children worked long hours at often dangerous jobs, for little money and no security (Heron and Storey 1986). Jobs open to women were often less variable and less attractive than those open to men. The majority of single working women were employed as domestic servants, although many women found work in factories (Cohen 1989).
After mid-century, teaching became a career that was increasingly open to women (Cohen 1989, Graham 1974). Although women were paid less than men, and often held subordinate positions, teaching provided a good living, and at times a measure of independence for Ontario working women (Cohen 1989). Many women, especially married urban women, worked in their own homes for extremely low wages doing piece work (Steedman 1986, Cohen 1989). Opportunities for women in the labour market were more restricted and subordinate, and less remunerative than men’s work.

Life and work in the late nineteenth century were distinctly different for Ontarions than from what they had been earlier in the century. The trends of urbanization and industrialization contributed to a general feeling of social instability, uncertainty, and fears of urban poverty and crime (Glazebrook 1968). Exacerbating feelings of uncertainty were other concomitant social trends. Accompanying the rise of capitalism and urbanization, there was a steady decline in the birth rate from mid-century on that resulted in a decline in family size (Beaujot and McQuillan 1982, Gaffield 1984, 1990). Moreover, there was an increase in immigration, especially after the turn of the century, when for the first time in 50 years the number of immigrants entering Canada was greater than the number of Canadians emigrating elsewhere (Beaujot and McQuillan 1982). These demographic changes combined with the social and economic changes to create a substantially different Ontario society.

The cumulative effect of this social change was to evoke fears of social instability and turmoil (Glazebrook 1968, Reader 1966, Bledstein 1976). Urbanization had disrupted traditional patterns of exchange within rural communities. Industrialization, immigration, and the falling birth rate appeared to threaten traditional Anglo-Saxon family life and traditional modes of living (Kealey 1979, Buckley 1979). Poverty, crime, and immoral behaviour were believed to be on the increase as traditional modes of interaction and policing broke down. Social instability led to middle-class fears that the Anglo-Saxon race was degenerating both in Ontario and in other Anglo-Saxon
regions (Valverde 1991). It was believed that changes in living habits, wrought by urbanization and industrialization, had made the Anglo race less physically, mentally and morally fit. Hence, the race was believed to be unable to function properly, and unable to produce quality offspring in sufficient number. The increase in immigration by groups who were not of Anglo-Saxon background further increased fears for both the future of the Anglo-Saxon race and Ontario society.

People placed differently in the class structure responded to this instability in varying ways. To fight against the decline of craft skills and the spread of industrial capitalism, large numbers of workers joined organizations like the Knights of Labour, and participated in other labour movements and acts, such as strikes (Gagan 1989, Heron and Storey 1986). Trade unions expanded as industrial workers sought to secure their safety, wages and rights. Men and women of the middle class responded with a wide range of associations and movements that attempted to bring stability to society through such means as temperance and other moral reform projects (Valverde 1991). Professions provided another vehicle for middle-class men, and to a lesser extent women, to bring some stability to their own lives, and to the lives of Ontario citizens in general. In the next section, I examine these middle-class men and women, and their attachment to professional work, in more detail.

The Middle Class

Very little has been written about the rise of a middle class in Ontario (Gagan 1989: 75, Gidney and Millar 1994). Like the bourgeoisie, it was likely "in the process of being formed between 1840 and 1880 largely, though not exclusively, as the result of the process of urbanisation" (Gagan 1989: 77). The occupational base of middle-class families were the merchant, industrial, and professional jobs expanding in urban centres after mid-century. Studies of the rise of the middle class in the United States and Britain depict middle-class men and
women as striving to secure a place for themselves in society (Davidoff and Hall 1987, Bledstein 1976, Ryan 1980). Members of the middle class seemed intent on defining/establishing an identity for themselves that set them apart from both those above and below them in the social order (Davidoff and Hall 1987, Reader 1966). Not only did members of the middle class seek to define and secure their own positions and lifestyles, however, they also sought to extend their social influence over Ontario society in general (Gagan 1989: 80, Valverde 1991). Studies of middle-class Ontarians in the late nineteenth and early twentieth century suggest that the middle class in Ontario shared many similarities with the nascent middle class in both the United States and Britain (Valverde 1991, Kealey 1979). The middle class came to be an influential force shaping Ontario society. The rise of the middle class and its social influence were associated with the establishment of Ontario professions.

The economic and social changes associated with the rise of capitalism, industrialization, and urbanization affected those people within the nascent middle class somewhat differently than those in other classes. Whereas rural and working-class women typically combined wage work and domestic work after the decline of their involvement in rural production, the same was not generally true of middle-class women (Ryan 1980, Gaffield 1984). Middle-class women continued to contribute to, and often work actively in, family enterprises and businesses, yet, increasingly, their productive contribution was diminished (Ryan 1980, Davidoff and Hall 1987). It has been argued that as family enterprises were removed from the home, women's labour stayed behind (Ryan 1980). The main focus of women's labour became social reproduction and family maintenance -- two tasks that assumed a new importance within the middle class at this time. Studies by Ryan (1980) on the middle class in New York State and by Davidoff and Hall (1987)

10 At the very least, women's labour no longer seems to have been regarded as an essential part of family production. The ideal advocated by and for middle-class women was a removal from the productive sphere (Johnson 1974, Gaffield 1984, 1990, Smith-Rosenberg 1985).
on the middle class in Birmingham, England, have shown how middle-class women assumed control of the raising of children and running of the household, and how women imbued these tasks with an importance they had not previously held. In working-class families, women could rarely afford to devote themselves to family maintenance as the family needed their wage or economic contribution. However, in middle-class families, women's work was more generally required behind the scenes.

Different family strategies were the result of different places within the social structure and different goals. For working-class families, the labour of all available members of a family was often required for survival. For middle-class families, economic stability, and prized qualities such as status and respectability were viewed as stemming from men's work and men's careers (Ryan 1980, Davidoff and Hall 1987). Families, therefore, typically devoted their efforts to securing the positions of the household head and sons. Middle-class devotion to education and lifelong careers meant that securing the positions of sons and husbands could take much longer than previously (Ryan 1980). Sons stayed at home longer, attaining as much education as they needed or could afford. They began their working life later than they had previously, and typically delayed marriage until their careers were more established (Ryan 1980). Ryan (1980: 166) suggests that for many men, adulthood was not seen to begin until one was beyond the age of thirty. Many men felt it would take this long until they would be able to establish themselves in their careers and have families of their own. For many men, the professions provided a vehicle for securing the status and middle-class lifestyle they so desired.

The labour of women in the home and behind the scenes was seen as essential to creating the "independent" middle-class male (Ryan 1980, Davidoff and Hall 1987). Women also worked in the labour force, particularly when they were unmarried, to provide families with more money to devote to the education and careers of sons (Ryan 1980). In this patriarchal family structure, more effort was devoted to securing the future of sons in the labour force than of daughters.
Daughters were groomed to meet the needs of their present and future families — largely through their work in the home. Girls were socialized into the emerging role of womanhood defined by and for middle-class women (Ryan 1980, Davidoff and Hall 1987). This role placed family first, and emphasized the value and necessity of women’s role in social reproduction on both a generational and daily basis.

As the middle class expanded they developed a distinct class identity and gender ideology. Davidoff and Hall’s (1987) study of the rise of the middle class in Britain suggests that middle-class identity built upon Protestant and Dissent religious beliefs, ideals of ascetic living and morality (Davidoff and Hall 1987). Members of the middle class valued education, hard work, and a certain style of living that stressed devotion to religion, family, and work (Davidoff and Hall 1987, Reader 1966, Bledstein 1976). While middle-class men and women did not reject status and wealth, they believed that these attributes should be earned, not endowed by birth. Through education, clean living and hard work one developed “character”, and character was seen as the measure of the middle-class man or woman (Bledstein 1976, Valverde 1991). Members of the middle class were achievement-oriented: ideally, people were to be judged by what they did, and how well they did it. Nevertheless, members of the middle class also judged others on the basis of appearance (Bledstein 1976, Davidoff and Hall 1987, Glazebrook 1968). Character and achievement were not hidden, but readily visible to the eye. They were evident in one’s dress, speech, demeanour, and in one’s neatness and cleanliness. Quiet respectability and cleanliness were expected both in one’s personal appearance and in one’s residence (Davidoff and Hall 1987, Bledstein 1976, Valverde 1991). The importance attached to appearance by members of the middle class likely encouraged their patronage of the growing medical and dental professions.

Central to the middle-class identity was a gender ideology that stressed that men and women were inherently different (Davidoff and Hall 1987). Men and women had different natures and
different social roles to fill. This middle-class gender ideology was an ideology of separate spheres. Men's nature made them suited for the *public sphere* which encompassed politics, business, formal organizations and associations, and paid work. Women's nature placed them in the *private sphere* which was composed of home and family. Men and women were seen to possess inherent abilities and characteristics that made them ideally suited for their respective spheres. For instance, it was argued that women were ideally suited to raising children because they were more nurturing, emotional, and caring than men (Davidoff and Hall 1987). Women were also more suited to the private sphere, under the guidance of men, because of their dependent and subordinate natures, their family orientation and selfless devotion to family, and their modesty and obedience. Men were believed to be more independent, authoritative and rational than women; therefore, they were ideally suited to the world of politics and business (Davidoff and Hall 1987). Like women, men had a devotion to family, but men's devotion involved paternalistically protecting and overseeing the well-being of their wives and children. Men's primary focus was work and public affairs rather than the family.

Beliefs about the health and personality types of members of each sex were also present in middle-class gender ideology. Biologically, men and women were viewed as opposites (Laqueur 1990). Men's biological make-up was used as the standard by which women's was judged (Laqueur 1990, Mitchinson 1991). Men were viewed as generally healthy, and physically and emotionally strong. Women, however, were seen as less healthy, frail, nervous, and ruled by their reproductive organs (Laqueur 1990, Mitchinson 1991, Wood 1974). It was fashionable in the nineteenth century for middle-class women to be sick (Wood 1974). Women were viewed, and seemed to have viewed themselves, as physically frail and delicate (Wood 1974). Members of the medical profession studied the nature of women's health problems, and they argued that women's poor health stemmed from their biological inferiority and their reproductive organs (Wood 1974, Mitchinson 1991, Smith-Rosenberg 1985). Medical science reinforced the notion
that not only was women's physical make-up different from men's, it was also deviant and inferior (Laqueur 1990, Wood 1974, Mitchinson 1991).

Beliefs about the different physical natures of men and women had implications for other aspects of the separate spheres ideology. Arguments that women's energies were best focused on having and raising children could be bolstered by "scientific" and philosophical claims about women's frailty and the dominance of their reproductive organs. Members of the medical profession sometimes argued that women's health would be improved if only they devoted themselves to the private sphere completely (Wood 1974, Mitchinson 1991). Men's greater strength and independence from their reproductive organs made them better prepared to meet the demands of the public sphere.

This ideology of separate spheres had implications for the education of men and women. Because of their perceived biological differences, and the different social roles they were expected to fulfil, the education that men and women received differed (Laqueur 1990). Education was prized within the middle class, but more for men than for women. Women were expected to be educated, but their education was less formal in nature, and it tended to exclude subjects that were not applicable to their sphere. Hence, subjects such as math, sciences and Latin, needed in many professional occupations, were seldom taught to women (Prentice et al. 1988). Many people argued that too much education could harm women's ability to reproduce effectively; education was seen to harm women's reproductive capacity (Wood 1974, Trotter 1869c, Beacock 1904). Education held no such risk for men. Men's education was separate from that of women's and it was more formal. More frequently, males were taught subjects such as math, languages and science which were deemed relevant to professional employment and life in the public sphere. Because of the greater weight attached to the future careers of sons, the education of daughters was generally a secondary concern; it was easily cut short if there were no funds, or their labour
was needed elsewhere. The education of members of each sex was to befit their abilities and their social roles.

While the natures and roles inherent to men and women were seen to be opposite, they were also viewed as complementary. Men had what women lacked, and vice versa. Together, men and women were seen to make an ideal unit, each bringing into the family necessary qualities (Davidoff and Hall 1987). Women were seen to need men’s protection, rationality and business acumen to live successfully and happily. Conversely, men were believed to need women’s emotional skills and childrearing ability to provide them with a happy, well-kept home and offspring. Thus, although they were seen to differ substantially in terms of their abilities and personalities, men and women were portrayed as interdependent, and most happy when they composed a family unit.

I have discussed middle-class gender ideology as a monolithic set of ideas, but in fact the ideology was more dynamic and controversial. Controversy and conflict was particularly evident around discussions of women’s roles and activities. While medical men and other social authorities often argued a very restricted role for women, middle-class women were constantly trying to expand women’s activities and their influence (Smith-Rosenberg 1985). It was often argued by social authorities that women were not physically, mentally, or otherwise capable of participating in the public sphere, or of engaging in strenuous activity of any kind. It was argued that their labour should be minimized and restricted to the private sphere. Yet exactly where the boundaries between the public and private spheres should be drawn was not as clear as implied in gender ideology. Boundary lines were frequently controversial and negotiable, and middle-class women were very active in both the private and public spheres in the late nineteenth century (Davidoff and Hall 1987, Smith-Rosenberg 1985, Kealey 1979, Roberts 1979). It was widely

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11 At times there seems to be almost two notions of womanhood. One, perhaps more bourgeois, with an idle, fragile woman as its focus, and a second, perhaps more middle-class view of woman as being capable and responsible in household management and childrearing (see Smith-Rosenberg 1985: 197-216).
accepted that women should devote themselves to serving and caring for their families. Yet increasingly in the nineteenth century, this work was seen to be challenging, and to require women's active and diligent attention (Ryan 1980). Furthermore, many women argued that caring for and protecting their family sometimes necessitated forays into the public sphere. Such forays could be personal and private, as when women participated in a family business, or helped male family members with their professional work (Davidoff and Hall 1987). This work drew women out of their "natural" sphere, the home, and into the public sphere. Nevertheless, as it was work that aimed to support and protect their family, these women were not in complete violation of the separate spheres gender ideology.

Women's public sphere participation was more public and controversial when women formed groups to campaign for concerns like temperance, suffrage, and social purity (Kealey 1979, Roberts 1979, Valverde 1991). In these campaigns, women used the ideology of separate spheres to justify their public sphere involvement. They argued that because women were inherently different from men, and because they were responsible for children and the home, they deserved a public voice (Roberts 1979, Valverde 1991). Sometimes, women's private sphere responsibilities required public action. Women's groups became very active in the late nineteenth and early twentieth centuries campaigning for women's rights and for the protection of children. These groups rarely challenged the separate spheres ideology. Rather, they accepted it, and used it to justify their public-sphere campaigns and the extension of their social influence (Roberts 1979, Gagan 1989). Women drew on gender ideology to serve their own ends.

Both middle-class men and women were concerned with social instability in the late nineteenth and early twentieth centuries, and both felt moved to address this instability. Through their actions, men and women of the middle class hoped to establish institutions that would secure their own social status and well-being, and, at the same time, redress social problems (Valverde 1991, Reader 1966, Kealey 1979, Smith-Rosenberg 1985: 87). The professions were an important
The ideal typal characteristics of the middle-class male, according to the separate particularly close association between middle-class masculinity and professionalism (Bledstein 1976). These are to be a feature of this middle-class view of the world, and incorporated. In the sense of being a middle-class social formation.

Members of the middle class had a particular view of the world and how it should be ordered to meet their own needs and values (Howell 1983; Bulkeley 1979; Stein 1982).

Use their professional status and knowledge to bring about social reform, and to shape that reform (Millward 1988). Studies of the medical profession also illustrate that medical men attempted to influence and shape society through professional activity. Evidence regarding their knowledge and skill without which society could not function properly. For instance, Millward's (1988: 392) study of midwives shows their high position they held a unique role in improving medical care. The medical profession itself. Studies of professions suggest that early professions sought both a good livelihood and an improved social order through professional service (Millard 1988, Howell 1983).

The Medical Company. The emergence of professions and the medical profession emerged in the late eighteenth century. While the legislation was only moderately effective, it was a first step in the use of professionalism, and to regulate the activities of those occupations, was granted in the late eighteenth century. Legislation granting groups of professions the exclusive right to practice certain occupations. Legislation granting groups of professions the exclusive right to practice certain professions grew in strength and legitimacy in the late nineteenth and early twentieth century. These professions grew in strength and legitimacy in the late nineteenth and early twentieth century. These professions grew in strength and legitimacy in the late nineteenth and early twentieth century. The professions grew in strength and legitimacy in the late nineteenth and early twentieth century.

However, in accordance with the separate spheres feminist ideology, men and women were viewed in a different light. In the separate spheres feminist ideology, men and women were viewed in a different light. In the separate spheres feminist ideology, men and women were viewed in a different light. In the separate spheres feminist ideology, men and women were viewed in a different light. In the separate spheres feminist ideology, men and women were viewed in a different light. In the separate spheres feminist ideology, men and women were viewed in a different light.
spheres ideal, are also those seen as ideal for nineteenth-century professionals. Professionals, as middle-class men, were expected to be independent and authoritative, as well as rational, skilled, and focused on their careers (Bledstein 1976). The exact relationship between middle-class masculinity and the professions has not been explored sufficiently. It is the purpose of this study to explore this connection more completely.

For women, gender ideology and social-economic roles acted as both barriers and as catalysts for employment in professions. Women were formally excluded from many male-dominated professions. For instance, women were excluded from the medical profession until the 1880s, and from the law profession until 1897 (Prentice et al. 1988, Hacker 1974, Strong-Boag 1979). Male professionals drew upon gender ideology and notions of what constituted "women's work" to justify this exclusion. Discriminatory admission procedures and professional hostility further discouraged women's entrance into the professions even after their presence was formally accepted (De La Cour and Sheinin 1991). Once in these professions, gender ideology and both the image and reality of middle-class women's roles and responsibilities shaped their professional practice. In accordance with social expectations, gender ideology, and gender inequality, women's professional work was often separate from men's. Professional women found themselves marginalized within their professions (Glazer and Slater 1986, Strong-Boag 1979). Women practised on the fringes both in their specialities, and in their practice locations (Hacker 1974, Strong-Boag 1979, Glazer and Slater 1986). For instance, women doctors tended to specialize in practices dealing with women and children. Moreover, many practised in frontier locations, or worked as missionaries in foreign countries. Typically, women professionals worked in subordinate areas, and areas that were unattractive to men. Women often had difficulty gaining

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12 The creation of women's medical colleges in Ontario overcame some of these barriers and graduated over 100 women doctors, yet the situation for women worsened after the demise of the Ontario Medical College for Women in 1906 (De La Cour and Sheinin 1991).
a living from professional practice (Glazer and Slater 1986, Prentice et al. 1988, Dental Record 1924). Gender ideology, social-economic roles and gender inequality acted as barriers to women's employment in male-dominated professions, and conditioned the nature of women's professional work within professions.

Nevertheless, gender roles and ideology also acted as a catalyst for women's entrance into many professions, as well as for women's involvement in social reform movements. Women argued that their responsibility for family well-being justified an extension of their influence in the social world. This argument was used by women engaged in moral reform movements, such as the Temperance movement and in campaigns for suffrage. Women's responsibility for family also spurred their participation in a wide range of professions. Just as working-class women participated in the labour force to support their families, so did middle-class women. Given their education, and their expectations with respect to lifestyle and status, professional occupations were quite attractive. Some of the earliest women doctors and dentists seem to have sought professional employment for family reasons. For instance, Emily Howard Stowe and the first woman Ontario dentist, C.L. Josephine Wells, sought professional employment after illness incapacitated their breadwinning husbands (Hacker 1974, Gidney and Millar 1994, RCDS 1994). In a study of early Canadian women doctors, Hacker (1974) also suggested that some women were motivated to enter medicine to better care for their children and other family members. Even when single, many women working in the professions made a valuable economic contribution to their families.

Nevertheless, few women entered male-dominated professions during the late nineteenth and early twentieth centuries; this type of work was not very accessible to women. Women in search of respectable, professional work more typically turned to teaching and nursing. Occupations such as nursing and teaching carried a "pseudo" or "semi" profession label; they conferred lower status and less social influence than male professions. These professions were not the preserve
of middle-class women; many recruits to nursing were working-class (J. Coburn 1974). Opportunities for women in teaching opened up substantially in the latter half of the nineteenth century as education expanded (Graham 1974, Cohen 1989).

To explain women's entrance into teaching in this era, Clifford (1991) has considered a number of relevant factors. First, she argues, there were not enough men interested in pursuing a career in teaching to meet the need for teachers (Clifford 1991). As workers, women were an attractive alternative to men because they received lower wages. Second, Clifford (1991) argues that women's entrance into teaching can be partly explained by lower birth rates and the resulting smaller family size which diminished the need for daughters' caregiving and housework in the home. Increased education for women was a third contributing factor to women's entrance into teaching. The factors Clifford mentions as encouraging women's entrance into teaching may illuminate women's entrance into other professions and occupations as well. Despite women's availability, the fact that there was never a shortage of interested male candidates in male-dominated professions may help to explain why there were so few women in professions such as medicine, law and dentistry.

Within "women's professions" as within male-dominated professions women held subordinate positions. Women's subordinate work roles were justified with reference to gender ideology. Women typically worked under the direct control or authority of men. This was particularly true of nurses who remained subject to the will of medical men (J. Coburn 1974, Reverby 1987). Women teachers were also often subordinate to male principals and/or male boards of trustees (Graham 1974). Furthermore, the skills and demeanour demanded of women in these female professions were often said to be those of the ideal middle-class woman. Female professionals were expected to possess a commitment to children and family, and to caring and serving others. Moreover, women professionals were expected to be caring, emotional, and obedient in their
subordination to male professionals (J. Coburn 1974, Roberts 1979). Women's involvement in professions tended to conform to the middle-class view of womanhood and femininity.

Women's involvement in the professions was distinctly different from men's. The majority of occupations that attained professional status in the late nineteenth and early twentieth centuries were male-dominated; they were vehicles through which middle-class men attempted to attain status and income, as well as social influence. Women's participation in the professions was more marginal. They dominated in professions/occupations of marginal status, and they held marginal positions in major professions. In nineteenth-century Ontario, professions were much more associated with men than with women (Gidney and Millar 1994). Gender roles and gender ideology influenced the nature and gender composition of professional employment. The expansion of professions and the redefinition of professional employment that occurred during the late nineteenth and early twentieth centuries was tied to the rise of the middle class, and the search for independent, respectable employment by/men middle-class men.

The Rise of the Medical Profession:

In the late nineteenth and early twentieth centuries, a number of professions attempted to establish themselves in North America. Early in the nineteenth century, there were only three occupations that deserved the coveted title of "learned profession": Anglican clergy, lawyers, and medical doctors (Gidney and Millar 1994). These occupations were distinguishable through their classical education and gentlemanly status (Gidney and Millar 1994). Members of these professions were the elite of Ontario society, active in government and social affairs, providing Upper Canada with "its political leadership, its central social values, its ruling ideas, its erudition" (Gidney and Millar 1994: 4-5). Nevertheless, during the nineteenth century, professions in Upper Canada met with many challenges and social changes that threatened their status, stability, and their social influence (Gidney and Millar 1994). Moreover, newer occupations, such as dentistry, began to seek professional status themselves. The late nineteenth and early twentieth centuries
were an important time for professions in Ontario during which more-established and nascent professions alike struggled to attain government privileges and protection, social recognition, and status. In the process they redefined exactly what a profession was, and who deserved to call themselves "professionals" (Gidney and Millar 1994).

Dentistry was just one of many occupations seeking to define itself as a profession in the late nineteenth century. At this time, what Abbott (1988) calls a "system of professions" was in the process of being established. Within this system, professions can be seen as interdependent, interacting entities. Each profession has its own jurisdiction or work area -- or seeks to lay claim to a given jurisdiction -- but the boundaries between areas are subject to dispute (Abbott 1988). Given the nature of this "system of professions", it is difficult to isolate only one profession, such as dentistry, for examination. As Coburn (1994) argues, "the examination of the historical development of a single occupation may, from a broader perspective, be misleading" (5). In this section, I examine the rise of the medical profession to provide a further context for a discussion of dentistry. Dentistry's rise to professional status was tied to the rise of other professions -- particularly the medical profession.

During the late nineteenth and early twentieth centuries, the medical profession rose to a position of dominance within the health-care field (Coburn et al. 1983, Coburn 1994). Although dentistry has never been subject to medical dominance and control as much as other health-care occupations, it has still been greatly influenced by the medical profession. Thus, dentistry's experiences of professionalization, cannot be adequately understood without first considering medicine's experiences of professionalization and its dominance over the provision of health care.

The first laws regulating the practice of medicine in Ontario by restricting its practice to those with a license date back to the eighteenth century. However, early laws were ineffective (Godfrey 1979, MacDermot 1935). During the nineteenth century, the medical profession continually
sought legislation that would establish it as a self-regulating body with the right to examine and license physicians and surgeons. This drive for legislation was led by "regular" or orthodox doctors, who practised heroic medicine. While they composed the majority of medical doctors, regular doctors faced a great deal of competition for patients from other doctors practising homeopathy or eclectic medicine, as well as from druggists, midwives and various other practitioners (Gidney and Millar 1994: 86, Starr 1982). Competition was particularly strong after mid-century. Through legislation, regular doctors sought to undermine their competitors, and to attain the right to define both who could practise medicine, and how medicine should be practised. Regular doctors received self-regulating legislation in 1865; however, homeopaths and eclectics were granted similar legislation in 1868. Legislation in 1869 established a College of Physicians and Surgeons with the power to examine and license doctors, as well as to set education standards and curriculum. Counter to the wishes of most regular doctors, this legislation included all three medical groups -- regulars, homeopaths and eclectics -- giving them all the same privileges and uniting them under one governing body.\footnote{Neither the legislature nor the public was willing to grant regular medicine an outright monopoly on the provision of health care. There was a great deal of support, especially among members of the middle-class, for homeopathy and, to a lesser extent eclectic medicine (Gidney and Millar 1994).} Despite the legislation, the medical profession faced both external (unlicensed) competition, and internal conflict for many years to come.

During the late nineteenth century, the medical profession worked to increase professional homogeneity and to consolidate professional gains. Regular practitioners came to dominate the profession, and opposition from homeopaths and eclectics withered away (Coburn 1994, Godfrey 1979, Larson 1977). Struggles over medical education prevalent in the late nineteenth century were also resolved by the turn of the century (Godfrey 1979). As the profession became less
itself divided, it concentrated its attention on the illegal practice of medicine by unlicensed practitioners and unethical advertising (Godfrey 1979, Biggs 1983, Howell 1981). During the late nineteenth century, medicine was said to be "overcrowded": there were too many health-care providers for the level of public demand (Gidney and Millar 1994). Attacks on illegal practitioners were designed to reduce medicine's competition, while increasing its status and the demand for its services. Medicine's attack on illegal practitioners entailed an attack on other health professions and occupations that were believed to be infringing on medicine's rightful sphere of activity. Midwives and pharmacists were especially targeted by doctors in their efforts to establish a monopoly over the provision of many forms of health care.

Many Ontario women relied on midwives to see them through the birth of their children (Biggs 1983). Midwives were regarded as competition by the medical profession for whom attendance at birth was not only a source of income, but also a valuable way of gaining access to the treatment of entire families. Hence, medical doctors engaged in a public campaign to undermine midwives. In their attacks on midwives, doctors portrayed them as ignorant women, lacking education and scientific knowledge (Biggs 1983, Buckley 1979). It was argued that, at best, midwives were not as capable as medical men at delivering healthy babies and, at worst, they were a hazard to the health and well-being of both mother and child (Biggs 1983, Buckley 1979). By the turn of the century, medical men had managed to push midwifery somewhat underground, and to limit the practice of midwives to areas that were unprofitable for doctors (Biggs 1983: 30). Doctors were ultimately successful in eradicating midwifery, because they succeeded in redefining childbirth as something that was complicated, hazardous and scientific (Biggs 1983). Doctors' success in undermining midwifery was also aided by their ability to use anaesthetics, as well as forceps, during birth (Biggs 1983: 32). Medical men defined childbirth

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14 However, there were still internal divisions present as illustrated by the formation of the Medical Defence Association by Ontario doctors in 1892 to contest the College of Physicians and Surgeons' make-up, professional entrance standards (seen as too low) and its mandatory registration fee (Naylor 1986).
as an activity that was rightfully under their jurisdiction and, thereby, extended their monopoly in the health enterprise.

In their drive for professional dominance, medical men also attempted to control and delimit pharmacy. Pharmacists were forced to abandon prescribing drugs, and to relegate their practice to dispensing drugs (MacNab 1970). Medical doctors were to have the exclusive right to prescribe drugs. Through their attacks on midwives, pharmacists, and other unlicensed practitioners, medical men sought to become the dominant force in the health-care field. They sought to establish an unquestioned monopoly over the practice and definition of medicine (Howell 1981, Biggs 1983, Coburn et al. 1983).

As a way of attaining dominance in the health-care field, medical doctors became concerned with their status. During the nineteenth century, much of the Ontario public regarded doctors with a good deal of mistrust, and at times hostility. The attempts by the Patrons of Industry\(^\text{15}\) in parliament to substantially curtail the professions' powers in the mid-1890s are indicators of this popular mistrust (Shortt 1972, Naylor 1986). To raise their status and garner the public's faith the medical profession pursued a number of strategies. One strategy was to raise entrance requirements and education standards, and to establish codes of ethics. In addition to raising the "quality" of people in the profession, this strategy was also aimed at reducing overcrowding within the profession. Another strategy was to recruit the sons of the wealthy so that a better educated class of men would be brought into the profession (Howell 1983: 14). The profession also worked to ban flagrant and boasting advertising to raise its status in the eyes of the public. False claims about practitioners' skills and qualifications did little to improve the public's

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15 The Patrons of Industry was an association, popular among Ontario farmers in the 1890s, that opposed professional privileges and monopoly capitalism (Shortt 1972, Naylor 1986). The Patrons became a political party and 17 of its members were elected to provincial parliament in 1894.
perception of the medical profession (Godfrey 1979: 224-229).

To bolster their claims to status and authority, medical doctors also used "the rhetoric of science" (Shortt 1983: 60). Medicine both fostered and took advantage of a new public respect for science to increase their prestige and support their claims to privilege (Shortt 1983: 67, Starr 1982: 4-5). Members of the medical professions characterized themselves as disinterested scientific men, practising not for self gain, but for the benefit of the public's health and well-being (Starr 1982: 4-5). Eventually, these strategies pursued by the profession did a good deal to convince the public and the state that medical doctors were deserving of prestige and privilege.

As part of their campaign to increase their professional status and to recruit only the "best" people into the profession, the medical profession formally excluded women from its ranks. Although women had been primarily responsible for tending to the sick within their families and communities for centuries, their presence in the medical profession was deemed inappropriate.16 Women faced much opposition when they attempted to enter the medical profession (Strong-Boag 1979, Hacker 1974, Mitchinson 1991). Opposition to women's participation in medicine was often phrased in the language of nineteenth-century gender ideology and the doctrine of separate spheres. It was argued that women were meant to stay at home and care for their families, not to participate in the professions, with men. Such participation was a perversion of the natural order, and it would interfere with women's ability to do what they were naturally intended to do — bear children and raise a family.17 Doctors joined others in arguing that higher education was completely inappropriate for women; women were banned from attending university until the

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16 Women's informal participation in health care was likely a principal reason why they were excluded from medicine. Medical doctors were thorough in eliminating their competition.

17 The separate spheres ideology was also used to support women's participation in medicine. It was argued that it was more appropriate for women patients to be examined by women doctors; thereby, maintaining a more rigorous separation between the sexes.
1880's. It was argued that women were too emotional, fragile and delicate to enter a rigorous course of study, and especially to learn about indelicate subjects such as anatomy, as taught in medical school (Strong-Boag 1979: 110-111, Mitchinson 1991). Women were also argued to be too physically frail to pursue a career in medicine. It was suggested that the physical exercise necessary in medical practice could be harmful for women, disrupting their reproductive systems (Mitchinson 1991).

While arguments against women's participation in medicine focused on medicine's inappropriateness for women, it was also true that women were unattractive recruits for the medical profession. Women carried a subordinate status in nineteenth-century Ontario and, hence, were unwanted in a profession eager to improve its social position. Like other professions, medicine worked to exclude women, minority groups and the poor from the profession, and to associate itself with higher-status, well-educated, Anglo-Saxon men to improve its status and social influence (Larson 1977).

Medicine's efforts to restrict access to the profession by raising education standards also provided barriers for women attempting to enter the profession. Typically, women were discouraged from taking subjects in school, like Latin, that became pre-requisite for professional education (Prentice et al. 1988, Strong-Boag 1979). Yet even women who could meet the increasingly high matriculation standards were excluded from entering medical school and attaining a license to practice in Canada until the late nineteenth century. The earliest female physicians had to go to the United States or Great Britain to receive their training (Strong-Boag 1979: 112). The first women to enter medical school in Ontario in the 1870s and 1880s were met with hostility from many of their male classmates, teachers and medical professionals (Hacker 1974). Medical men's hostility and reluctance to allow women into their profession was based on gender. Women physicians did not differ substantially from most male physicians in terms of their other characteristics: they were predominately middle class, Protestant, and of Anglo-
Saxon descent (Strong-Boag 1979, Hacker 1974). Perhaps it was these similarities that enabled many of the first female doctors to finally succeed in entering the profession.

Once they were allowed into the medical profession, women found the greatest latitude for practice on the professions' margins: in missionary work in foreign countries, and in specialties that dealt primarily with women and children (Strong-Boag 1979, Hacker 1974, Glazer and Slater 1986). The exclusion of women and other low-status groups can be seen as a practice that helped to raise the status of the medical profession (Larson 1977, Starr 1982). Such exclusion aided the medical profession in its drive to become a dominant and powerful profession.

Encouraging the rise of the medical profession to dominance was the rise of hospitals. As medical doctors came to control hospitals in the late nineteenth century, their position of dominance was entrenched (Torrance 1987, Starr 1982). Within the hospital setting, medical doctors came to hold a position of authority over other occupations involved in the provision of health care. This subordination to the medical profession was particularly true of nurses (Torrance 1987, Reverby 1987). Nurses were trained in hospitals, and they were made to acquiesce to and accept the authority of medical men (J. Coburn 1974, Reverby 1987). Nursing students had to work long, hard hours in hospitals as part of their training. Here, they performed menial and housekeeping tasks in addition to their other nursing duties (J. Coburn 1974, Reverby 1987). The women students were taught that they were subordinate to doctors, and that they were to obey doctors completely (J. Coburn 1974). Trained nurses were rarely employed in hospitals. They had to rely on private duty work to earn a living; here too, however, they were expected to be subordinate to the attending physician. Doctors worked to ensure that nurses provided them with little competition or interference. Nurses' duties and their subordination to doctors mirrored nineteenth century gender roles. Nurses were expected to act like ideal ladies, showing "wifely obedience to the doctor, motherly self-devotion to the patient and a firm mistress/servant
discipline to those below the rung of nurse” (J. Coburn 1974: 139). As other hospital-based occupations arose over time, they too came under medical control (Torrance 1987, Starr 1982).

The development of capitalism and the support of the capitalist class also contributed to the rise of the medical profession. The relationship between medicine and capitalism can be seen as one of congruence (Navarro 1977). In its development, medicine pursued a direction that focused on individuals and biomedical causes of disease, rather than the social and environmental causes of ill health (Navarro 1977, Willis 1988, Brown 1979, Howell 1992). In doing so, the medical profession provided no challenge to the capitalist system; rather, their focus legitimated it (Brown 1979, Willis 1988: 21-24, Navarro 1977, Howell 1992). The profession's focus on biomedicine was encouraged by the capitalist class. Wealthy capitalists provided the medical profession with money for education, research and for hospitals, and this money came with conditions as to how it was to be spent (Brown 1979). Through their donations, the capitalist class influenced the nature of medical education and the direction of medical research in the early decades of the twentieth century (Brown 1979). Medicine provided the capitalist class with a healthier workforce without challenging its hegemony. Through its association with the capitalist class, medicine gained social legitimacy (Larson 1977).

Capitalism and capitalists also affected the development of the medical profession in a more indirect manner. Professions were a product of their time. Their rise was dependent on the development of a market economy, urbanization, improved communication and transportation, and industrialization (Larson 1977, Starr 1982). As argued in the previous section, the establishment of the medical profession, as well as other nineteenth-century professions, was spurred by industrialization and the rise of capitalism (Larson 1977, Starr 1982, Howell 1992). Urbanization and industrialization encouraged a need for improved health services, and other services, that

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18 The extent to which doctors' roles also incorporated gender, and aspects of the ideal gentlemen, has not been adequately explored.
professions aimed to provide (Larson 1977). Like other professions, the medical profession responded to the problems inherent in capitalist societies, in a way that increased their social status and their means of securing a livelihood, without challenging the capitalist mode of production (Howell 1981: 3-4). Ultimately, professions accepted the nature of capitalist society.

They rarely challenged its nature, but rather focused on making it better through improving the public's health, habits, and modes of living.

The medical profession's relationship with the profession of dentistry differed significantly from its relations with other health professions. The practice of dentistry has never come under medical control; dentistry has remained independent from medicine (Gulleit 1971, Willis 1988). Historically, factions of the dental profession were quite eager to join the medical profession, or to be subsumed by it. However, the medical profession has typically been reluctant to be associated with dentists. Instead, medical men have been careful to shape and guard the boundaries between medicine's jurisdiction and dentistry's. Physicians have been content to allow dentists authority over the teeth and immediately surrounding tissues, but have worked to restrict dentists authority to this area.\textsuperscript{19}

While medicine has never dominated or controlled the dental profession, it has definitely influenced it. Far from discouraging dentists' professionalising drive, medical doctors actively helped it. Members of the medical profession were instrumental in dentists' drive for professional status. They helped dentists draft professional legislation, and offered support for dentists' efforts. The medical profession also provided dentistry with its primary role model. The medical profession was a benchmark against which dentists judged their own progress and standing. Dentists sought the status and influence that medical doctors had. Despite dentistry's general independence from medicine, there have been occasions when dentists have fallen under the

\textsuperscript{19} There have been some jurisdictional disputes between dentists and doctors with respect to treating the mouth.
control of medical men. In their involvement in public health initiatives and in their participation in the Canadian army, dentists were formally under the general supervision of members of the medical profession. Although they were never wholly dominated by the medical profession, dentists never achieved a degree of status and authority equal to those of medical doctors. Medicine has "limited" dentistry (Willis 1988). Medical doctors have been content to let dentists be independent, while ensuring that dentists' sphere of action was limited to the mouth (Willis 1988: 125, 137).20

To summarize, the medical profession, like other professions that arose in the late nineteenth and early twentieth centuries, can be seen as a product of its time. Professions were a response to industrialization and capitalism. The medical profession was the pre- eminent profession that arose during this period. The medical profession, through its strategies for legitimacy, combined with members' social background, education, and their "favorable connections with socially and politically dominant groups," became the dominant force in the health care field as well as an influential social force (Torrance 1987: 7). However, dentistry remains an exception to medicine's domination of health occupations. Dentistry has its own sphere of activity that remains separate from the practice of medicine, although its sphere has been limited.

Gender and the separate spheres ideology appear to have been used in medicine's efforts to dominate the health-care field. Studies have shown that gender ideology was used in the elimination of the female-dominated occupation of midwifery, and in the subordination of nursing. Gender ideology was also used as a justification for women's exclusion from the profession of medicine. Although tolerated after the turn of the century, women's participation in medicine was rarely encouraged. The practices of women doctors have tended to be marginalized both in terms

20 The extent to which dentistry escaped medical dominance varies from country to country. For instance, dentistry has experienced more autonomy from medicine in North America than in Britain.
of practice location, and in terms of specialty. Studies have also pointed to the significance of
gender ideology and roles in structuring the doctor-patient relationship, and the nature of
treatment, when doctors treated women (Smith-Rosenberg 1985, Mitchinson 1991). It remains
to be seen, however, what role gender played in the rise of the medical profession, more
generally.

Conclusion

In this chapter, I have discussed many aspects of nineteenth-century social change, and their
implications for the rise of professions in Ontario. Nineteenth-century social and economic
change had a great impact on the rise of professions. Professions grew out of the instability and
uncertainty associated with urbanization, industrialization, and the rise of capitalism.
With these changes traditional ways of organizing production and providing for family needs were
altered. Before mid-century, the isolation of communities and the presence of a barter economy
encouraged the role of family and community members in health care. But with improved
transportation, communication, and greater contact with markets this no longer needed to be the
case for many families. Moreover, greater reliance on wage work and a move to urban centres
meant that there were many people who were separate from family members and needed to seek
health care and other services elsewhere. These changes encouraged the rise of health professions
such as dentistry and medicine.

The rise of a middle class also had a profound influence on the rise of professions. Middle
class men and women feared the rise of urban centres, increased immigration and the
establishment of an industrial working class. Many of them saw professions as a way to bring
order to the social world and ensure that the working class was living in a manner the middle
class felt was appropriate and non-threatening. Middle-class people composed both the majority
of professional recruits and the majority of patients in the late nineteenth century. Professions
provided middle-class men with the opportunity to achieve a coveted lifestyle and standing. Women's association with professional employment was more complex. Women had low participation in high-status, male-dominated professions such as medicine and law. Male exclusion, gender inequality, gender ideology, and women's family responsibilities combined to keep the number of women participating in male-dominated professions low. Nevertheless, women's family responsibilities occasionally encouraged their participation in both male-dominated and female-dominated professions. Importantly, women used their accepted responsibility for family and children to broaden their public roles and public voice, thereby expanding the opportunities open to them in the world of paid work. Declining family size, and the need for female incomes within the middle class also encouraged middle-class women's participation in occupations such as teaching and nursing. Women's participation in these latter, lower-status, female-dominated occupations was high. The exact nature of the association between gender and the professions remains somewhat unclear in previous research. This subject will be explored in more detail in later chapters.

The most dominant profession established during this period was the medical profession. In the late nineteenth and early twentieth centuries, the medical profession transformed itself from a collection of divided practitioners with little power or influence into an established, more-unified, influential profession. Medicine became a dominant profession that influenced all other professions in the health care field. While dentistry remained somewhat outside medicine's orbit, it too was influenced by the medical profession.

In the following chapters, I examine dentistry in the nineteenth and early twentieth century. I explore how the social changes discussed in this chapter came to affect the practice of dentistry. Dentistry was a product of its time. Nineteenth-century social change, middle-class gender ideology, and the rise of other professions had a large impact on the nature of the dental
profession, and on the ability of the dentists to define their work as professional. In Chapter 3,
I begin my look at the dental profession with a discussion of dentistry in Ontario in the early-to
mid-nineteenth century.
Chapter 3
Pre-Profession Dental History

The rise of the dental profession in nineteenth-century Ontario was rapid. Until the mid-nineteenth century, dentistry in Ontario was a part-time sideline rather than a profession. However, after mid-century the number of men practising dentistry increased substantially, and by 1868 dentistry had achieved protective legislation, and some degree of professional status. In this chapter, I will review the nature of dental practice before professionalization, following the growth of dentistry from a part-time hobby/trade practised by craftsmen and opportunists to a more respectable occupation with a claim to professional status.

First, I will discuss the European foundations of dentistry, and the rise of the dental profession in the United States. Second, I will review the rise of dentistry in Ontario around mid-century, paying special attention to how dentistry was practised at this time, and who practised it. Third, I will examine the nature of dental practice in the 1860s, immediately prior to Ontario dentists' efforts to define dentistry as a profession. In reviewing pre-profession dental history, it becomes clear that the dental profession had masculine foundations that predated professionalization. Dentistry was masculine in terms of its historical antecedents, and in terms of the nature of dental work, who performed it, and the way in which it was performed.

A Brief History of Dentistry:

While it is possible to date aspects of dentistry back to ancient Greece and ancient Egypt, the modern foundations of dentistry can be traced to the activities of medieval European barber-surgeons (Bremner 1964, P. Davis 1980). Dentistry in the Middle Ages was not very sophisticated, and it is likely that the extent of the involvement of many barber-surgeons in dental work did not go beyond pulling teeth. Barber-surgery was a masculine occupation, although there
were some women who practised the craft with their husbands or as widows. Women’s involvement in the trade, however, was substantially curtailed by male barber-surgeons in the mid-sixteenth century in the face of hard times and increased competition (N. Davis 1986).

In medieval times, some tooth extraction was performed by physicians – who were male as well – but generally physicians held such work to be beneath their dignity (Bremner 1964: 77). Through medieval times and into modern times, tooth pulling was also performed by “tooth drawers”, often as a source of entertainment. Tooth drawers generally claimed, fallaciously, that they could extract teeth painlessly, giving rise to the French expression: ‘mentir comme un arracheur de dents’ (Bremner 1964, Shosenberg 1992). The dental literature typically describes these men as a “shifty lot of vagabonds” (Bremner 1964: 77). The legacy left by these tooth pullers was the association of dentistry with dishonesty and pain. Tooth drawers, like barber-surgeons and physicians, were predominantly male.

Dentistry first arose as a separate, specialized occupation in eighteenth-century France. Here, barber-surgeons specializing in dentistry were well patronized by the monarch, the nobility and the wealthy citizens of Paris (Bremner 1964: 80 - 98). Dental historians attribute the patronage of these barber-surgeons to the concern among the wealthy for their appearance which was enhanced by the restorative and replacement work barber-surgeons performed on their teeth (Bremner 1964). Out of this barber-surgeon tradition came the key figure in the rise of modern dentistry, an eighteenth-century French dentist named Pierre Fauchard. Fauchard is credited with spurring the modern age of dental science through his innovative dental practice, and through a book that he published on dental arts and technique21 (Bremner 1964, Shosenberg 1992). In his practice, Fauchard performed many of the operations associated with dentistry today, such as filling cavities, extracting teeth, constructing dentures, caring for the gums, and treating dental

21 Fauchard is also credited with coining the words “dentiste” and dental surgeon (Bremner 1964, Shosenberg 1992).
disease (Bremner 1964). Fauchard's idea of dentistry as a full-time, specialized, scientific occupation did not have an immediate effect on the practice of dentistry in England or Canada.

French dentistry did have an impact, however, on the United States — the country where dentistry first emerged as a profession. Frenchmen assisting the Americans in the American Revolution brought modern dental techniques with them, and influenced a number of American dentists. However, dentistry did not completely emerge as an independent occupation in the U.S. until the nineteenth century (Bremner 1964). At this later date, urbanization, and the concentration of population it entailed, were more advanced, creating a better climate for the rise of an independent occupation specializing in the care of teeth (Bremner 1964). Increases in wealth, "cultural refinement" and the rise of a middle class are other factors that have been seen as preconditions for the rise of dentistry (Bremner 1964, P. Davis 1980). Most dental services provided in the late eighteenth century and in the nineteenth century were for the wealthy and prominent; the cost of dental services would have been prohibitive for most of the public. Edentulousness (the complete absence of teeth) was a common problem in this period and, hence, for those who could afford them, dentures were in great demand. Making dentures at this time required a significant amount of skill, and often involved the use of real teeth. Many dentists actually bought healthy teeth from the poor, and extracted them so that they could be implanted in, or used to make dentures for, the mouths of the wealthy (Bremner 1964). Dentistry in this era, thus, catered to a very select and limited clientele. Dentists themselves were scarce, variably trained, and usually combined dentistry with other trades and occupations.

The number of dentists practising in the United States rose steadily in the first three or four decades of the nineteenth century. These dentists, however differed dramatically in the nature of their background, training, and practice. Some dentists who were intellectual descendants of

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22 For instance, George Washington is often mentioned in dental histories for his patronage of dentists, and especially for the ill-fitting dentures that gave his face a square, awkward look apparent in pictures of him (Woodforde 1968).
Fauchard had medical training. These dentists, according to the dental literature, were moral and ethical in their practice (Bremner 1964). Many dentists, however, had no medical knowledge and little formal education. These latter men were seen as less moral, less competent and less reputable by self-proclaimed ethical dentists and, hence, were seen to add to dentistry's bad reputation (Bremner 1964: 136).

As dentistry was already widely perceived to be an occupation full of liars and unscrupulous men23, this latter group of dentists was doing nothing to enhance the reputation of the medically trained "ethical" dentists. The predominance of these lesser educated, lesser trained dentists spurred medical dentists towards professionalization in the 1830s. The elite, educated dentists established dental journals and a society, The American Society of Dental Surgeons. The aim of this society was to provide protection for ethical, educated and moral dentists from "ignorant", unskilled quacks (Bremner 1964: 148, Fraundorf 1984). Membership in the society alone granted the doctorate degree or title, "Doctor of Dental Surgery" (DDS). Internal divisions and disagreements over the nature of dental practice and the ability of the society to dictate the nature of dental practice to its members destroyed this society around mid-century. Many other dental societies were established in the United States after this time.

A further step towards professional status was taken when the first dental college in the world, the Baltimore College of Dental Surgery, was established in 1840. Before this date, dental education and training were based exclusively upon apprenticeship (Bremner 1964, Fraundorf 1984). Leading dentists, however, felt that dentists required a scientific and medical education. They believed that more rigorous, advanced education would help reduce the number of

23 Dentists, like common tooth-pullers, were believed to lie about the pain involved in dental operations. Moreover, it was widely believed that the teeth dentists used in making dentures were acquired from the mouths of dead people. This belief seems to have some grounding in fact (Woodford 1968).
"quacks" in dentistry, raise the standards and status of dentistry, and multiply the number of educated and ethical practitioners. Since many elite dentists had some medical training, they first looked to the medical profession and medical schools to provide dental education. These medical dentists believed that dentistry was, ultimately, a specialty of medicine, and that, therefore, medical school was the appropriate arena for dental education. However, medical men rejected dentists' request for education (Butler 1889, Bremner 1964, Taylor 1922).

The bulk of the historical evidence indicates that doctors viewed dentistry as merely a manual occupation. Eager to increase the status of their own profession, they apparently saw nothing to be gained from association with dentistry (Butler 1889: 20). Some dental historians reject this portrayal of events arguing that many doctors would have had positive feelings about dentistry, and that it was "necessary" for dentists to have their own school (Bremner 1964: 164). Regardless of exactly why doctors rejected dentists' overtures, a number of dental schools were established in the United States in the ensuing decades.

After a short period of attendance at dental schools, dental students graduated with the DDS degree. Although the degree had an air of prestige, it did not necessarily serve as a mark of distinction. As the number of proprietary schools increased, later in the nineteenth century, graduates were churned out with a substandard education (Fraundorf 1984, Bremner 1964, Gies 1926). It was said, especially by Canadian observers, that a person could attain a dental degree in the U.S. after only a few months attendance at college, even if they did not speak or understand English (Beets 1893a: 214, 1894a: 41). Dental schools, however, did help to raise the status of dentistry in the United States.

24 "Quack" was the common term used to refer to an untrained, uneducated, and "unethical" practitioners of dentistry.

25 However, according to Fraundorf (1984: 765), the slow growth in the number of dental schools between 1840 and the 1870s was partly due to opposition from the medical establishment. Thus, it seems medical men were not too keen on dentists having their own institutions either.
American dentists' professionalising drive continued with their efforts to license dentists, and restrict access into dentistry. Laws regulating the practice of dentistry were enacted in most states in the U.S. between 1870 and 1900 (Fraundorf 1984). These laws established a dental license that was automatically given to every graduate of a dental school. Non-graduates were forced to take an exam before a Board of Examiners, usually appointed by the state dental society (Fraundorf 1984: 766). The increase in for-profit proprietary schools, however, meant that many licensed dentists were not of the highest quality. Thus, dentistry did not really become a closed profession in the United States until the demise of for-profit schools in the 1920s (Fraundorf 1984).

Throughout its professionalization period, American dentistry remained an overwhelmingly masculine occupation. Although it is possible that some women participated in dental practice in the nineteenth century, there is little record of women working as dentists. The first woman known to practice dentistry in the United States was Emeline Roberts Jones, who learned dentistry by assisting her dentist husband in the 1850's. In 1859 she became a partner in her husband's practice, and practised on her own after his death in 1864 (JADA 1928: 1735-1736).

The first woman to attain a dental degree in the United States was Lucy B. Hobbs, who graduated in 1866. Hobbs had great difficulty finding a preceptor to apprentice with, when she first decided to pursue dental studies in 1859 (JADA 1928, Stern 1963). Almost all the dentists in her city, Cincinnati, turned her down, apparently "amazed ... that a young girl had so far forgotten her womanhood as to want to study dentistry" (Hobbs 1893 in JADA 1928: 1737).

These dentists argued that

"her place was in the home, taking care of the house.... Some were afraid their characters would be ruined if it was known that they had a lady student,... One was kind enough to propose to let her come and clean his office and look on while he worked, if she would not let any one know that she was learning" (Hobbs 1893 quoted in Stern 1963: 100).
Eventually Hobbs found a dentist to train her in Cincinnati, but after the completion of her training she was refused entrance into dental school because of her gender. After successfully practising dentistry in Iowa for 4 years, Hobbs was invited to join the Iowa State Dental Society, in 1865. This society helped her get into the Ohio Dental College, and after one term of lectures, Hobbs graduated in 1866 (Stern 1963, JADA 1928).

Women students of dentistry who followed Hobbs were not welcomed into the profession either. They faced opposition, resentment and hostility from many male faculty and students (Truman 1911). Despite this adversity, a number of women graduated from dental school in the United States in the late nineteenth century. A significant proportion of these women lived and worked in Europe, and only came to the United States so that they could take advantage of its advanced education in dentistry (JADA 1928). Despite the fact that a number of women practised dentistry in the United States, by the late nineteenth century, dentistry was still considered to be masculine occupation, unsuitable for women, and it remained male-dominated.

Through much of the nineteenth century, the United States was more advanced in establishing formal dental education and the profession of dentistry than any other nation in the world. American dentistry built upon the advances in the dental craft and science made in Europe, introducing many innovations in dental practice. Canadian dentistry was quite influenced by American dentistry and its attempts at professionalization. British dentistry followed a substantially different path than dentistry in North America, and it had less of an impact on the rise of the dental profession in Ontario. British dentists chose to pursue professionalization through joining the Royal College of Surgeons, rather than through pursuing an independent course. In this manner, British dentistry came under the control of the medical profession, and

26 Hobbs is reported to have attended all her lectures at the college except for one that the professor of anatomy requested she miss (JADA, 1928: 1739).
Early Dentistry in Ontario:

The emergence of dentistry as an independent occupation occurred much later in Canada than in the United States. Whereas by the mid-nineteenth century dentistry in the U.S. had established journals, societies and dental schools, dentistry in Ontario was almost non-existent. At this time, dentistry was largely a part-time occupation, performed as a sideline from one's real business or trade. For instance, physicians often did dental work such as pulling teeth for their patients, in addition to their regular medical practice, to make extra money (Gullett 1971, Starr 1984). The bulk of dental work was performed by craftsmen such as blacksmiths and gunsmiths (Gullett 1971).

A sketch of the extent of dental practice in mid-century Ontario is provided by the account of an American-trained dentist, Dr. Relyea, who toured Ontario in 1842 looking for a good location to establish his own practice. Relyea found 2 dentists practicing in Toronto, but no local dentists in large towns like Kingston, London, Woodstock, Brantford, Hamilton, Coburg, or Belleville (Relyea 1898: 354). The majority of the population depended on the services of travelling, itinerant dentists who roamed the countryside. These "tramp" dentists, as they were later called, appeared quite backward and unskilled to this trained dentist (Relyea 1898: 354). Local blacksmiths and gunsmiths pulled teeth, as a sideline to their smithing work. As another dentist described such work:

...
On a visit from a patient he would leave the forge, wipe his hands on his apron, get the old turnkey wrench, and his brawny arm would soon draw not only the sufferer’s tooth, but often the screaming patient himself, from the old kitchen chair (Wood 1898: 266).

Many blacksmiths and gunsmiths also tried to construct dentures, although the correctness and effectiveness of their efforts were questionable, according to later, trained dentists. The nature of dental practice at this time does not seem to have bothered the public, especially in the country, where many had never even heard of dentistry or dentists (Relyea 1898: 354). As described in the previous chapter, before mid-century rural families were isolated, self-sufficient, and most would have taken care of any dental needs themselves.

Early Ontario dentists seem to have been exclusively male, and the nature of practice at this time emphasized the skill and strength of the craftsman. Pulling teeth seems to have required, by and large, a strong arm and the right tool. Although by mid-century the use of forceps to remove teeth was becoming more common, the instrument of choice up to, and somewhat after, this time was the “turnkey”. The turnkey had handles for both hands, a shaft, and hooks that fit over the top of the teeth to be removed. To remove a tooth a good deal of strength and leverage was required, and the inside of the jaw was used as a fulcrum. Having a tooth removed by turnkey appears to have been awkward and painful. As one early dentist described his experience as a dental patient in 1843:

“my head [was placed] between an assistant’s knees, who stood behind my back, while I was seated on a low stool, and the operator in front performed the terrible deed. One such experience is enough in one lifetime” (Cogswell 1893: 172-3).

Strength, along with some skill, seem to have been most important when extracting teeth. However, a lot of dental work, such as constructing dentures and filling teeth, required a great deal of skill, especially in the use of fine metals (Gullett 1971, Beers 1895, Clement 1898).
Craftsmen such as gunsmiths and blacksmiths used their craft skills to construct denture sets for customers and neighbours (Gullett 1971, Relyea 1898). As mentioned above, edentulousness was a fairly widespread problem, and thus, false teeth were in demand — for those who could afford them.

Constructing dentures in the mid-nineteenth century was a complicated task that involved the use of delicate tools, expensive metals such as gold and platinum, and often bone or human/animal teeth. In this era, dentures generally consisted of frames or plates “made from bone, ivory, or hippopotamus’ teeth, filed and carved to models made to fit, as well as could be, from impressions of the mouth, and human teeth attached to these frames by means of pins, screws, or otherwise” (Cogswell 1893: 171). Partial sets of dentures were often carved “from one piece of bone, with the teeth filed, cut and shaped to suit the case” (Cogswell 1893: 172).

Later in the century, teeth were constructed by hand, from porcelain constructed and shaped by the dentist, and similarly attached with screws to a gold metal frame. Skill in working with metals and “mechanical ingenuity” was important. Constructing dentures involved the use of gold and platinum, and required the dentist to band, line, solder and finish the teeth with only simple tools and instruments (Beers 1895: 147-8). Many of these instruments were hand-constructed by dentists themselves.

The heavy reliance upon gold, and the degree of time, materials and skill it took to construct a set of teeth, meant that dentistry was generally quite expensive. In the mid-nineteenth century, the average price for a set of dentures was $40 dollars in Montreal and $30 in Toronto (Beers 1897: 383). However, in the countryside the work may not have been so sophisticated or expensive, as accounts by American-trained dentists have implied (Relyea 1898, Wood 1898).
Around mid-century, cavities were most frequently filled with gold, especially by the elite dentists. Dental patients were seated in something like a rocking chair, propped up at the front so that it rested backwards. Filling cavities was done by hand, with chisels, mallets, hand drills and other tools, along with much hand pressure (Wood 1898). The skill of the operator in using such fine tools and working in small places was important. "Unfortunate mishaps" could happen under this method, as one dentist later remembered: while filling a tooth with gold, his hand tool slipped and "so great was the force used that it pierced the lip of the patient before [he] could stay [his] hand" (Wood 1898: 266). Such accidents may have been more common in the early days of dental practice in Ontario when there was such reliance on hand instruments, tools and hand pressure.

Working in the small confined space of the mouth, with hand-designed and constructed tools required a great deal of skill. The skill it required was that of the craftsman who was used to working with fine tools and fine metals (Gullett 1971, Clement 1898, Martin 1898). Early Ontario dentists and craftsmen practising dentistry would not have had much training, if any, in dental technique. They generally had their own, self-learned methods of practising, and used tools that they had constructed themselves (Gullett 1971, Martin 1898, Beers 1900, Beers 1894a). Any training a dental practitioner received was by apprenticeship; however, the length of apprenticeship could be as short as a few weeks. To a large extent, participation in dentistry, in this era, was an extension of the craft work of gunsmiths and blacksmiths (Martin 1898, Beers 1894a). Dentistry, thus, grew out of male-dominated craft work, and built upon the skills of this work, thereby, sex-typing early dentistry as male.

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27 Other dentists at mid-century would have used amalgam, a mercury-based mixture that was a much cheaper substance, but that, at this time, was also less stable, and may have caused mercury poisoning (Gullett 1971).
The Rise of Dentistry in Ontario

While there was likely only a handful of men specializing in dentistry in Ontario in the 1840s, in the following two decades specialization in dentistry increased substantially. More and more, dentistry was practised as a full-time occupation, as the demand for dental services, and the income that could be gained from dental practice, increased. The social trends of urbanization and the rise of a middle class, discussed in the previous chapter, seem to have been behind much of the increase in dental services.

Whereas much of the Ontario population lived in isolated rural settlements and were largely self-sufficient earlier in the nineteenth century, modes of living changed substantially in the latter half of the nineteenth century. The rise of markets and a cash economy, along with improvements in transportation and communication, meant that families could increasingly purchase goods and services they had earlier had to provide for themselves. Urbanization provided a more geographically concentrated population who relied on local markets for various goods and services. Markets were encouraged by the rise of an urban middle class prosperous enough to purchase goods and services in increasing amounts. These social changes encouraged the rise of a number of service-providing occupations, and they spurred rapid expansion in other occupations and professions, most notably medicine (Starr 1982, Gidney and Millar 1994). Dentistry's growth was also spurred by the expansion of a market economy, urbanization and the rise of the middle class in Ontario after mid-century. Other social changes, more specific to the practice of dentistry, also encouraged the expansion of dental services at this time.

Some dentists have argued that during the nineteenth century there was a substantial increase in the incidence of dental caries and edentulousness, and that this increase may partly explain the rise of dentistry (Trotter 1869a). They argue that with advances in civilization, people's diets changed to include a lot more sugary foods that cause cavities, and that, therefore, the demand
Other researchers, though, have questioned whether the rise of dentistry can really be attributed to a rise in dental caries (Nettleton 1992: 6). Since there are no statistics on the incidence of dental disease collected before the late nineteenth century, there is no way of knowing whether caries and edentulousness were indeed on the rise through the nineteenth century. Regardless, edentulousness and dental caries were prevalent in the nineteenth century, and their prevalence contributed to the demand for dental services, especially among members of the middle class.

Edentulousness and dental caries were common problems for men and women in the nineteenth century. These problems are associated with pain and discomfort, and they make eating difficult. Furthermore, toothlessness can lead to jaw problems and jaw pain. Toothlessness also presents a problem in terms of appearance: without teeth, one's face becomes disfigured. Therefore, for those who suffered from caries and edentulousness — and it seems to have been a significant proportion of the population who did — there would have been motivation to have these problems attended to. This motivation may have been especially strong among members of the middle class who sought dental services in larger numbers around mid-century. The desire to eat the variety of foods available to members of the middle class in an urban market economy, along with concerns about appearance, seem to have created a demand among members of the middle class for dental services. Moreover, members of the prospering middle class were increasingly able to afford to patronize dentists.

As mentioned above, dentistry was quite expensive at this time, since the construction of dentures and filling cavities was highly skilled work that involved the use of gold. However, technical change around mid-century made dentistry both more affordable and more attractive (Gullette 1977, Gidney and Millar 1994). The introduction of vulcanite (vulcanized rubber) in the 28

28 Dentists in the late-nineteenth and early-twentieth centuries also argued that degeneracy of the race due to genetic deterioration and bad living was partly behind the increase in dental disease, and by extension the rise of dentistry (Trotter 1869a: 292, 1869b: 354-5).
late 1850s reduced the cost of producing dentures, and revolutionized dental practice (see below). The use of vulcanite by dentists made dentures and dental practice more affordable to the general public, and substantially increased the demand for dental practice. The use of general anaesthesia (nitrous oxide, ether and chloroform) after mid-century also made dentistry more palatable, as the element of pain, long associated with dentistry, was diminished (Bremner 1964). Thus, around mid-century the Ontario public, and especially members of the urban middle class, were both interested in obtaining dental services, and increasingly able to afford these services. With the concentration of the middle class in growing urban centres, dentistry began to flourish.

With the expansion of the middle class and the increase in the demand for dental services, dentists' ability to make a good living from dental practice increased. Hence, the number of dentists practising in Ontario increased. However, around mid-century it was still difficult for a dentist to sustain a full-time practice by remaining in one place. Therefore, dentists tended to be, to one extent or another, itinerant. Some of the earliest dentists in Canada were American dentists who visited Canada for only part of the year (Gullett 1971). Many of these dentists kept a main office in the United States, but occasionally toured Ontario practising dentistry for a few weeks or months at a time. Dentists from Quebec (Lower Canada) also made such tours of Upper Canada in the 1830s and 1840s (Beers 1900). The sporadic nature of dental advertisements placed in city newspapers around mid-century further illustrates that there was a great deal of movement on the part of dentists. Often, dentists advertised that they had just come from the United States, or in some cases England, and that they were in possession of the “latest and greatest” dental techniques. The advertisements rarely appeared for long, indicating that within a few weeks, months, or, at most a few years, these dentists moved on. Many dentists roamed from town to town, and sometimes from province to province, practising dentistry.

Even in the 1850s and 1860s when dental practices became more fixed, dentists tended to be somewhat itinerant. Dentists usually had practices that covered a wide area (Gullett 1971).
Typically, they would establish a base office in a town or city, but they would also serve the surrounding towns and countryside. Some dentists had branch offices that they would travel between, while others set up shop for a period in rented rooms, or roamed the countryside in search of patients, often carrying their trunk of tools and equipment on their backs (Gullett 1971, Beers 1890). The distances covered could be substantial, even before rail travel became more common and established: for instance, one dentist claimed that he supplied services for the entire region between Coburg and Kingston in the 1840s and 1850s (Gullett 1971: 21). Most dentists found that to make a living at their trade they had to move around. Even trained and educated dentists practised in this manner. By the 1860s more dentists, especially in large centres like Toronto, were able to sustain a practice by remaining in one place.

Dentistry at mid-century was overwhelmingly male-dominated, as it had been in the past. The nature of dental practise at mid-century was a principal factor in ensuring that dentistry remained male-dominated. The importance of continually moving around to attain a living in dental practice helped ensure that most dentists would be men. As discussed in the previous chapter, such independence of movement and in lifestyle was more characteristic of men than women. This vigorous and independent lifestyle would have been viewed as inappropriate for women, who were typically viewed as frail and dependent. Moreover, women in both the working and middle classes had numerous family responsibilities, and it would have been difficult to reconcile these responsibilities and family work with itinerant dental practice. Because of women's family responsibilities and nineteenth century beliefs about women's abilities and nature, dentistry was viewed as inappropriate work for women. Many people believed that women were mentally and physically unsuited for dental practice, and that in committing to a career in dentistry women would neglect their families (JADA 1928: 1745-1748).
Another factor acting against women’s participation in dentistry was their limited access to the craft skills that dentistry at this time still required. Middle-class women had neither the exposure to craft skills dentistry required, nor the desire to engage in the low-status manual work dentistry entailed. While some women of a working-class background may have had limited access to the skills through male family members, the itinerant nature of much of dental practice meant that their exposure to the skills would not be extensive. Moreover, because there were many other demands placed on working-class women’s labour both within the home and in the labour force, they did not have much opportunity to acquire craft skills. While the increase in the number of ethical dentists in fixed practice after mid-century may have provided more opportunities for women in dentistry, there is no record of women entering the occupation at this time. It seems that the nature of dental training, the need for craft skills and laboratory work in dentistry, and the full-time nature of dental practice provided barriers to women’s practice of dentistry. Both formally trained and untrained dentists appear to have been exclusively male at this time.

Many of the earliest men calling themselves dentists or dental surgeons, and practising dentistry full time in Ontario came from the United States, or at least were trained there (Gullett 1971, Willmott 1896: 263). A number of these men held dental or medical degrees attained in the United States, but most had learned dentistry through an apprenticeship with an established American dentist. Some of the men coming to Canada after receiving their training in the United States were returning to the land of their birth, others just seem to have been looking for a good and profitable place to practise. It was common in many early apprenticeship contracts for the apprentice to agree not to establish a practice within a hundred miles of his master/preceptor upon completion of his training (Beers 1870). Many American-trained dentists looking for a distant place to practise, seem to have regarded Ontario, with its low number of existing dentists, as ripe
with opportunity.

According to dental historians, there were at least two different types of dentists practising in Ontario in the 1850s and 1860s (Wood 1898, Beers 1893a, Shosenberg 1992, Gullett 1971). Both types of dentists were exclusively male, but they differed in their social standing and their methods of practice. First, there was an expanding group of trained and educated dentists, who prided themselves on being ethical in their conduct and practice. The training and education possessed by these dentists varied substantially. Some dentists had a medical school education in addition to some period of apprenticeship in dentistry (Gullett 1971: 25). A few dentists had dental degrees from American dental colleges. Others had less formal education, but had completed an apprenticeship with a practising dentist, either in Canada or the United States. The period of apprenticeship could be as long as two to four years for these trained dentists; however, apprenticeships of less than a year were not unusual (Beers 1889: 22, Shosenberg 1992). Dentists composing this first group tended to be respectable and seem to have been part of the middle class.

The second group of dentists has been characterized as, at best, "flamboyant" (Gullett 1971: 25), and, at worst, "tramps", "quacks" and "vagabonds" (Shosenberg 1992; Beers 1897, Bremner 1964). These men sometimes had training in dentistry, but it was not very extensive. Dentists in this group claimed that they could train a man in the trade in as little as six weeks (Wood 1898). These dentists were typically more itinerant than those with more extensive training. They travelled from city to city, town to town, and house to house performing dental operations that were not always necessary, often with little skill (Wood 1898, Relyea 1872, 1898, Gullett 1971). Many of these men made extravagant claims with respect to their talents and the painlessness of their operations, and advertised these claims extensively in newspapers and handbills. Dentists in this latter group were not viewed as respectable by trained dentists, and they could not claim middle-class status.
Although on paper the practice of dentists in these two groups seems very different, in reality, the differences were not so dramatic. The extent of a dentist's training was not necessarily the evidence of ethics that many dentists assumed it was. Higher status dentists tended to conflate a lack of education and training with a lack of morals and ethics: thus, dentists with little training were viewed as unethical dentists. However, trained dentists could behave unethically, while self-trained dentists could be quite ethical. Moreover, even so-called ethical dentists made fairly dramatic and boastful claims in their dental advertisements in this era. Nevertheless, the typology does capture the fact that there were substantial variations in dental practice at this time. Further, the typology seems to capture the way dentists in the first ("ethical") group viewed themselves as being markedly different from, and better than, dentists in the second group.

The number of dentists composing both groups increased during the 1860s when technological change helped make dentistry less expensive, less craft-like, and to an extent, more profitable. The introduction of vulcanite in the late 1850s had a dramatic effect on the practice of dentistry (Gullett 1971, Shosenberg 1992, Bremner 1964, Gidney and Millar 1994). Vulcanite (vulcanized rubber) provided a new, much cheaper, base for dentures: dentures no longer required metal bases (Gullett 1971, Beers 1895). The use of vulcanite in dentistry had two main effects. First, it lessened the cost of dentures and made them more available to the general public, thereby increasing the demand for dental services (Gullett 1971: 30, Beers 1897, Bremner 1964). Second, vulcanite encouraged the decline of the craft aspects that characterized dentistry up until this time. With vulcanite, there was less need for the dentist to possess extensive knowledge of, and skill in using, fine metals (Beers 1895, Shosenberg 1992, Bremner 1964).

The availability of manufactured artificial teeth in the 1850s further diminished the need for dentists to be craftsmen, as they no longer had to carve and manufacture teeth for themselves (Gullett 1971, Beers 1893b). Technological change in the 1850s resulted in both an increased
demand for dental services, and a decline in the skills needed to practise dentistry. The result was that more men pursued dental practice at this time, and many of these men were opportunists who were not highly trained or skilled. In the words of a later dentist, vulcanite was responsible for bringing a lot of "inferior men" into dentistry, as well as for a decline in dental fees (Beers 1893b: 164, 1897: 383, Shoshenberg 1992). As this quote indicates, trained dentists viewed these opportunists not only as inferior dentists, but as "inferior men": their masculinity and respectability were questionable. In the language of nineteenth-century trained dentists, the number of vagabonds and charlatans practising dentistry increased in this era.

During the 1850s and 1860s there was also an increase in the number of trained and "ethical" dentists. The growing demand for dentistry, especially among members of the middle class, combined with technological change and the growth of the dental profession and dental education in the United States to increase the number of trained and established dentists in Ontario. While estimates suggest that there may have been as few as five or six dentists practising in Ontario in the 1840s (Wood 1871, Reylea 1898, Willmott 1896: 263), by the late 1860s the number is estimated to have grown to 17529 (Willmott 1896, McFarlane 1965). While many of these men were trained in the United States, an increasing number of dentists received their training in Upper Canada through an apprenticeship with an established dentist. To dentists, taking on apprentices provided both a good source of income and practical assistance. The social backgrounds of trained, "ethical" dentists has not been well recorded, but the existing records suggest that the backgrounds were quite varied. Some men were from farming families, while others came to dentistry from gunsmithing and blacksmithing families.

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29 These estimates are from trained professional dentists in the late-nineteenth century, and thus, likely only count those men with some training, who are in established, regular, full-time practice. Census figures suggest there were 36 dentists in 1851 and 114 by 1861 (Gidney and Millar 1994).
Dentistry does not appear to have been an occupation that the sons of the wealthy, or members of the upper-middle class aspired to in the 1860s. However, those dentists who went on to establish dentistry as a profession appear to have maintained a solid and respectable middle-class position and lifestyle. For many men, thus, education and a successful dental practise provided a rise in social status. Through the 1860s many dentists were defining a respectable middle-class image and lifestyle for themselves, and servicing a largely middle-class clientele.

Dental Practice in the 1860s

If dentists were to build and maintain a successful practice in the 1860s, it was important for them to cultivate a respectable image. The nature of dental practice demanded a certain physical proximity between dental operator and patient. While the nature of that contact had changed since the turnkey fell out of fashion — the patient no longer needed to sit with her head between someone’s legs — there was still a great deal of hands-on contact and closeness. Typically in dental practice, patients were reclined in a comfortable chair, near a large window so that the dentist would have light to operate by. The dentist leaned over them, working in their mouth with fine tools, but also using his fingers. The respectability of the dentist was especially important to success in urban dental practice, because the majority of dental patients at this time were women from middle and upper-class backgrounds. For nineteenth-century middle-class women, such closeness with a strange man would have been viewed as distasteful and somewhat inappropriate. Thus, if women were going to submit to a dental operation, it was important that they have a measure of confidence and trust in their dentists. It is unlikely that women would tolerate the dentist-patient closeness if the dentist did not have the appearance of a clean, trustworthy, respectable, middle-class man.
With the use of general anaesthesia, such as nitrous oxide, chloroform, and ether, the character of the dentist became even more important.30 Patients who would be rendered unconscious while in the dental chair, and sometimes left alone with a male practitioner, had to be certain that they and their belongings would be safe. In the dental literature, a number of dentists tell anecdotes about female patients who, upon learning that they would be rendered unconscious for a time, carefully counted their money and their possessions, to ensure that nothing more than a tooth was removed. Patients tended to be apprehensive about dentists and dentistry and, thus, dentists had to be convincing about their status as respectable men.

To attest to their respectability and their skill, dentists in this era advertised that they were patronized by the respectable citizens of their towns. The names of mayors, clergymen, doctors, and other respected men figure prominently in dental advertisements around and after mid-century, although it is unlikely that all of these men actually patronized the dentists in question (Gullet 1971). In sum, trained dentists became very concerned with their status and respectability in the 1860s. This concern for their status played a large role in the professionalising drive of the late 1860s (see chapter 4).

The nature of practice in the 1860s increasingly lent itself to the respectable lifestyle many dentists were attempting to cultivate. For instance, the dental practices of trained dentists became more fixed in terms of their location. Most dentists had one principal office located in a town or city, although some continued to visit other towns, or make housecalls in the countryside on occasion. Most often, dentist’s offices were located in their family homes. City directories from Toronto and London from the 1860’s indicate that almost all dentists listed their office and their residence as being the same. Dentists tended to live and work on the second floor of buildings, over other stores and shops. In the days before electricity, dentists found it difficult to get enough light by which to operate. To maximize their access to light, dentists located their offices on the

30 Some dentists appeared to have used general anaesthesia in their practices as early as 1845 (Gullet 1971: 28-9). However, general anaesthesia was not used commonly in dental practice until the 1860s (Gullet 1971: 53).
upper floors of buildings, and placed their dental chairs in front of windows facing south.

The placement of dental offices in family homes is significant because it suggests that although dentists were male, women likely had some role in early dental practices, at the very least participating in the running and maintenance of dental offices. There is little evidence concerning the role women played in dental practice before professionalization, but historical studies of work in the nineteenth century argue that when a husband's work was located within the family home, women tended to participate in that work, at least to an extent (Davidoff and Hall 1987). Although later it was common for dentists to hire female dental assistants, in this era they were rare. Dentists received some assistance from their (male) apprentices. It is likely that wives and daughters helped dentists in a number of ways, doing some of the work that female assistants were later hired to do, such as receiving patients and maintaining the dental office. Women may have also assisted their husbands and fathers in the actual operations in the dental chair, or in the lab work that dentistry entailed. There is evidence from the 1870s through the 1890s that women informally assisted their husbands and fathers in dental practice, and it is unlikely that this later assistance was a new development.

Masculinity was an element of dentistry in the 1860s as it was in dental work in the decades previous. Dentists were exclusively male, and the work emphasized "manly" characteristics such as mechanical and manual skill with tools, and a full-time devotion to career. Between the 1840s and 1860s, however, a change had begun to occur in the nature of masculinity bound up with dental work. While the strength and skill of the craftsman seem to have been the prized masculine elements of dental work early on, by the 1860s many men in the dental profession had begun to put less emphasis on the craft and strength aspects of dentistry. Increasingly valued were middle-class respectability and status, literacy and education, and knowledge about methods of treatment.
At mid-century, Ontario dentists jealously guarded any new tool, method or invention they happened to stumble upon, and bound their apprentices never to reveal the secrets of practice their dental preceptor taught them, according to craft tradition (Beers 1870, 1890). By the end of the 1860s, Ontario dentists were becoming more open to sharing ideas with others, learning about various dental techniques, and exploring the causes of dental ailments and disease. Overall there was a shift in the class base of the majority of dental practitioners in Ontario, with a corresponding shift in ideals of manhood and masculinity. Whereas in the 1840s the majority of dental practitioners were craftsmen, by the 1860s more dentists were better educated, middle-class men.

The change that overcame dentistry in this twenty-year period, however, should not be overemphasized. The nature of dental practice varied widely in the 1860s. Many dentists were itinerant, just as in the 1840s. Moreover, many dentists in the 1860s practised like those in the 1840s — jealously guarding their dental secrets and methods, making grand claims about the painlessness of their operations, and utilizing many of the same techniques (Beers 1890). The craft elements and mechanical skills in dental work were still strong (Martin 1898). Dentists spent a great deal of time in their laboratories doing manual work such as constructing dentures, readying materials for filling cavities and so on. The work that dentists did in the 1860s was quite similar to that performed in the 1840s and before. Filling cavities, constructing dentures, and extracting teeth still made up a large proportion of dental practice in the 1860s. The regulation of teeth (orthodontia), and the construction of bridges and crowns were more sophisticated operations in the 1860s, but these had also been performed in eighteenth-century France and America. What had changed in Ontario through the first 60 to 70 years of the nineteenth century was the way in which dentists saw themselves, their work, and their class status. A significant number of dentists by the 1860s saw themselves as full-time specialists in the field of dentistry who were educated, skilled and middle class.
By the 1860s, thus, there was a group of dentists who regarded themselves as trained, ethical, skilled, and middle class. As described above, respectability and ethicality were very important to their success in dental practice. These men found the growing numbers of dentists who did not fit their mould — dentists who were less trained, more itinerant, who exaggerated their skills and knowledge, and who typically charged lower prices for their dental work — offensive and destructive to their livelihood. The presence of dentists who made extravagant claims about the painlessness and skillfulness of their operations did nothing to combat the disreputable reputation dentistry had carried with it for some time. Many dentists were, thus, eager to distinguish themselves from practitioners they regarded as less ethical and less trained. Ideally, they desired to eliminate the practice of the latter altogether (Wood 1898, Shosenberg 1992). This desire to undermine the practice of lesser trained, less respectable dentists led a number of dentists to establish a professional association, and to seek protective government legislation.

In the following chapter, I will discuss middle-class dentists’ efforts to establish dentistry as a profession with privileges protected in law.
Legislation to establish dentistry as a self-regulating profession in the province of Ontario was passed in 1868. This legislation, the first dental act passed anywhere in the world, gave middle-class dentists ammunition in their fight against less-trained, less-respectable dentists. The 1868 Act respecting Dentistry formed a central part of Ontario dentists' initial attempts to define dentistry as a profession, both legally and socially. Furthermore, the Act was a means by which professionalising dentists could define who was worthy of practising the profession of dentistry, and a means to enforce that definition. However, dental legislation was not the only achievement of the late 1860s that furthered dentists' drive for a closed profession and professional status. The formation of an Ontario Dental Association, the beginning of dental journalism in Canada, and initial efforts to improve dental education and training were all important events that helped Ontario dentists define who they were, and what their profession should be.

In this chapter, I examine middle-class dentists' efforts to establish dentistry as a profession through association and government legislation. First, I discuss the circumstances surrounding the formation of a dental association, and the criteria used to determine membership eligibility. Second, I review dentists' efforts to construct a bill to regulate dentistry, and the content of this bill. Third, I look at the operation of the dental profession and the relations among professional dentists in the first few years following dental legislation. At this time, relations within the profession were contentious and sometimes hostile as dentists disagreed about the ideal nature of the dental profession. Fourth, I review how dentists began to construct an image of the ideal dentist through their professional association, legislation, and initial professional activities. In

31 Similar acts establishing self-regulating professions were passed for the medical profession in 1865 and 1869.
The Ontario Dental Association

Late in 1866, a Kingston dentist, Barnabus W. Day, mailed a circular to "every reputable dentist" known in Ontario inviting them to meet in Toronto in January of 1867 to discuss the formation of an association and dental legislation (Wood 1898: 271, Day 1898, Gullett 1971, Shosenberg 1992). This attempt at forming a dental association was not the first one in Ontario. Apparently, some dentists had tried to establish associations earlier in the decade, but these efforts had failed (Wood 1871: 290, Elliot 1870). Day's effort, however, proved to be successful, although it had an inauspicious beginning.

Only nine dentists, most of them from small towns east of Toronto, attended the January 1867 meeting (O'Donnell 1898: 351, Gullett 1971, Shosenberg 1992). It seems that the Eastern Ontario dentists had already been meeting informally as a group for some time, and were quite eager for association and legislation (Gullett 1971: 52-3). None of the established Toronto dentists deigned to attend the meeting. Toronto dentists must have had some interest in professional association as one Toronto dentist had earlier attempted to establish such an association (Elliot 1870). However, it seems that dentists in Toronto did not take a circular from a small-town dentist seriously (Gullett 1971: 41). Despite their small numbers, the dentists attending the Toronto meeting decided to form a dental association and pursue dental legislation. Technically, The Ontario Dental Association was not established until its second meeting in July at Coburg. At this latter meeting an additional 22 dentists presented themselves for membership (Wood 1898, ODA minutes 1867). Only one of these dentists was from Toronto, suggesting that Toronto dentists still held the association beneath their notice.
At the second meeting of the dental association, the reasons behind "reputable" dentists' interest in forming an association and drafting licensing legislation were made clear. These dentists felt that they were "surrounded by quacks" who were "hurting the public" and, perhaps more to the point, they were hurting "qualified dentists who had to maintain established offices" (ODA Minutes 1867). Dental legislation would "show the public who [was] qualified", and therefore, help reputable dentists make a living (ODA Minutes 1867). A dental association provided the means through which respectable dentists could work together to distinguish themselves from those deemed unrespectable. Through this association, they could draft legislation to restrict entry into dental practice. Although not all dentists were in favour of dental legislation (see page 139), many dentists felt that it was necessary to protect reputable dentists and undermine quacks. The establishment of a dental association was also supported by dentists to foster an exchange of ideas and dental knowledge among educated, trained dentists.

To help professionalising dentists reach their goal of distinguishing and protecting themselves from dental quacks, membership in the Ontario Dental Association (ODA) was made exclusive. Membership was largely restricted to those dentists who had been in fixed, established practice for 5 years. Those dentists in practice for between 2 and 5 years were allowed to join the association as "incipient" members if they were recommended by 2 association members. Prior to becoming members, all dentists had to present proof of 5 years of regular practice and of their moral character. Evidence of a dentist's good moral character was to be supplied by the names of two physicians, two clergymen, and one association member who would attest to "his respectability and moral standing" (ODA minutes 1867). These requirements were aimed at excluding those 'immoral' and 'unreputable' dentists in casual or itinerant practice from

32 No records of the January 1867 meeting exist. The first available records of dentists' meetings are those of the July 1867 association meeting (Gullett 1971).

33 "Regular" practise was defined to mean having only one office. This was considered a "high" standard as many dentists had two (ODA minutes 1867).
Among the initial points of business in the new association was the discussion of standards governing dental practice. These standards represent the first attempt by Ontario dentists to define how, ideally, a dentist should behave in his practice. It was stated that dentists without a medical degree should not use the prefix “Dr.”, as many dentists did (ODA minutes 1867). Using this title without a degree was seen as a misrepresentation and, therefore, not respectable. Moreover, the association deemed dental advertising and showcases34 "beneath the dignity of any respectable dentist" (ODA minutes 1867). The use of amalgam in fillings, while not prohibited, was to be cautious and limited; gold was the preferred substance for filling cavities. Furthermore, ODA members emphasized the importance of the dentist’s authority in the dentist-patient relationship: they “denounced dentists becoming subservient to the will and dictation of his patient” (ODA 1867: 14). In these ODA prescriptions, we see the image of an ideal dentist was already being sketched. Ideally, a dentist should be authoritative in his relations with his patients, and should not misrepresent himself or his work. He should be respectable and dignified in his behaviour. These prescriptions combined with the rules governing membership eligibility helped ensure that dentists in the association were respectable and ethical.

After this second meeting, membership in the ODA grew substantially. With the association more established, and busy drafting a bill to license dentists, Toronto dentists and those from southwestern Ontario finally took notice. The third meeting of the ODA took place in Toronto in January 1868, and many dentists were in attendance. According to one dentist, “eighty percent of the legitimate dentists of the Province were present” (Willmott 1896: 264). This figure may be an exaggeration, but it is recorded that between 60 and 70 dentists attended the meeting (Wood 1871). This number definitely represented a sizeable proportion of the established dentists

34 In the nineteenth century, “showcases” containing samples of a dentist’s work — such as dentures and gold teeth — were displayed in front of dental offices to catch the eye and lure in customers.
practising in the province. By 1868, most established dentists in Ontario seemed to have been members of the ODA.

During its third meeting and in the months previous, the ODA executive focused on drafting legislation for dental licensing. The ODA's leadership was so consumed with attaining legislation and, later, with implementing this legislation, that they seem to have neglected the association. Dissension in the ranks of the ODA led to the formation of a rival dental society in October of 1868 (Gullett 1971, Willmott 1896, Shosenberg 1992). While the ODA had its driving force in Eastern Ontario, The Ontario Society of Dentists was based in Southwestern Ontario (Chatham), and was headed by a London dentist. This society operated as a discussion group on professional subjects (Willmott 1896: 264, Shosenberg 1992: 27). In 1869, the two dental societies merged; however, a great deal of dissension still existed within the profession. Dental practitioners mistrusted each other at this time, and they disagreed over the direction dentistry should take. Dentists were constantly questioning the motives of professional leaders, and arguing that they could do a better job. Moreover, there was disagreement over how high dental standards should be, and whether dentistry should even seek professional status.

In the years after its formation, the ODA provided many dentists with a forum for the exchange of ideas on dental subjects, as well as for interaction with other dentists. Moreover, the association provided its members with advice and information on what was expected of them as dentists. In this setting, dentists could monitor each other's behaviour to ensure that a high standard was maintained. Although the association was designed such that only those men professionalising dentists deemed most ethical and respectable could be accepted as members, the association did not separate the ethical from the unethical as effectively as many would have liked. To effect a clearer separation, association members focused their energies on constructing and implementing dental legislation that would require the licensing of all dentists in the province of Ontario.
An Act respecting Dentistry

In the one year between the first meeting of the Ontario Dental Association and the third meeting, a committee of dentists worked on drafting a bill concerning the licensing of dentists. The proposed content of the bill was discussed and approved at the second meeting of the ODA. The completed bill was presented to the dentists assembled for the ODA meetings in Toronto in January of 1868. At this meeting there was a great deal of debate and argument over the content of the bill.

Many dentists opposed the proposed legislation for a variety of reasons. Some dentists felt that with the formation of an association, legislation was unnecessary. A number of dentists argued that legislation would not elevate the status of dentistry. They felt that while such legislation was appropriate for more-established professions like medicine, it was both unnecessary and potentially dangerous for dentists (Beers 1890: 52). Some dentists joined other Ontario citizens in arguing that the government should not meddle in private affairs (Gullet 1971: 42). Many dentists opposed legislation because they believed that it would diminish the income they gained from indentured students since the legislation made a dental school likely (Shosenberg 1992). There was also a great deal of opposition to the bill from those dentists who would not automatically attain a licence to practise dentistry under the bill’s grandfather clause (Gullet 1971, Shosenberg 1992). This group of dentists resented having to be examined and judged by the more established dentists, and feared that they would be unjustly excluded from the profession. Their vocal opposition apparently jeopardized the success of the bill while it was before parliament (Marshall 1898, Gullet 1971).

Further opposition to the proposed bill came from some members of the ODA who felt left out of the power structure of the dental board that was to be established (Shosenberg 1992). The proposed legislation named dentists who would compose a board to examine, license, and "govern" dentists until an election was held. The names on the original draft of the bill were
limited to 8 of those dentists from Eastern Ontario who were the founding members of the ODA. However, some of those dentists who had, heretofore, wanted little to do with the nascent association, all of a sudden wanted to be in charge. They were very suspicious of the motives and character of the dentists who had appointed themselves to the dental board and ODA executive. After some argument, it was decided that the names of four other dentists be added to those already present in the bill. With this compromise, the bill was deemed acceptable by the majority of the dentists in the ODA. Nevertheless, a number of dentists did not support the legislation.

The day after Ontario dentists approved the dental legislation at the ODA meetings, it was read in Parliament. In order to make a favourable impression, members of the ODA decided to adjourn their meetings and remove to the Parliament buildings en masse. In total a group of about 100 people comprising dentists and their supporters marched to Parliament to see the bill introduced (Gullett 1971, Shosenberg 1992). The grand parade of 100 well-dressed and refined dentists and other worthies to Parliament must have made quite an impression. Accompanying the bill was a petition in support of legislation mandating the examination and licensing of dentists. This petition was signed by 68 dentists, 25 medical men, a druggist, a judge, and the mayor of Toronto. Dentists had worked to get a number of respected men behind their cause.

Dentists had a good deal of support and help from medical men in their drive to attain legislation. The appearance of so many doctors' signatures on the petition for dental legislation is indicative of doctors' support for the cause. Moreover, a medical man who was a member of Parliament for a county in Eastern Ontario presented the bill in Parliament. Not only did this doctor introduce the bill and guide it through the legislature, he also helped write the bill. Other doctors were also consulted on the contents of the dental bill (Gullett 1971: 43). B.W. Day, the founder of the ODA was also a medical doctor, and, thus, was able to draw on connections in the medical profession to further dentistry's drive for legislation. Given the extent to which members
of the medical profession assisted dentists, it is not surprising that the content of the dental bill was somewhat similar to the medical legislation passed in 1865 which established a professional college to examine doctors (Gullett 1971). The assistance of members of the medical profession in formulating and presenting the bill to Parliament seems to have been invaluable to Ontario dentists in their drive for professional legislation and professional status.

Despite some opposition to the bill and a few last minute changes, the "Act respecting Dentistry" was passed in March of 1868 (Gullett 1971, Willmott 1889, 1896). As mentioned above, this was the first piece of dental legislation in the world. It preceded, by a few months, legislation in some U.S. states regulating the practice of dentistry. However, the Canadian legislation is unique in the extent of the powers and independence it gave to the dental profession in Ontario.35 The extent of these powers seems peculiar given that dentistry was such a young occupation in Ontario; the concept that dentistry was, or could be, a profession was very new. Legislation in the United States did not grant dentists such extensive powers, despite the fact that professional dental societies, journals and education had existed there for many years. British dentists did not gain professional control equivalent to that attained by Ontario dentists until the early 1930s (Richards 1971).36

Exactly why dentists were so successful in their drive for professional legislation and self-regulation remains an open question. According to the principal historian of dentistry in Canada, D.W. Gullett, dentistry was merely following in the footsteps of the medical profession which had already attained such legislation (Gullett 1971: 43). However, this explanation seems insufficient for two reasons. Firstly, compared to medicine, dentistry was a much newer full-time specialty in Canada, and it was not highly regarded. Secondly, this explanation says nothing about why

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35 In the following decades, the other provinces in Canada implemented dental legislation which was very similar to the Ontario legislation.

36 Until this time, virtually anyone could practice dentistry without being registered as long as he did not refer to himself as a "dentist" (Richards 1971).
doctors got such powers. Another opinion about why dentists were so successful in their drive for professional legislation suggests that the Ontario government did not want to be bothered with having to regulate professional employment themselves; therefore, they decided to let the professions run themselves (Shosenberg 1992). This explanation is also unsatisfying.

The most plausible explanation for dentistry's success in gaining professional legislation is offered by Gidney and Millar (1994). Gidney and Millar suggest that Ontario dentists were successful in gaining legislation because leading dentists were "readily recognized as professional gentlemen" and they knew "how to work the levers of power" (221, 217). Moreover, dentists had "the advantage of selling a highly valued product to the relatively affluent and thus moving in circles where they might command respect from the influential and powerful" (Gidney and Millar 1994: 221). While dentistry may have been a relatively new specialty with trade origins, the professional elite appeared to be respectable professional men, some of whom had medical educations and friends in high places. The assistance of medical men and the association of dentistry with respectability evidenced in their petition and their presence at parliament seem to have contributed to the success of the legislation. Moreover, the timing of dentists' request for such legislation was important. The Ontario legislature seems to have been more open to professional legislation during this period as evidenced by the number of such acts passed. Occupations seeking professional status later in the nineteenth century did so in a climate more hostile to such legislation, and they met with little success (Gidney and Millar 1994).

The "Act respecting Dentistry" established dentistry as a self-regulating profession, ostensibly for the "protection of the public" (Dental Act 1868: preamble). There was no description contained in the act of exactly what dentistry was, or what dentists did. Rather, the legislation focused on establishing a dental board, comprised of licensed dentists, who would examine, license and regulate dentists. The dental act created the Royal College of Dental Surgeons of
Ontario (RCDS) with a board of directors who would be in charge of administering the dental profession. In the act, twelve men are listed by name as composing the first dental board, but starting in June of 1868 the positions were to be filled by election. In addition to being granted powers to examine and license dentists, the dental board of the RCDS was granted the authority to determine the length of apprenticeship necessary for a dental license and, importantly, to establish and conduct a dental college in Toronto (article 10). The board was to meet twice a year to examine students, grant licenses and conduct professional business. Not only was the board able to grant licenses, but it was also given the power to rescind licenses (and to return them again) if a dentist acted in a way “detrimental to the interests of the profession” (article 15). The board was also granted the ability to make regulations and by-laws to better govern the profession. Thus, the dental act provided dentists with the opportunity to govern themselves, and the ability to police people who entered the profession.

The dental act also set out the criteria for attaining dental licenses. All prospective licensees had to be British citizens and they had to possess “integrity and good morals” (articles 12, 14). Dentists who had been constantly “engaged for five years and upwards [before 1868] in established office practice...in the practice of the profession of dentistry” were automatically granted a dental license upon presenting proof to the board, and paying the requisite fees (article 12). Dentists who had practised for fewer than 5 years had to pass an exam set by the RCDS board. It was this latter rule that had raised opposition from dentists who had not been in “established” office practice for 5 years. This section, however, was not one that professionalising dentists were willing to compromise on since the main purpose of the bill was to exclude from the profession those dentists in irregular and itinerant practice, as well as those persons lacking integrity and good morals. This section was the most important one in terms of defining dentistry as an exclusive profession that only people with a certain level of knowledge, ethics and respectability could practice.
In addition to defining the criteria for the attainment of a dental license, the dental act also specified the punishment for practising without one. After March 1869, anyone who practised dentistry "for hire, gain, or hope of reward" without a license, or who pretended to have a license when they did not was liable to prosecution and conviction. Practising dentistry without a license was a misdemeanor, and the punishment was a fine of not more than 20 dollars (article 18). At least in theory, this section provided dentists with some power in trying to drive out those dentists who were unethical, unlicensed and who misrepresented themselves.

Interestingly, the dental act ended with a section reaffirming the rights of physicians and surgeons. The article states that nothing in the dental act "shall interfere with the privileges conferred upon Physicians and Surgeons" in the province (article 19). This article was likely included at the recommendation of the many doctors that assisted dentists in the creation of the dental act. Presumably, this section enabled doctors to continue to perform some dental operations, such as pulling teeth, that they typically performed for their patients, especially in the countryside. Doctors made sure that their professional powers remained untouched by the claims of dentists.

In summary, the dental act of 1868 established dentistry as a profession with restricted entry and the ability to regulate itself. This legislation provided the means through which established, middle-class dentists could undermine the practice of less-established, itinerant dentists. The legislation helped dentists set a standard for themselves, and enabled them to enforce this standard. The standard or image created was that of the dentist as a person in established practice who was trained, educated, and who possessed good morals. This image was imbued with the characteristics held by the group of middle-class dentists who established the ODA and created the legislation. With the act behind them, middle-class dentists were in the position to attempt to force dentists to live up to this (their) image or abandon dentistry. Dental legislation gave
dentists the power to define themselves and their profession; however, this power was by no means absolute. It was one thing to have a dental act, but another thing entirely to enforce it. Many dentists seem to have thought that after legislation their problems would be over: all dentists would be ethical, the quacks would be driven out, and the public would recognize dentists for respectable professional men. They were wrong.

Professional Matters: 1868 - 1870.

In 1868, after the passing of the dental act, the dental board began granting licenses and examining candidates. First, the members of the dental board granted themselves the dental license which conferred the title “Licensed Dental Surgeon” (L.D.S.). Then, they set about licensing and examining other candidates. This process was referred to as “the grand grind of making us all great men and L.D.S.’s” by one dentist, suggesting that dentists hoped the L.D.S. degree would be a sign of distinction (Elliot 1870: 4). However, these exams did not exact a very high standard at first, and a number of men were granted licenses even though they were not well-trained (Elliot 1870: 4). Although the intention of the dental act was clearly to keep those unknowledgeable, untrained and unethical dentists out of the profession, the exams did not serve this purpose. In the words of one dental board member, licenses were granted “after a thorough (!) and searching exam (?)” to those in office training for merely 3 to 6 weeks (Elliot 1870: 4, brackets in original). This same dentist also referred to the exams as “this ridiculous farce” and said that they turned out “rather a questionable batch of dentists,... with here and there an exception” (Elliot 1870: 4). Moreover, some dentists managed to fraudulently enter the profession under the “5 years” clause, “notwithstanding the affidavit and the certificates of two medical men

37 Dentists were often fearful of being too restrictive in their entrance requirements as they believed that neither the public nor excluded dentists would tolerate and accept such restrictiveness. For their rights to be considered legitimate, they felt they had to give a little in terms of their standards.
as to their knowledge of some of the subjects required, and from two clergymen as to their moral character" (Marshall, 1898: 276). Thus, despite the dental legislation, a number of men of questionable skill were licensed in the profession.

The board members seem to have found the examination process frustrating, and they were eager to find other ways of raising the standard of dentists entering the profession in Ontario. One of the first acts of the dental board was to set the criteria for entrance into the profession by those new to dentistry. Candidates for a dental license had to have apprenticed with a licensed dentist for a period of 2 years, and had to pass an exam, set by the board, in 9 subjects, including anatomy, chemistry and various aspects of dental practice (Shosenberg 1992, CJDS 1868). Attendance at certain medical school lectures also seems to have been compulsory (Beers 1894: 222). However, even these standards did not ensure that all incoming dentists would be well-trained and knowledgeable. Hence, there was much talk and debate among the board members over opening a dental school.

On this matter, as on many others, the dentists on the RCDS board disagreed substantially. Apparently there was a great deal of jealousy and argument among the board members as all of the men wanted to head a dental school (Elliot, 1870: 4). However, many dentists felt that it was too soon to open a school: it would not succeed at this time. Moreover, there seems to have been some debate over whether a school was really the solution to the problems the dental profession had with "quack" practitioners. Was it best to keep these quacks in a state of ignorance so that they could not practice well, or teach them so that they could? (Elliot 1870). Underlying this question was a consideration of ethics and morality. Many dentists believed that the quacks were inherently unethical. No amount of education would improve their morality; therefore it was better to try to keep them completely out of dentistry. Other dentists felt that with education "quacks" could be brought up to the standard of most other dentists (Elliot 1870). Although dentists agreed that the standard of men in the dental profession had to be raised, they disagreed over exactly
how this was best achieved. Nevertheless, there was general agreement that a school would help raise the standard and skills of men new to dentistry.

In 1868, the board decided not to establish a dental school in the near future. This decision was not unanimous. Unhappy with the board's decision, one member of the dental board, George Elliot, decided to open his own dental school. The Canada College of Dentistry opened in December 1868 with George Elliot as dean. This college represents the only attempt to operate a private dental school in the entire history of the Canadian profession (Gullett 1971). Elliot's actions were opposed emphatically by the rest of the dental board which published a notice in newspapers to make its opposition clear. The board believed that the dental act gave them the sole right to operate a college; therefore, Elliot's actions were illegal. Moreover, they asserted, Elliot was not trying to make better dentists, he was acting only in the interests of private gain.

In 1869, in response to Elliot's actions, the board decided to open their own school. The board's school was an expensive venture, and it ran for only 1 session before failing for financial reasons. Elliot's school seems to have run at least 2 sessions, before failing, likely in 1870 (Canada College of Dentistry 1969). There seems to have been another attempt to establish a dental school in 1871-72 (Ontario Dental College 1871); little is known about the school — indeed dental histories do not even record its existence. The presence of board members on the list of faculties members suggests that The Ontario Dental College was another board-sanctioned attempt at establishing a school. This college does not seem to have succeeded either. It was not until 1875 that the province established a permanent school. In the meantime, to raise the status of dental students, the board implemented a matriculation exam for incoming dental students in 1872 (Willmott 1896, Canadian Practitioner 1889).

The debate over the establishment of a dental school was indicative of the internal divisions and conflicts that characterized professional activities in the dental profession's early years.
Unlike the medical profession which was characterized by substantial divisions in terms of philosophy and methods of practice, the dental profession had no such divisions. Rather, in dentistry early professional conflicts centred around the self-aggrandizing efforts of some professional leaders. Everyone wanted to be in charge. They wanted the power associated with establishing and defining the dental profession and creating new dentists, and they wanted the increased income that might follow. Although the members of the board agreed that a dental school would assist them in raising the standard of men entering the dental profession, they disagreed over whether they could afford to sustain a school this early in the profession's history. In the end, they found they could not. The board members were also divided over who should run a dental school. Because they saw such a school as an opportunity to create new dentists and set standards for the profession, and as a potentially money-making enterprise, many board members were unwilling to let any single dentist run a school. Most of the board members felt that such power and opportunity had better rest in the board's hands. Yet, in the late 1860s the board had neither the internal unity, nor the monetary funds to successfully run a school.

The conflict over establishing a dental school, and the creation of a second dental association are just two of many divisions that characterized the profession in its early years. Professionalizing dentists in the late 1860s were by no means a cohesive group. Ontario dentists were quite suspicious of board members, and even attacked them publicly in print. At the centre of these attacks and internal conflicts were, according to one dentist, "petty jealousies that somebody will get the best of it in the shape of honors or emoluments" (W.C. Adams 1868: 43). Dentists were suspicious of other dentists' motives, their abilities, and their status.

38 The debate over the use of amalgam versus gold in filling cavities was a controversial debate over practice methods; however, this issue was not too contentious in Canada at this time.

39 Some of this suspicion seems to have stemmed from the fact that the board members were self-elected. Although the dental act set June 1868 as the date for the first board elections, at this time only the board members were licensed and, therefore, entitled to vote (Nelles 1868: 42).
Dentists' suspicions and mistrust of the professional association, legislation and the dental board were extended to the professional journal which was established in 1868. This journal, the Canada Journal of Dental Science, was edited in Montreal, although co-editors, correspondents and readership were largely Ontario-based. According to the editor, W.G. Beers (1868), there were many criticisms lodged against the journal because it was not based in Ontario, and was not edited by someone else. Dentists' opposition to the dental journal seems also to have been based on suspicions about motives and perceptions of status. According to Beers, some dentists were trying to impede his journal because it was "not under the stewardship of any particular man or men, or not 'to the manor born'" (Beers 1868: 54-55, italics added). Neither Beers nor his journal seemed worthy enough for the notice of many Ontario dentists. Despite this early suspicion, the readership of the dental journal grew substantially in later years. It became a very influential force in the Ontario dental profession, especially in terms of establishing standards for professional conduct, behaviour and demeanour.

In summary, despite their success in getting professional legislation passed, dentists were not successful in keeping all untrained, unethical men out of the dental profession. In the months following the legislation, there was much conflict among dentists. Professional dentists were not united in their vision of the dental profession, nor did they trust each other. Without a clearer standard for dentists that could be more easily enforced, dentists were stalled in their efforts to define dentistry as a profession.40

Conclusion: Constructing a Professional Image.

The early professional efforts of dentists in Ontario – the establishment of dental associations and legislation, and early professional activities – were aimed at defining dentistry as an

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40 As Larson (1977) argues, standardizing the production of producers is an essential part of profession creation.
occupation that only certain men could perform. As illustrated in chapter 3, dentistry was always male-dominated. However, the creation of a dental profession reinforced and refined the association between masculinity and participation in dentistry. In establishing dentistry as a profession with restricted entry, professionalising dentists were attempting to limit dental practice to only those men who, like themselves, were middle class, established and respectable. What middle-class dentists saw as appropriate behaviour for men became included in their prescriptions for what was appropriate for dentists. These prescriptions excluded and hindered the practice of women, and men who were not members of the middle class.

There is no record of women practising dentistry in the 1860s in Ontario. As described in chapter 3, if women were involved in dentistry at this time, it was not in full-time established practice. Their involvement likely took the form of assisting husbands and fathers in their dental work. A woman engaged in dental practice informally and part time would not have been eligible for membership in the ODA or a dental license. Dental legislation would not have hindered the continuation of women's involvement in dentistry as a sideline. Women could continue assisting their husbands and fathers, as technically they were not working for "hire, gain or hope of reward" as prohibited in the dental act. Although there was nothing in the dental act that excluded women from attaining a dental license, the definition of dentistry that the act and the ODA membership criteria expressed did not include women's dental work.

The main purpose of dentists' professionalising drive was to exclude from dentistry uneducated craftsmen who practised as itinerants, and those who were untrained and misrepresented themselves and their skill. The presence of 'lying dental vagabonds', as the professionalising dentists saw them, was hindering the practice of established middle-class dentists. These uneducated men charged very low prices for their work, therefore driving down

41 Professionalising dentists never formally state that they consider themselves part of a "middle class". However, the behaviours and values that they stress are typical of those later social scientists have deemed "middle class" (Bledstein 1976, Davidoff and Hall 1987)
The image of the ideal dentist, however, remained somewhat vague and ill-defined during this time. Expectations surrounding dental care, demeanour, and behaviour were not clearly close to reality for the majority of professional practitioners.

Legislation and the formation of a dental association were aimed at bringing this ideal image of the dentist closer to reality for the majority of professional practitioners. Dental practitioners sought to adopt and adapt this ideal to suit their own circumstances, so that they too could claim the same level of professionalism as their colleagues in other fields. The image of the ideal dentist was derived from the popular image of a professional gentleman, with attributes such as authority, incurability of a doctor within his own profession, and the ability to command respect. The ideal dentist was also characterized by morality and integrity, and was not necessarily limited to those with formal qualifications or experience. Moreover, in established practice, remaining in one place for a number of years on the basis of a reputation of some length, and who had knowledge of dental and medical subjects, contributed to the image of the ideal dentist. This dentist was a man who had undergone a dental training or was already in practice, professional or dental, and had not immediately meet this and Miller (1994).

The same model, however, did not immediately meet this and (Chitty and Miller, 1994). Legislation, such as professional self-regulation to reduce their competition; experience was much like that of other ODA practitioners, and those practitioners who were not well immediately successful in dental care. Some men from outside the middle class who were not well established were included to drive these untenable dentists from practice, they were not seen to live all dentists a bad reputation. Although the establishment of the ODA and dental practitioners by visiting people door-to-door, their lack of skill and shoddy work was seen to drive all dentists a bad reputation. Although the establishment of the ODA and dental practitioners by visiting people door-to-door, their lack of skill and shoddy work was seen to drive all dentists a bad reputation.
explicitly. As a result, dentists did not know what to expect from each other, and so many expected the worst. A review of dentists’ early professional activities suggests that the majority of dentists believed that their fellow practitioners were far from ideal. Even dentists who met many of the criteria of the ideal dentist, like those on the board and ODA executive, were still regarded with suspicion and mistrust. Dentists were sceptical of the values and morals of their professional brethren, and feared that some dentists used their professional positions for personal and financial gain. At this time, many professional dentists seem to have regarded their confreres with as much disdain and distrust as they did dental quacks. Dental licensing and the formation of a professional association, was not yet viewed as successful in separating the respectable dentists from the “unrespectable”. Much work remained to be done if dentistry was to be perceived -- both within the profession and without -- as a profession comprising respectable and ethical men.

In the following years, dentists worked to perfect their idea of who, ideally, should practise dentistry, and to improve their ability to enforce this standard. In the following chapter, I review dentists’ early efforts to define what and who a professional dentist should be. Ideas about gender and notions of masculinity were central to the definition that was constructed.
Despite the 1868 dental act declaring dentistry a self-regulating profession, dentistry's professional status was tenuous. The Ontario public had little respect for dentists or dentistry. The precariousness of dentistry's professional status was quite a concern for professional leaders. It became their aim to raise the status of the dental profession to its 'rightfully deserved' level. They believed that if they could improve dentistry's image, then the public would recognize dentists' claims to professional status. Professionalising dentists argued that dentistry’s low status was due to the low standard of men then practising the profession. If the quality of men in the profession was raised, then the public would come to look upon dentistry as a legitimate, high-status profession, and dentists would prosper.

Hence, a great deal of effort was devoted to defining exactly what, ideally, a professional dentist was or ought to be. Dentists added more detail to the image of a professional dentist sketched through the dental association and dental legislation. In doing so they outlined what characteristics a person entering dentistry ought to have, and how a dentist should look and behave, both inside and outside of practice. The image they constructed was intended to make dentistry’s claim to professional status and privilege legitimate in the eyes of the public. If the public could be convinced that dentists were respectable, and that dentists did important work, then dentistry's professional status would be assured. To legitimize their claims to professional status, dentists drew on recognizable, accepted and respected images and roles – particularly those associated with middle-class, Anglo-Saxon gentlemen. Not only was the ideal dentist a man, but he was a knowledgeable and respectable man, worthy of the public’s respect and patronage. Dentists also drew on nineteenth-century Anglo-American images of professional men. As Gidney and Millar (1994: 7-8) have explained, this image was heavily gendered; it was based on
a notion of "gentlemanliness" associated with elite, well-educated men. This image had been embodied in the occupational norms of established professions such as law, the Church, and medicine, and dentists sought to apply the image to themselves, with some alterations (Gidney and Millar 1994:11, 221).

In this chapter, I explore dentists' efforts to construct a positive or ideal image of a professional dentist in the decade after the dental act. First, I consider the reasons behind dentistry's low status in the late 1860s and 1870s. Second, I examine who professionalising dentists felt should be allowed to enter the dental profession. What characteristics did dentistry demand, and what characteristics would help elevate the status of the profession? Third, I review professional prescriptions for dentists' behaviour. The expected demeanour and appearance of professional dentists was well explicated, as were expectations surrounding behaviour in practice, and the ideal relationships between a dentist and his patients, the public, and other dentists. At all times, dentists' behaviour was to be such that the public would recognize dentistry as a high-status profession. Fourth, I review dentists' efforts to enforce the image of the dentist constructed by professionalising dentists through matriculation standards, education, and punishment of those dentists who deviated too much from the ideal.

In creating an image of what a professional dentist should be, dentists were defining dental professionalism. At the same time, however, they were also defining themselves as middle-class, professional gentlemen. Professionalising dentists defined the role of dentist in their own image -- or at least in the image to which they aspired. They organized the profession so that through their practice they would be recognized and valued as respectable gentleman. The association between professionalism and a particular brand of masculinity -- that of the middle-class gentlemen -- helped to make the dental profession more legitimate in the eyes of the public.
Dentistry and Professional Status

Concern for professional status is prevalent in the articles published in the *Canada Journal of Dental Science* in the decade following the establishment of the Royal College of Dental Surgeons (RCDS) and Ontario Dental Association (ODA). Dentists felt that they were not yet recognized and accepted by the public as members of a profession (Chittenden 1868, Beers 1868b). More importantly, many dentists argued that they did not yet deserve the status and dignity they sought (Beers 1869a: 201). It became the aim of professionalising dentists involved with the dental journal and the professional bodies of the RCDS and ODA to raise dentistry's status (Beers 1869a, Lennox 1870, Trotter 1868, Whitney 1870). In their own words,

our profession in this country will become just what we make it. It is our prerogative and duty to foster its dignity and honor, and so to weed it of everything disreputable, that in our "sere and yellow" [old age] we will have reason to be proud of the retrospect, and that those who come after us -- possibly our sons -- may have cause to feel grateful for our labours (Beers 1870d: 40).

In order to raise the status of dentistry, dentists had to improve the quality and behaviour of men in dentistry. As the above quote suggests, dentists argued that by raising dentistry's status, they were not only acting in their own interests. Rather, their efforts were in the interests of future generations, including their own children, and the interests of the public ("Old Dentist" 1878, Scott 1871). They held that their intentions and actions were magnanimous and fatherly.

In their attempts to improve the status of dental practitioners and the profession as a whole, dentists argued they faced two obstacles (Beers 1869c, Freeman 1871). The first came from those "quacks" and "charlatans" whom dental legislation and the dental association were intended to undermine. Quack practitioners were believed to lower the status of dentistry to that of a trade through their cheap and undignified methods (Stone 1868: 169, Beers 1869c, 1870a, 1871c). The

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42 See Appendix A for more information on the dental journals and other historical data used in this research.
term "quack", however, was increasingly used to refer to a broader group of dental practitioners. It came to refer not only to those unethical unlicensed practitioners with little skill, but also those within the profession who did not conduct themselves like gentlemen. The editor of the dental journal provided an illustration of the latter type of dental quack:

"[they] frequent hotels, lounge in the reading rooms thereof, and with an abundant supply of cards and circulars, insinuate themselves into the acquaintance of everybody, always turning the conversation to their business, and their particular readiness to operate" (Beers 1869c: 348, 1871b).

This group of men was particularly disdained for their bragging and self-centred conversation, and for their grandiose claims to skill (Beers 1869c). To be a "quack", therefore, one did not need to be incompetent in the practice of dentistry. This quote says nothing about quacks' abilities; rather, it focuses on behaviour outside of the office. Dentists who loitered in hotels bragging about their abilities so they could get clients were not behaving in a manner that would enhance the prestige of the profession (Beers 1871b). Moreover, these dentists were seen as providing unfair competition for dentists who did behave in a "gentlemanly" fashion. In soliciting business in this manner, these "quack" dentists could take patients away from dentists who remained "gentlemen" and refrained from such methods. Professionalising dentists felt that if they were to protect their own status and their livelihoods, they had to undermine "quackery" in the profession.

The second obstacle to the raising of dentistry's status also came from within the dental profession. There were many dentists who disdained professional associations and journals and who, it was believed, hurt professional advance through their aloofness (Beers 1869c, 1871a, Freeman 1871, Francis 1870, "Old Dentist" 1870). In contrast to the quacks, these dentists seem to have behaved like gentlemen in their practice. In fact, it was suggested that these men regarded themselves as being superior to the majority of men in the ODA and on the dental board. Elite dentists were not necessarily those involved in dentists' professionalising projects.
A number of dentists doubted the efficacy and success of these professional bodies. Whatever the reasons for their lack of participation in professional bodies and meetings, aloof dentists were regarded as dangerous to professionalising dentists' mission (Beers 1869c). It was argued by professionalising dentists that if the status of dentistry was to be raised then all ethical dentists would have to work together toward that end (Beers 1871a). Moreover, professionalising dentists argued that through the exchange of ideas in association meetings and dental journals men would become better dentists. Some dentists were impeding professionalising dentists in their mission to raise dentistry's status, through their aloofness.

Thus, in their drive to raise dentistry's status, professionalising dentists faced opposition, in one form or another, from other licensed dentists. There seems to have been a core group of professionalising dentists who were active in the dental associations, dental boards, and as contributors to the dental journal. By and large, professional documents and papers represent their view of the dental profession, and their efforts to establish dentistry as a prestigious profession. Members of this core group represented a sizeable proportion of dentists in Ontario, but they may not have composed the majority dentists practising at this time. However, their influence was disproportionate to their size. While quacks and aloof dentists generally kept to themselves, professionalising dentists actively worked to reform the methods and behaviour of other dentists. They tried to ensure that future dentists would be more like themselves. Professionalising dentists self-importantly characterised themselves as "noble men ... contending with the superstition and bigotry surrounding them, bearing aloft the insignia of their rights to respectability" (Lennox 1870: 359). The dental literature became a powerful tool for professionalising dentists to combat opposition to their attempts to gain status and respectability, from within and outside the profession. Therefore, while the viewpoints presented in the dental

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43 Professionalising dentists were not necessarily "elite" dentists, especially during this era. They were a group of dentists, generally successful, who desired professional status for dentistry, and worked to shape dentistry to meet that end.
literature, and discussed below, were not held by all dentists in this era, they represented a blueprint for future dentists.

Not only did dentists have to raise the standard of men in the profession to improve dentistry’s status, they also had to convince the public that dentistry was necessary and important. As a rule, the public did not hold dentistry in high regard. Dentistry still carried with it the stigma that it was full of unscrupulous men, craftsmen, and “toothpullers” (Trotter 1868). The public did not regard dentistry as a profession, nor did it seem to respect the privileges that dentistry had been granted through legislation (Scott 1871). Professional legislation was by no means an accepted or widely popular entity during the nineteenth century, and it is likely it was seen as even more questionable when applied to dentistry, an occupation whose claim to professional status was tenuous. Professionalising dentists lamented the public’s mistrust, and its perception of dentistry as the craft of toothpulling. Lack of appreciation for dentistry was widespread and it crossed class and gender lines. According to dentists, even people who should have known better did not appreciate dentistry:

“In Canada we find editors of influential newspapers, and intelligent men in every sphere, with less appreciation of the importance of the dental profession than thousands of poor servant girls in the [United States]” (Beers 1870a: 222).

Moreover, it was said, even intelligent men in Canada found it difficult to distinguish between honest dentists and quack dentists (Beers 1870a: 222, 1869d, 1870d, Trotter 1868). While working-class women may be expected to be ignorant, it was believed that intelligent men should know better. Dentists were not alone in complaining about a lack of appreciation. Medical men and lawyers also had to compete with quacks and other lay practitioners who challenged their jurisdiction and who provided competition that professional men regarded as illegitimate. Dentists’ response to this lack of public respect was also similar to that of other professional men. It was argued that public ignorance could be combatted if only dentists would educate the public
about the value of professional dentistry, and the justness of their claims to professional privilege (Beers 1870a: 222, Trotter 1868).

Ultimately, dentists felt that by raising the standard of men in the profession, all their problems would be solved. The opposition from within the profession would wither away, and the public would be able to recognize them, on sight, as respected professional men who deserved their social privileges. Believing that it was not the profession that gave dignity to the man but "the man who dignifies the profession", dentists worked to ensure that dentists were dignified (Lennox 1870: 361). They, therefore, spent a great deal of time and ink defining exactly what a dignified professional dentist should be like, and how he should behave. In the next two sections, I will explore these images of the ideal professional dentist constructed by professionalising dentists to raise dentistry's status.

Characteristics of the Professional Dentist

The characteristics of the ideal dentist were explicated repeatedly in the dental journal and at ODA meetings during the profession's first 10 years. Above all else, the professional dentist was expected to be a gentleman (Trotter 1868, Beers 1868b, Whitney 1870). The characteristics that professionalising dentists saw as being necessary for a dental practitioner were those of middle-class gentlemen, combined with a predisposition to the special skills utilized in dental practice. In outlining what characteristics were "essential" to dental practice, professionalising dentists were expressing their belief that only a certain kind of man belonged in the profession. Some men were more equipped, by their very nature, for dental practice than others.

The very first article published in the Canada Journal of Dental Science outlined the characteristics that students entering the dental profession should, ideally, possess. The prominence of this article in the journal is indicative of the importance dentists placed on defining
who was fit to practice dentistry. According to the article the following characteristics were "some of the qualifications which it is essentially necessary that a man should possess before he commences his dental studies" (Chittenden 1868:2, italics in original):

"he should be a man possessed of a strong and healthy frame and a good constitution .... He should possess a fair amount of intellectual capability, as well as untiring industry and perseverance. He should be the most cleanly of clean men. His person, his clothes, his hands, his mouth, and, in fact, everything about him, should be kept in the neatest and cleanest possible condition....He should also be the most patient of men.... He should be a strictly honest man .... [and a] man whose mind has been thoroughly trained in the attainment of a literary, scientific and classical education" (Chittenden 1868: 2-3).

These qualifications were seen as high, and possibly too high for students entering the profession as early as 1868 (Chittenden 1868: 4). They represented an ideal towards which the dental profession should strive. In general, these characteristics were those associated with the classical ideal of the "professional gentleman" described by Gidney and Millar (1994), especially the emphasis upon a classical and literary education. Other characteristics such as a good health may have been perceived as more specific to dentistry, which was viewed by dentists as an occupation very hard on one's health.

That the ideal dentist was a man is made clear in the article through the constant repetition of the word "man" and pronoun "he". Yet not just any man was qualified to enter the dental profession. The characteristics that this article stressed as "essential" for a dental practitioner were also those that, according to nineteenth-century gender ideology, belonged to respectable middle-class gentlemen, such as industry, education, honesty, and a respectable appearance.44 In this article it was argued that many men simply did not belong in the dental profession; only educated middle-class men would suffice.

44 Characteristics such as industry, perseverance and a classical and scientific education typically would not have been applied to women.
The characteristics mentioned in this article were repeated often in the dental literature. Dentists felt that if they could keep those who were "unfit" to practice dentistry — those who were not *gentlemen* — from training in the profession, then dentistry's status could be raised. If the public could look at dentists and see respectable, educated and clean gentlemen, then dentists' status would be assured. Given that dentists' patients tended to be "persons of intelligence, taste and refinement", it was necessary that dentists possessed those qualities that "command respect from such" people (Trotter 1868: 102). Thus, it was held, in his personal characteristics and in his behaviour the professional dentist should always be a gentleman (Trotter 1868, Beers 1868b, Whitney 1870 among others).

Among the characteristics emphasized in the dental literature is cleanliness (Chittenden 1868, Whitney 1870, Relyea 1872, Beers 1877b). For the dentist, cleanliness could have both a practical significance, and a moral and social significance. In dental practice, there is a potential problem of sepsis: disease-causing organisms in the mouth and blood can be transmitted through unclean dental practice. Cleanliness is important to ensure that disease is not spread. However, dentists' concern for cleanliness during this era, had little to do with fears about transmitting disease. The germ theory of disease was not universally known or accepted, and dentists never discussed it in print until later in the century. Rather, dentists during this era valued cleanliness for its moral and social implications. They reasoned that respectable middle-class people would not want to patronize a dentist whose instruments were dirty, or whose person was dirty. Articles in the dental literature stressed that dirtiness was socially unacceptable. Cleanliness also had a moral significance as well. The maxim "cleanliness in next to godliness" was often quoted by professionalising dentists (Relyea 1872, Nelles 1870). Through their cleanliness, dentists could indicate that they were morally upright, solid in their Christian beliefs, and ethical. The necessity for dentists to be clean in both their person and their office was oft-discussed in the dental literature.
Honesty and integrity are two other characteristics that are stressed in the dental literature as being essential to a dentist. Faced with the fallacious claims to expertise and painless practice made by quack dentists, professionalising dentists placed particular emphasis on honesty and integrity. They believed that quack dishonesty, especially in advertising, was a main cause of dentistry's low status (Beers 1871c, 1871d). If quacks could be eliminated and only honest men allowed into the profession, then, they thought, dentistry's status would be raised. Professionalising dentists were firm believers in the maxim "cheaters never prosper" (Beers 1871c). They argued that although quacks and unethical dentists may seem to acquire many patients by lying about their abilities or the painlessness of their operations, in the end they would come to grief and disgrace (Beers 1871c: 313). The route to success in dentistry was through honesty and integrity (Relyea 1872). Without a reputation for integrity, honesty and morality, a dentist would not be able to attract the patronage of the middle-and upper-class women who formed the cornerstone of a successful practice. It was argued that through honesty, dentists would gain the public's respect and esteem, and thereby, their patronage.

Professionalising dentists also argued that it was important that dentists be characterized by honesty and integrity so that they could serve as examples for their patients (Relyea 1872: 363). Professionalising dentists believed that they should be the leaders of other men, women and children. Therefore, they had a responsibility to show others the value of honesty and integrity. Through their characteristics and behaviour they could uplift those around them (Relyea 1872).

One of the most valued characteristics for a prospective dentist to possess was education. A good education was valued by professionalising dentists as being the main indication of respectability and capability (Beers 1868b, Lennox 1870). Dentists argued that if they required a high level of education from incoming dentists, then not only would the standard of men in the profession be raised, but the profession would also win public respect (Trotter 1868, Stone 1869, Lennox 1870). A good education was essential if dentistry was to be considered one of the
"learned" professions. Without education, dentists may as well have been merely tradesmen (Lennox 1870). Moreover, education was believed to be necessary to dental practice. A professional dentist "who has the writings of great minds to digest and whose judgement, at times, undergoes the most trying ordeals, requires to be highly educated" (Lennox, 1870: 358). By "highly educated", professionalising dentists meant that dental students should at least be able to fulfil the matriculation requirements set by the medical profession (Lennox 1870). The study of anatomy, physiology, pathology and chemistry were seen as being as important for dentistry as for medicine (Beers 1870d, Lennox 1870, Scott 1871). However, a classical education and a knowledge of Latin were also deemed to be important to the dentist (Beers 1870d, Chittenden 1868, Scott 1871, Lennox 1870). Such a classical education was viewed in nineteenth century Ontario as a central characteristic of professional gentlemen of all types, and dentists adapted this education ideal as their own (Gidney and Millar 1994). It was argued that with such a background dentists would be cultivated and highly educated professional men, and the public would look up to them.

Professionalising dentists hoped that with a good educational background, dentists would become a more literate group of gentlemen than they, heretofore, had appeared to be. Particularly disturbing to dentists were the language and grammar displayed to the public in dental advertising, especially in advertisements for "quack" dentists (Beers 1869d, 1871a, 1871c). Advertisements revealed that many dentists were barely literate, and that they did not care much for correct grammar and sentence structure. To professionalising dentists, such advertising was an embarrassing display of ignorance (Chittenden 1871: 344, Beers 1869a). Improper language and grammar undermined their attempts to convey to the public that they were learned professional gentlemen (Beers 1869d, 1871a, Chittenden 1871). If professionalising dentists could ensure that all dentists were literate and used language correctly, they would have greater success in convincing the public that dentists were gentleman deserving of status, respect and patronage.
Ideal Behaviour for the Professional Dentist

While discussions of dentists' ideal characteristics focused on men entering the dental profession, discussions of behaviour were aimed at men already in the profession. Professionalising dentists felt that their colleagues did not behave in a manner that would uplift the status of the dental profession. Therefore, in an effort to reform many dental practitioners, they attempted to outline, through the dental journal and association meetings, exactly how a dentist should behave in dental practice. Here too, they stressed the qualities of a gentleman. In his deportment, in his practice, and in his relations with his confreres, his patients and the public, the professional dentist was expected to exhibit the qualities of a respectable middle-class gentleman.

Appropriate Demeanour:

Ideally, the professional dentist was expected to have the demeanour of a gentleman: the public should be able to tell, just by looking at him, that he was a distinguished man (Whitney 1870, Scott 1871, Trotter 1869a). A gentlemanly appearance was important to gain a clientele, and to show the public that dentists were deserving of their respect and admiration. In their descriptions of the appropriate demeanour for the professional dentist, dentists emphasized cleanliness, neatness and temperate habits:

"Gentlemanly deportment in and out of the office, and tidy and correct personal habits are essential requisites for the dentist. If any man has an excuse for bordering on foppishness it is he. His calling permits him to dress neatly and be always clean, and the comfort and confidence of his patients demand it. The habits of smoking and chewing tobacco, snuffing, drinking strong drinks, ought to be eschewed, if not totally, until after office hours.... The dentist ought to consider bad breath as tantamount to a disability to practice, and when it exists ought to use immediate and effectual means to remove it" (Trotter 1869a: 266).

Further, it was important for dentists to set a good example for their patients by having clean,
well-kept teeth (Relyea 1872). Dentists would be judged on their appearance by their patients and
the public, and if they were found wanting in their cleanliness, neatness or temperance, then the
public would not respect them or patronize them (Wells 1871). Also important to the dentist’s
demeanour was his attitude and address. Dentists should be cheerful without being "boisterous",
and they should have the ability of the refined to say the right thing at the right time (Wells 1871:
335-6). They were to be polite and gentlemanly in their interactions with patients.

Dentists’ demeanour was especially important given the physical closeness demanded in dental
practice:

The personal relation of the dentist to his patients is
usually closer than is agreeable to the sensibilities of
cultivated and refined people, and, while tolerated on both
sides because of the necessities of the occasion, the approach
should be made with a delicate regard to the natural feelings
of repugnance to the contact of another person (Read 1896:
38).

Personal cleanliness, appearance, and politeness were very important to the relations between
refined middle-class dentists and their refined middle-class female patients. To overcome the
“repugnance” both dentist and patient might feel at the contact necessary in dental practice,
dentists had to look and act respectable and clean.

Dentists were also expected to live well, both in terms of their health and their status. Dentists
were to be temperate, and keep themselves in the best of health physically and mentally
(Chittenden 1869; Trotter 1869a, Beers 1877b). In this state they could serve their patients better
both in the dental chair and as an example of proper living. One dentist also recommended that
dentists “should attend not less than two methodist camp meetings each year” (Scott 1871: 241).
Confirming or rediscovering religion would help the dentist maintain the honesty and patience
that was so important to the proper practice of dentistry. Protestant religion was often seen as
an important part of the character and behaviour of the gentleman dentist.
Dentists were also expected to live the lifestyle of a respectable gentleman. Many articles in the dental journals argue that dentists should charge enough in their practices to live well, and support their families in an appropriate fashion. It is assumed in the literature that the dentist is a man who has a wife and children to support in a middle-class lifestyle. Dentists argued that there was nothing wrong with making a fair amount of money as long as it was achieved honestly and morally (Wells 1871: 333). However, making a good living was becoming increasingly difficult because professional fees were low (Beers 1870e, 1871d). On the whole, they tended to be lower in the 1870s to 1890s than in the years before dentistry achieved professional legislation (Beers 1877a, "Old Dentist" 1878). This state distressed professionalising dentists who found it difficult to support themselves in the style they expected. According to one dentist, with the present fees few dentists would "ever build terraces and own much bank stock" (Beers 1877a: 51). Professionalising dentists criticized the practice of charging low fees: in so doing, dentists not only sullied their own good name, but also affected the social standing, happiness and comfort of their families (Beers 1877a). Professionalising dentists cared a great deal for their social standing. Through dental practice, they expected not only to eke out a living, but also to have enough left over for 'terraces, bank stock, and social standing'.

Dentists were further expected to make enough from their work to have a great deal of leisure and vacation time. Dentistry, if not practised properly, was seen as a very stressful and physically demanding occupation that had been known to drive men insane (Beers 1877b: 54, Darby 1877: 61). Therefore, some dentists argued it was important that dentists took time out to eat good food (roast beef and other food that demanded chewing), get plenty of exercise, and take substantial vacations. Only a rested dentist could serve his patients well and present the appropriate demeanour. Gentleman dentists were expected to act like gentlemen, and make sure they had time for trips to Europe and duck-hunting (Beers, 1877: 54-5). Dentists were advised to work only 5 1/2 days a week, about 7 hours a day, and to be sure to take 4-6 weeks off in the summer (Beers 1877b, Darwin 1877). A dentist who took such time away from his work became "a better
man, physically, mentally and morally" (Darwin 1877: 64). Working such short hours at the profession would make the dentist appear gentlemanly in both his rested, clean and pleasing appearance, and through his lifestyle.

In summary, dentists were expected to give the appearance of being gentlemen. In precisely defining an acceptable demeanour for dentists, professionalising dentists utilized norms concerning the appearance of middle-class men. It was believed that if dentists' demeanour and lifestyle was that of middle-class gentlemen, then they would be granted the respect and influence of middle-class gentlemen.

In Dental Practice:

Not only was it important for a dentist's personal appearance to indicate that he was a gentlemen, the organization and conduct of his dental practice was to suggest it as well (Chittenden 1869, Whitney 1870). Professionalising dentists argued that a dentist's office should be made to look attractive and cheerful to appeal to the sensibilities of his patients (Trotter 1869a, Whitney 1870 etc). Because many patients were "persons of refinement and good taste" they should find everything in the office "neat, clean, in good taste, and inoffensive" (Trotter 1869a: 266, Relyea 1872, Wells 1871). Dentists were reminded to make sure that their dental instruments were clean (Trotter 1869a). Showcases inside or outside the dental office were disdained (Beers 1869b, 1870c: 351, 1871c). They were viewed as unrespectable, and as a cheap trick to "entrap the ignorant" (Beers 1869b: 260). Moreover, they associated dentistry with a product tradesmen or craftsmen might produce, not a service a true professional man would provide (Beers 1870c, 1871a, 1871c). Everything about the appearance of a dentist's practice was to indicate his status as a professional gentleman.

Dentists were also advised to use appropriate language in the conduct of their practice, to convey to their patients that dentistry was a profession (Kenneth 1871: 297). Dentists were urged
to distance themselves from the language of tradesmen many customarily used, and adapt the lexicon of professional men. For instance, dentistry was to be referred to as a profession and not a trade, and dentists were to charge fees, not prices. Dentists were reminded that they had students not apprentices, assistants not journeymen, and that they served patients not customers. It was argued that if dentists used such language, their patients would be educated to the value of dentistry and associate it with learned professions such as medicine and law, and not common trades. Language was important to defining the dentist as a professional gentleman.

Ideally, dentists were also supposed to behave like gentlemen in the conduct of their practice: they were expected to do good work for a fair price. Dentists were cautioned not to use gold excessively in their fillings or crown and bridge work (Relyea 1872, Beers 1897a). Dentists could charge more for using gold, and the public found gold appealing; hence there was a temptation for dentists to use it in abundance. Yet, professionalising dentists argued, doing so was not honest, and therefore not befitting a gentleman. Moreover, the overabundance of gold in a person's mouth was taken to be a garish display, and in bad taste (Beers 1897a, J.G. Adams 1896). Dentists who contributed to this garishness by doing work in gold when it was not necessary were said to be a bad reflection upon the profession (Beers 1897a).

Low fees were also seen to have a negative impact upon the dental profession. Some dentists charged low fees and allowed their patients "to higgledy-piggle — which all fish-women may stand but not even all tradesmen would permit" (Beers 1871d: 318). In charging low fees, dentists were said to encourage the public to attach a low appreciation to dental services and the dentist. Low fees were unprofessional and not befitting an Anglo-Saxon gentleman (Stone 1869, Beers 1870e). Professionalising dentists believed that low fees associated dentists with lower-class tradesmen — or worse, working-class women; they were not acceptable for respectable middle-class men (Beers 1869b, 1870a, 1870e, 1871d). Dentists, being male breadwinners, were expected to charge more.
Another aspect of professional practice that dentists were concerned about was advertising. Advertising was the bane of the profession. The principal advertisers in dentistry were "quack" dentists who made grand claims about their skills, and used testimonials to support their claims to greatness. In many cases the advertisements boldly lied about a dentist's qualifications, or about his ability to guarantee success and a lack of pain (Beers 1869a, 1869c: 58, 1869d, Whitney 1870). These advertisements were not at all respectable according to professionalising dentists (Beers 1869a, 1871c). Moreover, these advertisements used bad grammar, and therefore conveyed to the public that dentists were ignorant men (Beers 1871a, 1969a, 1869d, Chittenden 1871). Soliciting patients through the use of dental cards, passed out to everyone a dentist met, was also seen as "debasin to any gentleman, and injurious to the name and fame of the profession" (Beers 1871b: 286). Dental advertising was railed against on many occasions in the professional journal, and dentists were pressured to halt it, or give up any pretensions of respectability they held.

The appropriate way for dentists to behave towards each other was also detailed in the dental literature. Dentists were to act like gentlemen and never criticize the actions or abilities of their confreres (Whitney 1870, Trotter 1868, Stone 1869, Beers 1869e, 1870b, 1871a). If a patient slandered one dentist to another, and as long as the dentist in question was not a quack, a dentist was to defend his colleague. In one case, a women who criticized a dentist's colleague received the curt admonition that her teeth were in such bad shape because she kept her mouth in a filthy condition, and not because of the skill of her last dentist (Beers 1869e: 190). Dentists argued that although such behaviour may not have earned a dentist more patients, it would help to raise the status of the profession. If the profession was to be elevated, then professional men should defend each other (Daboll 1871, Beers 1871a). Patronage of dental associations and journals was also viewed as important behaviour for the professional dentist (Whitney 1970, Francis 1870, "Old Dentist" 1870, Daboll 1871). Dentists would raise their professional status if they worked together, learned from each other, and educated each other. Only gentlemen dentists, though, were
expected to interact; quack dentists or those who did not conform to the behaviour expected of a professional dentist were to be shunned (Francis 1870).

To summarize, dentists were counselled that everything about the organization and conduct of their practice should convey to the public that they were respectable. Class and gender assumptions underlay these behavioural prescriptions. Dentists drew on images of middle-class masculinity, and on related images of professional gentlemanliness, to define appropriate behaviour for dentists. Dentists were urged to behave like more established professional gentlemen. Acceptable dentist behaviour was defined using norms of acceptable and respectable behaviour for middle-class Anglo-Saxon men in the late-nineteenth century.

Relations with Patients:

In the dental literature there is also a great deal of instruction given to dentists about how they should handle their patients. In his interactions with his patients the dentist was to act like a middle-class gentleman and a family man. It is generally assumed in the dental literature that dentists are men, while patients are women. Thus, in delineating the appropriate behaviour of dentists toward their patients, nineteenth-century gender roles form the model. Dentists as men were expected to be polite and friendly towards their patients/women, but also to treat them as subordinates who needed their guidance and assistance. Attaining a position of authority over patients was not necessarily easy, as dentists often had a lower class position than the patients who patronized them. In this circumstance, it was important for dentists to act like respectable men of an equal class position, and emphasize authority associated with their gender and that associated with their professional expertise, to gain the upper hand in interactions with patients.45

45 Once again, in delineating appropriate relations between patients and dentists professionalising dentists were constructing a professional ideal. In reality interactions between "not so ideal" dentists and their patients were likely more conflictual and contested.
Articles on dentists' behaviour towards their patients emphasized the importance of friendliness and kindness. Dentists were to be polite and respectful with their patients, and punctual in keeping their appointments (Relyea 1872: 364). Cheerfulness and sympathy were also seen as essential to dentist-patient inter-actions because they helped the dentist soothe nervous patients in pain (Whitney 1871, Wells 1871). Women patients, who composed the majority of dentists' clientele, were portrayed in the dental literature as being very nervous and emotional.\(^46\)

Patience and a controlled temper were seen as essential qualities for a dentist to have when dealing with "high-strung" female patients. For instance, one article advised the dentist to control his temper if his patient became "nervous and insist[ed] upon holding [his] hand with both of hers" while he worked on a cavity (Relyea 1872: 364). Dentistry demanded a good deal of patience when dealing with emotional, nervous women who sometimes needed hours of calming and coaxing before they would let the dentist work on them (Relyea 1871: 131). The dentist was portrayed as a rational man authoritatively calming the fears of emotional women.

Patience and a controlled temper were also useful in interactions with the occasional male patient. Patients could be very nervous and mistrusting of dentists as the following anecdote illustrates:

> A great, coarse, burly Englishman took the chair. I [the dentist] took hold of the [tooth] ... and at the first move he seized my hand with both of his and he bellowed "let go." I replied, "you let go." He would not, and I could not. It was his deathly grip that locked my hand and locked the forceps on the tooth. He next tried what virtue there was in nails. This enraged me. I made another tug, he relaxed to strike me. I improved the moment and this tooth was out. He bled and so did I (Relyea 1871: 131 - 2).

In this particular case, the dentist did not act in an ideal fashion since he lost his temper. However, the quote provides some indication of the difficulties dentists faced in attempting to work on patients. A kind, polite, and sympathetic demeanour was seen as essential to dentists,\(^46\)

\(^{46}\) Women were also portrayed as nervous in emotional in both the medical literature in the period, and in more popular writings in the late nineteenth century (Rosenberg 1985, Wood 1982).
if they were to succeed in operating on some patients. Moreover, such a demeanour was important to convince the patients, hesitant to come to a dental office in the first place, to come again for more treatment (Trotter 1869a). The constant pressure to calm and cope with nervous patients was seen as making dentistry a very stressful and physically demanding occupation, which many men and most women would not be able to handle (Darby 1877).

In this atmosphere of nervousness and mistrust it behooved dentists to gain the respect of their patients at the same time as they were calming them. Dentists were expected to teach their patients to respect dentists’ skills and authority (Scott 1870, Whitney 1870). Patients, like children, required “firmness and authority” tempered with “tenderness and condescension as to inspire in them respect and confidence” (Whitney 1870: 231). Here, condescension was not seen to carry a negative meaning; it was viewed as important for dentists as learned professional men to be patronizing with their mostly female patients. In accordance with traditional gender roles, male dentists utilized authority and paternalistic concern, characteristic of their relations with women and children in general, in their relations with their patients. By behaving like authoritative men, it was believed, they would gain respect from men and women alike.

Dentists worked to assert their authority in the dental office. Although female patients might try to tell dentists what they should do, they were adamant that they would not (and should not) be bossed by ‘ignorant lay women’. For instance, one dentist reported that a mother sent her son to him to have a tooth extracted, but requested that the gums not be cut. The dentist tried to educate her to the harmlessness of having the gums cut, but the mother persisted in her “irrational” request. Hence, the dentist dismissed both the mother and child. Although he could have extracted the teeth without the gums being cut, he would not be told what to do by a patient (Scott 1870: 249-50). Dentists had to assert their authority to patients so that the latter would learn to respect them. It was advised that gentleman dentists refuse to deal with patients who would not submit to their authority (Scott 1870, Scott 1871, Relyea 1872). By asserting their
authority in this way, dentists were seen to be behaving as gentlemen should. They were also behaving as ideal professional gentlemen should: medical men, drawing on the same gender ideology and beliefs about professional expertise, also insisted on complete authority over their patients during treatment (Smith-Rosenberg 1985).

At the same time as they were exercising authority over their patients, dentists were expected to educate them — not only in dental matters, but also in terms of appropriate habits and lifestyle. Here too, patients were generally assumed to be women and children in need of guidance. Through their actions and habits, dentists were expected to set an example for the women and children that came to them. For instance, dentists, who as we have seen prized honesty, were expected to make sure that women and children in their office knew the value of honesty too. If a mother reassured a frightened child by saying that dental operations did not hurt, and asked the dentist to corroborate her story, dentists were counselled to respond with a lecture to the mother on the importance of honesty (Relyea 1872). Dentists not only had the right to tell their patients how to live, they had the responsibility to do so. Therefore, dentists were advised to teach their patients not only about dental health, but also about appropriate behaviour, food and exercise (Leblanc 1870). As men, they had the responsibility to guide others, particularly women and children.

Public Education:

Just as dentists believed they had a responsibility to educate and protect their patients, they believed they had a responsibility to educate and protect the public in general. They regarded the public as ignorant, particularly about the importance of dentistry, dentists, and caring for teeth (Beers 1870a: 222, Scott 1871; Leblanc 1871, Nelles 1870). Ideally, dentists were expected to attempt to educate as many people as they could to the significance of dentistry, and to the importance of living well both physically and morally (Nelles 1870; Trotter 1868). Like other
professional men, dentists appointed themselves paternal guardians over the public, particularly women and children. In this manner they were acting, once again, like middle-class gentlemen providing for and protecting their wives and children.

It was believed that by educating the public about the importance of dentistry, dentists would get more patients, and the public would hold them in high esteem (Whitney 1870, Kenneth 1871, Beers 1871b). Dentists would also be better paid if the public was taught that dentists were not mechanical tradesmen, but members of a learned profession who had to be remunerated not only for their manual work, but for their mental work as well (Beers 1870a, 1870e). However, according to professionalising dentists, public education was not done for the benefit of the dentist so much as it was for the benefit of the public. Such education would guard the public against unscrupulous dental quacks, and save them the pain and discomfort of dental caries and edentulousness (Whitney 1870, Beers 1870a, Scott 1871, Leblanc 1871). Hence, public education about dental health was regarded as important; however, such education had to be carried on in a gentlemanly way. Dental discussions were not to be broached in "social circles" or "preached in the drawing room" (Whitney 1870: 233). Such settings would be inappropriate. Rather, newspapers, the dental office, and schools were the prime media through which the public was to be enlightened (Whitney 1870, Scott 1871, Beers 1878).

In their concern with educating the ignorant public, dentists revealed a disdain for the habits many members of the public displayed. Gentlemen dentists were disgusted by the bad state of the public's teeth, and seemed to equate bad teeth with bad living and low morals. In the words of one dentist,

if it be true that cleanliness is allied to godliness, we may well be disposed to question the orthodoxy of the christian principles of the persons whose breath has become so foul from the deposit of calcareous matter around the teeth, as to render their presence an offense to all good society (Nelles 1870: 9).
There was something almost immoral to dentists about the bad state of people's teeth. Moral cleanliness and physical cleanliness were seen to go hand in hand. Middle-class dentists clearly found such people repugnant and beneath them. They believed that people with breath bad enough “to kill flies while flying”, must despise themselves to live with such filth (Leblanc 1871: 204). The public was disdained for their “indolence” (Nelles 1870: 9). Dentists' approach to “the public” was influenced by their religious and class ideology and values.

Dentists questioned the personal habits of members of the public, arguing that if the public lived better, they would have better teeth (Trotter 1869b, Nelles 1870). Of particular concern to dentists was what members of the public ate. People were criticized for “pampering the appetite with a variety of indigestible pastries and confectionaries” that, apparently, the human body was unable to digest (Nelles 1870: 9, Leblanc 1871). Also criticized were the eating of fresh fruit, sweets, crackers and biscuits, soda, ice cream, salads, ‘mushy’ food and anything too hot or cold (Nelles 1870, Leblanc 1871: 206-7, Beers 1877). Eating such foods was criticized not only for the perceived harm that they did to the teeth, but also because they were unnecessary indulgences. Many dentists, as middle-class Protestants, tended to be ascetic, and they found such indulgence repugnant and damaging (Trotter 1869b, Nelles 1870). If the public could be taught to live simply and regularly, eat simple foods and get plenty of exercise, not only would their teeth improve, but so would their overall physical, mental and moral health.

The public was also criticized by dentists for their reading habits. The public, especially women, spent too much time reading frivolous books, newspapers and magazines. These tracts were “demoralizing” and “disreputable to an enlightened people” (Scott 1871: 245). If the public would read about dental health and how to live better they would be much better off.

Given this association between teeth, health, and morality, dentists' mission to educate the public took on extra significance. In saving the people's teeth, dentists were also saving their
bodies and souls. Fears of racial degeneracy gave dentists' mission a special urgency. If Anglo-Saxon people were not taught to live better then the race might die out or "be ridden over roughshod by aggressive European emigrations" (Beers 1877: 54-5, Nelles 1870; Trotter 1868, 1869b). It was believed that less civilized people tended to eat better than North American Anglo-Saxons, and therefore they had better teeth and health. If parents would overcome their ignorance and learn that dental health was important to a child's overall health, the Anglo-Saxon race would be better off (Nelles 1870: 8). Dentists concerns for social degeneracy and public education became particularly strong after the turn of the century (see chapter 8).

Professionalising dentists, thus, believed they had a duty to educate the Anglo-Saxon race about dental health. The public had to be taught to brush their teeth every so often, and not to use acids, coal, burnt crusts, tobacco, salt or cigar ashes as dentifrices when doing so (Leblanc 1871). However, educating the public also involved trying to alter their habits to those of middle-class professional men. Dentists were disdainful of the habits of those outside and many of those people within their class, and they questioned the morals of anyone with bad teeth. As middle-class men, dentists believed they had the duty to help the public out of its sorrowful state: they had the responsibility to paternally guide those beneath them, particularly women and children.

In conclusion, in the dental literature a great effort was made to delineate the appropriate and ideal behaviour expected from professional dentists. Dentists were taught to dress, act, and relate with the public and their patients as middle-class gentlemen. If the public could perceive them as such, then dentists would be well respected. In their prescriptions about the appropriate behaviour for dentists, professionalising dentists were constructing an image of the ideal dentist. The image was that of a middle-class, protestant, Anglo-Saxon gentlemen, paternally
protecting his patients and the public. In the literature, images of patients and the public were also constructed. Patients tended to be viewed as nervous and emotional middle-class women who were in need of dental (male) guidance. The public was characterized as being ignorant, and having questionable morals and modes of living; they were also in need of dental (middle-class male) guidance. Images of the public and of patients complemented the image of dentists: each image was essential to the other.

Gender roles played a part both in defining dentists' relations to their patients and the public, and in legitimating dentists' role. Dentists, as middle-class Anglo-Saxon gentlemen were expected to extend their masculine family role as paternalistic, authoritative providers and protectors into their dental practice. Treating their patients like wives and children, they took care of their patients' dental needs, and taught them the "true" value of dentistry, as well as the appropriate way to live and behave. Dentists were also expected to lead by example: through their appearance, lifestyle and behaviour they could show others how to live and act. They believed that if they behaved like middle-class gentlemen then their claims to professional status would be legitimated to the public. Thus, professionalising dentists embodied the valued characteristics of middle-class gentleman in the role of dentist.

Enforcing The Ideal Image

Having constructed an image of the ideal dentist, professionalising dentists attempted to ensure that most dentists lived up to that ideal. It is clear in the dental literature that many dentists were far from ideal. Most dentists did not possess the characteristics, education, or prosperous lifestyle portrayed as ideal in the dental literature. It seems that even professionalising dentists did not meet the standards completely. It was because most dentists were so far below the ideal standard that professionalising dentists were so diligent and constant in their explanations of what behaviour was appropriate. The literature tended to be quite critical of
dentists who were not even close to the ideal, and these dentists were usually deemed quacks. Professionalising dentists complained that the characteristics and behaviour of these quacks were undermining their efforts to raise the status of profession, and thereby, their own status.

To ensure that more dentists approached the ideal in the future, professionalising dentists searched for ways to enforce prescriptions about dentists' appropriate characteristics and behaviour. There were two main methods used to enforce the ideal in the ten-year period following the passage of the dental act. First and foremost, Ontario dentists established a dental school in Toronto. Second, dentists tried to prosecute unlicensed practitioners and punish those who practised unethically. In this section, I will discuss both of these methods of ensuring that dentists came closer to living up to the standard set in the dental literature.

The Dental School

The board of the Royal College of Dental Surgeons (RCDS), at the urging of the Ontario Dental Association (ODA), established a dental school in Toronto in the fall of 1875\(^7\). This school was often referred to as "the dental school", but eventually became known as "The Royal College of Dental Surgeons", bearing the same name as the professional body. Professionalising dentists had been very unhappy with dental education as it stood between 1868 and 1875. The licensing exam set by the board and the system of indentureship then in place were not doing enough to raise the standard of men in the profession. Some dentists took great care in selecting dental students of the highest calibre and trained them thoroughly to be gentlemen as well as dentists (Sparks 1897, Gullett 1971). Many other dentists, however, were not so discriminating in their selection of students, and they took on more than they could train for the extra income

\(^7\)The establishment of this school followed some previous, short-lived attempts. The board had established a school in 1869-70. And while official histories state that there was no other attempt at establishing a dental school until 1875, an announcement indicates that there was an "Ontario Dental College, Toronto" in operation from 1871 to 1872 with prominent board members, Chittenden, Callender and Willmott on the faculty.
and labour students brought (Gullett 1971, Trotter 1868). Dentists felt their profession was overcrowded with dentists who were not ethical, and whose behaviour and characteristics were far from the professional ideal. Not only did these dentists provide competition for professionalising dentists, but they did so in a manner that was perceived as unfair, unethical, and demeaning to the profession.

Professionalising dentists believed that with the establishment of a dental school, matriculation standards could be uniform, and they could be more easily raised so that only a better class of students entered the profession. More importantly, through a school dental students would be guaranteed to learn about dental science and appropriate practice behaviour. Students were still expected to indenture with an established dentist, but the school would provide an extra control over who became dentists and, indirectly, over dentists' behaviour when in practice. Because the school would be in the hands of the dental board, professionalising dentists stood to have a great deal of influence over who became professional dentists, and how dentists would be trained. Ontario dentists did not have to contend with the questionable standards and methods of proprietary schools which trained dentists and medical men in the United States. Professionalising dentists in Ontario believed that a school was the most important element in establishing dentistry as a learned profession (Gullett 1971, Shosenberg 1992, Beers 1868b).

In establishing a dental school, the RCDS board was also looking for increased status for the profession. They eagerly sought the ability to confer the Doctor of Dental Surgery (DDS) degree upon dental graduates. Dentists desired the status that a doctorate degree would grant them. However, they found that only universities could grant degrees. The board, therefore, attempted to form an affiliation between their school and various Ontario universities (Gullett 1971, Shosenberg 1992). At this time, universities were not interested in establishing a dental department. It was not until 1889 that the RCDS succeeded in gaining affiliation with the University of Toronto and, thereby, gained the doctorate degree for dentists in Ontario.
Although the board was eager for the status and improved standards that a dental school might bring, they were hesitant to bear the costs of a school, especially after previous failed attempts (see chapter 4). Hence, they distanced themselves from the project at first, giving two dentists, J.B. Willmott and Luke Teskey $400 dollars to establish and run a school and bear full responsibility for it (Gullett 1971, Shosenberg 1992). During its first year the school was considered quite a success. It had 11 students, and did not create a large debt. In the following years, the school and its attendance grew. Eventually there were enough students that the school began to be a money-making enterprise. At this time the profession became very suspicious of Willmott and Teskey. It was one thing for them to run the school when it was barely getting by, but now that it was successful, they feared Willmott and Teskey would grow greedy and rich.

In 1893, the school was taken over by the board of directors, although Willmott remained dean. The board ran the school until 1925 when it finally convinced the University of Toronto to take it over.

The school had a scientific emphasis and included courses in chemistry, physiology, anatomy and 'materia medica' in addition to dental subjects (Shosenberg 1992, Gullett 1971). Science was seen as important not only to the practical side of practising dentistry, but also to improving dentists' status. It was believed that if dentistry were scientific, it could not help but be respectable (Beers 1870d:41).

Before taking the licensure exams with the RCDS board, students had to attend a dental college (the RCDS was the only one in Canada) and also serve a two- to three-year indentureship (Chittenden 1871, Gullett 1971). It was soon made compulsory that any dentist seeking a license to practice in Ontario had to attend the RCDS school for at least one term, even if he held a degree from an American dental college ("Canadian" 1879). Matriculation standards at the school were raised consistently over the course of the next few decades. Between 1872 and 1878 the board gave a matriculation exam to weed out unacceptable students (Willmott 1896). After 1878
education department certificates were required. Students were required to have taken a variety of sciences courses and Latin before entering the dental school. Making Latin a compulsory subject for entrance into dentistry had the desired effect of reducing the number of matriculants, and raising the status of those that entered the profession (Shosenberg 1992).

The school was successful, not only in its operation but in helping to ensure that future Ontario dentists came closer to the image of the ideal dentist. Dentists who attended and graduated from the school came closer to the ideal image of "gentlemen" (Beers 1878, "Kicker" 1889). The dental school not only helped ensure that future dentists were gentlemen, but it also provided a uniform education for all Ontario dentists which emphasized science and appropriate practice behaviour. It provided a medium through which all incoming dentists could be indoctrinated with the profession's prescriptions concerning the ideal behaviour of dentists. A professionally-owned and run dental school provided Ontario dentists with the ability to standardize the production of professional dentists, and thus, improved dentistry's bid for professional status (cf. Larson 1977).

Licensing exams were another means through which the RCDS board could raise the standards of dentists closer to the ideal delineated in the dental literature. While the licensing exams in the first few years of the RCDS board's existence seem to have been easy, they got progressively more difficult as the years went on (Willmott 1879, Chittenden 1871). In later years, many people who tried the exams failed them. For instance, of the 49 people taking the exams in the 1876-1878 period, 31 passed and 18 failed. Those who failed the exams were allowed to repeat them at a later date, and some men passed the second time around after more study ("Canadian" 1879). By keeping the exams at a relatively high level, and routinely failing men who attempted the exam, dentists attempted to ensure that only men with the proper characteristics, and who they thought would exhibit the right kind of behaviour, were allowed into the dental profession.
Enforcing the Dental Act

Dentists also attempted to ensure the appropriate characteristics and behaviour of fellow dentists by enforcing the sections of the dental act that forbade practice by unlicensed dentists and behaviour harmful to the profession. Following the passage of the dental act, the board attempted to prosecute those dental practitioners practising without a license. At times they relied on licensed dentists' reports about the presence of illegal practitioners, often requiring these dentists to prosecute themselves. The RCDS might pay the costs if they were not too high. In 1876, the board hired a detective to prosecute offenders on behalf of the board (Willmott 1879). Among his other duties, this detective visited dentists who were in practice less than 5 years in 1868 and who had not yet attained a license, to spur them into action (Willmott 1879). While some of these men chose to leave the country, others came forward to be examined by the dental board (Willmott 1879). Another duty of the detective was to pursue prosecution of those dentists who were illegally practising without a license.

However, in the late nineteenth century, it was difficult for professional bodies to successfully prosecute illegal practitioners. Hence, the RCDS board had some difficulty in securing convictions against violators of the act. Patients who patronized an unlicensed dentist often proved unwilling to give testimony against him. Moreover, some judges seem to have been reluctant to convict an illegal dental practitioner. In the dental act, illegal practice was defined as that for “hire, gain or hope of reward”. Dentists were sometimes able to escape conviction for illegal practice by arguing that they were never paid for their work (Beers 1878). The board also had difficulty in collecting the $20 fine convicted men were to remit. Often men did not pay, and even when they did, it rarely covered the legal fees the board incurred. Despite these problems the board was successful in prosecuting and halting the practice of some illegal practitioners. How many continued to practise unnoticed or unhindered by the board is unknown, however. The board prosecuted illegal practitioners into the twentieth century, indicating that some dentists practised
for some time without a license, regardless of the act. Prosecutions seem to have been only somewhat successful in ensuring that only ethical, licensed gentlemen practised dentistry.

An additional means open to the board to ensure that dentists came close to the ideal defined in the dental literature was the clause in the dental act that gave the board the right to rescind the licenses of people who acted contrary to the interests of the profession. However, the board never attempted to use their power in this area in the decade following the passage of the dental act. In 1871 the board cancelled the license of a Hamilton dentist who was a “notorious advertiser” and, thereby, degrading to the profession; however, upon legal advice they decided to return the license (Gullette 1971). Even though the board technically had the authority to rescind licenses, it was believed that their actions would not be accepted in a court of law, or by the public at large. Dentists felt they lacked the social legitimacy to exercise the power technically granted them by law.

To summarize, the RCDS board made some attempt between 1868 and 1879 to enforce the definition of the ideal dentist constructed in the dental literature in that same period. However, their efforts were by no means completely successful. Many dentists who were already in practice at the time of the dental act, and who may not have lived up to professionalising dentists’ high standards, continued to practice unhindered. Although the dental journal attempted to coerce people into good behaviour, many unethical dentists would not have bothered to read it (Beers 1868b, 1869c, 1871e). Furthermore, a number of people continued to practise dentistry at this time even without a dental license. However, the board had some success in ensuring that a ‘higher class of men’ entered the dental profession in succeeding years.

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48 There is some evidence that the dental journal and other professional bodies did alter the behaviour of some dentists (Kenneth 1871, Beers 1871e).
Conclusion

In the decade following the establishment of the dental profession through legislation and association, professionalising dentists specified their views on exactly who should practise dentistry and how dentistry should be practised. In outlining dentists' ideal characteristics and behaviour, their motivation was to raise the status of the dental profession. To elevate their status and gain public respect, dentists believed they had to convince the public that they were important, learned and respectable men. Dentists had to legitimate their privileges to the public. To give themselves legitimacy, dentists adopted the image of the middle-class, Anglo-Saxon gentleman, and then attempted to enforce that image. In doing so, dentists incorporated a number of assumptions about gender, class, and race into their professional roles and relations.

Dentists, like middle-class family men, were expected to be paternalistic protectors, authoritatively guiding their patients as they would their wives or children. The fact that dental patients were predominately female influenced and gendered the roles of both dentist and patient. The dentist was to be an authoritative man, while the patient was to be treated as a subordinated and vulnerable woman. Dentists also believed that as middle-class men they had a duty to educate the public and their patients towards appropriate, healthy, and moral ways of living. As an extension of the noblesse oblige philosophy, dentists had the responsibility to inform and help those more ignorant and less fortunate than themselves. In educating the public, dentists were also helping to protect the Anglo-Saxon race from degeneration. Hence, gender, class and race identities figured prominently in dentists' behaviour and roles.

The image of the middle-class gentleman would be very familiar to the mostly middle-class patients patronizing dentists in the 1870s. Dentists felt that if they could convince the public they were middle-class gentlemen, then the public would accept and respect them. Gender was very important to dentists' efforts to define themselves, their profession and their professional relations. It provided a means through which they could legitimize their behaviour to the public, and it
provided a ready-made role for them to fulfil. Professionalising dentists embodied the characteristics of middle-class gentlemen in the role of dentist. Through successful practice of dentistry, their masculinity — their identity as middle-class Anglo-Saxon gentlemen — would be defined and reinforced.

Dentists were not alone in using these images, ideologies and strategies to define and legitimate themselves. Other professional men used these same popular images in their own drive for professional status. In fact, dentists' efforts involved emulating the identities and images associated with other professional men, particularly in the medical profession. However, dentistry's use of these ideologies and images is unique in two aspects. First, dentistry's trade origins and manual nature, combined with its lower social status than professions like medicine, made dentistry's claim to professional status all the more questionable and tenuous. As a result, dentists were more persistent in asserting the necessity for gentlemanly status and behaviour for dentists, and in defining exactly what kind of behaviour was gentlemanly. Many dentists were tradesmen, striving to raise their status, and advice about what composed "gentlemanly" behaviour was needed; the majority of practitioners were not already gentlemen. Second, dentists may have used gender, class and race relations and ideologies in a somewhat different manner from more established professional men. Whereas medicine and law were long-time professions whose claim to status, while by no means absolute, had some historical grounding, dentistry could make no such claim. Lawyers and medical men used ideologies and relations to strengthen their claims to professional status and a monopoly in the provision of services in given areas. Dentists started virtually from scratch; they used these ideologies and relations not only to legitimate their claims to professional status, but also to define the very nature of their work, their roles, and their work relations.
In the following chapter, the connection between professionalism and masculinity will be explored in greater detail, as I examine dentists' responses to challenges to their professional status in the late-nineteenth century.
The final decades of the nineteenth century, were not good ones for professions in Ontario. During the 1880s and 1890s, the number of people practising professions grew rapidly, and to such an extent that professional supply outstripped demand (Gidney and Millar 1994). During this time, professions were viewed as being "overcrowded". Exacerbating the problem was the presence of illegal practitioners practising in areas over which professionals believed they should have a complete monopoly (Gidney and Millar 1994). A late-century depression did nothing to increase the demand for professional services, nor the ability of professionals to support themselves in sufficient style and comfort. Overcrowding in the professions was feared by professionals because it was believed to lead to other problems, most notably professional degradation – a decline in professional standards, status, and remuneration.

In response to overcrowding and degradation, many professionals sought to enforce the privileges they gained through the legislature of previous decades, and to put greater restrictions on access into professions. However, at this time neither the public nor the government was in the mood to expand professional privileges, which were already widely resented (Gidney and Millar 1994, Naylor 1986, Shortt 1972). Fearing that their professional privileges were in jeopardy, the professions renewed their efforts to enforce gentlemanly behaviour amongst professionals, and to clamp down on illegal practitioners (Gidney and Millar 1994). These efforts were particularly important for dentists, whose claim to professional status, already tenuous, became even more uncertain.

While activity in the Ontario dental profession experienced a lull in the 1880s, in the 1890s there was renewed effort by professionalising dentists to define dentistry as a respectable, prosperous profession. In the 1890s, a revived dental journal and renewed ODA provided
professionalising dentists once again with a means to define ideal conduct for dentists. Through the dental journal and ODA, professionalising dentists attempted to combat problems with overcrowding, quackery, and the lack of public respect that plagued dentistry at this time. Gender ideology and images of middle-class masculinity were used by professionalising dentists to reform the dental profession and raise its status.

In this chapter, I discuss professionalising dentists’ responses to the status-threatening problems they faced in the late nineteenth century. First, I examine the state of the dental profession in 1888-1890, a period during which professional activity increased. Second, I consider the difficulties the dental profession had with overcrowding as the supply of dentists became greater than the demand for dental services, especially in this period of tough economic times. Third, I discuss professionalising dentists’ problems with “quackery”, advertising, and low fees. As discussed in chapter 5, quack behaviour was seen as degrading to the profession, and as not befitting respectable professional men. At this time, however, quack advertising and low fees were prevalent in Ontario. Fourth, I discuss the debates over dental education in this period. In the face of the problems of quackery and overcrowding, the system of dental education then in place was questioned and re-evaluated by many dentists. Fifth, I explore professionalising dentists’ use of images of manhood and masculinity in their attempts to define dental professionalism and the ideal dentist. In the final decades of the nineteenth century, as in earlier decades, gender was an important part of dentists’ efforts to define dentistry as a profession.

Professionalising dentists responded to the problems of quackery, overcrowding and education, as well as a lack of public respect, by reasserting that only gentlemen should be allowed into the profession and that all dentists should act like gentlemen. They stressed the association between professionalism and masculinity or “gentlemanliness”. Ethical practice was said to be the only means by which dentists could maintain their manhood; unethical behaviour was deemed “unmanly”. Professionalising dentists used middle-class images of masculinity and
gender relations to encourage rank and file dentists to stop behaving in a manner that threatened dentistry’s claim to professional status and privilege. Gender ideology and images of masculinity also informed professional attempts to restrict entry into the profession and, thereby, reduce overcrowding and raise professional status. At the same time, professionalising dentists sought to use gender images, ideologies, and relations to raise public demand for dental services, and to convince a sceptical public that dentists deserved their professional privileges.

The Dental Profession in the 1880s

There is little record of events within the dental profession between 1878 and 1888. The Canada Journal of Dental Science ceased publication in 1878. The editor of the journal, George Beers, had found it too difficult to publish a journal on his own, and still keep up his practice and other professional duties. He intended to find a publisher to take over the business aspects of publishing the journal, while he remained editor (Beers 1878). It was ten years before Beers’ plan came to fruition and the Dominion Dental Journal, published in Toronto, saw the light of day.

Contributing to the lack of published information about the dental profession during this time period, was the decline of the ODA. There is little record of society happenings in the 1880s (Shosenberg 1992, Gullett 1971). In 1889, the old ODA was dissolved and a new one formed. The purpose of the dissolution was to purge the society of unethical dentists. It was said that the dental association had fallen into the hands of unethical “advertisers” (Davis 1889, Shosenberg 1992). To rescue it, ethical dentists established a new society with a code of ethics that was critical of advertising, and that all members had to sign (Davis 1889, Gullett 1971, Shosenberg 1992). Thus, in the 1880s professional dentistry seems to have experienced a decline.49 From 1889 on, however, there was a resurgence in professional activity, and a new emphasis on

49 Exactly why there was such a decline is uncertain. It seems that there was an insufficient number of Ontario dentists keen on professional activities. When those few who were active in the 1870s became less active, no-one stepped into the breach.
Beyond the reappearance of the ODA and dental journal, 1889 was a significant year for the dental profession in Ontario. It had been 21 years since the profession had been established, and there was much reflection about dentistry’s progress thus far and its future. Dentistry had reached the ‘age of majority’ and, therefore, dentists asked the question, has “dentistry as a profession grown from infancy to manhood?” (Willmott 1889: 158). The profession of dentistry, like dentists themselves, was viewed as a man striving for adult status and respectability. The answer to this question was mixed. Professionalising dentists felt that dentistry had made some great progress, yet in many respects it was still quite “childish” (Willmott 1889: 158-9). Dentists’ reflections on the state of the dental profession in 1889 provide a good indication of what changes it had undergone during the 1880s.

It was argued that dentistry’s “childishness” was revealed by the divisions, jealousies and infighting that characterised the profession (Willmott 1889). Apparently dentists did not treat their profession or fellow professionals with enough respect to inspire the public to regard dentists with respect. The clearest evidence of “lingering ‘childishness’” was said to be the advertisements many dentists used (Willmott 1889: 159). To some extent these advertisements were worse in 1889 than they had, heretofore, been. Advertising dentists emphasized the cheapness of their work, more than their skill or experience and, thereby, encouraged the public to devalue dentistry (Ontario 1896, L.D.S. 1896b, Willmott 1889, Beers 1896b). It was said that a mature and manly profession, like a mature and manly dentist, would not stoop to such disdainful, unethical behaviour.\(^5\)

Despite these signs of “callow youth” in the profession, professionalising dentists felt that dentistry had made a great deal of progress (Willmott 1889: 160, Senex 1894). It had almost

\(^5\) Ironically, the more established, classical profession of medicine was experiencing similar difficulties with unethical behaviour and advertising during this period (Gidney and Millar 1994).
attained its manhood. Dentists were especially proud of their advances in the area of dental education. After decades of trying, Ontario dentists finally achieved access to the DDS (Doctor of Dental Surgery) degree, and the status that a doctorate degree would endow. In 1888, the University of Toronto established an examination in dentistry, utilizing the RCDS dental school curriculum (Willmott 1889, Gullett 1971). The first Ontario DDS degrees were conferred on 25 dentists and dental students in 1889. At roughly the same time the University of Trinity College also established a dental department and a DDS exam and degree. Dentists believed that such recognition from these universities would not have been granted if dentistry had not made itself sufficiently and noticeably respectable (Willmott 1889). Thus, not only did the DDS degree confer status on those who held it, but it was a sign that dentistry in Ontario had achieved a certain level of status and respectability.

The path to increased status and "professional manhood" was clear to professionalising dentists in this period. On the whole, they emphasized the same factors that they had stressed in the twenty years previous. Dentists had to act in a respectable fashion and convince the public that they were respectable men. Thus, it was necessary to rid the profession of sensational dental advertising, low fees and other unethical behaviour. Overcrowding in the dental profession was also seen as an impediment to "professional manhood". If dentists were to achieve professional manhood, then they would all have to act like men — that is, ethically. Educational reform was the main method by which dentists sought to combat quackery and ensure that men in the profession behaved appropriately. In the following sections, professionalising dentists' problems with, and responses to, overcrowding and quackery will be explored.

51 Like the University of Toronto, Trinity College did not offer courses in dentistry, but an exam that students graduating from the RCDS dental school could take to attain their DDS diplomas.
Professional Overcrowding

In the 1890's, there was a growing concern among Ontario dentists that the dental profession was overcrowded: there were so many dentists that it was difficult for any one dentist to make a living (Bazin 1895, R.M.T. 1897, D.D.S.,L.D.S. 1897, Totten 1899, Dental Drummer 1900). Although in 1889 there was only 1 dentist for every 4,000 people, many dentists still found it difficult to sustain a practice (Gullett 1971). A large proportion of the public, especially in rural areas, did not patronize dentists (Gullett 1971, McInnis 1896, A Village Dentist 1896). Dentists did not attract patients from across the social structure; their patient base was largely limited to prosperous people. Moreover, dental services, beyond extraction, were regarded as more of a luxury than a necessity, and thus, demand might decline in a depressed economy. Hence, the demand for dental services was by no means high in the 1890s.

Although the overcrowding in the profession had not yet reached a critical level, dentists feared that in the near future it would. Particularly worrisome were the increasing numbers of students at the dental school ("X" 1896). Attendance at the school in the 1890s was numbered at over a hundred, and there was concern that when these students graduated they would only be able to make a living by stealing patients from established dentists and through quackery (Bazin 1895, Rowlitt 1896, Ontario 1896). It was believed that overcrowding was the main cause of quackery, low fees and sensational advertising (Bazin 1895, Beers 1899a). Therefore, some dentists argued, overcrowding threatened dentistry's status as a profession.

In the 1890's all of the professions in Canada were considered to be overcrowded (Beers 1896f, 1898b, 1899d, 1899e, Gidney and Millar 1994). Too many young men "whom nature meant [to be] farmers" had attained higher education and attempted to enter the professions of medicine, law, the church and dentistry (Beers 1896f: 224, 1898b). However, dentists seem to have viewed their profession as being among the hardest hit by overcrowding. According to dentists, many men interested in a professional career decided to try dentistry believing that it was
the easiest and most profitable option (Beers 1899e: 328-329). However, it was likely more expensive to establish a dental practice than it was to start practising the other professions (Beers 1899e). Thus, dentists found themselves in financial difficulty. In this state, it was believed, many dentists could not support themselves and their families without succumbing to quackery, low fees and cheap advertising.

Thus, according to dentists, otherwise ethical men were being forced to act like quacks to survive. Some dentists asserted that they would not starve themselves or their families to conform to an ethical code (Perplexity 1897, Correspondent 1897, "Kicker" 1890, Beers 1896f, 1898b). In a letter to the secretary of the Toronto Dental Society, one dentist explained that, for him, advertising was a means for survival:

"I am not an advertiser from choice. I have been handicapped by expenses and hard times into doing what to me is obnoxious, and as I am in the "Hole" (excuse the term) I intend to get out of it. What sensible man can blame me?" (H.G. Lake 1894, brackets in original).

Hence, some otherwise ethical and educated dentists advertised, lied and charged low fees (Beers 1895e). Overcrowding led ethical and unethical dentists alike into unprofessional and unethical dental practice.

The following letter from a quack Quebec dentist further illustrates how overcrowding led to false advertising and low fees -- a situation that professionalising dentists believed was all too common in Ontario as well:

"I do me bess for make de people tink dat I g Geeve twenty dollair of work for ten dollair an dat I make de teeth in two hour, but de not oonderstand dat's lie, for I make meself vary fine in de beeseness of making de grand lie. Dat seem shame for me confess, but can't help, and eef I make one dollair by tell de toot, and two dollair by tell de lie, dat one dollair in my pocket. I tink too bad make many dentiste, because dat bad for me. I put de grand pecture in the papers, and say I do grand tings for leetle monie, but I find we no get all I want, and eef you make too much dentiste, we will all have to go be priest" (Jean 1896: 161-2).
Where there were too many dentists, advertising, low fees and other quack methods were simply strategies for survival (Bazin 1895, Beers 1895b, 1895e, A Veteran 1895, anonymous 1899). Hence, many dentists ceased to worry about behaving in ways that enhanced professional status, and just concentrated on ways to support themselves and their families. One dentist estimated that 50% of dentists were compelled to resort to quackery to get by (Veteran 1895: 299). While professionalising dentists in the early 1870s recommended 7 hour days as being the respectable dentist's limit, many dentists found they had to work all day and evening, and sometimes Sundays too -- thereby further violating norms of respectability ("R.M.T." 1897: 436, Beers 1897a: 77).

Such long hours became especially necessary given low dental fees.

Despite the rising cost of living during the 1890s, dental fees had dropped substantially (Beers 1895b, "Ontario" 1896, A Veteran 1895, anon. 1899). The fees commonly charged in this era were so low that professionalising dentists characterized them as befitting a trade more than a learned profession (McElhinney 1894). Some dentists advertised that they would make a set of teeth cheaper than a pair of boots, thereby angering professionalising dentists (Ontario 1896: 218). Many dentists warned that dentistry was on the verge of degenerating into a trade because of overcrowding and low fees (Ontario 1896, "A.B" 1896, Sparks 1897, "Dental Drummer" 1900, Beers 1897d). They felt that dentists were being reduced to the level of hair dressers or barbers -- clearly a level they felt far beneath them as respectable, distinguished gentlemen (Rowlitt 1896, L.D.S. 1896b).

An indication of dentistry's sinking status as the result of overcrowding was the advent of "departmental dentistry". Some dental licentiates were employed in department stores, particularly Eaton's in Toronto, along with barbers, butchers and other tradesmen (Ontario 1896, Beers 1897c, Beers 1896g). Professionalising dentists disdained such practice and referred to dentists who worked in such circumstances as "scallywags" and "evil-doers" (Beers 1897c: 195). They were criticized for being "ready to hire out their personal and professional decency, in a fraternal union
with barbers and butchers, under pay and patronage of a department store" (Beers 1897c: 195). Such practice was said to be degrading and demeaning to the dental profession, and a disgrace to the L.D.S. "degree" (Beers 1897c). The fees charged by dentists in department stores were very low (Ontario 1896). Also disdained was the hiring of dentists by companies to provide dental services to the public and/or other employees (Beers 1900a). Dentists believed that overcrowding was forcing some dental licentiates to "lower" themselves to demeaning trade practices, and to abandon their professional independence, and with it, their respectability.

Faced with the problems that overcrowding seemed to produce, dentists began to re-evaluate their education policies. Clearly, contemporary education and matriculation standards were not entirely successful in restricting entrance into the profession, and ensuring that only the most gentlemanly of men attained dental licenses. Moreover, in the current economic climate, even respectable, educated dentists had resorted to unethical practice. Thus, for many dentists, the solution was a moratorium on the acceptance of dental students, or at least more restricted entry to dental school (Rowlitt 1896, Ontario 1896, Beers 1895e). Many dentists argued that if only a few gentlemanly students of the highest quality were allowed into the school then overcrowding and the problems that accompanied it would diminish (Beers 1895e, 1896g, Bazin 1895: 251, Correspondent 1896a). Some dentists argued that only if there were absolutely no dentists produced for a period of 5 to 10 years would the situation correct itself (Beers 1895d). Apparently, this solution was never considered seriously. As one dentist noted, the public was already suspicious of professional privileges and would not tolerate a completely closed dental profession; dentists might end up losing all the privileges they had heretofore gained ("No More L.D.S" 1895).

The presence of the Patrons of Industry — a rural populist society turned political party — in provincial parliament in the mid-1890s was indicative of the public's suspicion and resentment of professional privileges and restricted entry into the professions. The Patrons of Industry was
an organization that opposed professional privilege and monopolies of any kind (Short 1972, Naylor 1986). The Patrons were high in public popularity, especially in rural areas. In 1895, the Patrons introduced a bill into Parliament that would have reduced the medical profession's powers of self-regulation (Naylor 1986). Although this bill was defeated, it sent a message to professionals that neither the government, nor the public was in any mood to tolerate an extension of professional privileges or abuses of those privileges. Aware of public sentiment, dentists knew that substantial changes to dental education or recruitment would not be tolerated.

The other solution to dentistry's overcrowding woes was to increase public demand. Through the 1890s and after the turn of the century, dentists began to discuss the importance of public education. They reasoned that if the public could be convinced that dentistry was a valuable and respectable profession, then dentists would have more patients and more respect (Lyon 1891, "A Sensational Advertiser" 1898, anon 1899, Totten 1899, Beers 1899a, McElhinney 1899, Pearson 1897, Martin 1897). Public education about dentistry was seen as particularly important in the rural areas where the public had little faith in dental practitioners, and little interest in dental care (McInnis 1896, L.D.S. 1896a). However, professional attempts to educate the public about dentistry were not actively pursued until after the turn of the century.

Faced with the problems of professional overcrowding, and the impossibility of drastically reducing the number of dentists recruited into the profession, dentists focused instead on the conduct of existing practitioners. They reasoned that if their status as professional men was to be secured, they would have to eliminate "quack" behaviour among dentists.

Quackery

Despite dental legislation and dentists' attempts to define themselves as respectable men, quackery and sensational advertising were prevalent in the 1880s and 1890s. In the dental journal, tirades against "quackery" were incessant. Professionalising dentists, and particularly the
editor of the journal, George Beers, attempted to use the pages of the dental journal to define what constituted quack dentistry, and to convince dentists not to be quacks. Outlining what behaviour was not acceptable in dentistry was another way of reinforcing what was appropriate. Through their tirades against quackery in the 1890s, professionalising dentists were continuing their efforts to define dentistry as a profession that only high-status ethical gentlemen should practise.

Dentists were careful to define exactly what constituted a quack. Extrapolating from the dictionary definition, it was said that a quack was a person who boasted, or talked "noisily and ostentatiously", and generally one who pretended to have medical or dental skills that he did not possess (Beers 1891c: 161). To be a quack, one did not need to tell outright lies, although many did (Beers 1895c). Boasting and exaggerating were also considered defining signs of the quack, because they were seen to be very close to lying (Beers 1891c, Lodge 1899, Ottengui 1898). Commonly, the quack claimed to have skills that no other dentist possessed, and tried to convince the public that he was a better dentist than all others (Beers 1894d, 1895c, 1899c, Mills 1889, Senex 1894). Quack dentists advertised profusely, making grand exaggerated claims and stressing the cheapness of their prices (Beers 1891c, Jean 1896). Contrary to the claims of the quacks, professionalising dentists asserted that cheap prices invariably meant cheap work (McElhinney 1894). Quacks claimed to be superior dentists, but gentleman dentists believed that if this were true, they would not need to boast or brag about it (Lodge 1899).

In essence, any dentist who strayed from the ideal of the respectable professional man was labelled a "quack". Although quacks were described as rascals and evil-doers in the dental journals, almost any dentist who advertised, charged low prices, or bragged a little about his ability (or had his wife do it) in social circles was labelled a quack (Beers 1898a, 1900d, L.D.S. 1891). In the strong words of George Beers: "there has never yet been a single instance on
record, of a truly worthy professional man using false and boasting methods of advertising" (Beers 1891a: 127, 1898a). Moreover, anyone who practiced dentistry without the necessary knowledge was also considered a quack. The term quack was further extended to include those dentists who did not participate in dental associations or read dental journals. To professionalising dentists, anyone who did not share their view of professional practice and conduct could be labelled a "quack dentist". Professionalising dentists defined the dental "quack" in contradistinction to their definition of the professional gentleman, described in chapter 5.

During the 1890's, members of the dental profession also became indignant about "quack" dental practice by medical men, and the lack of respect for dentists and dentistry that such practice revealed. Many doctors did not treat dentists like colleagues in a sister profession with its own area of expertise. Rather, according to dentists, they refused to acknowledge the jurisdictional boundaries that separated dentistry and medicine, and tried to treat patients for dental disease (Xeno 1891, J.G. Adams 1896). Dentists were having enough difficulty with overcrowding in their profession without having to compete with medical men as well. Moreover, it was generally argued that when it came to dental disease, most doctors were ignorant ("Xeno" 1891, Lenox 1897, Beers 1896c, 1899e). Hence, some medical men were declared "quack" dentists because they performed dental work even though they did not have the skill or knowledge dentists believed such work demanded (A Village Dentist 1896: 194). Like other quacks they were portrayed as ignorant, often unethical, and unprofessional in their lack of appreciation for dental services. For dentists to solidify their own professional status and territory, they had to guard the boundaries between their work and that of medical doctors. In attacking doctors' practice of extracting teeth and treating some forms of dental disease, dentists

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52 Quack is a term that also encompasses unlicensed practitioners of dentistry. However, there was little concern in the pages of the dental journal for this type of quack.

53 Medical men also faced overcrowding, especially in rural areas, and thus, many were eager for the extra income that came from tooth-extraction and treating dental disease.
were pursuing a demarcationary strategy aimed at protecting the boundaries between the practice of medicine and the practice of dentistry (cf Witz 1992 on demarcation strategies). In criticising medical doctors, dentists appealed to norms of gentlemanliness and professionalism, just as they did in their criticisms of other types of dental quacks.

Professionalising dentists asserted in their tirades against dental quacks that quackery was not a logical response to tough times, but was, in fact, evidence of a faulty character. For instance, it was argued that most quacks were inherently immoral (Beers 1892a, 1896b, McElhinney 1894). In an effort to reform those dentists who might be tempted to use quack methods, articles in the dental journal continually argued that no-one could charge low fees or be dishonest in their advertising without revealing their immorality (Beers 1892b, 1899c, McElhinney 1894, Beers 1891b: 159).

Some dentists held that quackery stemmed from a biological pre-disposition, and they argued that quacks, regardless of dental laws, journals and associations, could never become gentlemen (McElhinney 1894: 213, Beers 1896b, L.D.S. 1896c). Their behaviour could not be altered, and so the only solution to the problem of quackery was to exclude quacks from the profession entirely. Improved education standards, higher matriculation requirements, and more ethical preceptors would serve to prevent quacks from entering the profession in the future. With these changes, professionalising dentists believed, the profession should have greater success in limiting dental practice to "gentlemen" only. On the whole, however, articles in the dental journal have a reforming tone. Despite many assertions to the contrary, the editor clearly believed that through his incessant complaints against quackery he could convince at least some dentists to reform their ways. Indeed, evidence from the dental journals suggests that articles in the dental journal were influential in changing the behaviour of some dentists (Kilmer 1894, Rowlitt 1896,
Underlying discussions of quackery, and dentists' attempts to rid it from the profession, were images of masculinity and manhood. Simply stated, in the dental literature, only ethical practitioners were said to be "men", behaving in a "manly" way. As discussed in chapter 5, the ideal dentist was an ideal gentleman. Conversely, a quack was said to be "unmanly" (Beers 1895c: 175, 1899e, 1869d: 198). Criticisms of quack behaviour were rife with references to masculinity, and quacks' lack of manhood. The language of masculinity was also used in warnings to dental practitioners about the evils of quack behaviour. Practitioners were advised to "quit themselves like men" and be "honest, upright, and just" and conduct their practices "in a legitimate manner" (Senex 1895: 189). Despite the hardships they might face in practice, dentists were advised to meet these hardships "manfully" and honestly (Willmott 1890: 89), and not sink to quack methods like advertising. It was asserted that only through "manly" behaviour would dentists be successful (Beers 1896d, 1898b). Professionalising dentists appealed to images of masculinity and manhood to try to encourage dentists to reject quack behaviour. It was asserted that only by behaving in an ethical fashion could dentists secure their manhood.

Moreover, professionalising dentists asserted, only through manly behaviour could quackery be eliminated from the profession. Through "firm and manly aggression on the part of honorable men", the fight against quackery would be won, and the standard of the profession would be raised (Beers 1896g: 257, Lenox 1897). Once again, it was argued that the profession's status hinged on the masculinity of its members. Quack behaviour degraded one's manhood and the profession (Lyon 1897: 242); gentlemanly behaviour would do the opposite.

Through their discussions of quack behaviour, professionalising dentists continued to define dentistry as a profession that only certain men were capable of performing. Ethical practice required masculinity. However, masculinity was not seen as a characteristic held by all members of the male gender. Only those men who conformed to the ideal established by professionalising
dentists were “real” men.

Although dental articles portrayed gentleman dentists and quacks as different as night and day, in reality the differences were not so obvious — especially to members of the public. The public still patronized dentists who advertised and charged low fees. Professionalising dentists had to work harder to convince the public that only certain dentists were worthy of their patronage. Further, they still had to convince the public that dentists were respectable men, despite the presence of “unrespectable” quacks. In order to undermine quackery, dentists focused on dental education.

Education

Education was a popular subject of debate in the Ontario dental profession in the 1890s. This was a time of educational reflection, re-evaluation and reform. Problems with overcrowding and quackery, combined with dentistry attaining its majority, led professional leaders to re-examine education. They questioned whether dental education, as it then stood, was indeed meeting its needs. The status of the profession had been raised since 1868 and dentists believed that their progress was definitely aided by their educational initiatives. However, there were many dentists who felt that if the status of the profession was to be raised further, changes would have to be made to dental education in Ontario. The presence of quacks in the profession and professional overcrowding were taken as evidence that dental education was not yet completely successful in keeping “unfit” men out of the profession. Moreover, dentists questioned whether dental education was succeeding in creating good dentists. Re-evaluation and reflection led to discussions of reform, as dentists argued that education must be changed to ensure that only the “best men” were accepted into the profession. Such high standards would aid professionalising dentists in their drive to raise the status of the dental profession.
Discussions of quackery and overcrowding in the dental journal and association meetings often ended by questioning Ontario's system of dental education. As mentioned above, some argued that with such overcrowding the number of dental students accepted into the college should be substantially curtailed. The dental college seems to have accepted virtually all students who presented themselves, paid their fees and met the matriculation requirements. The number of students attending the college rose steadily, except for temporary declines when matriculation standards were raised. In the mid-1890s, students at the dental college were numbered at around 150 (RCDS Proceedings 1896). This number was considered to be too high by dentists worried about overcrowding and quackery in the profession. With such high numbers, it was believed, ethical dentists would be driven to advertise and lower their fees in order to survive. To many dental practitioners, large dental classes also indicated that matriculation standards were not high enough. The extent of dental quackery was taken as evidence that the profession was still not selective enough in its recruitment of young men. The only solution, many argued, was to raise matriculation requirements and improve the quality of dental education (Senex 1894).

Raising the matriculation standards of dentistry involved altering two aspects of dental education. Not only did the education requirements for the dental college need to be re-evaluated, but so did entry into the preceptor-student relationship. Before he was accepted into dental school a student had to have made arrangements to train with a licensed dentist. However, there was a great deal of variability in dentists' standards for accepting students. Some dentists were very selective in their choice of students, and only took one or two students at a time so that they could train them carefully. Other dentists accepted almost any student, and took on as many as 5 or 6 at a time as a source of cheap labour (Martin 1898, Sparks 1897, McElhinney 1899). The RCDS board tried to limit this latter behaviour by limiting the number of students a dentist could accept to 2 as of 1896 (RCDS Proceedings 1897). However, this limit did nothing to affect the quality of students accepted by dentists, or the quality of education that students received under their preceptors.
In order to improve the practical training aspect of dental education, dentists began to outline exactly what was expected in the preceptor-student relationship. It was argued that if the status of dentistry was to be raised, dentists must accept only the best men as students, and they should give these students the best education possible (Sparks 1897, McElhinney 1899, Husband 1898). Preceptors were advised to inspect the students who presented themselves to ascertain whether they possessed the qualities that were demanded of a dentist (Sparks 1897, McElhinney 1899). If they did not, dentists were to turn these students away. Not surprisingly, among the characteristics emphasized was "gentlemanliness". The ideal student was expected to be a gentleman who was eager to learn, in possession of mechanical ability, and moral (Sparks 1897: 91, Husband 1898).

Once he accepted a student, a dentist was responsible for ensuring that this young man became a well-rounded, educated, cultivated gentleman, as well as a proficient dentist (Sparks 1897). In addition to teaching a student how to practice ethically, the dental preceptor was expected to make sure that he attended to his studies, and was a well-rounded gentleman both physically and socially (Sparks 1897, Lyon 1891). A student was to have plenty of time for lawn tennis and other exercise (Sparks 1897: 92). Moreover, the preceptor was supposed to have "fatherly oversight of his [the student's] social life" and ensure that he was "introduced into respectable society, such as would be elevating socially and religiously" (Sparks 1897: 92). Professionalising dentists argued that if preceptors behaved in this manner towards their students, future dentists would assuredly be well-respected gentlemen.

In reality, preceptors and dental students behaved in a manner far from ideal. While students were expected to be deferential, eager to learn, and willing to do anything for their preceptor, they often were not (Antiquity 1891). Dentists complained of students wrecking their tools and equipment and being lazy in their duties (which were frequently mundane) (Antiquity 1891, Antiquary 1891, L.D.S. 1894, Beers 1893c). Students were often unwilling to do many of the
odd jobs that their preceptors asked of them (Antiquity 1891). Moreover, dentists complained that their students did not treat them with sufficient respect and deference. Students tended to regard themselves as educated college gentlemen who knew more than, and/or were superior to, their preceptors – most of whom would not have attended college (Antiquity 1891, Kicker 1889, Beers, 1895a). There seem to have been conflicting standards of “manliness”: dental students prized education and youth, and thereby felt superior to those rank and file older dentists who had little education, while the older dentists emphasized the mechanical skills in dentistry as defining masculinity (Antiquity 1891).

Problems with students, combined with other professional commitments, prompted many of the “most ethical” and most prominent dentists not to take students at all (Martin 1898). Hence, many of the most “ideal” dentists did not become preceptors. Professionalising dentists were disturbed that students were sometimes indentured to preceptors who engaged in bad practices like advertising and whose offices were not entirely clean (Martin 1898, Sparks 1897). Despite the influence of the dental school, students would learn unethical practice methods from their preceptors and would likely become unethical dentists themselves. Problems with the preceptor-student relationship led to calls for abandonment of, or change to, the indentureship requirement (Martin 1898). At this time, however, dentists still believed that indentureship was a key ingredient to constructing the ideal dentist.

The major focus of professionalising dentists’ education initiatives was the dental school. Since all dentists entering practice in Ontario had to attend the dental school for a period of time, the school provided the key mechanism for excluding undesirable men from the profession. Professionalising dentists thought that if they could make the matriculation requirements for the school sufficiently high, then quack practice, overcrowding, and unethical behaviour in the profession would be eliminated (Lyon 1891, L.D.S. 1894). Higher standards would reduce the amount of competition faced by established dentists. Such high requirements were intended not
to limit access into the profession to only the most intelligent men, but to recruit only men from the best social backgrounds. Dentists acknowledged that such discrimination might exclude some very good practitioners from their ranks, but they did not mind:

some very good men as practitioners graduated as bell-boys and sweepers of the door-step. I say this to their credit in one sense, yet I do not hesitate to declare that it should not be, and that as a rule it will be found, that whatever obstruction and particular annoyance we have had in our progress, can be traced directly to the "beggar on horseback" conceit and crankiness of this class (L.D.S. 1894: 3-4).

Dentists should be drawn from the “higher educated class of the community” (Beers 1894c: 114). It was said that educators were not philanthropists and therefore were not to be disturbed by the possibility that their high standards might exclude some good practitioners (Beers 1894c). If “bell boys” managed to transcend their class through attaining a high level of education, then, and only then, would they be welcome in the profession (L.D.S. 1894). Education was seen as a mechanism through which professionalising dentists could exclude men from a lower-class background -- those who were not gentlemen -- from their profession.

Education was further seen as an important pre-requisite for dental practice and the social life of a dentist. Dentists believed that a classical education, including subjects like Latin, would provide a good background for the study of the scientific subjects required in dental school and practice (Beers 1894c). Moreover a good education was seen as “an essential preliminary to a life of refinement and cultivation” (Beers 1894c: 116, Marshall 1898). Dentists aspired to such a life, and demanding a high standard of education from dental students was one way to achieve it. They held that the public would not respect members of a profession that would allow a barely-literate person into their ranks (Beers 1894b).

In 1896, the matriculation standards of the dental school were raised to a level that members of the profession considered respectably high. Matriculants to the dental school had to have
passed the matriculation exams of the University of Toronto, or the educational department exams with a Latin option (University of Toronto Calendar 1934). Knowledge of sciences and mathematics was required, as was knowledge of the English language and literature. It was felt that with the implementation of this high standard, dentists in the future would be respected, and quackery would be reduced. Many dentists also hoped that such high standards would reduce the number of men entering dentistry and thereby help ease overcrowding and competition.

High standards in the examinations given at the dental school were another, less discussed, way to ensure that dentists were respectable, educated men. The exams were a final mechanism through which dentists could prevent “unfit” men from entering the profession. Students were examined on their knowledge of dental subjects, as well as on their ability to practise. It was common for some students at the school to fail their exams. Students were allowed to retake the exams, and many passed the second time around, but a few failed outright. It was argued by some professionalising dentists, however, that the dental school was not strict enough in its requirements, and not enough students failed (McElhinney 1894). The school's standards allowed some men who had behaved in ways deemed unethical while at the dental college to graduate and enter the profession (McElhinney 1894: 214-215). Some dentists believed that more should be done at the school to keep such men out of the profession. Even higher standards of education were required.

There were many dentists in Ontario who were not supportive of professionalising dentists' efforts to raise the status of the dental profession. These dentists did not see respectability and high status as a goal, nor did they believe that education made better dentists. The thoughts of one such dentist were revealed in a letter to the dental journal:

I am not a subscriber to the Journal, and I don't mean to be, and I'll give you my reasons: You take too high a stand to start with, as the profession is new in Canada, and the dentists cannot afford to starve for the sake of keeping up appearances, societies and journals. I never asked anybody for ideas, and I don't give any. I do not trouble anyone. If
you choose to crack up education, I will not quarrel with you. Only I have so far satisfied a good majority of the people of for more than twenty-eight years or more, and I think my work will speak for itself. I would not have ninety-nine out of every one hundred of your 'educated' young men in my office. They think they know so much; you discover they know very little, though they can talk theory to you, and have more brag and gas than real ability.... But I say we don't want 'highly-educated' men. We want good mechanics, who can work in their shirt sleeves, and who aren't particular about all the fine nonsense of antiseptics, bacteria etc. What the mischief does it all mean? Am I a fool, or are you? ("Kicker" 1889: 185).

The writer of this letter calls into question the connection between education and ability. Education may create gentlemen, but not necessarily better dentists. It was acknowledged by some eminent North American dentists that indeed education may not produce dentists with greater skill (Johnson 1891, Beers 1900c). Some dental school graduates may have had more theoretical knowledge than practical knowledge; however, professionalising dentists did not see this as a problem (Johnson 1891, Beers 1893d). Men who could 'work in their shirt sleeves' belonged with tradesmen, not with professional dentists (Johnson 1891). Education would help ensure a better class of gentlemen in dentistry, and this was professionalising dentists' primary goal.

To professionalising dentists, this letter merely served to confirm that they were right in claiming that a high standard of education was important. The "ignorance" and "bad grammar" displayed by this dentist were exactly what they were trying to rid from the profession through their high standards. While there were such men in the profession trying to "drag dentistry into the dust", dentists had to work that much harder to raise its status to a respectable level (Johnson 1891, Beers 1890b). There were many dentists who did not meet the ideal established by professionalising dentists. Nevertheless, their presence, far from deterring professionalising dentists from their mission, served to encourage them to try harder to distance themselves, socially and professionally, from those men who regarded dentistry as a trade, and not a high-status learned profession. Through education, professionalising dentists hoped to ensure that future dentists would share their vision of dentistry as a profession.
Manhood and the Ideal Dentist

To counteract the downgrading effects of quackery and overcrowding, professionalising dentists reasserted and reiterated their notion of the ideal dentist. A good education was just one of the qualities stressed. The ideal characteristics and behaviour outlined in the 1870s also figured prominently in discussions of the ideal in the 1890s. Particularly stressed were the importance of cleanliness both in one's person and in one's office, paternalistic authority over patients and the public, and respectable and ethical behaviour to other professionals, patients and the public (McLaughlin 1895, Capon 1900, Husband 1898, Eaton 1895). What became clearer in the 1890's discussions of the ideal dentist, however, was the overt association between professionalism and masculinity. Appropriate professional behaviour was "manly" behaviour. One would not be a true professional dentist unless one behaved manfully.

The dental profession was seen to demand certain characteristics that were defined as 'masculine' and 'manly' by professionalising dentists. Particular emphasis was placed on the characteristic of honesty in this age of quackery. As discussed above, unlike quacks, real men -- gentlemen -- were said to be honest and upright (Senex 1894: 189, Beers 1891b, Beers 1895c). Dentists who resisted the temptation of quackery were seen as acting manfully (Willmott 1890, Beers 1894f: 294, Bowers 1895, Lenox 1897). Quackery was viewed as the antithesis to both professionalism and manhood. Dentists argued that at the heart of dental professionalism was "manliness" (Bruce 1895: 216, Ottenghui 1898). Therefore, discussions of the ideal dentist emphasized the importance of masculinity. As one dentist summarized,

The ideal dentist must be first a man, and second a dentist. No one is a man who has not some sort of a moral basis for his life and conduct -- some standard of honesty and fair-dealing, some care for the honors of this profession and the good of his patients as well as for his own. To be a man, one must never forget that he is a member of the community in which he lives, and must not sacrifice the interests of the public in the pursuit of his own...." (Bowers 1895: 135).
Ideally the dentist was a man who was honest, moral, hardworking, and who had an understanding of public needs and interests (Bowers 1895, Bruce 1895, Johnson 1900, Ottengul 1898). Moreover the ideal dentist was a man who was educated and cultured and who had a respectable appearance; he was a middle-class gentleman (Woodbury 1898, Bruce 1895).

As discussed in chapter 5, dentists were expected to look, behave and live like middle-class gentlemen. It was expected that the "ideal dentist will at least play the part of a gentleman" in his interactions with his patients, and behave 'manfully' to his confreres (Bowers 1895: 137-8, Johnson 1900). Being gentlemanly to one's patients also involved respecting middle-class norms concerning inter-personal distance, as well as refinement, cleanliness and appearance (Read 1896). Patients were dependent on the dentist and his superior ability, and gentlemanly dentists, cognizant of this fact, would not abuse their power (Johnson 1900). Professionalising dentists continued to argue that in his practice and relations with patients the dentist should always behave like a gentleman.

Even in these hard times, dentists were expected to earn good incomes from their profession to support themselves and their families in comfort and a degree of elegance (Wright 1890). Dentists were expected to have families and to be male breadwinners (Correspondent 1897, Sparks 1897). Dentists were advised to "take a silent partner ... who will love you, and encourage you, and help you, and swear by you, even if you go home like a cowardly brute and beat her with a stick" (Beers 1890a: 59). A wife was seen as being indispensable to the dental practice of ethical gentleman dentists. If a man was to face the trials of professional practice and react "manfully", it helped to have a supportive, subordinate woman behind him, who would be there no matter what. Thus, in the dental literature, the ideal dentist was a gentleman with a quiet wife who gave him emotional support in return for physical support.
The masculine identity of professional dentists was contrasted to that of tradesmen. According to professionalising dentists, while (working-class) tradesmen's highest goal was the pursuit of money, (middle-class) professionals had higher — 'more manly' — goals such as benefitting mankind (Martin 1896: 149-150, Capon 1900, Johnson 1900, Eaton 1895, Ottenhui 1898, McElhinney 1899). With a different identity and different goals, professional dentists asserted their superiority vis-a-vis tradesmen. By extension they claimed that dentists who exhibited "trade" behaviour in their practices were unmanly (Eaton 1895). To dentists, masculinity and manly behaviour consisted solely of that behaviour associated with "gentlemen".

Masculinity was seen as integral to the practice of dentistry, but masculinity was defined in such a way that many men did not possess this quality. Dental professionalism was directly defined in terms of middle-class masculinity. Both class and gender were central to the way in which dentists defined themselves.

Conclusion

In conclusion, during the 1890s the dental profession had to cope with a depression, public opposition, and potential professional decline because of "overcrowding" and quackery in the profession. Although it was believed that the profession had advanced and raised its status since 1868, professional status was still considered precarious. The effect of overcrowding and dental "quackery" was to downgrade the dental profession towards trade status. In the face of this "threat" by dental quacks, professionalising dentists reasserted and refined the image of the ideal dentist constructed in the previous decades. Education was seen as a key part of this image and the main means by which dentistry's status could be raised and quackery thwarted. It was expected that increased matriculation standards, and the prestige of the DDS degree would help ensure that only men of the best quality were allowed into the dental profession. Also central to
the image of the ideal dentist constructed in the 1890s was middle-class masculinity. Appropriate professional behaviour was identified as masculine behaviour. Masculinity and professionalism were intertwined.

Ideally, the professional dentist was a man. By "man", professionalising dentists meant middle-class professional gentlemen; tradesmen and dental quacks did not qualify for the designation. Professional dentists, as real men, were expected to be moral, ethical, devoted to helping and guiding others, and respectable in everything they did. They were also expected to have wives, family and social status. Through ethical practice of dentistry, a man reaffirmed and strengthened his masculinity, his identity as a man. At the same time, masculinity was necessary to becoming a true professional dentist, according to the ideal. *Dentistry was defined as an occupation that only (gentle) men could perform appropriately*, and professionalising dentists attempted to structure professional education and practice to ensure that only gentlemen gained access to the profession.

In associating dentistry with gentlemanly masculinity, professional dentists aimed to raise the status of the profession, and legitimate their professional privileges to the public. They believed that with this type of masculinity guiding their behaviour, dentists would be respectable, hardworking ethical men, and the public would come to respect them for it. By conforming to standards of middle-class masculinity, dentists could raise the status of their profession. Dentists used their class-specific gender identity as a tool to define the behaviour of dentists and to raise the status of their profession.

In the following chapter, I examine the changes the dental profession experienced in the first two decades of the twentieth century. After the turn of the century, dentists continued to use gender ideology and relations to define their work and legitimate their claims to status to the
public. At this time, dentists also drew on other ideologies and strategies to finally raise dentistry's status in the eyes of the Ontario public.
Chapter 7
Ontario Dentistry in the Early Twentieth Century

Introduction

During the first two decades of the twentieth century many Ontario professions solidified their professional status and authority. It was at this time that the medical profession achieved the prominence and dominance that has characterised it and other health professions throughout the century (Coburn et al. 1983). It was also during this period that dentistry came into its own, and started to gain professional status and influence. Dentistry's professional boundaries and jurisdiction became more clearly defined, and the Ontario public, along with the medical profession, began to respect dentists and their activities more than in the past. Dentists' social influence grew during this era, and their advice about how people should live their lives was increasingly listened to and followed.

This chapter, and the three that proceed it, examine changes in the Ontario dental profession during the first two decades of the twentieth century. This chapter provides an overview of these changes, and explores the concomitant rise in dentistry's social status. The following three chapters examine different aspects of dentistry's transformation during this period. Dentistry's status and influence grew as dentists and their work gained social legitimacy. Dentists' attainment of social legitimacy was the result of a number of factors, most notably their use of popular ideologies and movements, including those associated with gender. Also relevant were social changes in Ontario society that encouraged the public and the government to be more responsive to dentistry's claim to status and privilege.

In this chapter, I will explore a number of the factors that contributed to the increase in dentistry's social status after the turn of the century. First, I look at the activities of the RCDS board which, during this period, worked both to ensure that dentists lived up to the image of the
ideal dentist, and to secure the boundaries of dental practice. Second, I examine the refinements made to the image of the ideal dentist and ideal dental practice. During this period there was greater focus on ideals of professional service, on science and sepsis, and on dental authority. Third, I briefly examine the rise of dentistry's status, and the impact of World War One on this increase in status. While dentistry's involvement in the public health movement was very important to its rise in status, public health will be discussed in a separate chapter (chapter 8).

Dentistry, after the turn of the century, refined the image of the ideal dentist, and had greater success in enforcing this definition. Dentists used gender ideology and roles, combined with a new emphasis on science, public health, and medical professionalism to define and legitimate their work at this time. Dentists drew on public acceptance of gender ideology, and increasing public respect for science and scientific professions to convince the public and the government that they were professionals worthy of status and patronage. Moreover, World War One and dentists' public health initiatives helped to give dentistry a higher public profile which they could use to convince the public of their professional worth. At the end of this period dentists had achieved a measure of success in defining dentistry as a gentleman's profession that was independent, lucrative, and influential.

Protecting the Profession's Image

It is one thing to outline an ideal image of dentists and dentistry but quite a different, more difficult, task to enforce that definition. In this section, I consider the dental (RCDS) board's efforts to ensure that members of the dental profession came as close as possible to the ideal delineated in the pages of the dental journal and at dental association meetings. Ensuring and protecting dentistry's "ideal" image involved two kinds of activities. First, the board had to keep "unworthy" or "undesirable" people out of dental practice. In this area the board was active and diligent. They went to great lengths to ensure that the only entry gate into the profession was
through the board-controlled Toronto dental school, and they attacked the practice of unlicensed practitioners. In this manner, the board hoped to ensure that only the "best" men were allowed into the profession.

Second, the board attempted to police the behaviour of existing dentists. Any dentist whose behaviour deviated too far from the ideal was pressured to conform with professionalising dentists' expectations and the dental act. The board was less effective in this arena. Board members tended to be much more forgiving of those already in the profession than of those outside of it trying to enter. In both areas, the dental board became more active and effective as the twentieth century advanced. By the end of World War One, they had solidified their control over entrance into the profession, and had met with some success in controlling the behaviour of professional members.

**Entrance Into the Profession:**

Ontario dentists had a great deal of control over who entered the dental profession. Any person wishing to practise dentistry in Ontario had to matriculate in the RCDS dental school and attend that school. Even if a dentist attended a dental school in the United States and graduated with a DDS degree, to practise in Ontario he would have to matriculate at the RCDS dental school, and attend the final year at the college. This rule was intended to keep "unfit" men from getting into the profession by attending schools in the United States whose standards of matriculation and dental education tended to be lower (Webster 1903c). Because the board set the matriculation standard of the school and influenced the school's curriculum, they had substantial control over the education and qualifications of those entering the profession.

The board tried to ensure that the standard they set for matriculation at the RCDS school was high. Around the turn of the century, students at the RCDS school had to pass the arts matriculation examination of a Canadian university, or they had to hold a junior or senior high
school leaving certificate (Pearson 1903b). Their lowest standard, the junior leaving certificate, required courses in English grammar, composition, literature and rhetoric, as well as arithmetic, algebra, physics, Latin and other languages or sciences (Pearson 1903b: 305, Webster 1903c). The dental school kept its matriculation requirements in line with those of the University of Toronto, with which it was loosely affiliated.54

Despite its formal policy of demanding a high matriculation standard, the dental board proved to be somewhat flexible in its matriculation requirement. Many students were allowed to enter the dental school without meeting the full matriculation, on the promise that they would matriculate within a year or two (Webster 1915, RCDS Proceedings). At the turn of the century, dental students were required to attend the school for 3 years. Their education covered a total period of 4 years, with the remaining time being spent training in a preceptor's office. As of 1902, students had to attend the school for 4 years of 7-month terms, with the interim spent with a preceptor. These 'high' standards were intended to ensure that only the best, most-educated, and well-trained men entered the Ontario profession. Matriculation standards and educational requirements55 were the principal way through which Ontario dentists attempted to ensure that members of the profession conformed to their image of the ideal dentist.

At the turn of the century, however, there were many people who desired to practise dentistry in Ontario who could not meet the board's matriculation standards and/or the requirements of the dental school program. These people caused problems for the RCDS board as they attempted to circumvent the board's requirements and practise dentistry anyway. There were four strategies open to such people. First, they could practise dentistry illegally, without a license. Second,

54 The matriculation standards were also the same as those for medical school in Ontario (Webster 1901b).

55 Students at the RCDS school were taught a wide variety of dental subjects, and the school seems to have been considered one of the premier dental schools in North America (Gies 1926).
they could work with/for a licensed dentist as his assistant, but if they performed dental operations in this role they were also breaking the law. Third, they could petition parliament for a bill that would grant them a license to practise dentistry even though they did not meet the requirements established by the dental board or the dental act. Fourth, they could fraudulently obtain or claim a matriculation certificate. In the first two decades of the twentieth century, the board attempted to prevent people from entering the profession by way of these four strategies; they asserted that they had the only right to declare who could practise dentistry.

Although the dental act of 1868 restricted the legal practice of dentistry to those with a dental license obtained through the RCDS board, there were many cases of people practising dentistry without a license even after the turn of the century. The board seems to have alternatively relied on a hired investigator and reports by dental licentiates to locate illegal practitioners. Illegal practitioners were prosecuted in court by lawyers acting on the board’s behalf, or by local dentists. However, these prosecutions were generally unsuccessful. It was very difficult to get witnesses to testify against an unlicensed dentist, especially in smaller towns (RCDS Proceedings 1914). Moreover, dentists sometimes escaped conviction by claiming that they did not accept money for their work. One unlicensed dentist swore in court that he practised “for love, not money”, and therefore was acquitted (RCDS Proceedings 1896: 13). Another illegal practitioner was a woman who despite many complaints could not be convicted because it was argued that she worked for her father and therefore took no money for the dental work she did (RCDS Proceedings 1894, 1900). There were also cases where the board believed they had proved their case only to have the magistrate find in favour of the defendant anyway.

Prosecuting illegal practitioners proved to be an expensive venture for the board. They had to pay the costs of prosecuting illegal practitioners, and rarely recovered any money through their efforts. Even after a successful prosecution, it was difficult for the board to collect its fine. Illegal practitioners sometimes absconded without paying, and sometimes the fines that were
collected were not turned over to the board. On the rare occasion when fines were collected, they did not cover the cost of the prosecution. With such lack of success and financial losses, the RCDS board prosecuted fewer offenders, and turned to writing letters asking offenders to cease and desist. They believed that if unlicensed practitioners were asked to stop they would, and perhaps some of them did. A number of cases were settled out of court, saving both parties the cost of a trial. Many blatant cases, where there seemed to be good chance for conviction, were still prosecuted.

After the turn of the century, the dental board became particularly concerned with certain types of illegal practitioners: students practising before graduation, U.S.-trained dentists who practised in Ontario without meeting the board's conditions, and dental assistants who performed dental operations. The board expended great effort to thwart these violators of the dental act. Dental students who attempted to practise dentistry before they graduated were variously dealt with. Typically they were merely warned not to do it again, and in some cases were penalized by having to get a new preceptor, or by having their license withheld for a period of time upon graduation (RCDS Proceedings 1895, 1897). Oddly, in a profession that claimed to prize honesty and ethical behaviour, the students were rarely expelled from the school. Having met the education requirements established by the dental board, dental students may have been more easily forgiven than other illegal practitioners.

The board tended to be quite strict in its policy that practitioners had to meet its education requirements. This strictness is evident in the board's response to U.S.-trained dentists and illegal dental assistants. As noted in Chapter Six, professionalising dentists were quite willing to exclude some very able practitioners from their midst, in their quest to ensure that all dentists had a high level of education; education was perceived as a badge of gentlemanly status and demeanour.

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56 Despite the losses incurred through prosecuting illegal practitioners, the board was not in financial difficulty. It made enough money from the dental school to cover these losses.
Therefore, the board consistently refused to grant dental licenses to some Ontario residents who had attained DDS degrees in the United States and who, in many cases, had practiced in the United States for a number of years. Although a man might hold a doctorate degree, if he did not have a high school education — thereby meeting the RCDS matriculation requirements — he was not eligible for a dental license in the province of Ontario. Further, even if a dentist did not meet the matriculation requirement, he could not practice in the province unless he attended the final year at the dental school, and/or passed the final exams at the dental college.

This policy led to many conflicts between the RCDS board and a number\(^{57}\) of U.S.-trained dentists who desired to practise in Ontario. Some of these dentists actually tried to write the final exams at the dental school and failed. These dentists, along with others who lacked the requisite matriculation, searched for other ways to make a living through dentistry. Typically they either set up practice on their own, or were employed by another dentist as a dental assistant who performed dental operations. Both strategies violated the dental act. Typically these illegal practitioners tried to gain access into the profession through a petition to the Ontario legislature.

Dentists who had trained in the United States were not the only men practising dentistry illegally as dental assistants. A number of dental assistants were taught to perform dental operations by the licensed dentists who employed them. With these trained assistants, dentists could serve twice as many patients, and could stay away from the office, visiting the countryside or doing other work, while their assistants maintained their office practice. The RCDS board was very much opposed to this type of practice and both warned and prosecuted dentists who allowed their assistants to become illegal practitioners. Sometimes after filling the role of dentist on many occasions, illegal assistants decided to become dentists themselves. Lacking the prerequisite

\(^{57}\) Although it is difficult to assess how large this "number" was, it does not seem to have been too high. I would estimate that fewer than 10 men fell into this group during the late nineteenth and early twentieth centuries.
education, they petitioned parliament for a private bill. Dentists were especially warned against having men as dental assistants because it was believed that men were more likely to attempt to expand their sphere and try to practise dentistry themselves (Webster 1908a). It was believed that women made better assistants, and that they were more content to be subordinate helpers to male dentists (Burns 1907, McLean 1907, McLaughlin 1912b).

In the opening years of the 20th century, a number of illegal practitioners petitioned parliament for a private bill that would grant them a license to practise dentistry. Such bills were sought largely by U.S.-trained dentists and illegal dental assistants who lacked the requisite education to get a license through traditional means. Petitions for private bills met with varying success. The RCDS board fought these petitions vehemently, but often did not succeed. Some dentists managed to convince the Private Bills committee that, despite the RCDS' objections, they were competent practitioners deserving of a license to practise dentistry (Webster 1907c). The legislature's willingness to override the dental profession and legislate dentists on more than one occasion is indicative of how tenuous dentistry's claim to professional status and privilege was at the turn of the century. While the dental board claimed the right to determine who could be a dentist, on some occasions the Ontario government overruled them, thereby usurping their professional authority.

As the century wore on, however, the RCDS board became more successful in fighting the private bills. At first it merely succeeded in placing conditions on the bills: limiting a dentist's license to a given county, a limited time period, and/or requiring that the dentist take an exam before a permanent license was granted. In the second decade of the twentieth century, the board successfully defeated the private bills, and increasingly fewer petitions were attempted.

The profession, and especially the RCDS board, disdained private bills for a number of reasons. First, they believed that their education standards were necessary to the proper practice of dentistry and to the elevation of the profession. They argued that no one lacking such
education could enter the profession without hurting the profession, and potentially the public (Webster 1903b). Second, men who lacked such education, and who had practised dentistry illegally did not conform to the ideal of the educated, ethical dentist professionalising dentists had emphasized over the past few decades. Finally, in overriding the RCDS board and granting these men a dental licence, the legislature was drawing the board's authority into question. Dentists believed that the legislature's actions revealed a lack of respect for dentistry and the RCDS board's efforts to govern the profession and protect the public (Webster 1905a, 1907a). The board felt perfectly justified in refusing licenses to dentists, even if they were somewhat competent, on the basis of their educational background.

Illegal practice and private bills were not the only alternate route into dentistry for those who lacked the requisite education. A few men fraudulently attained a matriculation certificate. Some men had others write their matriculation exams for them, while others claimed to have what they did not. These students created a dilemma for board members. Their lie about their matriculation was not discovered until they were well-advanced in their studies, and often on the verge of graduating. Thus, the board was faced with men who did not have the level of education deemed "necessary" for dental education and a dental career, and yet they had proceeded through school successfully and were almost fully trained dentists. These students were variously dealt with, depending on their individual circumstances; however, they tended to be dealt with harshly. The students had lied and cheated and, therefore, were not the upstanding young men professionalising dentists desired in the profession. As punishment a student might be forbidden to graduate or to be licensed. In one case, even after repeated apologies, and efforts to improve his circumstances, the board decided not to grant a dental graduate a license (RCDS Proceedings 1900). The board was adamant that those who did not meet its education requirements (or its honesty ideals) were not eligible to join the profession, regardless of their skill or training.
In summary, although the RCDS board had a great deal of power over who entered the dental profession at the turn of the century, some unlicensed or unqualified people managed to practise dentistry despite them. As time wore on, however, the efforts by the board to stop unlicensed dental practice, and to thwart the passage of private bills legislating dentists met with success. By the beginning of the First World War there was little attempt to enter the profession through private bills, and less complaint of illegal practice. Members of the private bills committee seem to have eventually accepted dentists' claim that their standards were necessary and reasonable. Moreover, the board made some concessions to U.S.-trained dentists, allowing them to practise in Canada if they had practised in the United States for a number of years and passed an exam; matriculation was no longer necessary. Thus, U.S.-trained dentists no longer needed to practise illegally or seek a private bill in order to practise their profession. By the end of World War One the RCDS board seems to have had complete control over who was allowed into their profession, and over the content and nature of the education that dental students received. At this time the board was able to ensure that dentists met many of the requirements for the ideal dentist.

Disciplining Professional Members:

As specified in the dental act, the RCDS board did have some power to discipline members of the dental profession for unprofessional conduct. Technically, a dentist who 'acted in a manner detrimental to the profession', or who was convicted of a crime, could have his license rescinded. However, until the 20th century, the dental board rarely disciplined dentists. Despite the widespread instances of unethical behaviour, especially in advertising, no action was attempted. Professionalising dentists believed, partly on the basis of lawyers' advice, that no such effort on their part would stand up in court or be accepted by the public (RCDS Proceedings 1907). Nevertheless, after the turn of the century, the RCDS board determined to try to discipline its members. It was decided that if they did not have the legislative power and authority to do
so, they should change the dental act to ensure that they did (Webster 1907c). Thus, between 1900 and 1917, the RCDS became more assiduous in policing the behaviour of its members, and in trying to coerce them to behave in a manner befitting respectable gentlemen dentists. These efforts were intended both to protect the public, and to "elevate Dentistry to a higher ethical plane" (Burt and Willmott, 1907: 471).

There were several types of "unethical" behaviour that professionalising dentists were particularly disturbed about at this time. Sensational advertising was considered quackery and 'the bane of the profession' before and after the turn of the century. Dentists were also increasingly disturbed with unlicensed dental practice by dental assistants. Hence, they attempted to discipline dentists who allowed their assistants to perform dental operations. Another aspect of "unethical" behaviour that the dental board opposed was the employment of licensed dentists by laymen in dental companies. It was intolerable to professionalising dentists that licensed dentists would work for laymen. The dental board considered dentists' employers to be guilty of illegal dental practice. Board members reasoned that such men could not run their business without interfering in some way with diagnosing dental disease or with other aspects of dental practice (Webster 1907c). Dental companies were also viewed as being harmful to patients because dentists did not need to assume personal responsibility for their work in such a practice (Webster 1907c). They were said to put profit and the interests of their employer above the interests of their patients (Webster 1907c: 468, Reade 1909a). The dental board tried to stop dental companies and the employment of dentists by non-dentists.

To test and delimit their disciplining powers, the RCDS board took a Toronto dental company to court (RCDS Proceedings 1907, Reade 1909c). The case enabled the board to create new by-laws and strengthen their powers, and ultimately to change the dental act to increase the board's power to discipline its members. (Reade 1909c, Webster 1909 (34), Seccombe 1911). Between 1903 and 1907, it was clarified that the board had the power to suspend or cancel a dentist's
license for employing unlicensed assistants, lying about a student's pupillage, and advertising unprofessionally (Willmott, 1904: 643, Webster 1907c, Reade 1909c). In 1907, the dental board formed a discipline committee for the purposes of disciplining professional members, and to oversee prosecutions of those who violated the dental act. Through the actions of this committee the RCDS board was able to stop dental company practice in Toronto, and to discipline erring professional members more effectively (Reade 1909c).

The committee also worked to discipline dentists who advertised profusely and those who employed unlicensed assistants illegally. These “unethical” dentists were warned by the board to stop their unethical behaviour. Implicit or explicit in this warning was the threat that if a given practitioner did not alter his behaviour he could be prosecuted or have his license suspended. This threat seems to have been an idle one. The board rarely, if ever, took away a dentist's license to practise.

There was one instance of a dentist who was convicted of manslaughter for helping to procure an abortion. This dentist did have his license rescinded (RCDS Proceedings 1898). After serving two years in prison, he returned to his home town and began practising dentistry again, without a license. The board warned him that he was practising illegally and that he should stop. This dentist did not cease his practice, and, instead, petitioned the board to have his license returned to him. The board acceded. Board members reasoned that since the sentence of this dentist was commuted from three years to two, and respectable people requested he get his license back, that he perhaps wasn't that guilty after all (RCDS Proceedings 1900). In effect it seems that this dentist was going to practise with or without a license, and the board decided it was easier to make him a legal dentist again. It appears that the board's belief that it could not make the dentist stop practising, combined with the support of respectable people for the dentist in question, overrode the board's oft-expressed concern for allowing only completely ethical, honest men into the profession.
The board's main discipline measures involved writing letters to practitioners who advertised profusely or employed illegal assistants, and asking them to mend their ways. After such a letter, most practitioners promised to stop their behaviour, and it seems that many did, as there is no further complaint of their behaviour recorded in the RCDS minutes (Willmott 1904, RCDS Proceedings). Those practitioners who did not desist in their unethical behaviour were called before the discipline committee. The purpose of this meeting, according to the board, was to confront the wrong-doer and get him to promise to cease his unethical activity (RCDS Proceedings, Reade 1909d). The board was always successful in extracting this promise. However, there were many people who continued to persist in their unethical behaviour. Some dentists who used illegal assistants were warned incessantly, and sometimes were even taken to court. The behaviour of these dentists did not change. No matter how many “promises” of good behaviour the board elicited, these dentists did not desist from their unethical practice. Members of the discipline committee never seem to have taken the matter further. Their only action was to continue requesting that these dentists mend their ways. Although it was suggested at a board meeting that one repeat offender finally have his license removed, the board decided to defer action in this matter (indefinitely) (RCDS Proceedings 1914). Peer pressure was the principal method by which the RCDS board tried to shape and regulate the behaviour of Ontario dentists.

Despite the fact that the board was not terribly strict in its disciplinary actions, it seems to have had some success in altering the behaviour of licensed dentists (McLaughlin 1912a). Many erring dentists responded well to peer pressure. When asked not to advertise, or to refrain from using illegal assistants, they did. Moreover, the discipline committee was successful in stopping those outside of the profession from hiring dentists to work for them. Thus, in the period between 1900 and 1920, the RCDS board had increasing success in regulating the behaviour of licensed

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58 There is some evidence that local dental societies, most notably the Toronto Dental Society, also engaged in such letter-writing campaigns (Lake 1894).
dentists, and ensuring that unacceptable behaviour was quashed. However, the board’s reluctance to rescind the licenses of unethical practitioners could be taken as evidence that they still believed they lacked the authority, or public acceptance, to enforce their by-laws completely.

In conclusion, in the opening two decades of the twentieth century the RCDS board attempted to consolidate its authority over professional affairs in dentistry in Ontario. In order to ensure that dentists came closer to living up to the ideal image constructed by Ontario dentists, the dental board struggled for greater control over entry into the profession, over education of dental students, and over the conduct of licensed dentists. High matriculation and education standards were the main means by which the dental board attempted to raise the standard of men entering the profession and, thereby, improve the status and standard of dentists. Some people managed to circumvent these education requirements, and enter the profession despite the board’s opposition. Unlicensed practitioners, illegal assistants and private bills were considered to be an attack on the profession that threatened to undermine its status and its efforts to define the ideal dentist as an educated, ethical gentleman. By the end of World War One, the dental board had made much progress in eliminating these alternate routes into the profession. Moreover, it had had some success in regulating the behaviour of existing practitioners. Within a twenty year period, the dental profession had made great progress in ensuring that its practitioners were respectable, educated and ethical men, who would be patronized, respected and listened to by the public.

Refining the Image of the Ideal Dentist

After the turn of the century, dentists felt that their status and role in society were becoming both clearer and more secure. Continuing efforts by the RCDS board to ensure that entry into the profession was restricted to only the best candidates, and that professional dentists were
ethical in their behaviour, seemed to have an impact on the profession and on the public. Dentists asserted that a higher class of student was being recruited, and it showed in their behaviour and demeanour. Formerly, the students had "'beer' tastes" and "could only be entertained in beer company, while now the more refined tastes of wine and brotherhood [were] the characteristics of the [dental students]" (Webster 1903a: 337-8). Professionalising dentists believed that such a gentlemanly class of students could not help but improve the profession in the coming years, as long as they were given the proper advice and guidance.

Already the public was coming to respect and trust dentists (Webster 1901a: 317, Moyer 1903). The public seems to have begun to be more accepting of professions and professionals in general, and dentistry benefited from this change of viewpoint. Increasingly dentists were viewed as educated, "public-minded citizens" whose services were important to the comfort and health of families (Webster 1901a: 317). Moreover, dentists argued, the public was finally starting to listen to dentists, and seek out their knowledge and advice (Moyer 1903). Dentistry was fast approaching "the full stature of [its] professional manhood." (Moyer 1903: 204). However, dentistry had not yet achieved the full measure of respect and authority dentists felt it deserved.

Encouraged by their perceived progress, dentists in the early twentieth century continued to define and redefine the ideal dentist and ideal dental practice. In defining and reiterating such an ideal they hoped to influence the behaviour of dentists and of the public. Like previous descriptions of ideal behaviour and character within dentistry, the ideal defined in the twentieth century was intended to secure dentists' livelihood and their identity as men, while legitimating their legislative privileges and their social authority. However, social values, movements and trends had altered somewhat since Ontario dentistry first started to define and establish itself. Dentistry's ideal image changed to reflect the times.
Three trends were especially important to dentists and their efforts to define themselves and their work: the growing importance of and admiration for all things labelled “scientific”; the rise of other professions and ideologies of professionalism and service; and the rise of social purity and public health movements. All three of these trends affected members of the middle class and professionals in general. Hence, it is not surprising that they also influenced middle-class dentists. Notions of science, service and a devotion to improving the public’s physical, moral and mental health figured prominently in definitions of the ideal dentist and his behaviour in this era. However, gender remained central to dentists’ efforts to define themselves and their work. As notions of professional and gentlemanly behaviour expanded to include science, service and a devotion to the public’s well-being, dentists too adopted these traits. In doing so, they redefined their identity as professional gentlemen.

In the twentieth century, dentists continued to emphasize the importance of a number of characteristics central to the image of the ideal dentist defined in previous decades. For instance, students graduating from the dental college around the turn of the century were reminded of their everyday “duties and ethics” including industry, modesty, respect for their confreres, and especially honesty (Hanna 1902: 345–8). Honesty and professional ethics were seen as particularly important, given dentistry’s difficulties with unethical advertising, and unethical (and illegal) practice, as documented previously. It was continually asserted that honesty and ethical behaviour would win the confidence of a dentist’s patients, his colleagues, and the public (Hermiston 1907, McElhinney 1904). Ethics was defined simply in the dental literature: “ethics is nothing more nor less than manhood, manhood in its most genuine noble and true sense” (Hermiston 1907: 241). Ethics was seen to be the embodiment of middle-class masculinity, and hence, of the ideal dentist and ideal dental practice.
After the turn of the century, dentists outlined more clearly exactly what they meant by ethics. Dental ethics were said to be composed of four main dimensions: dentists' duties to themselves, their profession, their patients, and to the public (Seccombe 1907: 251). Exactly what constituted ethical or ideal behaviour in each of these areas was outlined for dentists in the dental literature. Dentists' duties to themselves were straightforward. First, dentists should keep themselves in good health. Health could be maintained through moderate office hours, exercise, fresh air, hobbies, and by being good citizens (Seccombe 1907: 251, Newkirk 1913). Good mastication and good eating habits were also seen as important to good health (Newkirk 1913).

Second, a dentist's duty to himself involved charging a fee that was high enough to adequately compensate him for his work (Seccombe 1907, Murray 1912). In the opening two decades of the twentieth century, dentists became quite concerned over the business aspects of dentistry. Scientific management and rationalization affected the professions just as it did the business world. Dentists were advised to run their practices efficiently and scientifically (Murray 1912, Webster 1907d (190), Seccombe 1916, Johnson 1903, Trotter 1903). Dentists were taught business sense and this included calculating their fees carefully (Seccombe 1916, Smith 1906, Coyne 1912). Fees were to consider the time and knowledge that went into doing a given service, and also the cost of education and equipment attained by the dentist (McElhinney 1911). Dentists were reminded that time was money, and they should both use their time effectively, and charge for time set aside for patients (Reade 1909b). The ideal dentist was increasingly depicted as a healthy man with business sense. Ideally, ethical dentists should be prosperous in their practice, and financially prudent (O'Neill 1915).

Discussions of the ideal or ethical behaviour expected of dentists also outlined a dentist's duties to his profession. As typical in other professions, dentists were said to have a responsibility to be respectful and kind to their confreres (Seccombe 1907, Pearson 1903a). It was said to be particularly important for dentists to show respect for older dentists who were often scorned by younger men feeling superior in their education and practice methods (Willmott
Moreover, ideal/ethical dentists were expected to try to uplift their profession through their behaviour, not demean it through sensational advertising (Seccombe 1907, Webster 1916b).

A dentists' duties to his patients and to the public were more complex, and the subject of many lengthy discussions after the turn of the century. Cheerfulness, gentleness, kindness and a controlled temper were still seen as important qualities when interacting with dental patients, as they were in the nineteenth century (Hermiston 1907, Coghlan 1904, Beach 1907). The ideal ethical dentist should treat his patients “in a way becoming to a professional man and a gentleman” (Coghlan, 1904: 167). Thus, a dentist was to approach his patients with a demeanour that was not “boastful or intrusive”, yet also not “shrinking or servile” (Smith 1904: 164). Although the dentist was considerate of his patients and their needs, as a gentleman he was also expected to be firm and authoritative (Sparks 1902, Eaton, 1904, unknown 1912). To do his work effectively, a dentist needed to control his patients (Beach 1907: 230). Acting authoritatively was one of the duties an ethical dentist owed his patients, as well as the general public.

A dentist's authority and influence over his patients and the public was increasingly emphasized at this time. Dentists now, as in the past, argued that a dentist should not let his patients dictate to him (Hermiston 1904, Eaton 1904, TDS 1915, Davy 1912). However, dentists in this period also claimed a much higher level of authority and influence over their patients and the public. It was argued that “the dentist, as a cultured gentleman, owes certain duties and responsibilities to society ... and as it is impossible to isolate himself from the effects of his personal influence, he should strive to make that influence an inspiration to others.” (Smith 1904: 163-4). Not only did dentists believe they had the duty to tend to their patients' teeth, they saw themselves as overall role models with “tremendous” influence over others (Smith 1904, Davy 1910). Dentists were to guide their patients and the public towards appropriate living habits. Particularly stressed at this time was dentists' responsibility for educating their patients and the
public about dentistry, dental disease and about healthy and moral lifestyles (Simpson 1915, Gowan 1903). The public was portrayed as being harmfully ignorant, and dentists believed that they and other professional men had the duty to overcome this ignorance. Dentists were like father figures trying to guide, educate and protect the public which was seen as childlike (see Chapter 8).

Because dentists were such influential people (at least in their own minds), it was even more important that they exhibited proper habits and appearance in dental practice. It was argued that ethical dentists should always look clean, neat and respectable (Murray 1912, McCordick 1906). Temperance was considered a necessity by many, and smoking was discouraged (Willmott 1901, Coghlan 1907). It was particularly important that the dentist and everything in his office appear clean and neat (Willmott 1901, Murray 1912, Magee 1915, Webster 1907d (188), 1914 (145) McCordick 1906, Graham 1911). Even a dentists' breath should be clean and sweet smelling (Coghlan 1907, Sparks 1902). Cleanliness took on a new importance after the turn of the century, when the social purity movement, and fears of sepsis, germs and disease, rose to new heights. At this time, cleanliness was not only a matter of respectability and morality, it was also a matter of health (Newkirk 1913, Graham 1911). It was argued that a dentist should make his office a place where respectable women would want to come. Respectable women, fearing sepsis, would not want to patronize a dentist, and endure the physical closeness and contact with instruments, if the office and dentist were not scrupulously clean (Anonymous 1913, Magee 1915).

Cleanliness in one's person and office was seen as key to a dentists' success (Semans 1904, Graham 1903, Pearson 1903c). Through cleanliness they would make their offices attractive to their female patients, and they would also portray themselves as respected, intelligent, clean gentlemen (Magee 1915). They would be people whom the public would listen to, and whom they would want to patronize. Cleanliness was seen as a key part of dental ethics, and it was a duty that dentists owed their patients.
In outlining the ideal/ethical dentist's behaviour towards his patients and the public, professionalising dentists also emphasized the concept of professional service. The service ideal was new to dentistry at this time. During the nineteenth century, dentists argued that they should do good work for a good price because that was the behaviour expected from an honest, respectable gentleman. However, in the twentieth century, dentists portray themselves as providing a necessary service to the public. In fact, many dentists began to argue that serving the public was dentistry's highest and primary aim (Snell 1902, Seccombe 1916 (110). Ideally, through their dental practice and their public education initiatives, dentists were said to work selflessly for the benefit of mankind (Clarkson 1905, Simpson 1915). Dentists argued that the service they provided for the public was indispensable. They held in their hands "the happiness or misery of a large part of the race" (Snell 1902: 408). Dentists likely borrowed the idea of "professional service" from the medical profession, whom they emulated on many occasions. They claimed that while the medical profession had influence over the domain of life and death, dentistry's sphere was that of beauty and comfort as well as health (Willmott 1901, Seccombe 1916, Davy 1910). Through their public service, dentists could make the public more attractive, healthy, and happy.

The nature of dentists' services to the public was determined by dentists and their judgements of what the public needed, not by the public. Dentists argued that they knew what the public needed, in terms of dental health and beyond, better than the public did. (TDS 1915). It was their duty to serve the public by educating them and treating them. The increased social authority dentists claimed was largely based on their assertion that they used their authority to serve and protect the public. Serving the public involved shaping and influencing the public; if they were to be effective, dentists needed to be men with authority. The professional ideal of service that dentists and many other professionals advocated included being well paid for their services. Because the service they provided was so "essential", they felt they deserved to earn a substantial
income through their work. Although many dentists argued that public service was dentistry's highest ideal or aim, they claimed there should be nothing servile about dentists. They were gentlemen authoritatively protecting and guiding women and children in Ontario society.

The principal basis for dentistry's claim to authority over the public was science. Science became a key part of the image of the ideal dentist in this era. The ideal dentist was scientific in his knowledge and in his outlook (Webster 1904: 184, Gowan 1910 (198), Murray 1912). Beginning in the late nineteenth century, dentistry had made some claim to being "scientific" ("B" 1898, Bruce 1895, Kilmer 1894). Shortt (1983) has described how the medical profession gained prestige by associating itself with science, as the public's faith in science increased in the late nineteenth century. After the turn of the century, dentists themselves claimed that dentistry was a science, closely allied with medical science. Dentists attempted to use the public's faith in science to bolster their claims to authority and professional privilege. Like the medical profession, dentists claimed they were scientific, even at a time when dentistry had made little "scientific" progress of its own. It was lamented that advances in dentistry were typically mechanical, not scientific (Editor, Dental Cosmos 1894, Gullett 1971). Although there was some attempt to create a "dental science", dentists followed medical men in claiming that medical science formed the basis of their profession: professionalising dentists asserted that they too utilized the discoveries of medical science in their work (Seccombe 1916 (109), NYMJ 1908 (213), Webster 1905b). After the turn of the century, dentists began to engage in scientific research of their own which they used both in their practices, and in their efforts to "educate" the public about dentistry and dentists. Like the medical profession, dentists used their "scientific" basis to claim a certain level of social authority and influence, and to legitimate that claim to the public.

Claims to science and professional service were just two aspects of medical professionalism that members of the dental profession latched onto and adopted as their own. Professionalising
dentists had a great deal of respect and admiration for the medical profession and its authority. In fact, a sizeable proportion of dentists practising in Canada at this time felt that, by rights, they were members of the medical profession (McElhinney 1905, 1909, Reade 1908). These dentists argued that dentists were medical specialists, on the same level as 'oculists and aurists', and that in the future, they would take their rightful place as full-fledged members of that profession (McElhinney 1905, Woodbury 1905, Reade 1908, Thomson 1901, Webster 1905b).

Other dentists, however, argued that dentists were not medical specialists and never would be (Willmott 1901). Even these latter dentists, however, argued that dentistry was closely allied with medicine. Dentistry was seen as an "adjunct" of medicine (Willmott 1901: 163). It was an important part of the healing art as it covered a territory medicine had, heretofore, not troubled itself with (Willmott 1901, Seccombe 1916). Although dentists differed in their beliefs about the ideal relationship between the dental and medical professions, they agreed that the two professions were closely related. Dentistry adopted many of the terms and claims of the medical profession, and seems to have benefitted from the rise in status that the medical profession experienced after the turn of the century.

While dentists increasingly drew on notions of science and professional service to define and legitimate their work roles after the turn of the century, they continued to utilize gender ideology and gender roles as well. Middle-class masculinity remained central to definitions of the ideal dentist. It was argued that professional problems such as low fees and faulty service would only be overcome when all dentists were middle-class men (Coyne 1911: 273, Corrigan 1905, Smith 1906). The connection between masculinity and dental professionalism was not an indirect or hidden one. The association was boldly stated:

* a dentist should not be other than a real man. Of course this applies to all conditions and classes of men, but it seems particularly applicable to the dentist. A real man is supposed to be just about the finest piece of architecture that the Great Architect ever conceived (Habec 1914: 538).
The ethical, ideal dentist was manly, and manliness was highly valued. Manhood, it was argued, was what the profession needed if its status was to be raised (Snell 1907: 218). Masculinity was seen as a requisite for success in dentistry (Johnson 1903, Hermiston 1903). If they were to command the public's respect, dentists should be gentlemen. As we have seen, "gentlemanliness" was seen to encompass authority and education, along with honesty, honour, kindness, and culture (Habec 1914: 540, Corrigan 1905). While many of these traits, such as honesty, kindness and honour, were not viewed as the exclusively masculine traits, they were viewed as traits that all gentlemen should possess. Newly added professional traits like a commitment to asepsis, authority, service, and scientific knowledge were also defined as "manly" by dentists (Price 1902). These traits were encompassed in the conception of masculinity that dentists defined as professionalism.

The constant assertion that ethical dental practice confirmed and fulfilled one's manhood is interesting in light of published articles suggesting that the nature of dental practice might "feminize" dentists (Thornton 1907, Habec 1912a). It was suggested that because

"the average dental practice is largely composed of women and children, ...[dentists] become influenced by constant contact until [their] natures and actions are affected thereby ..... The boisterous acute mannishness possessed by the man whose business brings him in contact with men alone is rarely possessed by the dentist" (Habec 1912a: 69).

Some dentists were distressed by the idea that dentists might be viewed as being in any way effeminate, "meek" or "lowly". Dentists were urged to mingle with men as much as possible to maintain a "normal" balance (Habec 1912a: 70, Thornton 1907). Other dentists acknowledged that dentistry might narrow a man's point of view — associating narrow-mindedness with femininity — and encouraged dentists to broaden themselves, and to cultivate a "manly independent spirit without apologies" (anonymous 1912: 163, Mitchell 1904). These writers
emphasized that dentists should be manly, and it was important for them to appear as such. The thought that dentistry might be in any way "effeminizing" led to an even stronger assertion that masculinity was an important characteristic in a dentist. Masculinity was associated with positive characteristics; being called feminine was seen as demeaning and insulting. It was by appearing masculine that dentists believed they would create an occupation they could be proud of, and that the public would respect.

**WWI and the Rise in Dentistry's Status**

During the opening decades of the twentieth century, dentistry's status and social influence grew. Professionalising dentists began to reach the goal they had been striving towards since the 1860s. The public started recognizing dentistry as a learned and gentlemanly profession with expertise in dental health. Moreover, the public started attaching some importance to dental health and the prevention of dental caries. There are many reasons why dentistry's status rose at this time. The rise of other professions, particularly the medical profession aided dentistry, as the public began to regard professions more favourably. Dentistry's initiatives in education, professional discipline and public education seem to have helped as well. However, the occurrence of World War One seems to have been the catalyst for much of dentistry's rise in status. The war spotlighted dentistry and the importance of dental health, thereby bringing to the public's attention the accomplishments dentistry had made during the pre-war years.

Although dentistry's status at the turn of the century was considered higher than in the past, it was still not at a level considered acceptable. Dentists argued that the public held their profession in the same esteem that they did the "lower grade of lawyers and physicians" (Trotter 1905, ODA minutes 1905). While this level was a marked improvement over dentistry's status in the past, it was insufficient. Dentists wanted to receive the same amount of recognition and esteem as "other average men in other professions" (Thornton 1905). Dentists were too often
regarded as mere mechanics rather than professional men of science (Webster 1907b, 1916a). Indicative was the way in which dental offices were categorized by the phone company. Bell Telephone charged dentistry "business" rates, while physicians got cheaper, "professional" rates. Dentists were indignant at being classified as a business, and getting charged more (Webster 1908b). It was argued that if dentists lived up to the ideal image of the dentist they had constructed, and educated the public about their work, training, and dental health in general, their status could be raised even further.

Their strategy seems to have worked. By the First World War, the public had started to look upon dentistry more favourably. There were articles published in the public press that portrayed dentistry in a positive light. Newspaper editorials proclaimed that a dentist was a "friend to humanity" and to "the race", for his work which improved the public's general health ("Toronto World" 1910: 47). Other articles portrayed dentistry as a science that demanded a great deal of skill, scientific knowledge and education ("lay woman" 1916, Ottawa Citizen 1908). Dentists argued that the public was now "more ready to acknowledge the value of the service rendered by a dentist than at any previous time" (Webster 1910, Seccombe 1913a). Women's groups attended lectures on the importance of dental health, and they and other groups sought out knowledge about dental health. Moreover, there was evidence that members of the medical profession were beginning to regard dentistry with some respect. The increase in dentistry's status was further evidenced by government initiatives to provide for dental services to the poor (see chapter 8). Dentistry was now well on its way to being accorded the status and social influence dentists had argued it deserved.

The occurrence of the First World War provided dentistry with a further opportunity to convince the public that they were an important and valued scientific profession. There were many aspects of the war that garnered attention for dentistry, but one of the most important was the inspection of potential recruits for the army. Before they were enlisted in the army, men were
given a physical exam which included an inspection of their teeth. This exam was not conducted by a dentist. On the basis of these examinations a substantial percentage of men, whose overall health was satisfactory, were rejected for military service because of their dental health (Webster 1914b: 443, Gullett 1971). All of a sudden there was public concern that Canada’s men were not physically healthy enough to fight their enemies because of poor dental health (Webster 1914b: 443). This concern was increased by the incidence of dental caries among men who were in the army. Many were prevented from fighting or doing their best, it was said, because of the lack of dental care. Although these concerns also arose during the Boer War, they achieved greater prominence during World War One (Webster 1903d, Gullett 1971).

Dentists responded to these concerns by actively working to improve the dental health of army men. Between the Boer War and World War One, dentists campaigned for the establishment of an Army Dental Corps which would look after the teeth of army men in war zones and at home. Such a corps was established in 1915 (Gullett 1971). Within the corps, dentists checked and improved the teeth of dental recruits before they went off to war. They were stationed in Europe during the War to look after the teeth of the fighting men. Furthermore, they inspected the teeth of all the men returning to Canada after fighting in the War. Their work got a great deal of publicity. There was a frequent cry that there were not enough dentists or dental assistants in the army, and dental students and others were urged to train for such important posts and help their fellow fighting men (Webster 1917a: 23, “Clippings” 1917). Dentistry was suddenly viewed as an important profession that was integral to the physical health and comfort of Canadian people.

The public demand for dentistry increased during the War. Dentists argued that

for the first time in the history of dentistry an opportunity has been given the profession to show its value. It is recognized now, if never before, that dentistry is a necessity and not a luxury (Webster 1917b: 227).
The War gave the dental profession publicity and a chance to convince the public that the work dentists did was important. The public seems to have responded with greater patronage of dentistry, and with a greater acceptance of dentists' advice (Gullett 1971: 158). Moreover, dentistry came to be viewed as a more attractive career option (Webster 1923, Gullett 1971). In the years after the War, the number of people seeking entrance into the dental profession increased substantially.

This rise in the number of dental students suited the profession completely. The increase in the demand for dental service, combined with a new definition of dentistry's mission -- to improve the health of the nation -- led members of the profession to believe that there was a shortage of dentists in Ontario (Webster 1923, Seccombe 1913b, 1913c, 1914). While only 20 years previously there were incessant complaints of overcrowding, now the profession began to fear that there was such a shortage of dentists that unlicensed men might be allowed to practise.

Dentistry, therefore, worked to recruit people, particularly young men, into the profession. Returning soldiers and graduating high school students were considered ideal candidates for dental school (Webster 1917c). The advantages of dentistry were advertised to those young men on the verge of seeking a profession (Webster 1916c, Seccombe 1913d, 1915). While dentists were not opposed to accepting women students in the dental school, they did not make any effort to recruit women into the profession. The perceived shortage of dentists after the First World War did not lead dentists to alter their image of the ideal dentist as a man.

Conclusion

In this chapter, I have examined some of the changes that the dental profession experienced in the first two decades of the twentieth century. It was during this period that dentists began to reach their goal of recognition as learned professional men. There were a number of factors that contributed to the increase in dentistry's status at this time. After the turn of the century, the
dental board began to have some success in curbing illegal practice, and in solidifying their control over admission into the dental profession. With control over who practised the profession in Ontario, the dental board could better ensure that dentists were people worthy of the public’s respect. The board’s efforts to regulate dentists’ behaviour — both by limiting who could practise the profession and by disciplining those who practised unethically — also helped to ensure that dentists were men with the characteristics that people in Ontario society valued.

Alterations to the definition of the ideal dentist also seem to have contributed to the rise in dentistry’s status at this time. Professionalising dentists continued to argue that if dentists were cultivated, respectable and ethical gentlemen, then the public would respect them and value their services. However, dentists also incorporated into the dental ideal other characteristics that were becoming socially valued in the twentieth century. Dentistry latched onto ideals of professional service, medical science, and concern with physical and moral cleanliness and applied them to themselves. They used these ideals to sustain a claim for greater social authority and influence, and for public respect. Dentists argued that they provided a service to the public that was based on medical science and that would improve the physical health and comfort of the public, as did members of the medical profession who were also extending their authority at this time. World War One provided dentistry with the opportunity to illustrate to the public just how important their service was.

The rise in dentistry’s status during this period relied to a great extent on their ability to legitimate their professional privileges and authority to the public. Once again, gender provided a powerful legitimating tool. Gender continued to be an important part of the ideal image of dentistry and dental practice. Dentistry built upon and adopted masculine traits like authority, strength, education, and a responsibility for the well-being of others. Dentists believed that their masculinity was the key to their acceptance by the public. Dentists incorporated into the role of dentist the middle-class male role of authoritative protector who guided women, children and
social inferiors. By applying this accepted gender role with its accompanying privileges to their less accepted work and privileges, they made the latter more appealing, legitimate and familiar to the public.

In the following chapter, I will examine dentistry's involvement in the Ontario public health movement. Dentists' involvement in this movement was a major contributing factor to dentistry's rise in status in the twentieth century.
Chapter 8
Public Health, Public Education, Public Image

Introduction

By the turn of the century, the social purity and public health movements in Ontario were well underway (Valverde 1991, Sutherland 1981, MacDougall 1990). Middle-class, Anglo-Saxon Ontarians were quite concerned with the moral and physical state of the Ontario public. Fearing that the Anglo-Saxon race was degenerating both morally and physically, they worked to "reform" or alter the way people – especially immigrant and working-class people – lived their lives. Men and women in the health professions were very active in these movements, particularly in the area of public health; dentists were no exception.

Between the turn of the century and World War One, dentists became quite involved with the public health movement. They sought to educate the public about dental health, and to ensure that those who needed dental treatment received it. Dentists believed that the public's health depended to a large extent on their efforts, and that, side by side with medical men, they could improve the health and well-being of the entire Ontario public. However, dentists' public health activities served an additional agenda. Through their involvement in public health, dentists also sought to improve their public image and status, and to secure a market for their services. The public health movement provided dentists with an opportunity to convince the public that they and their work were important. Through public dental education and dental inspection, dentists attempted to legitimate their work, privileges, and authority to the public. Gender, class and race ideologies proved to be effective legitimating tools for dentists. However, the significance of gender, class and race to dentists' public health activities went beyond providing legitimacy. The entire nature of dentists' involvement in public health was conditioned by their gender, class, and race position and identity.
In this chapter, I discuss dentistry's public health campaigns, and the role played by gender, class, and race ideologies. First, I consider dentists' claims that the Anglo-Saxon "race" was degenerating, and that dental disease was central to this degeneracy. Dentists argued that given the importance of dental health to the health of the race, they had an important social role to fulfil. Second, I examine dentist's efforts to educate the public, and especially women, about the importance of dental health and dentists' work. Third, I discuss dentists' public health campaigns for the inspection and treatment of school children's teeth. Dentistry's public profile, image, and authority were very much improved through their public education and public health activities. In all three sections, the significance of gender, race, and class ideologies is explored.

Ideas about gender, class and race figured prominently in dentists' public health campaigns. They provided the motivation for these campaigns, and they influenced their nature. Through their use of gender, class, and race ideology, dentists succeeded in convincing the public that they were social authorities in the area of dental health whose advice should be considered and heeded. By embedding popular ideas about gender, race and class in their public health campaigns, dentists gave their efforts and claims to social authority both weight and legitimacy. Moreover, by using gender and class ideology to define both their own roles and those of their patients and the public, dentists reinforced their identity as middle-class men, and their authority in the dentist-patient relationship.

Degeneracy and Decay:

In the late nineteenth and early twentieth centuries, there was a widespread belief that the Anglo-Saxon race was degenerating. It was believed that the physical, mental and moral health of members of the Anglo-Saxon "race" had been declining as civilization advanced. Anglo men and women feared that if something were not done, then the race would deteriorate even further and eventually die out. Dentists showed little interest in theories of degeneracy until after the
turn of the century. At this time, however, dentists had a keen interest in theories of degeneration, and especially in the significance of dental disease to race degeneracy. Dentists argued that degeneracy in the overall physical, mental and moral health of the race was at least partly explained by a decline in the dental health of the general public. Therefore, they continued, dentists could stop degeneracy and improve the Anglo-Saxon race by promoting dental health.

At the turn of the century, professionalising dentists were convinced that the public's teeth were in a more unhealthy condition than they had been at any other time in the history of civilization. It was argued that dental disease was so rampant that it was the most prevalent disease in the world (Seccombe 1916c, Davy 1911). Dentists believed that dental disease was associated with civilization (Seccombe 1916c (221), 1911a, Webster 1907d). The diet and lifestyle habits of more primitive, "savage" cultures was said to be better for the teeth, and overall health, than those of civilized societies. The lifestyle in civilized societies, especially its elements of "rush" and "luxury", had caused oral health and overall health to degenerate (Seccombe 1911a, Webster 1907d). Mental and moral degeneracy followed naturally (DDJ 1914). Professionalising dentists argued that, without dentist's intervention, there was the danger that the entire human race could become edentulous, and as a result, physically, morally and mentally unfit (Beacock 1904, Webster 1907d).

When dentists sought the causes for this degeneracy of the white race, they tended to find that, one way or another, women were involved. If the children of today had worse oral and general health than children of the past, then modern women -- who were responsible for bearing and raising children -- must be at fault. Women's education and emotionality were seen to be the primary causes according to some dentists. In explaining the causes of the rise in tooth decay, one dentist argued the following:
"First, mothers are more emotional in civilized than in savage life, and the so-called higher education seems to increase this emotionality and excitability. The transmission of these is an increasing evil. Inheriting nervousness, the child is born into a hot-bed of emotion and its education is highly emotional; society then excites and social pleasures exhaust the young girl, till the modern woman becomes the bundle of nerves that she is, and often totally unfit to become the mother of children in turn, and which are usually born with large brains and small, weak bodies, and scarcely any digestion at all....The brain is supplied in part at the expense of the rest of the body. This hyper-nutrition of the brain means deficient nutrition of the body of the child, which in turn means deficient formation of the teeth." (Beacock 1904: 299-300).

Thus, the higher education and emotionality characteristic of early twentieth century women, were seen as being partly responsible for the rise in tooth decay, and, as an extension, the degeneracy of the race.

Although the above-quoted dentist stressed the negative effects of women's education on race degeneracy, he and other dentists also stressed women's lack of education - about dental health matters - as an important cause of race degeneration (J. Adams 1896, Hermiston 1903, Secombe 1911b: 23, Doherty 1912a). Mothers, as well as fathers (who were mentioned far less often), were 'criminally ignorant' about the necessity of good dental health (Hermiston 1903b, Falloon, 1909, Thornton 1902). Mothers were seen as completely responsible for the health of their children from the moment of conception. A lack of good nutrition and good living while pregnant was seen to doom the dental health of many a child (Beacock 1904, Wells 1908). Mothers were also blamed for causing tooth decay through their neglect after birth (Hanna 1911: 94, Who.1905: 158). Children's poor dental health was blamed on their mothers' habit of feeding them food that did not require mastication, such as porridge and pies, as well as sugary foods like candy (DDJ 1914, Davy 1911, J. Adams 1912). The threat of degeneracy was taken so seriously that mothers who did feed their children such forbidden foods were accused of acting immorally, and crippling their helpless children for life (Beacock 1904: 301). It was said that "dentally
spealagedynininetyninecent of the children [between ages two and six] have no mother at all” (Cowan 1914: 251). Women were chastised for their neglect of this aspect of their children's development. Their neglect and ignorance were seen to be responsible for the degeneracy of the race, both in terms of dental health and general health.

Dental health and overall physical health were closely linked by dentists. Dentists cited medical authorities who stated that most disease either entered the body through, or originated in, the mouth (Day 1917: 317, Davy 1911, Webster 1907d, McElhinney 1914, Willmott 1904a). Because their work focused on the mouth and its surrounding tissues, dentists believed that they were uniquely placed to prevent diseases from entering the body. As “sentinels at the portal of the alimentary tract”, dentists could improve the overall health of the Anglo-Saxon race (Reade 1907: 119, Taylor 1917, Thompson 1908, McElhinney 1909). Good dental health would almost ensure overall physical health. However, dentists still had to convince the public and the medical profession of the importance of their sphere and role.

To illustrate the importance of their sphere, dentists constructed elaborate and revolting "scientific" descriptions of the average person's mouth and continually put these before the public. In this age of cleanliness and asepsis, such a picture of filth and germs must have had an especially strong impact. Dentists attempted to define exactly how many bacteria and germs there were in the mouth at any given moment (Day 1917, Willmott 1904a). It was stated that there were at least 15 different varieties of germs and between 30 and 100 varieties of bacteria in an unhealthy mouth (Day 1917, Bennett 1908). These multiplied so quickly under certain conditions that a few bacteria could become millions in a few short hours (Day 1917, Willmott 1904a). Some diseased mouths might contain as many as “one billion one hundred and forty million bacteria” (Day 1917: 318). These were portrayed as swishing around in the mouth, polluting the air people breathed, and infecting the body at every swallow (Day 1917, Bennett 1908). Descriptions were especially colourful when they focused on pus from decayed teeth in the mouth.
(as they often did). This pus was mixed in with food at every chew, and was then swallowed, spreading disease to the stomach and throughout the body. Vivid and colourful descriptions of the widespread presence of germs, disease and pus in the mouth were intended to shock members of the public into regarding dentists and dental health as being important to their overall health. In an age that stressed asepsis and social purity, dentists chose to publicize images of sepsis and impurity to illustrate the importance of the sphere of the body that they claimed as their own.

Although dentists focused their attention on the diseased state of teeth and mouths, they believed that dental health, to a large extent, determined general physical health, moral health and mental health (Davy 1911, Webster 1910a: 359, Willmott 1904a, Taylor, 1917). The dental literature contains many anecdotes supporting these connections. Dentists tell of people who were in a chronic state of bad health until they visited a dentist, started eating properly and brushed their teeth regularly; suddenly their health improved (Davy 1911, Webster 1907d, J. Adams 1912). The connection between dental health and mental health was illustrated through anecdotes about insane people who became normal upon improving their dental health (Day 1917). Moreover, there were anecdotes of poor students who suddenly improved once their dental health was improved (Davy 1911, Johnson 1912). It was also reported that more than one errant boy had been led into a life of crime and moral degeneracy through inattention to his dental health (Fletcher 1904, Day 1917, Rogers 1912). Thus, although dentists only lay claim to a small area of the body – the mouth – they argued that this area was huge in importance. Degeneracy in the dental health of the public was seen to lead to degeneracy in the other areas of health (Fletcher 1904). In having charge of the mouth, therefore, dentists argued they had influence over all aspects of a person's development and wellbeing.

Because they viewed oral health as an important predictor of overall health, dentists argued that they had an important duty to fulfil. Through their practice, they could not halt and reverse the degeneracy that was affecting the Anglo-Saxon population (Webster 1904a). Although the
bulk of the blame for dental disease and dental degeneration was placed on women, dentists felt they too could be seen as somewhat responsible (Bean 1916: 224). It was their duty to protect the Anglo-Saxon race from degeneracy by combating its "ignorance" and educating it (Hermiston 1903, Seccombe 1911b: 23, Webster 1904a, J. Adams 1912). Dentists had to show the public the error of their ways. There were a number of methods by which they could do this. It was argued that if dentists charged more for their preventative dental work such as cleaning the teeth, then the public would come to learn its value (Bean 1916, DDJ 1914: 70). It was also suggested that dentists should lead by example. However, professionalising dentists most stressed the importance of educating patients and the public about dental disease and maintaining dental health.

Gender, class and race figured prominently in dentists' discussions of degeneracy and dentistry. Dentists' concern with degeneracy was a concern for their racial superiority. They, and many other Anglo-Saxons at this time, believed that they belonged to the most superior race on the planet, and yet they feared that they would be overtaken by less civilized, inferior races. There was concern over rising levels of immigration after the turn of the century, and many Ontario Anglo-Saxons feared that they were being overrun (MacDougall 1990). Improving the health and well-being of Anglo-Saxons would keep their race superior. Improving the health of immigrants was also a goal; they were often seen as dirty, unhealthy and in need of improvement. Dentists' racial identity was important to them. The majority of dentists were Anglo-Saxons, and many were anglophiles. They were very proud of their racial background and believed that they were superior to other cultures, nations and races. This racial pride and xenophobia led dentists, like other anglophiles, to try to halt the "degeneracy" of "the race".

Gender and class identities were also salient to the way in which dentists viewed the issue of race degeneracy. As discussed above, women were seen as the main cause of degeneracy. Their education, emotional natures, and their ignorance about dental health were leading to
degeneracy in terms of dental health and, by extension, overall physical, mental and moral health. Dentists, by virtue of their expertise and their gender and class positions, believed that they were the people to halt this degeneracy. As men, they had the responsibility to guide women to take better care of themselves and their children (Falloon 1909). As middle-class men, they also had the responsibility to help those less fortunate than they, and to ensure the care of poor children. They were concerned that if degeneracy were not halted amongst the poor, in the future they would have difficulty finding good servants, labourers and soldiers (McElhinney 1914, Dental Record 1903). As middle-class men, dentists believed they had the duty and the authority to correct the living habits of women, children and the poor, to protect them. Their public education and public health campaigns, discussed below, built upon this belief, and the class, race and gender assumptions that underlay it.

Public Education

Beginning in the late nineteenth century, dentists argued the importance of educating the public about dentistry and the proper way to care for teeth. At this time, dentists sought to use education to increase the number of people who visited dentists regularly, and to increase the value placed on dentists and on dental services (Beers 1899e). These two goals remained important to dentists’ education drives after the turn of the century. However, preventing race degeneracy and protecting children from the effects of dental disease were dentists’ most-cited goals at this later date.59 Increasingly, dentists portrayed public dental education not as something that they gained from — although they did — but as part of dentistry’s duty to the public. Dentists argued that they were providing the public with information and an essential service (Seccombe 1911d). Nevertheless, information about dental health was not the only thing disseminated by

59 Although most professionally-active dentists appear to have been concerned with children’s teeth, there was a proportion of the profession who did not care, and who sometimes refused to treat children (Webster 1911: 88, Seccombe and Reade 1911).
dentists through their public health campaigns. Gender ideology was also disseminated as dentists used education to establish their authority and influence over the area of health, and over their patients and the public.

Because they believed that dental health was so important to the overall well-being of their race and nation, dentists also believed that dental education was a necessity (Seccombe 1911b, Reade 1911b). Canada would be better off through their efforts. Education was seen as especially important given increased levels of immigration:

"With such an influx of people -- who know not oral hygiene -- there is not a country where a campaign of dental instruction is more necessary, or more opportune than in Canada today. One cannot conceive of any other effort that would give such an impetus to good citizenship, raise the health standard, and increase self-respect as would a campaign for clean mouths" (Seccombe 1911d: 181).

Thus, dental education was seen as a necessary and civilizing force for immigrants entering Canada. However, immigrants were not the main focus of dental education campaigns. Rather, dentists believed that their education was best directed at children of all backgrounds (Seccombe 1911d, Doherty 1912a). Because children were the future parents of this world, degeneracy could be halted if their health were improved (Croll 1902: 181, McElhinney 1914, Kennedy 1912). It was reasoned that if children started out in life with good dental habits, they would become good, clean adults, and would be able to pass on their good health to their own children. Moreover, dentists argued, good habits were more easily acquired in childhood, so the effects of dental education in childhood would last a lifetime.

Dentists sought to reach, protect, and educate children indirectly, through women. Dentists aimed their education initiatives at mothers, nurses and public elementary school teachers (who were predominantly female at this time), believing that women could best carry out their instructions about combatting dental disease (Webster 1907d, 1906, Bothwell 1917: 498). A principal part of dentists' education initiatives involved giving speeches to teachers, and students
in teachers' colleges, as well as to practising and student nurses. Dentists' main efforts, however, were devoted to educating mothers. They spoke at meetings of women's groups, talked to their patients, and published pamphlets aimed at mothers, to educate women about how they should look after their children. Dentists argued that to protect the children, they had to educate mothers (Kennedy 1912, J. Adams 1912).

In addressing mothers, dentists utilized gender norms to "guilt" mothers into following their advice about dental hygiene. Mothers were blamed for any dental imperfection their children possessed. If they did not do something while their children were in the womb to cause the problem, it was something they did, or did not do in the ensuing years of their children's lives. In accordance with the gender ideology of the time, it was emphasized that children's dental health was completely a mother's responsibility (Beacock 1904, J. Adams 1912). If women followed dentists' advice, their children could grow up to be healthy, intelligent, moral people. If they did not, their children would be handicapped for life through their physical, mental, and moral deficiency (TBE 1912, J. Adams 1912).

Dentists drew on the increasingly high standards of cleanliness and housekeeping expected of middle-class women to convince women about the importance of their children's dental health.

As one dentist told his female audience:

"No woman would think of having her home beautifully decorated, polished floors, dainty rugs, everything absolutely clean, and allow the front entrance to contain several inches of mud and filth. A clean house would be an impossibility under those conditions. A clean body cannot be maintained and allow the vestibule, the mouth, to be filled with noxious, fermenting germ laden filth to be mixed with food and carried to the stomach, there to interfere with functional nutrition and poison the entire system" (Davy, 1911: 485).

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60 Dentists' education efforts were organized by professional bodies and committees devoted to that purpose. Many education initiatives were funded by a company founded by many members of the profession, the Canadian Oral Prophylactic Association, which was involved in the manufacture of toothbrushes and dentifrices. Proceeds from the sale of these went towards funding dental education projects across Canada.
This quote draws on accepted middle-class standards of cleanliness and appearances to illustrate the importance of oral cleanliness or hygiene. As the quote illustrates, it was seen as women's responsibility: just as they were responsible for keeping their houses neat and clean, they were responsible for keeping their family's mouths clean. The strong words used to refer to an unclean mouth — "noxious, fermenting germ laden filth" — are effective and sufficiently revolting. A woman who had internalised societal norms concerning the importance of cleanliness could not help but be affected by this description of the state of her children's mouths.

The above quote is not singular in stressing the connection between women's responsibility for the cleanliness of their homes and dental health. A number of articles asked mothers to generalize their standards of cleanliness for their food, clothing and households to their children’s mouths (Cowan 1914, Webster 1907d 373). For instance, one article pointed out that it was inconsistent for women to insist that their food was clean, and served on a clean plate, with clean utensils, if they were then going to let their family members insert that food into a filthy mouth (Corrigan 1906: 257). Dentists argued, "no refined person would tolerate a dirty mouth any more than he would dirty dishes" (Webster 1907d: 380). Thus, dentists used norms that stressed women's responsibility for their homes and their families, and the standards of cleanliness and appearance characteristic of the period, to convince women to follow their advice about dental disease.

In their pamphlets and speeches, dentists argued that it was imperative for women to follow their advice about dental hygiene, and the proper care of the teeth. Interestingly though, dentists were not completely sure at this time about what advice to give. There was by no means a consensus within the profession concerning how tooth decay was best prevented (Gowan 1909b, Webster 1905c, 1909b). For instance, it was fairly common for dentists to recommend the regular brushing of teeth to prevent decay, but dentists disagreed over whether a toothbrush was really effective. Moreover, dentists who advocated the use of toothbrushes often disagreed over what
kind was best, what dentifrice should be used, and when the teeth should be brushed. Research and discussion led to an increasing amount of consensus by World War One. However, dentists gave advice and asserted their authority over dental matters even before they agreed about what, exactly, their advice should be.

Despite differences of opinion about dental health, the nature of the advice given was fairly consistent. Dental pamphlets and speeches followed roughly the same pattern. They began with an illustration of the prevalence of dental disease. Dental disease was said to be the most prevalent disease affecting mankind; almost everybody suffered from it at one time or another. The presence of bacteria in the mouth and the role that germs played in a variety of dental diseases was explained. Often, vivid descriptions of germs, filth and pus were provided. Scientific explanations and illustrations of dental disease gave dentists' arguments greater legitimacy. Pamphlets and speeches also emphasized the pain, suffering, and disfigurement children experienced when mothers neglected their dental health (J. Adams 1912, Pamphlet 1912a, TBE 1912). To illustrate the effects of dental disease, pamphlets often contained pictures of unattractive people with decayed and crooked teeth. Such pictures aimed at illustrating how unattractive and unhealthy a person could become if their teeth were neglected as children. Dentists believed that women could be particularly swayed by arguments stressing the negative effect dental disease had on appearance (ref, Falloon 1909). Dentists cautioned that you could judge a person's intelligence, education, taste and social position just from the appearance of their teeth (Gowan 1904: 298).

After presenting the nature and consequences of dental disease, dentists' pamphlets and speeches explained what people (women) could do to prevent dental disease and to promote oral health. The importance of cleaning the teeth was especially stressed. One way in which the teeth could be kept clean was through proper eating habits. It was said to be important that food be chewed carefully if the teeth were to be kept clean and digestion improved (Pamphlet 1912a,
Gowan 1909a). Dentists were often precise in their instructions about chewing food: “mastication should be continued until the morsel is but a fabulous mass, and the bolus glides into the gullet as though it were greased” (Reade 1907: 120). Good mastication would clean the teeth and give them “exercise”, thereby contributing to good dental health (Pamphlet 1912a, Gowan 1909a, Webster 1907d (374)). It was said that “if children could be sent to chewing school as they are sent to a kindergarten, there would be a marked improvement in the race” (Pamphlet 1912a: 343, Grieve 1909: 507). Parents were, therefore, advised to watch their children closely to ensure that the latter chewed their food.

In addition to good mastication, women were told that brushing teeth was essential to keep the teeth clean, and to prevent dental disease (Gowan 1909b, Grieve 1909, Pamphlet 1912a). It was the duty of the mother to ensure that her children brushed their teeth (Pamphlet 1912a: 346, Grieve 1909, Corrigan 1906, Gowan 1909a). Cleaning of the teeth was not only a matter of health and appearance, it was also a matter of self-respect and refinement, women were told (TBE 1912: 480, Pamphlet 1912a, Fones 1914).

Women were further advised to carefully monitor their children’s diet, choosing foods that required a good deal of chewing and were nutritious (Pamphlet 1912a, Reade 1907). Candy was disdained by dentists as a lazy or bad mother’s substitute for love and nourishing food (J. Adams 1912, Seccombe 1915b). It was implied that if mothers truly cared for their children they would give them food that was less sugary and required chewing, instead of candy. At various times mothers were also told that artificial light, lack of exercise and spending too much time indoors could also lead to tooth decay (Wells 1908, ref). Hence, mothers were also advised to guard their children’s exposure to these potentially harmful influences as well.

Most stressed in dentists’ advice to mothers and other women was the importance of regular visits to the dentist. Not only were they to consult a dentist regularly, but they were also told that they should co-operate completely with the dentist’s advice and instructions (Gowan 1904,
Pamphlet 1912, Cowan 1913, Grieve 1909). Acceptance of the dentist's authority was said to be essential to maintaining good dental health. After the pamphlets and speeches had presented women with a horrible picture of the health of their children, they made sure to assert that the only way to guarantee their children's health was to submit to the authority of dentists. Thus, at the same time as they were attempting to "protect" the public from the ravages of dental disease, dentists were also trying to increase the demand for their services, and to solidify their authority over their patients (McElhinney 1901). Educating the public about dental disease provided dentists with the opportunity to secure their livelihoods, and improve their status.

In their dental advice, dentists questioned women's daily habits, and their capability as mothers. Women were told that to be good mothers, they had to follow dentists' instructions and visit dentists regularly. The instructions dentists gave them involved changing some very fundamental aspects of their lives, especially in terms of the food their families ate, how they were to eat it, and what they were to do after it was eaten (brush their teeth). Dentists argued that their advice was not only central to maintaining dental health, but also to raising good children. If women did not follow dentists' advice, their worst fears would be realized and their children would grow up to be unattractive, immoral idiots with bad teeth. Through their advice and education, dentists aimed to intervene and alter the way that people lived their lives. They believed that not only did they have the right to do this, but that they had the responsibility to do so (Falloon 1909). Dentists held that Ontario citizens would be better off if they changed their lifestyle and lived the way that dentists felt they should. Dentists' advice generally went beyond that which might be seen as strictly relevant to the teeth. They argued that people should live more like they did, and that included many habits that had little to do with dental health. Temperance, cleanliness, fresh air and exercise were all recommended as being important; dentists argued that all of these things were indirectly associated with dental health.
Through their public education campaigns, dentists structured their relationship to the public in a way that mirrored family gender relationships. They were men with authority protecting and guiding their women and children. Women were seen as their junior partners, caring for children and the home capably, but requiring manly advice and guidance at times. Children were the main concern of both men and women who worked together to raise them to be healthy and moral adults. Dentists' public education initiatives were largely aimed at middle-class women. Most pamphlets were sent out to “people of the educated class” (McDonagh 1911: 34). The pamphlets assumed women were intelligent and capable, although ignorant about dental disease, and they gave scientific and detailed explanations about the nature of dental disease and how it could be prevented. It was these women with whom dentists were willing to work to save children's teeth. Women outside of the middle class were generally treated as less intelligent, and in need of far more guidance and more active intervention. Women from outside their own class were regarded less as “wives” than as servants or social inferiors who needed more controlling. Inspection of school children’s teeth and free dental clinics were the main methods by which dentists tried to alter the behaviour of people from poorer families. Thus, dentists structured their relationships with women somewhat differently, depending on their class position; both gender and class influenced their relations with the public.

Public Health – Suffer the Poor School Children:

Spurred by their fears of degeneracy, professionalising dentists became very concerned with the health of Ontario’s children after the turn of the century. The focus of their dental work shifted from dealing with dental disease and edentulousness in adults to trying to prevent the occurrence of disease in children (Seccombe 1911f, Webster 1914c). As mentioned above, dentists believed that people who acquired good teeth and good habits while young would be better adults, and would be better situated to propagate the race. Therefore, dentists argued, they
had the responsibility to tend to children suffering from dental disease. Hence, in addition to their public education campaigns, dentists sought to "protect" and guide children through dental inspection of school children's teeth, and through the establishment of dental clinics for the poor. Through these public health campaigns dentists believed they could not only improve children's health, but also improve their ability to learn. However, dentists' public health campaigns were not as altruistic as they claimed. Through their public health activities, dentists strengthened their position of authority/ influence over their patients and the public, as well as their claim to authority in the area of dental health. Moreover, such campaigns enabled dentists as middle-class men to intervene, influence and "purify" working-class people whom they regarded as unclean and suspicious.

After the turn of the century, dentists became very concerned with the state of school children's teeth. Children's teeth were believed to be in a horrible state. Investigations conducted around the turn of the century suggested that over 90% of school children suffered from dental disease (J. Adams 1896, 1912). Since dental disease was seen to lead to a number of other physical and mental disorders, as well as pain and suffering, dentists believed that such a high incidence of dental disease was very serious. It was said that thousands of children failed school every year merely because of bad teeth (Johnson 1912: 190, Bothwell 1917). These children, therefore, might be handicapped for life because of dental disease. Even if they managed to do succeed through school, children with dental disease or other "defects" like malocclusion might be so physically unattractive that they could not get good jobs (Johnson 1912: 192-193, Corrigan 1906). Moreover, it was believed, children who had been improperly nourished because of bad teeth might turn to stimulants like coffee or worse (Johnson 1912). Thus, bad teeth could lead to bad habits. Furthermore, moral depravity was also linked to dental disease: children might turn to a life of crime because of neglected teeth (Kennedy 1912, Fletcher 1904, Day 1917, Rogers 1912). Dental disease was also linked to tuberculosis and other physical diseases (Corrigan 1906,
Johnson 1912, Graham 1911). It was argued that "no single ailment of children is responsible directly or indirectly, for more feeble constitutions, disease, physical maldevelopment [sic], and mental dullness than dental caries" (TBE 1912: 481).

Dentists felt that they could not rely on the parents of these suffering children to look after their teeth. Poor and immigrant parents were especially ignorant about dental health, it was said, and they had many habits that led to disease (Corrigan 1906, Taylor 1917). Dentists accused immigrant mothers of feeding their children soft foods, cookies, cakes and candies, and thereby hastening dental disease (TBE 1912: 479). According to dentists, ignorance and poverty were not acceptable excuses for this "shameful" and "criminal" treatment of children by poor and immigrant parents:

"Because the parents are financially embarrassed shall they show such a lack of civilization ... or because they plead ignorance to the laws of sanitation and disinfection, are they to be excused? Emphatically no. People who have no knowledge of the care of children must either be made wise on this subject or else they should not attempt rearing a family. The laws of civilization, or of common decency, give no license for such rash carelessness" (Hermiston 1903b: 443).

Immigrants and poor people were seen as living outside the laws of common decency — or at least what middle-class Anglo dentists viewed as acceptable. Therefore, dentists felt, they had no choice but to intervene. Given their racism and feelings of superiority, dentists' intervention was not solely the result of concern for the pain and suffering children might endure. Intervention also provided them with the opportunity to influence people outside their race and class, and to assimilate them to the values that they as middle-class, Anglo-Saxon men held dear.61 Moreover, dentists' intervention would enhance their professional authority, status, and income, as more of the public would be brought to "recognize" the importance of dentists and dentistry (Seccombe 1911d,

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61 It was also suggested that all immigrants should have their dental health examined upon entering the country. Such an examination was seen as necessary both to protect Canadians from the diseases that foreigners were believed to carry, and to "civilize" the immigrants and teach them self-respect (Seccombe 1912: 36).
Although the state of school children's teeth was not a priority for dentists until after the turn of the century, there had been some interest in the subject before. In the late-nineteenth century, a Toronto dentist, J. G. Adams, had run a charitable dental clinic for the city's poor children. As part of his practice, Dr. Adams inspected the teeth of school children, and arranged to have those children with problems sent to his dental clinic for treatment. Dr. Adams was vocal to the profession, government authorities, and the public about the prevalence of dental disease amongst children and its damaging effects. However, he had few listeners at this time, and the Toronto Board of Education had no desire to raise taxes to begin a program of dental school inspection (Sutherland 1981). In 1899, Adams' clinic was shut down by the city for back taxes despite appeals from the public and the profession. A decade later, there was a great deal of interest in the inspection and treatment of poor children's teeth in Toronto not only within the dental profession, but also from the public, and civic authorities.

When implemented in 1911, dental inspection in public schools was not done for charity. Although dentists argued that their public health work was a service they provided to the public, they fully believed that the government should pay them for this service (DDJ 1914: 69, Reade 1911: 211-2, Seccombe 1915b, Falloon 1909). While Dr. Adams called himself a "dental missionary", the majority of dentists practised dentistry to earn a living. Through dental inspection they stood to gain more patients, both immediately and in the future. This fact was not lost on the public who sometimes accused dentists of having self-interest and greed as their motive for their public health work (Seccombe 1916c, Thornton 1910). Dentists defended themselves by reiterating that they were providing an important and necessary service to the public, and by claiming that working on children was not very profitable for them (Thornton 1910: 594-5). Coincidentally, at this time dentists began to advocate raising the fees they charged for preventative dental work which was becoming an increasingly important part of their practice.
Although dentists petitioned government authorities for the inspection of school children’s teeth a number of times after the turn of the century, nothing was done until after medical inspection in Toronto schools was implemented in 1910 (Webster 1902: 76-77, ODS Proceedings 1905, Sutherland 1981). Apparently, medical inspectors found that the most prevalent form of disease affecting school children was dental, not medical (MacDougall 1990). In 1910, dentists carried out their own inspections in a few schools to ascertain the extent of dental disease in Toronto schools (McDonagh 1911). According to their findings, approximately 90-95 percent of all children required dental treatment (Reade 1911a, Seccombe 1917). Armed with these statistics, the Toronto Dental Society approached the Toronto Board of Education to convince them of the need for a dental inspector in their schools. Since dental inspection was seen as an extension of teaching boys and girls the “underlying principles of correct living”, dentists argued that it was primarily an educational issue (Seccombe 1915: 499, 1915: 508-9, Webster 1913). Members of the school board were presented with the dentists’ statistics on the incidence of dental caries and abscesses in children. For effect, they were also reminded that children with dental abscesses would regularly swallow pus (Webster 1910b: 592). The presentation seems to have had quite an impact on the Board of Education. The members who were present expressed their support for dental inspection – as long as the appointed inspector was not female (Levee, 1910: 593). The Board of Education and the general public were far more interested in health inspections of children in 1910 than in the 1890s (Sutherland 1981).

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62 Why a female inspector would not be acceptable was not explained. Nevertheless, while the official appointed dental inspector was male, female dental nurses carried out most of the dental inspections in Toronto schools.
The Toronto Board of Education appointed a dentist to its medical inspection staff in 1911. This dentist worked with school nurses to inspect teeth, and to notify parents when "defects" were discovered (Seccombe 1911e: 256, Rogers 1913). Parents were advised to take their children to a dentist to have their teeth taken care of. The dental inspector's other duties involved addressing teachers, directing nurses and instructing children about dental health and disease (Webster 1911: 87). He also prepared pamphlets to distribute to parents and supplied the city press with short articles about oral health for publication and publicity (Seccombe 1911e). In the following years, other cities and towns in Ontario appointed dentists to inspect and care for the teeth of school children.

Nurses and teachers were expected to play an important role in promoting children's dental health. They were liaisons between the dentist and the children and their families. They were expected to inspect the children's teeth, and inform the dental inspector if something did not look right (Rogers 1913, Seccombe 1911e). They were not to diagnose dental disease (Rogers 1912). Nurses and teachers were also expected to play a role in monitoring the course of a child's dental treatment, and in ensuring that children got necessary treatment. Nurses were to meet with and convince students' parents about the importance of getting treatment, and to educate them about dental health (Rogers 1913, Seccombe 1915c). In dental inspection, nurses and teachers were subordinate to the authority of the dentist. They were expected to carry out his instructions about how best to protect and treat the children.

To educate the children about dental disease, dentists engaged in a number of strategies. There was a regular tooth brush drill where everyone in class brushed their teeth. Children were taught about the importance of brushing their teeth and keeping their mouths clean, and they were

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63 Dental inspection and dental clinics were run by dentists but operated under the general supervision of medical men.
regularly checked by teachers and nurses. The dental inspector also created posters about dental health to be placed in the public schools. These posters taught that cleanliness would stop tooth decay, and warned about the connection between bad health and bad teeth. The posters tended to be sensational (see illustration). They announced in large block letters that decayed teeth could cause tuberculosis, and showed pictures of unattractive children to illustrate what could happen if children breathed with their mouths open. They also warned that bad teeth could lead to "retarded mental development". The posters left no uncertainty about the relationship between dental health and overall physical and mental well-being.

Another strategy for educating children used by the dental inspector was to rewrite familiar nursery rhymes to emphasize the importance of dental health (Doherty 1912b: 88-89). For instance,

Georgie Porgie, Pudding and Pie;
Kissed the girls and made them cry;
They cried and cried — they were very mad;
'Cause his teeth weren't clean and his breath was bad.

Little Boy Blue, run brush your teeth;
Brush them on top and underneath;
If you don't clean them three times a day
It won't be long before they decay;
The dentist will soon have them to fill,
And your papa will have to pay a big bill.
So, whether at work or whether at play,
Don't fail to brush them three times a day.

These rhymes were apparently used in Toronto public schools to interest students in dental health. The rhymes seem to have been well regarded by members of the profession. How widely they were used, or their effect on the students has not been recorded.

Dentists and educators regarded dental inspection of school children as successful. The incidence of dental disease dropped substantially after a few years of dental inspection. While
the average incidence of dental disease among school children was 95% in 1911, by 1915 that percentage had dropped to 65%, and by 1916, it was down to 51% (Seccombe 1917: 90, McLaughlin 1914). It was said that inspection had a positive effect on the students. They were healthier and happier because of dental inspection and dental treatment (Armstrong in Seccombe 1913: 454). It was reported also that the children were increasingly interested in dental health. Dental inspection and education were also said to make the children better students: they concentrated better when they were healthier. Dental inspection was seen to have had an especially important impact on immigrant and poor children — the children dentists were most concerned with reaching through school inspection. These children, lacking dental care because of the poverty and “ignorance” of their parents, really benefited from school inspection (Bruce in Seccombe 1913: 454). Dental inspection was seen as an important way of reaching these poor and immigrant children, and of ensuring that they lived up to standards set by middle-class professionals.

To further reach immigrant and poor children, dentists advocated free dental clinics for poor children. The widespread incidence of dental disease that was revealed through dental inspection in the schools helped to convince the Toronto Board of Education that dental clinics would be valuable (TBE 1912, Seccombe 1915c, Reade 1911). Dentists argued that ideally these clinics should be located within schools. Especially emphasized was the dentist’s control over the children and their treatment (TBE 1912). It was easier to control the behaviour of poor children and influence their parents through a school dental clinic (Seccombe 1916a). If it was left to a parent, some dental work might never get done. School clinics offered a way to ensure that children with dental disease were treated. Moreover, during the course of treatment, children could be monitored by school teachers and nurses (Seccombe 1915c: 512, 1917, Rogers 1912). School clinics gave dentists more influence over children’s dental health.
Dental clinics for poor school children were first operated in Toronto in 1912-1913 (McLaughlin 1912c). The first permanent clinic for poor children was a municipal one that opened in 1913. However, around the same time dental clinics were established in schools. By 1916, there were 15 school clinics around Toronto — one clinic in each school district. These clinics provided free dental services to poor children. Wealthier children were expected to see a dentist privately, and to pay fully for his services. Dentists employed in these clinics were paid by the city for their services. Dental clinics for Toronto’s poor adult population were opened by dentists under the supervision of the Medical Officer of Health in 1913 (MacDougall 1990).

Dentists’ public health initiatives, and especially the inspection of school children’s teeth, were occasionally criticized for being “paternalistic” and, therefore, unjustified (Clarkson 1905, Habec 1912c). Moreover, it was argued that dental education had no place in the schools: the educational curriculum was overcrowded enough without oral hygiene being inserted (Clarkson 1905). These criticisms were not given much heed by the majority of professionalising dentists. If they regarded their actions as paternalistic, they did not see that as a problem. In fact, dentists seemed to embrace the paternalism of school inspection. They believed that they had the right and the responsibility to be paternalistic. In their eyes, the children’s parents — especially poor and immigrant children’s parents — were criminally negligent when it came to dental health. Therefore, it was necessary that dentists intervene and act the part of father by instructing, guiding and treating these children. As we have seen, acting “manfully” was an important aspect of being a good dentist. Through their public health campaigns, dentists merely extended those gender norms that governed behaviour for men in the family and community to the public at large.

Thus, in their public health campaigns, dentists saw themselves as fulfilling their duties and roles as middle-class gentlemen. They were guiding women — school nurses, teachers, and mothers — in their efforts to look after and protect vulnerable children. Women had a large role
to play in school inspection and dental clinics. In dental inspection and treatment, nurses and teachers dealt with the children more than the dentists did. Dentists were the men in charge. They monitored the children, and guided the activities of nurses, teachers and, indirectly, children's mothers. The role that dentists assigned to women in their public health campaigns was a subordinate one that, in keeping with the dictates of gender ideology, involved caring for and supervising the children. Coinciding with the family emphasis of domestic ideology at the time, children were the primary focus of both men and women in the public health enterprise.

Ontario dentists' public health initiatives were further influenced by their beliefs about race and class. Concerns for race underlay dentists' public health activities. Dental inspection and dental clinics were intended to reform the bad habits of immigrants and the poor. These populations were viewed as unclean and ignorant, and therefore, in need of reforming. Public health strategies were also aimed at preventing the degeneracy of the Anglo-Saxon race. Thus, concerns about racial purity and superiority were central to dentists' public health activities. Class also informed dentist's public health work as they tried to "reform" children of the poor by encouraging them to live according to middle-class standards and norms. Dentists believed that poor children had to be "improved" if the race as a whole was to maintain its superiority.

Nevertheless, Ontario dentists' public health campaigns were not only about "reforming" immigrants and the poor; they were also about controlling or influencing them. Dentists, along with other professionals involved in the public health movement, aimed to alter the behaviour and habits of these populations. Public health campaigns allowed them to "educate" children about middle-class habits. They also enabled professionals to follow these children back into their homes and scrutinize their families and their modes of living. Through their public health campaigns, dentists attempted to alter the behaviour of members of other races and classes, and make it closer to their own.
Public health work also provided dentists with the opportunity to extend their influence over the public, and their authority over their patients. Inspection of school children's teeth drew attention to the widespread presence of dental disease. Through inspection, dentists attracted the attention of the media and the medical profession. Dentists used this spotlight to illustrate the negative effects of dental disease, and dentists' role in maintaining dental health. Public health campaigns provided dentists with positive publicity. Moreover, they put a large number of children, and by extension their parents, into contact with dentists. Dentists' patient load increased, and more people were convinced that dental treatment might benefit their health and wellbeing. Hence, public health and public education campaigns increased the market for dentistry.

These campaigns also helped to solidify dentists' authority over their patients. Dental inspection gave dentists the opportunity to dictate to their patients exactly what needed to be done, and to ensure that their instructions were followed. While adults might sometimes challenge a dentist's treatment, children were not in a position to do so. Dentists' education campaigns further strengthened dentists' authority over their patients by stressing that dentists were professional men with important knowledge that would save children, as long as people complied with their instructions.

While their authority and influence were never absolute, dentists had a great deal of success in altering the habits and behaviour of the public. During the first two decades of the twentieth century, dental health became more of a priority with municipal and provincial governments. Further, more people patronized dentists, and followed their advice, particularly about brushing teeth. People had higher regard and greater respect for dentists. Dentists' public health campaigns were to a large extent responsible for their increased influence and status (Seccombe 1913e). Dentists were able to utilize the popular concern over social purity, public health, and
immigration to their own benefit by convincing the public that dentists' professional services would help to make Ontario a healthier, purer place. Dentists' use of gender norms and ideology in their education campaigns further helped to convince the public that dental health was important, and that dentists were men whose advice in this arena could be trusted.

Conclusion:

Public health and public education campaigns were a central concern of the dental profession after the turn of the century. Dentists, like other professionals, became very concerned with what they perceived as the degeneracy of the Anglo-Saxon race. Dentists believed that poor dental health was a principal cause of this societal degeneration. Their concern with degeneracy led dentists to try to “improve” the citizens of Ontario by educating them about the importance of dental health and dentistry, and by inspecting and treating children's teeth. These endeavours were also aimed at improving the status and market of the dental profession in Ontario. In both areas dentists seem to have achieved their goals. The dental health of Ontario citizens was gradually improved, and dentists' market, status and influence in Ontario increased.

Gender roles, relations and ideology were embedded in dentists' public health activities. Dentists' activities were paternalistic in nature: dentists extended their roles as middle-class fathers to a societal level. They became fathers to all the children in Ontario. Their professional role built upon their gender role, embodying the latter's authority, function, and relations with women and children. Dentists saw themselves as many authorities guiding women -- as mothers, nurses and teachers -- to take better care of children. They based their professional authority on their gender authority. To legitimate their claims to authority and their claims about the importance of dental health, dentists drew on gender ideology. They used norms about women's responsibility for the welfare of children and household cleanliness to "guilt" mothers into attending to their
children’s dental health. By drawing on accepted and legitimate gender roles to portray their public health activities, dentists succeeded in legitimating their drive for social authority.

Class and race were also important to dentist’s public health activities. Fears of racial degeneracy were the catalyst for dentists’ efforts. Beliefs about racial superiority were also apparent in dentists’ public health initiatives. Dentists portrayed people from outside their race as dirty and dangerous and, therefore, in need of their advice. Through inspection and education they attempted to clean, assimilate and control these “foreigners”. Similarly, as middle-class men, dentists were concerned with reforming and controlling the poor – who were also regarded as unclean. If the Anglo race was to be saved, all elements of that race needed to be improved. "Improving" poor, immigrant, and middle-class children involved altering their habits so that they more closely resembled those of middle-class gentlemen dentists. It was through their dental advice, as well as through dental inspection, that dentists sought to “improve” immigrants and the poor, as well as members of the middle class. Their advice was perhaps more influenced by middle-class, Anglo-Saxon beliefs about cleanliness and appropriate ways of living than by the findings of dental science.

In conclusion, by the end of World War One, dentistry’s participation in public health campaigns had helped to raise their social status and authority. Through these campaigns dentists gained the market they had sought over the previous 50 years, and more societal influence than they had, heretofore, enjoyed. Furthermore, the identity that dentists had been defining over the previous fifty years was solidified through their public health campaigns. In their public health initiatives, dentists saw themselves as living up to the identity they had been establishing for years: they were acting like respectable, middle-class, Anglo-Saxon, professional gentlemen would and should. Thus, dentists’ position and identity as educated middle-class gentlemen with influence and a good income were confirmed. Moreover, masculinity was further associated with
dentistry as aspects of the role of middle-class father were embedded in the role of dentist. Public health campaigns further defined dentistry as a profession for middle-class men.

In the following chapter, I will continue my examination of dentistry in the early twentieth century by exploring the significance of class and gender to the increasingly complex division of labour in dental practice.
Chapter 9

Gender and the Dental Division of Labour

Introduction

During the opening decades of the twentieth century, dentists became concerned with office efficiency. Dentists borrowed ideas about scientific management and rationalization from the business world and applied them to dental practice. Prosperity and success in dental practice were seen as a function of the efficient use of dentists' time and money. One of the principal ways by which dentists sought to maximize their efficiency was through the use of auxiliary dental workers. Two types of dental auxiliaries were used increasingly after the turn of the century: dental assistants and dental mechanics. At this time, dentists endeavoured to carefully define and delimit the work performed by these auxiliary workers, so that they could increase their efficiency while maintaining their authority in the area of dental health. Dentists used gender and class ideology to structure the work roles of dental auxiliaries, and to define the relationship between these workers and dentists.

In this chapter, I will discuss the establishment of the subordinate occupations of dental assistant and dental mechanic, early in the twentieth century. At this time, dentists began to disassociate themselves from the lower status aspects of their work. The manual laboratory work, venerated by early professional dentists, was now seen as being more suitable to an unscientific manual trade than to the learned, scientific, gentlemanly profession they believed dentistry to be. Dentists, therefore, began to perform less of this work themselves, and instead hired mechanical men to do the work for them. Similarly, dentists argued that it was not "efficient" or worthwhile for them, as learned professional men, to bother with the many tasks involved in maintaining a dental practice. Rather, they should hire a female assistant to do these mundane but important tasks for them. In hiring dental auxiliaries, dentists could concentrate on the high-status work.
they were trained for, the actual practice of dentistry. By concentrating their efforts on dental operations, dentists could treat more patients, and earn a higher income.

In creating the occupations of dental mechanic and dental assistant, dentists aimed to surround themselves with workers who would help them without infringing on their professional privileges or authority. To disassociate themselves from their auxiliaries, and to ensure their authority over their auxiliaries, dentists drew on gender and class ideology and relations. Dentists hired working-class tradesmen to perform mechanical dental work. The occupation of dental mechanic was structured to utilize working-class men's talents, without infringing on middle-class dentists' authority. The occupation of dental assistant, created for middle-class women, was structured to meet the same end. It was believed that middle-class women brought special abilities to their work as dental assistants, and yet posed no threat to the authority of the dentist. In creating these subordinate occupations, dentists embedded expectations about femininity, masculinity and class within the work roles and relations of the dental division of labour.

In exploring the development of a gendered division of labour in dentistry, I first examine dentists' arguments concerning the need for subordinate occupations, and explore the gendering of these occupations. While dental mechanics were expected to be men, dentists created the role of dental assistant especially for women. Second, I examine the characteristics that dentists argued were necessary in a dental assistant. Dentists were much more concerned with dental assistants than mechanics. Third, I consider the duties that dentists expected dental assistants to perform. Both the duties and the characteristics expected of dental assistants reveal the significance of gender ideology and traditional gender relations to the establishment of this auxiliary occupation. Fourth, I briefly discuss the establishment of formal training for dental assistants after World War One. As the training of dental assistants was formalized, so were the requirements for entry into the occupation.
Gender ideology was a pivotal factor in the establishment of the dental division of labour. Gender ideology and middle-class gender relations characteristic of turn-of-the-century Ontario were used by dentists to structure the work of dental auxiliaries, and in particular to define the relationship between the dentist and his assistant. To a large extent, the relationship between dentist and dental assistant reflected the relationship between men and women in middle-class society. In defining the work of dental auxiliary workers, dentists were also reconfirming their own identities. By disassociating themselves from aspects of their work that did not seem appropriate for middle-class scientific gentlemen, and passing this work onto subordinate workers under their influence, dentists confirmed their particular, class-based masculinity — their identity as middle-class professional men.

Efficiency and the Need for Dental Auxiliaries.

After the turn of the century, many articles in the dental journals argued that dental auxiliaries were a necessity in dental practice. The use of dental auxiliaries was associated with many benefits for the dentist: office efficiency, improved income, higher status, and overall well-being. While the hiring of dental mechanics was highly recommended, professionalising dentists placed more emphasis on the benefits that accrued from hiring dental assistants. In creating the occupations of dental assistant and dental mechanic, dentists sought to improve their efficiency and income without surrendering any of their authority. Gender and class ideology and relations proved useful to dentists when structuring the relations between dental auxiliaries and dentists.

Dentists, like other professional and business men after the turn of the century, became concerned with their office efficiency. They argued that if business principles were applied to dentistry, then dentists' practices would run smoothly and be successful (Murray 1912). The hiring of dental assistants, and to a lesser extent dental mechanics, was one important aspect of dentists' drive to improve their work efficiency. With dental auxiliaries, dentists could focus on
the higher-paying, more prestigious dental work, while the more mundane tasks could be performed by someone else (Contributor 1916, Woodbury 1903). A dental assistant could save the dentist time, and therefore, money (Eaton 1903: 722, Webster 1922). It was argued that it was "in the interest of the public from an economic standpoint that every person ... perform the highest service that he is capable of" (Webster 1914d: 254). Dentists, thus, could be left to perform the highly-skilled dental operations, while assistants and mechanics were hired to assist the dentist, and perform those tasks dentists viewed as requiring less skill. In this manner, the efficiency of the office would be improved, and dentists could treat more patients, and thereby increase their incomes.

Hiring dental auxiliaries was also said to be beneficial to the health of the dentist (Contributor 1916). Dentists regarded their work as physically and mentally taxing. With the increase in dental patients that resulted from dental education campaigns, this physical and mental strain was even more acute. Therefore, dentists held, it was now even more important that the dentist take measures to protect his health so that he could meet the demands of his practice. In this context, the hiring of a "lady" dental assistant was viewed as being important to the dentist's overall health and well being. Assistants could perform those "laborious and annoying tasks" with which the dentist should not have to deal (Contributor 1916: 365, Eaton 1903). With an assistant to ensure the smooth running of the office, the dentist would suffer less physical and mental strain. He could concentrate on more pleasurable tasks that suited a man of his stature.

Discussions in the dental literature about dental assistants rarely refer to them in gender-neutral terms. Dental assistants were frequently referred to as "lady" assistants. It was expected that a dental assistant be a respectable middle-class women. It was as women that dental assistants were seen to benefit dentists in their practice. Women were believed to bring certain qualities and abilities to a dental practice that a man could not (Woodbury 1903, Webster 1908d, Burns 1907). In accordance with the gender ideology of the time, women and men were seen to
have different but complementary natures and abilities. The job of dental assistant required women to bring their inherent abilities, along with some learned skills, to the dental office. The presence of lady assistants would make the office more efficient, as they could be responsible for "the many little details which can be so well performed by a woman of intelligence and tact, leaving the dentist free to do the important operative procedures" (Schumacher 1920: 365). In this manner, female dental assistants could complement the abilities and personality of the male dentist.

Dental assistants were valued by dentists for their feminine abilities and characteristics. One characteristic or ability particularly prized by dentists was skill in cleaning, maintaining and ordering an office. Women were seen to have more ability in this area than men; they had a "deftness in the arranging and adjustment of things that man does not possess" (Eaton 1903: 722, Burns 1907). Women's cleaning and ordering talents were increasingly required after the turn of the century. While in the nineteenth century dental practices tended to be based in dentists' family homes, by the twentieth century this was no longer the case. Thus, in the past, dentists' wives could have cleaned and maintained the dental office, yet after the turn of the century, they would have had more difficulty in doing so. Dental assistants could provide the cleaning services that dentists' wives had previously performed. The higher standards of cleanliness and asepsis demanded in the early twentieth century made this cleaning work even more important. Dentists, however, felt that as skilled, educated men, their talents would be wasted performing such work. Therefore, dentists believed it important that they hire women to do this necessary, but tedious and "unskilled", cleaning work.

As the focus of dentistry changed after the turn of the century, women dental assistants came to be viewed as "the most profitable asset under the control of the modern dentist" (McLaughlin 1912b: 326 [italics added]). As described in the previous chapter, dentistry became more concerned with the prevention of dental disease, and with the dental health of children during this
period. Generally, dentists were reluctant to perform paediatric dentistry and much preventative work because these were not profitable. Moreover, many dentists found it difficult to interact with children. With a woman in the dental office, these difficulties were diminished. Women, it was believed, had a natural affinity for children, and they could handle them much better than the average dentist. Female dental assistant and male dentist could work in tandem, with the women soothing and managing the children, while the dentist operated. Furthermore, women could be used to perform some aspects of preventative dentistry, such as educating patients about appropriate dental habits (Bartindale 1922). By using lower-paid women to perform some of the less profitable work, dentists could fulfil their professional mandate to educate the public, while still maximizing their incomes. Thus, as dental practice shifted its focus towards children and prevention, the presence of a female dental assistant was regarded as more valuable.

Another important trait that women dental assistants were seen to bring to dental practice was respectability (Eaton 1903). Respectability was particularly important to dentists given the high percentage of their patients who were women, and the nature of the dentist-patient relationship. The presence of a woman in the dental office was believed to reassure nervous and timid women who ventured into the dentist's office (Eaton 1903). Women, it was argued, had a talent for putting other people at ease. Moreover, the presence of a respectable women in the dental office made the office appear respectable and safe. Women patients would feel safer and calmer when dealing with male dentists if there was another woman present, it was implied, especially given the close contact between dentist and patient (Eaton 1903). Women dental assistants were said to reassure by their very presence. Furthermore, women's ability to arrange and maintain the office, as well as their perceived interpersonal abilities, were believed to give the dental office an air of respectability and appeal that attracted patients and made them feel at home. Dental assistants were valued by dentists for their womanly qualities that attached an air of respectability to the dental office, and by extension the dentist himself.
Despite the general association between femininity and the occupation of dental assistant, a number of dentists did hire men as their assistants. However, after the turn of the century, the use of male assistants declined. While the benefits of a "lady assistant" were lauded in article after article, the hiring of male assistants was said to be dangerous. It was argued that dentists who trained men to be dental assistants were creating future illegal practitioners (Webster 1908c). As discussed in Chapter Seven, many of those people who practised dentistry illegally and tried to enter the profession through a private bill were former dental assistants. It was argued that "when a young man sees and thinks he can do or has done all the operations of his employer, then he will not be satisfied with complete submission to him" (Webster 1908c: 118). Dentists could not ensure that a male dental assistant would accept the dentist's authority. Thus, dentists were advised not to accept boys or young men as dental assistants (Webster 1908c: 118). Accepting men encouraged illegal practice and was, therefore, dangerous to the profession.

Dentists do not seem to have regarded women dental assistants as dangerous at all. It was maintained that they were capable workers who were able to do a wider range of tasks, and do them better than the average office boy or young man. Women had a better manner with patients, and had a better "idea of neatness, or arrangement, dusting, sweeping, [and] attention to cleanly details" than the average boy (Burns 1907: 283). Although boys had the advantage of being a cheaper source of labour than women, it was said they only gave cheap service in return (Burns 1907). In terms of running the office, greeting patients, and assisting the dentist, women were believed to be much more adept than men (Burns 1907). Moreover, it was believed that "lady" assistants knew their place and would not challenge the dentist's authority. When compared to office boys and other kinds of assistants such as dental students and dental graduates, women dental assistants were seen as superior. However, women were typically seen as not entirely suited for assisting dentists with laboratory work. For this type of work, it was recommended that dentists use a mechanical man who could relieve them of tedious laboratory
work which the dentist had neither the time nor desire to perform (Burns 1907, McLean 1907).

Whereas in the past, dentists prided themselves on their ability to produce dentures skilfully, after the turn of the century they disdained laboratory work. It was regarded as tedious, not very lucrative, and not wholly becoming to a learned scientific professional man (McElhinney 1907, Correspondent 1897b). Therefore, dentists began to hire working-class men to perform this manual labour for them. Many dentists patronized dental laboratories which employed these men to construct dental prosthetics according to the dentists' specifications. There was some trouble early in the century with illegal dental practice by these “mechanical men” as dentists called them (Webster 1905d: 114, RCDS Proceedings). In addition to constructing dentures, many mechanical men tried to perform dental operations and prescribe dentures on their own. Quick action from the RCDS and a campaign from licensed dentists to boycott any dental laboratory that engaged in illegal practice seem to have stopped mechanical men from overstepping their bounds. Dentists believed that patronage of a dental laboratory was a great thing as long as the dental mechanic could be kept subordinate and merely acted to fulfil the wishes of the dentist.

Given the lack of control over mechanical men in laboratories, some dentists preferred to hire their own dental mechanic to perform laboratory work for them, under their direct supervision (McLean 1907: 285). The occasional dentist preferred his own dental mechanic even to a dental assistant. One dentist reported that he gave up on hiring dental assistants after one left his employ to marry; he reported that he was much happier with his bachelor laboratory assistant (Martin 1907: 287). Whether in the laboratory or in the office, a working-class dental mechanic came to be seen as a necessary auxiliary worker for the dentist. As long as he could be kept in his laboratory, away from patients and under the dentists’ instruction, he was a great asset. A dental mechanic increased dentists' efficiency. It was argued that a dentist should not have to perform labour that was “merely mechanical and [did] not require either knowledge or skill
beyond that of a mechanic" (Webster 1914d: 254). By hiring a working-class man to perform his manual labour, the dentist freed himself for more "important" and "skilled" work. Dentists devalued the laboratory work necessary in dentistry, and left that work to lower-status, less-educated men.

The Ideal Dental Assistant

Just as they were careful to define what characteristics an ideal dentist should possess, dentists were also meticulous in describing the ideal dental assistant. By and large, the ideal dental assistant had the characteristics of the ideal woman or lady, just as ideal dentists were gentlemen. However, in addition to feminine characteristics, dental assistants had to possess a number of more technical skills deemed important to their work. A great deal was expected of dental assistants, and dentists set their standards high. Not only was the ideal dental assistant expected to be an ideal lady, with a wide range of skills, she was also expected to accept the dentist's authority completely, and to do all that she could to assist him. Ideally, her personality and abilities should complement those of the dentist, just as women were seen to complement men according to the contemporary gender ideology.

One of the primary characteristics of the dental assistant was youth: when first hired and trained, dental assistants were expected to be young. It was argued that no one over 30 could learn all the details of dental practice (Webster 1912: 324). A girl between the ages of 15 and 18 was seen as the ideal candidate for learning how to be a dental assistant (Burns 1907). Dentists believed that girls at this age were both eager to learn about their work and capable of learning it (Burns 1907). Although youth was essential for learning dental assisting work, after being trained a woman could be employed as a dental assistant indefinitely. Older women need not leave the job on getting older, although it was generally assumed that women would leave employ upon getting married (Webster 1917d).
Despite their youth, dental assistants were expected to be quite accomplished. They were supposed to have a wide variety of skills and abilities and a good work ethic. The abilities and characteristics possessed by the ideal assistant included the following:

“She must above all be a good house-keeper — this means so much. She must have the knowledge of a nurse and the capability and execution of the house-keeper. She should have refined tastes, clean habits and good address. She should have a certain innate capacity for knowing or divining the wishes of others. This will make her efficient at the chair, of service to patients and capable in making appointments and answering the telephone. She should be capable of writing legibly, keeping dental books, and perhaps running a typewriter. It would be well if she had some mechanical turn of mind” (Webster 1912: 324).

Thus, a good dental assistant was expected to be a housekeeper, a nurse, and a secretary/bookkeeper all at once. At the same time, she was expected to maintain her status as a lady with refined tastes and good address. These many talents were required of assistants because they performed a wide range of duties in their work. While the dentist increasingly confined himself to dental operations, women took over all the tasks deemed too menial and bothersome for the dentist, as well as those regarded as particularly feminine.

Some of the work dental assistants performed was regarded, by dentists, as work that women had an inherent affinity for. For instance, as mentioned above, women were believed to have a special skill in ordering and cleaning. It was argued that women had a talent for cleaning and dusting the office thoroughly, and for attending to the little details that male assistants and/or male dentists would otherwise miss (Burns 1907, Eaton 1903). The ability to clean the dental office and its contents thoroughly was a principal requirement of a dental assistant (Burns 1907, Eaton 1903, Bartindale 1922, Hover 1920). Women's general ability to clean was one of the main reasons why dentists preferred women assistants over men. Although housekeeping was regarded as a feminine ability, for the position of dental assistant dentists sought women who were especially diligent and hardworking at housework. Skill at housekeeping, dusting, and organizing
were key characteristics the ideal dental assistant had to possess.

Interpersonal skills were another feminine ability that dentists saw as essential in a good dental assistant. Dental assistants were expected to have a pleasing manner and to be "capable of managing people (including the dentist).” (McLaughlin 1912b: 326 [brackets in original], Eaton 1903, Hover 1920, Bartindale 1922). The ideal dental assistant should skillfully deal with patients, and be able to soothe them and manage their moods, so that they felt positive about their visit to the dental office. Dentists particularly relied on their lady assistants’ ability to relate to and handle children effectively in the dental office. The ability to manage patients, and especially children, was another skill that was regarded as being inherently feminine. However, dental assistants were expected to possess better interpersonal skills than the average women. Ideally, dental assistants should be warm and friendly with patients, but they should also be business-like and not succumb to gossiping with patients as it was believed women were wont to do (McLean 1907, Bartindale 1922, Hover 1920). The division of labour in the dental office divided tasks according to gender and beliefs about each gender’s abilities. It was the (male) dentist’s responsibility to operate on patients and to treat them for dental disease, while the (female) dental assistant concerned herself with the patients’ feelings, mental state and well-being. In accordance with traditional gender ideology, women handled the emotional and personal aspects of dental practice, while men restricted themselves to the more rational, practical activities.

As part of their interpersonal skills, dental assistants were expected to relate well to the dentist. Assistants were supposed to respect the dentist, and be formal with him in their interactions (Hover 1920). It was regarded as a necessary characteristic of a dental assistant that she be eager to please the dentist, and be willing to do anything he asked of her (McLaughlin 1912b). Perhaps the most intriguing characteristic the dental assistant was expected to have was the ability to divine the dentist’s needs and wishes without him having to state them (Webster 1912, Garvin 1912, McLaughlin 1912b, Hover 1920). This ability to anticipate the needs of the
dentist was regarded as one of the most important requirements of a dental assistant. Assistants were expected to have the womanly intuition and a womanly devotion to serving others so acute that they would be able to anticipate and meet the dentist's every desire. This ability also required a good deal of technical knowledge, so that the assistant could anticipate exactly what a dentist needed at each point during an operation. Lady assistants were expected to obey the dentist, and do what he desired, even without receiving direct orders. Here too, ideal notions of femininity and women's relations with men were embodied in the role of dental assistant. Dental assistants had to be pleasant and obedient in their relations with their dentist employers; they were expected to possess an inherent ability to fulfil others' needs.

The ideal dental assistant combined feminine skills with more explicitly work-related skill. The dental assistant was expected to have bookkeeping and letter-writing ability. She should be competent as a receptionist, a bookkeeper, and a secretary. Moreover, the dental assistant had to have a knowledge of dentists' tools and equipment. She was expected to know how to sterilize instruments and why sterilization was important (McLaughlin 1912b). Furthermore, she was to understand how and when instruments were used in a dental operation so that she could have them ready for the dentist when he needed them. Ideally, she would not need to be told exactly what instrument was needed at any given time. While all of these work skills were generally listed as necessary characteristics a dental assistant should possess, they were skills the dental assistant learned on the job. The lady assistant was expected to be intelligent and capable, and to possess a great number of abilities.

Although many of the ideal assistant's 'characteristics' were learned on the job, dentists differed in their beliefs about how much a woman was capable of learning. Thus, dental assistants' work tasks and skills varied according to the needs and beliefs of their dentist employers. Many dentists believed that women were just not capable of learning some dental tasks, such as preparing material for filling teeth or keeping the dentist's books, by virtue of their
gender, and their lack of advanced training in dentistry or bookkeeping (Day 1912, Magee 1912). In general, however, lady assistants were viewed as both intelligent and very capable workers, who could perform almost any task a dentist assigned to them, with the proper training and guidance. Women dental assistants were treated as subordinate, but capable.

Because they expected a lot from their dental assistants, dentists believed that not just any woman was capable of succeeding in the assistant role. Although lady assistants had to be good housekeepers who could meet dentists' every need, they were not expected to be servile. Ideally, they were women of "refined tastes", good address, and generally a good education, who were not servants, despite the fact that they were subordinate to the dentist. Dental assistants were neither expected to be members of the working class, nor to be drawn from the "best" families.

Women should be "respectable", but also devoted to their work:

"No greater misfill [sic] could be found in a dental office than a would-be society girl. If a dental office assistant is to be of any service it must be her business, not her past-time. I often visit dental offices where I am met by a beautifully attired young lady who has just arisen from her fancy work. I feel like a disturber of the peace. Such a girl may belong to the best family in town, and be a star at a pink tea, but she has no place in a dental office. She may be worth her weekly wage to give the place an air of respectability, but no dental office should need such bolsterings" (Webster 1912: 324).

Ideally, dental assistants should be middle class, and share the commitment to hard work and refinement valued by middle-class men and women. Women from elite families were believed to lack the proper attachment to work and career demanded of the dental assistant, while women from working-class families typically did not meet dentists' standards for education and refinement.

In defining the characteristics essential in a dental assistant, dentists also paid attention to appearance. The dress and appearance of the ideal dental assistant was expected to be indicative of her status and commitment to work. Ideally, the dental assistant was neatly, but plainly, attired. Some dentists advocated the use of a nurse's uniform, while others felt that this attire was
not always appropriate (Webster 1912). Dental assistants' dress was expected to be modest, with long sleeves, high collar, and a skirt long enough not to draw attention (Bartindale 1922, Hover 1920, Schumacher 1920). Hair was also expected to be plain, although becomingly arranged (Bartindale 1922, Hover 1920). Jewellery was not recommended (Schumacher 1920, Hover 1920).

A dental assistant should not draw attention to herself through her appearance: she should be plain, neat and modest. Some dentists went so far as to suggest not only that women should be dressed plainly, but that it was desirable that they be unattractive. One dentist lamented that if his dental assistants "were at all comely they disappeared in the ordinary course of human life — they got married" (Magee 1912: 329). Thus, ideally, dental assistants should be women who were "so homely that no man would ever ask them to marry" (Magee 1912: 329). In discussions of the characteristics essential in a dental assistant, appearance figured prominently. Women were expected to look respectable, but to otherwise fade into the background. They should look as neat and clean as every other object in the dentist's office.

Thus, the role of dental assistant utilized and embodied ideal-typical feminine characteristics — such as interpersonal skills, responsibility for cleaning, and acceptance of male authority — into the role of dental assistant. Assistants were expected to be middle-class, and to share that class' appreciation for hard work, intelligence, education, and success. Ideally, dental assistants, were skilled middle-class women, who were capable of performing the wide range of duties that dentists assigned to them.

**Duties of the Lady Dental Assistant**

The duties of the lady dental assistant were broad in scope. The job demanded fairly long hours and skill in a number of areas. Many dentists gave their dental assistants a great deal of responsibility. Dental assistants were highly valued employees who, like dentists' wives in the past, were trusted with maintaining and running dental offices. The dentist performed the most-
valued work in the dental office – the dental operations – while women performed the subordinate maintenance tasks. In defining dental assistants' duties, dentists worked to ensure that, ultimately, dental assistants served dentists and remained subordinate to them. While a few dentists argued that women's dental work should be expanded, the majority of dentists were very much opposed to lady assistants performing any dental work that infringed upon dentists' monopoly over dental operations. Lady assistants were expected to remain subordinate to the dentist, under his instruction and supervision. Gender relations in the office reflected ideal gender relations in Ontario society as a whole: women's and men's roles were complementary and separate, and men had authority over women.

As one dentist remarked, descriptions of dental assistant's duties in the dental office were "enough to make most men blush" (Burns 1907: 282). In general, the assistant was responsible for maintaining the office and its equipment, making sure everything was properly stocked and cleaned. They were also responsible for dealing with patients, appointments and correspondence. Keeping the dentist's books and overseeing financial transactions also typically fell to the dental assistant. Moreover, the dental assistant was expected to assist the dentist while operating. In general, assistants' duties varied according to the dentist who employed them. They performed duties that would save the dentist time and make his life easier. In some cases they even read the dental journals and marked the articles they felt the dentist should bother reading (Bartindale 1922).

Cleaning was a central aspect of the dental assistant's duties. She was expected to be in the dental office every morning 30 minutes before the dentist arrived so that she could dust, clean and sterilize everything (Eaton 1903, Hover 1920, Schumacher 1920). She was responsible for all the laundry and sterilization. She was also responsible for replacing lost or broken appliances and instruments, and for keeping all supplies well-stocked (Bartindale 1922, Hover 1920, Webster 1912). The dental assistant continued to clean and sterilize during the day (Schumacher 1920).
The dental assistant did not leave work until well after the dentist did, so that she could clean the office again, and get things ready for the following day (Bartindale 1922).

The dental assistant was also responsible for meeting callers, answering the phone and handling correspondence: "a well trained assistant should stand between the dentist and the outer world" (Webster 1912: 325).

"Every person entering the office should be at once seen and their business found out. Only in rare cases should it be necessary for the dentist to see anyone in the waiting room ... The telephone is quite as much a waste of time as the door unless the assistant is very wise. All appointments should be made by the assistant ... [Moreover,] she should make and keep all [dental] records and do all the bookkeeping, issuing statements, collecting, banking and payment of bills. The dentist should make the charges. In some offices the professional and some private correspondence is attended to by the assistant" (Webster 1912: 325).

As this excerpt indicates, the dental assistant took care of the business aspects of a dental practice that the dentist did not want to deal with. She dealt with people, correspondence and bills, while he performed his operating tasks (Bartindale 1922, Schumacher 1920, Burns 1907). While he determined exactly what should be charged for dental operations, the dental assistant carried out the actual business of billing and collecting payments (Webster 1912, Garvin 1912, Eaton 1903, Bartindale 1922). The dental assistant helped the dentist create distance between himself and his patients. The dentist remained aloof, implying that he was too important to be available to the whims of others (Webster 1922). The dental assistant was given a great deal of responsibility and some autonomy in her work, but the ultimate authority remained with the dentist. The assistant performed the work that dentists regarded as tedious and bothersome.

A third aspect of a dental assistant's work duties involved assisting the dentist at the dental chair. Assistants were expected to sterilize and clean all instruments in between patients (Bartindale 1922, Schumacher 1920). They were responsible for getting everything ready for a dental operation, including the patient. Patients were seated, and napkins and instruments were
prepared by dental assistants (Eaton 1903, Webster 1912, Bartindale 1922, Hover 1920, Schumacher 1920). Furthermore, dental assistants were expected to prepare materials for fillings, dressings and medicines, and to give these to the operator exactly how and when desired (Webster 1912, Bartindale 1922). They also took X-ray pictures and developed them for the dentist (Bartindale 1922, Hover 1920). During dental operations, assistants were expected to stand by “ready to do anything that will save a moment’s time for” the dentist (Eaton 1903: 723). Dental assistants had some involvement in dental operations. They provided an extra pair of hands for the dentist while he was operating (Webster 1912, Garvin 1912, Hover 1920). Dental assistants, therefore, played an active role in assisting the dentist at the chair. While the dentist did the principal dental operations, dental assistants did all the other subsidiary tasks.

Dental assistants were also responsible for educating patients about good dental health, and how to use a toothbrush (Bartindale 1922, Hover 1920, Meadows 1922, Schumacher 1920). Again, this task was one that dentists regarded as important, but as not remunerative or “skilled” enough to demand their time.

The dental assistant was also useful in the dental laboratory according to some dentists (Webster 1912, Bartindale 1922). While most dentists either had their laboratory work done by mechanical men, or performed it themselves, it was argued that lady dental assistants could assist in this work as well:

“In the laboratory an assistant should be able to repair a denture, put through a case except set up the teeth; invest, mix plaster for impressions, polish a crown, a bridge, a denture; make an inlay from a wax model, bake porcelain if not build it up. In time any skilful girl can learn to do laboratory work quite as well as most men; it is only a question of time in a busy office. Usually her time is more profitably employed [elsewhere]” (Webster 1912: 325-326).

Thus, some dentists believed that women were quite capable in assisting the dentist in the laboratory. However, most dentists did not use lady assistants in this capacity. Dental assistants had enough to keep them busy in other areas of dental practice. Dentists preferred to have
mechanical men perform their laboratory work. Some were even sceptical about how well a woman could perform laboratory work.

Thus, the duties of a lady dental assistant were extensive. Assistants performed a wide range of tasks, and seem to have exercised some autonomy in their work. However, the bulk of their work was strictly defined by the dentist and much of it was done under his supervision or direction. Dentists did the dental operating, set the fees, and instructed women on how to assist them. The work of lady assistants centred around the dentist: it was focused on meeting his needs, and making his work easier. Dental assistants were subordinate to the dentist in their work role. Dentists felt that they had no need to fear that lady assistants would overstep their bounds and presume to perform dental operations illegally: they would be far too busy doing all their duties to challenge dentists' authority (Price 1912: 328).

Although there was a great deal of agreement within the profession about the general duties of a dental assistant, there was some disagreement over the scope of their duties. Some dentists argued that there were some things that lady assistants either could not do, or should not do. For instance, some dentists held that dental assistants were not capable of keeping their books: "the only proper way to do the book-keeping in a dental office properly is to have it done by a book-keeper, and you cannot expect a girl to do that" (Day 1912: 331 [italics added]). By virtue of their age and gender, it was believed, dental assistants were not capable of performing the work adequately. Others argued that dental assistants would not be capable of mixing cements, and would not be able to do it exactly to the dentist's specifications (Magee 1912, Webster 1922). However, as one dentist countered,

"many dental office assistants are five, six, ten or fifteen years in a dental office, and they should not be there that long if they cannot learn how to mix cement. They should have been married long before." (Webster 1912: 331).

Despite these disagreements over exactly what dental assistants were capable of doing, there was general agreement that her role was to assist the dentist in every way possible, and follow his
instructions. There was more controversy over propositions that dental assistants be allowed to perform some simple dental operations that were not directly under the supervision of the dentist.

As an outgrowth of dentistry's involvement in the public health movement and dentists' concern for the state of school children's teeth, some dentists began to propose that women be trained for a dental occupation that specialized in preventative dentistry. This idea was more popular in the United States where a Dr. Fones suggested that women be trained as "dental hygienists" or nurses to clean children's teeth, and to educate them about proper dental health (Fones 1914). In Dr. Fones scheme, these hygienists would be hired to work in schools. They would supervise approximately 200 children each, and they would clean and inspect these children's teeth regularly (Fones 1914). Female hygienists could perform the important, but unremunerative, public health work dentists valued, for a fraction of the cost, and with little training (Cowling 1916, Woodbury 1903).

Other dentists believed that the dental hygienist or nurse could work in dentists' offices, cleaning and polishing the teeth of patients (Cowling 1916, Habec 1908). Dental hygienists could do this low-paying cleaning work that dentists had no time for (Woodbury 1903). The dental hygienist or nurse would not be permitted to practise dentistry in general; she would only perform those activities relating to "oral prophylaxis". The nurse would have to have at least some high school education, and one year of special training in oral hygiene. Dental hygienists would have more involvement in dental operations than dental assistants.

On the whole, dentists in Ontario were very much opposed to the idea of dental hygienists at this time. They were uneasy about schemes that had partially trained hygienists working on children's teeth outside of dentists' office, and therefore, outside of their supervision. Furthermore, they were opposed to dental assistants/hygienists' involvement in dental operations (Webster 1912: 332). They feared that if dental auxiliaries were permitted to perform any operations, then the boundaries of their work would inevitably expand until it included operations
that dentists regarded as their exclusive domain (Reade 1916, Seccombe 1916d). Dentists acknowledged that a good dental assistant should be capable of scaling and polishing teeth, but they opposed plans that expanded her sphere beyond this work. If they were allowed to clean the teeth, there was a danger that dental nurses might be allowed to perform a wide range of “simple operations”, until eventually they had their own chair, operating room, and ultimately a private bill allowing them to practise dentistry (McLaughlin 1912d).

Dentists feared for their own status. If dental nurses or hygienists were allowed to perform some operations, then sooner or later the dentist might become obsolete (Reade 1916, 1912). The dental legislation that protected their professional privileges would be in danger:

"The people will demand that the barriers be broken down, and that the benefits of dentistry be not withheld from them, because of legislation in favor of the dentists" (Reade 1916: 276).

Dentists believed that people would patronize dental nurses and ask for their advice, instead of consulting fully-trained dentists (Seccombe 1916d, Reade 1916, 1912). To protect their status and their rights, as well as the public, dentists held that dental assistants were far more useful than dental hygienists.

They argued that a young lady trained as an efficient assistant was a greater aid to the dentist and increased his output a great deal. What the dentist needed was an extra pair of hands, and a dental assistant, working under his guidance and control, would meet this need completely (Seccombe 1916d, Webster 1919). In defence of their skills, dentists asserted that although some preventative dental operations could be performed by people “with little general knowledge … they must be guided at all times (Webster 1919: 26). It was stated that the dental assistant in Ontario had neither the right, nor the aspiration, to operate for patients (Webster 1919: 26). The dental assistant was and should be subordinate to the dentist, and under his instruction and control. Lady assistants were preferred to hygienists, just as they were to male assistants, because they were believed to accept their subordinate role.
In summary, the duties of the dental assistant were varied, and required skill in a number of areas. Lady assistants were expected to do anything the dentist asked of them. Hence, their duties largely encompassed all of those duties the dentist did not want to perform himself. To a certain extent, the dental assistant's duties conformed to middle-class beliefs about women's natural skills: women were seen as better cleaners than men, and as better able to deal with people. Women were also believed to be more willing to accept a subordinate position that revolved around the dentist. The duties of a lady assistant were influenced by her gender; women assistants were expected to do certain tasks that would not have been asked of a male assistant. The class position of the dental assistant was also important in defining her duties. Dental assistants were given a great deal of responsibility and trust that befitted their middle-class status. The relationship between a dentist and his assistant was similar to that between a husband and wife: their duties were complementary, and women's roles were important but viewed as subordinate to those of the men.

A Training Course for Dental Assistants

In 1919, Ontario dentists established a training course for "dental nurses" at the Toronto dental school. Many dentists believed that dental assistants' duties were so extensive that it would be helpful if they were partially trained in a number of areas before they entered a dental office. Dentists would complete dental assistants' training on the job, so that assistants' skills and practices could be geared towards meeting the varying needs of individual dentists. In establishing the course, Ontario dentists were forthright in expressing their desire to create a subordinate female occupation to provide assistance in their work, just as the medical profession had nurses (RCDS 1919). The course was only open to women. It taught women the rudiments of running a dental practice, and of assisting dentists in their dental operations. However, the course also inculcated the idea that in their work women were completely subordinated to the will
and authority of the dentist.

The requirements for entry into the dental nursing program encompassed those characteristics that dentists had previously defined as essential in a dental assistant. To enter the school, a woman had to be at least 18 years of age; be able to speak, read and write English; and she had to know enough math to perform book-keeping tasks (RCDS 1919). The RCDS board later raised the matriculation standards to require a high school education, although this move was not popular. It was argued that the dental assistant had to be under a “directing mind” (the dentist’s), and that “submission to such direction is not inculcated by higher education” (Webster 1926: 93). Rather, dentists believed, good housekeeping skills, loyalty, and responsibility were the characteristics that should be demanded of dental nursing students, in lieu of an education (Webster 1926).

In establishing the course for dental assistants, dentists once again specified the qualities a woman needed to become a dental nurse. The requirements for following the occupation included cleanliness and neatness, bookkeeping and stock-keeping skills, and the ability to deal with patients. Other requirements included:

* "An innate alertness to anticipate the desires of another."
* “A fineness of feeling which will hinder an exhibition of selfishness or crudeness.”
* “A precise knowledge of the fitness of things and the relation of her occupation to the dental profession and the affairs of life.”
* “Standing as a guard between the dentist and the outside world.”
* running the dental office while “keeping in mind that her chief function is to economize the dentists’ time and smooth out the annoyances and make a joy in a work which is nerve-taxing.” (RCDS 1919: 206-207).

Dental assistants, thus, were expected to centre their work around the dentist. They should focus on predicting and fulfilling his wants, rather than thinking of themselves and acting selfishly. They should be cognizant of their subordinate position, and the fact that their job was to make life more pleasant for the dentist. Skill at cleaning, interacting, and handling the business aspects
of a dental practice had to be combined with the appropriate demeanour and selflessness, for a woman to be considered a good dental assistant.

In 1921, graduate dental assistants established their own "professional association", The Dental Nurses' Alumni Association of Canada. Members of this association had to make a pledge in which they promised to be "loyal to the welfare of the patients who came under [their] care, and to the interests of the practitioner whom [they] serve[d]." (DNAAC 1921: 314). As the pledge makes clear, service to the practitioner was one of the primary principles of the occupation. Dental nurses also promised to be loyal, just, generous, pure, upright, observant, tactful and studious (DNAAC 1921: 314). Thus, the dental nurse combined her status as a pure and virtuous young lady with hard work, attention to detail, and a devotion to her dentist employer. Among the officers of the dental nurses association were the wives of prominent dentists, which suggests a connection between the roles of dentist's assistant and dentist's wife. Dental assistants performed much of the work for which dentists' wives had previously been responsible. Moreover, dental assistants served a function similar to that of a dentist's wife: they worked behind the scenes to ensure that a dentist's life and work ran smoothly, and that his surroundings were neat and clean. The dentist could concentrate on his professional work, because his wife and lady assistant took care of other aspects of his life for him.

In their establishment of formal training for dental assistants, and their support of a dental nursing association, dentists utilized class and gender ideology. Education for dental nurses formalized the embodiment of assumptions about gender, and male-female relations, in the occupation of dental assistant. The ideal assistant was expected to hold many qualities that were valued in a middle-class woman, including an acceptance of subordination to male authority. Although dental assistants were expected to be capable and skilled women, their work role was a subordinate one; their main duty was to meet the dentist's every need. There was an obvious parallel between the dental assistant's responsibilities in the office and a wife's responsibilities in
the home. Dental assistants were to create a “haven” in dental offices in which dentists could operate without worry, parallel to that which middle-class women were expected to create for their husbands in the family home, according to gender ideology.

Conclusion

In conclusion, after the turn of century, the division of labour in dentistry grew more complex as dentists established subordinate dental auxiliary occupations to enhance their efficiency, and their status. The dental division of labour was differentiated on the basis of gender and class. The occupation of dental mechanic was intended for working-class men, who performed the mechanical dental work that dentists now felt was beneath them. The occupation of dental assistant was created by dentists for middle-class women. Dentists constructed a subordinate female occupation to assume the mundane and “feminine” tasks involved in running a dental practice. The lady assistant came to be seen as an essential feature of a respectable dental office. Dentists were careful to define exactly who a dental assistant should be, what her duties were, and how she should be trained. Beliefs about gender and class underlay the structure of the dental assistant’s job and her relations with the dentist.

In accordance with gender ideology, the work roles of dental assistants (women) and dentists (men) were complementary and unequal in status. Men performed the “important” work by doing dental operations, while women performed all of the cleaning, interpersonal, and other subsidiary tasks. Women were believed to make ideal dental assistants given their “natural abilities” in the areas of cleaning and social interaction, as well as their willingness to accept their subordinate position. Lady assistants were hired not only for their ability to assist the dentist, but also for their feminine qualities. Women were valued as dental assistants for all of the womanly qualities and abilities they were believed to bring to a dental practice.
Dentists' image of the ideal dental assistant was influenced by gender ideology. The ideal dental assistant combined the qualities of the ideal middle-class woman with some business and dental skills. Lady assistants were expected to look after the dental office, as a wife might maintain a home. They were to ensure that it was clean and smooth-running. They were expected to be ideal hostesses, making their callers/patients feel comfortable and positive about their visit. Moreover, it was their duty to manage the emotions of the dentist and patients, ensuring that interactions were successful, and that everyone was happy. By attending to the well-being of the office, patients and the dentist, dental assistants freed the dentist to attend to dental operations. The dental assistant was expected to remain completely under the dentist's instruction and supervision. She was expected to act as an extra pair of hands, silently providing the dentist with anything and everything he needed. In establishing their authority over dental assistants, and in defining their duties, dentists drew on traditional gender relations, and beliefs about each sex's capabilities and talents.

Thus, in establishing the dental division of labour, dentists utilized gender and class to define and delimit the work tasks of dentists, dental assistants and dental mechanics. In doing so, they reproduced the unequal gender and class relations characteristic of their society. Dentists as middle-class men structured their work so that they were in positions of authority over working-class men and middle-class women. Within the dental division of labour, dentists defined roles for men and women who could not meet the standard of the ideal gentleman dentist. The ideal occupation for women in the dental health field was not that of dentist, but that of dentist's assistant. Working-class men could participate in the field as dental mechanics. By establishing these subordinate auxiliary occupations, dentists reconfirmed that dentistry was a profession for middle-class men. The dental division of labour reinforced dentists' middle-class male identity and authority. In their establishment of auxiliary dental occupations, dentists reasserted the association of dentistry with middle-class masculinity, and reaffirmed their identities as middle-class gentlemen.
The next chapter will complete our look at dentistry in the early twentieth century by examining the experiences of dental students at the dental school during this period. In short, Chapter Ten will examine how dentists were created at the Toronto dental school.
Introduction

In 1903, the students at the Royal College of Dental Surgeons dental school in Toronto established a student journal. This journal, *Hyas Yaka*, was written and published by the students, and was under the editorial direction of the senior class at the school. The journal reflected student life and culture, and it provided a student voice on events that occurred at the dental school. The journal is a valuable source for information on students’ backgrounds and personalities, their interactions, their culture, and their views on their education and their chosen profession. Examination of journal issues provides insight into student life at the RCDS school, and into the processes through which young men, and the occasional woman, were turned into dentists. Not only did the journal reflect students’ education and professional socialization, but it became an active force in that education and socialization. In this chapter, I examine the student journals, published between 1903 and 1917, to explore the processes through which dentists were created in Ontario, and the significance of gender, class, and race to these processes.

Examination of these journals reveals that the students at the Royal College of Dental Surgeons saw themselves as undergoing a dual transformation. Not only did attendance at the school transform laymen into professionals, it also turned boys into men. Students at the school regarded these two processes as concomitant and inseparable. The experiences and education that

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64 The journal took its name from the first two words of the college’s “yell” or cheer (Dodds 1920).

65 As described in Appendix A, not all of the journals between 1903 and 1917 have survived. Three journals from this period are missing. This chapter draws on data from the remaining journals.

66 During this period, the Toronto dental school went by the name, “Royal College of Dental Surgeons”. The title is only barely distinguishable from the professional body whose official name was “The Royal College of Dental Surgeons of Ontario”. Both bodies used RCDS as a moniker.
made them competent and prestigious professionals were also those that made them upstanding gentlemen. In this chapter, I discuss the nature of this dual transformation as described by dental students in their journal. I also draw on information in the student journals to examine the backgrounds, characteristics and ideals of people who became dentists after the turn of the century. By examining students' characteristics and their experiences while at the dental college, this chapter provides further evidence of the importance of middle-class masculinity to the dental profession.

In this chapter, I first discuss the background of the students entering the dental school between 1903 and 1917, and I examine their primary characteristics and values. Next, I discuss dental students' claim that dental education not only transformed them into professionals, but also into men. I examine three aspects of this transformation. First, I discuss students' opposition to indentureship as part of their education, and the abolishment of indentureship. Students opposed indentureship for a number of reasons, but their main complaint was that it hindered their transformation into professional gentlemen. Second, I examine hazing rituals that occurred at the school during the period under consideration. Students valued these rituals as symbolic representations of the transition to manhood begun upon entrance into the dental school. Third, I examine attempts by students and dentists to ensure that dental students were transformed into ideal professional dentists. Students and faculty carefully defined what behaviour was expected of the dental student and the graduate dentist; students who did not conform to this ideal were censured and sometimes punished by their classmates. Definitions of the ideal dentist and dental student drew on definitions of the ideal man. Students structured their student culture around beliefs about professionalism and masculinity.

An exploration of the experiences and background of students at the Toronto dental college allows us to consider the processes by which professional gentlemen were created. Many sociologists and historians of the professions have stressed the role of professional education in
creating homogeneous professional practitioners. Larson (1977) argues that for successful profession creation, it is important that professionals be seen as equivalent in terms of their knowledge, abilities and trustworthiness. Standardized professional education socializes professionals into their professional role, so that all professionals appear equally capable and respectable (Larson 1977). Through an examination of the student journal the processes through which students were transformed into homogeneous professional men become clearer. Homogeneity was created within the student body both through dental education and through a student culture that emphasized middle-class masculinity and gentlemanly ideals. At the school, and after graduation, students were urged to conform to the image of the ideal dentist created by professional leaders. Laymen were turned into homogeneous professional men, not only through education in dental science and technique but also through the college culture that emphasized middle-class, Anglo-Saxon, Protestant masculinity and the ideal image of the gentleman dentist.

Students at the RCDS dental school:

Although there was some variability in the backgrounds of the students attending the RCDS dental school, students tended to have many characteristics in common. Furthermore, students' interests, viewpoints, and ideals were similar. These similarities are not surprising given the desire of leading members of the dental profession to recruit only a certain kind of man into the profession. Education standards and recruitment efforts were aimed at young men who were, or had the education and desire to become, gentlemen. Professional leaders were almost exclusively Anglo-Saxon Protestant men and, as we have seen, they believed that if the profession were full of men just like them, dentistry would become a respected, lucrative, high-status profession. The similarity of the backgrounds and characteristics of students entering the dental school simplified professional dentists' efforts to ensure that dentists were a respectable, homogeneous group of professional gentlemen. Those few students who were not exactly like the majority were urged
to conform with their fellow students, and at least appear and act like Anglo-Saxon, Protestant men. In this section, I examine the backgrounds and characteristics of dental students, and by extension dentists, in Ontario after the turn of the century.

Students at the dental school generally portrayed themselves as entering the school as mere boys; however, most students were older than this term suggests. Only the occasional dental graduate did not meet the board's age criterion for a dental license: students had to be 21 years of age, before a license would be granted. As of 1903, attendance at the dental college was required for 4 years, and, therefore, the vast majority of students were at least 17 upon entering. Pictures and discussions in the student journal suggest that a great many students were older than this. For many, dentistry was a second career. A significant proportion of dental students around the turn of the century were former teachers (HY 1904, HY 1907). After teaching school for a few years, they left this job and decided to follow dentistry. Other dental students held a variety of jobs before entering the dental school.

There are a number of reasons why dentistry, for many students, was a "second" career. First, the cost of a dental education was high. Students had to pay for their indentureship, and for their tuition, equipment and text books for four years at the dental school. Most students had room and board to pay as well. It was difficult for students to pay for their education while working in between college terms. Until indentures were abolished in 1909, students were expected to spend their summer months apprenticing with a practising dentist. They only received payment for this work in their junior and senior years, and the sum received was paltry. Unless a student's family had enough money to support him through this schooling, and possibly through the expensive venture of setting up and equipping a dental office, a student had to have some savings. Dentistry was a difficult occupation to pursue without money, and a previous occupation might

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67 Students who did not meet the criterion had their licenses withheld until their 21st birthday, usually only a few months away.
have provided the money a student needed.

Dentistry may also have been a second career because it was a student's second choice. Despite its professional gains before 1900, dentistry did not enjoy a higher status until after the turn of the century. Dentistry was likely an occupation that few students thought of entering when they searched for a career as youths. Rather, dentistry seems to have been a second choice or afterthought for many men, who were attracted to dentistry as its status increased. Students entering dentistry were in search of a professional career, professional status, and a good income. Dentistry was an occupation that they believed would meet their goals. Male teachers, in particular, may have been drawn to dentistry in search of a stable career and higher status. By the end of the nineteenth century, men were leaving teaching in significant numbers; teaching, particularly in the lower grades and rural communities, was becoming a more female-dominated occupation (Graham 1974). Teaching offered little income or status, especially in rural areas, and male teachers seem to have left teaching in search of an occupation that would give them income and prestige. Because it was an upwardly mobile profession dentistry appeared to provide this income and status. Dentists welcomed and encouraged former teachers into their occupation, believing that these educated men would make ideal dentists.

Because dentistry was a "second" career for many, some students entered the school in their 20s and 30s. Some students were married, and a few had children while attending the dental school. However, the majority of students seem to have been single young men. The RCDS school was the only dental college in Ontario, and the only Canadian dental school west of Quebec; hence, it attracted students from all over. The occasional student was from outside the province, or country — students from the United States, Australia and Great Britain (Scotland) were most common. The majority of students, however, seem to have come from farming families, rural communities, and small towns in Ontario (HY 1907). Many students also came from Ontario cities. Thus, the majority of students at the RCDS were young single men who
moved to Toronto during the school term, and lived in a boarding house away from their families.

Students at the RCDS were overwhelmingly Anglo-Saxon, white men. They tended to be religious and Protestant; Methodism seems to have been the dominant religious affiliation. The dental school had its own branch of the YMCA, and attendance at bible study at the centre was encouraged. For many, professional ideals of service and hard work, were embedded in ideals of religious commitment. Although the vast majority of students were Anglo-Saxon and Protestant (Box 1913b), there was a rare student that was not. Many of these non-Anglo students clearly did not fit in with their classmates. For instance, non-Anglo students were sometimes teased for their accents, and publicly ridiculed and ostracized for non-conformist behaviour. Similarly, Anglo students played practical jokes on Jewish students at the school, such as ordering extra ham for them at a student luncheon (HY 1905). Students at the RCDS school were prejudiced, and tended not to be too accepting of those students or others who were not of their racial, ethnic or religious background. Consequently, students who were not of Anglo-Saxon or Protestant heritage, often made an effort to appear so. Some Jewish men "anglicized" their names upon graduation, to minimize their deviation from the norm. Moreover, the student journal contains reference to non-Protestants trying to dress like Protestants (HY 1909: 104). Students who did not share the common heritage of their classmates made an effort to fit in.

The event that most clearly revealed the racism of many students at the RCDS dental school involved the treatment of African-Canadian patients in the dental school infirmary. In 1904, there was controversy at the school when senior students were asked to examine and treat African-Canadian patients, and many refused -- solely on the basis of the race of their patients (HY 1904: 81). Students who refused to work on African-Canadian patients were suspended from the infirmary, but they held firm in their "beliefs"/racism (HY 1904). Students who did work on these patients were teased and ridiculed (HY 1904). An editorial in the student journal mildly censured the students for their behaviour, arguing that as nascent professionals, working in a
school infirmary that was intended to provide treatment to the poor, students had the responsibility to provide service to the needy (HY 1904: 83). At the same time, the editor held that these students had every right to their beliefs, although these beliefs should perhaps be changed. Students argued that since they were refined gentlemen, and their future patients would be mostly refined women and men, they should not have to treat only the poor in the school infirmary ("C.A.D" 1911: 11). Students would have preferred to restrict their associations with patients and colleagues to Anglo-Saxon middle-class men and women like themselves (C.A.D. 1911).

Thus, dental students were generally Anglo-Saxon Protestants who were prejudiced against those men and women from other races and ethnic groups. By pointing out that dental students seem to have been racist, I do not mean to suggest that dentists were exceptional for their race, time, class. It is unlikely that dentists were any more racist than other professional or middle-class Anglo Ontarions of their time. Rather, my purpose is to suggest that who dentists (dental students) were at this time -- middle-class, Anglo-Saxon, Protestant, and racist men -- may have influenced the structure of the dental profession, the role of dentist, professional relations, and even dental education. Other professions were likely influenced and structured by the same factors.

Dental students like professional dentists had an image of what an ideal dental student and ideal dentist should be like, and people from outside their race and religion did not fit that mould. Dental students valued conformity and cohesion within their ranks, and those who deviated from the ideal clearly did not conform. Hence, those who deviated were often singled out and excluded from group activities and interactions. Similarly, dental students were not too interested in treating mankind in general, despite professional ideals of service. Rather, they desired to associate with those who resembled them: middle-class, Anglo-Saxon, Protestant men and women. Dentists' roles, relations with patients, and relations with other professionals were predicated on
an expectation that dentists and the majority of their patients would be middle-class and Anglo-Saxon.

Although they were prejudiced against people who did not share their race and class position, male dental students tended to be more tolerant of women from their own class who attended the dental school. In the pages of the dental journal, women were treated with formal politeness. A few women were treated some hostility, and many were not included in class jokes and interactions. However, it was never suggested in print that women students did not belong at the dental school. Being single and young, men at the dental school seem to have had a great interest in women in general. In the journals, they frequently discussed dating, meeting women, interacting with women, and often negatively portrayed women as having only one aim in life: to make a husband out of some poor unsuspecting male (Anonymous 1914b). Overall, the male students do not seem to have treated women as equals or colleagues.

Not surprisingly, dental students resembled professional leaders in terms of their characteristics and background. The similarity of students' backgrounds facilitated the production of homogenous professional practitioners at the dental school. Education and socialization at the dental school completed the process by which dental students were transformed into a relatively homogenous group of professional gentlemen dentists.

The Transition to Professional Manhood

Dental students regarded their school experience as altering them in two fundamental ways: they were transformed from laymen into professionals, and from boys into men (HY 1903: 6-7, HY 1906: 3, HY 1906: 7, HY 1907: 6-7, Pivnick 1913). Students frequently remarked that they entered the school as naive boys and left the school as learned professional men (Pivnick 1913, HY 1905: 11). Their diplomas served as a mark of manhood (HY 1906: 23). For dental students, this transformation was not only the result of their education, but of their entire college
experience, including their interactions with classmates, and their involvement in sports, school organizations and clubs (HY 1906, p. 3, HY 1907, Box 1913). To students, each year spent at the dental school brought them closer to attaining their manhood (HY 1908b).

To signify this yearly progression towards manhood at the school there were various events, rights and privileges. Freshmen at the school were mere boys, and they had very few privileges. They had a class executive and were encouraged to join societies and sports teams, but they were expected to remain subordinate. They were forbidden to tread upon the senior's "territory", such as the school infirmary, and they were expected to remove their hats in the presence of more advanced students. To signify their entrance into the dental school, and hence the beginning of their transition to manhood, the freshmen had to undergo hazing rituals in which they were attacked by the sophomore class. Rights and privileges expanded as students advanced in their dental education. The sophomores had the right to torment the freshmen, but they were not expected to run for school executive positions. One student who did so was roundly reprimanded by the advanced classes for his cheek and insubordination. Juniors were allowed more rights and more involvement on school committees and in school associations. Seniors had full privileges and rights. They ran the student journal and other school associations and clubs. Moreover, they were expected to dress in a way that revealed their near-gentleman status. They had the privilege to saunter through the school with canes: less advanced students were forbidden (by the seniors) to do so (Student 1904: 91). Students in the advanced years were also permitted to grow moustaches and to curl them in a certain way -- dentists had a "school curl" (HY 1904). Thus, both students' appearance and their behaviour was expected to conform with their status at the school. Only as they advanced through the school were students encouraged to adopt the affectations and behaviour of professional men. Thus, seniors were allowed many privileges and affectations that men in the lesser grades were not.
The organization of student culture and student interactions was predicated on the notion that attendance at the dental school would turn students into respected professional men. Students looked forward to achieving the status of professional men and they modelled their behaviour and their dress after the image of the professional gentleman. They believed that student education, student behaviour and student appearance should be gentlemanly, especially for those students approaching graduation. Moreover, they emphasized conformity: deviations from the path to manhood, or from group norms, were opposed by students. In the following subsections, I discuss three important aspects of the transition students underwent at the dental college: indentureship and dental education, hazing rituals, and the students' emphasis on conformity and censure. In all three sections, I explore how boys were transformed into professional men at the dental school, and the role of masculinity in their educational experiences.

Indentures:

Dentists had been trained through apprenticeship or indentureship since before the dental profession organized. By the turn of the century, students had to be indentured to a licensed dentist for almost 4 years. They combined their college education with practical training in a dental office. After the turn of the century, dental students and professional leaders became increasingly dissatisfied with the indentureship requirement. In 1909 the requirement was reduced, and by 1911 it was abolished outright. Dental students and professional leaders criticized indentures for being outdated, unprofessional, and for not teaching students appropriate professional behaviour. Students' primary complaint about indentureship, however, was that it was "unmanly" and unbefitting to professional gentlemen. The indentureship requirement was hindering their transformation into professional, gentlemen dentists.

Before registering at the RCDS school, a prospective dental student had to sign an indentureship agreement with a licensed dentist, and register this indentureship with the RCDS board. Students had to pay the dentist, their preceptor, for the privilege of learning from him.
In their junior and senior years they were generally paid a "lowly" sum of about 4 dollars per week for their assistance in their preceptor's office during the summer months ("One Who is Proud..." 1908, Student 1904); this sum was not enough for students to support themselves (Student 1904, Student 1907, Senior 1903). The main period during which students were with their preceptors was between May and October (Student 1907). The dental school term ran from October to April, and students were expected to be in Toronto to attend classes during these months. Students often selected preceptors who worked in their home towns. Exactly what the student did in a dental office was, to a certain extent, at the discretion of the preceptor. Students complained that their preceptors used them as sources of cheap labour for cleaning and running errands (One Who is Proud 1908, Student 1904, Senior 1903). However, the board did establish guidelines for indentures to ensure that dental students spent at least some time engaged in dental operations.

After the turn of the century, students and graduate dentists were critical of the indentureship system (Notminer 1907, One Who is Proud 1908, Webster 1901d, 1903e, Common Sense 1903, Gowan 1903, McElhinney 1903, Senior 1903). While dentists in the past had argued that it was an essential part of every dentist's education, many students and graduates no longer believed this to be true. The main concern for dentists who taught at the college, and who were on the dental board, was the lack of control over what preceptors taught (Seccombe 1909, Webster 1901d, Gowan 1903, Coon 1908, One Who is Proud 1908, Common Sense 1903). Professional leaders went to great lengths to socialize and educate students in the vision of the profession that they held. Their vision emphasized gentlemanly ideals, ethics, and up-to-date "scientific" technique and knowledge. However, many dentists, and therefore preceptors, had entered the profession before such high education standards were demanded; preceptors did not necessarily share the knowledge or ethics of professional leaders and dental school faculty (Student 1907, Seccombe 1909, Senior 1903). Moreover, many preceptors had graduated from the dental school years ago,
and were not familiar with the methods taught in the school (Notminer 1907, Student 1907). They often directly advised students to forget what they had been taught, and to do what the preceptor advised (Notminer 1907). Professors, as well as dental students, resented dental preceptors contradicting their teachings (Notminer 1907, Seccombe 1909). Students valued their college education, and argued that the school should be able to "turn out a finished dentist without the aid of some rural practitioner who graduated perhaps fifteen, twenty or twenty-five years ago" ("Notminer" 1907: 20).

Students held that they did not really learn anything in their preceptor's office (Notminer 1907, HY 1904: 3-6, Student 1904:21, Student 1904: 5, Common Sense 1903). Many students reported that they did little else than sweep up for their preceptor and do his errands (Student 1904, One who is Proud 1908, HY 1904: 3-6). Although students were allowed to perform some operations under the supervision of their preceptor, they did not believe that these enhanced their ability or knowledge (Notminer 1907, Student 1904). Students were already required to work and operate in the dental school infirmary, and they received much of their practical training there. They argued that the little they did under the supervision of their preceptor -- whose knowledge and abilities they questioned -- would not make them better dentists (Notminer 1907). In fact, some preceptors were unwilling to teach their students or allow them to work on patients (Student 1907). Therefore, students argued, there was no practical reason for maintaining the indentureship requirement.

Students and graduate dentists also opposed indentureship because they saw it as demeaning to their profession. It was argued that indentureship was the same thing as apprenticeship, and that, therefore, it suggested dentistry was a trade, not a profession (HY 1903, Notminer 1907, Coon 1908, One Who is Proud 1908, Student 1907, Webster 1901d, Gowan 1903). This association with trades was seen as demeaning to dentistry, and it was a cause of embarrassment for students and dentists who fancied themselves gentlemen (Notminer 1907, Gowan 1903,
Webster 1901d, Senior 1903). Other learned professions had no apprenticeship requirement, and it was suggested that if dentistry was to take a place among these professions, it should abolish apprenticeship too. It was argued that the public would not fully regard dentistry as a profession until dentists were trained entirely as professionals, in college (One Who is Proud 1908, Notniner 1907). Dental students also suggested that support for private bills granting dental licenses was often based on the notion that applicants had spent some time in a dental office, "apprenticing", just like dental students (Notniner 1907). It was increasingly argued that dentistry would not be regarded as a profession, or as a profession that dentists could be proud of, until it got rid of indentureship.

Dental students' principal criticism of indentureship was that it was demeaning to their manhood (One Who is Proud 1908, Coon 1908, Student 1904, Notniner 1907, Gowan 1903, Senior 1903). The very nature of the preceptor-student relationship was regarded as "unmanly" and distasteful. Both class and gender figured in students' complaints about the emasculating effects of the indentureship relationship. Students felt that subordination to a preceptor was unmanly, especially because preceptors were often rural men with less education than themselves (Notniner 1907, Gowan 1903, Common Sense 1903). The indentureship agreement stated that the student was "bonded" in servitude to his preceptor, and subject to his will (Gowan 1903). Twentieth-century professional dentists and dental students regarded this servitude as demeaning and ungentlemanly:

"It is not within the nature of things that a man who has an individuality of his own, a pride in his manhood, and an ambition large enough to become a dental surgeon with its incumbent duty of taking his proper place in society, should be satisfied to spend three years as an apprentice. The dental student in an office is at the beck and call of his preceptor; he is made to feel his subordinate position; he is his preceptor's slavey [sic]; he is handicapped; he is limited; he is subdued, subdued to such an extent that I believe he never recovers that poise and confidence in himself which he otherwise possesses." ("One Who is Proud" 1908: 47).
Students railed against the subordination involved in the indentureship relationship and the negative effect they saw this having on their principles of manhood (Coon 1908: 44, Student 1904). No man who was being trained to take his place in the world as a professional gentleman should have to endure such subordination and servitude to a preceptor: especially when that preceptor did not meet the standards of the ideal professional dentist set by professional leaders, and advocated at the dental school (Gowan 1903b, Common Sense 1903). Students argued that they would never attain the full stature of professional gentlemen if they had to endure such education.

Opposition to the indentureship requirement was expressed in the pages of the student journal, in professional journals, and in association meetings. Although many people supported indentureship training, the majority of professional leaders and students were opposed to it, on the above-mentioned grounds. Students petitioned the board for an end to indentureship in 1906/7, and graduate dentists frequently proposed ending indentureship during professional meetings (One Who is Proud 1908, Toronto Dental Society 1901, ODA discussion 1910). In 1908, the board abolished compulsory indentureship except between a student's 3rd and 4th years at the college. Students were thrilled by the decision and praised the board members for their wisdom (Coon 1908). The profession was divided on the issue. Although many supported the change, a number of dentists were opposed to the board's action (Reade 1908b, 1908c, 1908d, Smith 1908, A.F. Webster 1908). They complained that the board had acted unilaterally, without consulting preceptors or other dentists (Reade 1908a, Smith 1908, Leggo 1908). Preceptors seem to have been upset at losing their students — who were sources of both income and labour — and about the lack of forewarning about the decision (Smith 1908, A.F. Webster 1908). Further, they suggested that the board violated the Dental Act through its actions. However, the board seems to have acted within its rights, and the majority of the profession supported the decision.Indentures were completely abolished in 1911.
Students' opposition to indentureship is significant because it reveals how they saw themselves and their chosen career. Students were very proud that they were learning a profession, and they fancied themselves distinguished professional gentlemen — or at least gentlemen-in-training. For them, the indentureship requirement was a source of embarrassment that led their acquaintances to believe they were tradesmen, rather than learned professional men. Students were repelled by the nature of the preceptor-student relationship. They saw this relationship as both unprofessional and unmanly. Many students were disdainful of the education and class background of their preceptors; they did not like being subordinate to men they saw as inferior. When faced with discrepancies between what they learned at the dental college, and what they learned in their preceptor's office, students sided with their gentlemanly college professors. Dental students shared the vision of the profession advocated by professional leaders. They felt that dentists should be gentlemen, and desired a system of education that would lead to that end. Indentures were opposed by students and dentists because it did not conform to ideals of gentlemanly, professional education and behaviour.

Hazing

Hazing formed another aspect of dental students' transformation towards manhood and professionalism. While the debate over indentures illustrated a concern for the very nature of the transformation, hazing was largely a symbolic ritual, indicating that a transformation was about to take place. Hazing marked the beginning of students' passage from boyhood to professional manhood. Within this ritual, freshmen, sophomores and juniors all had roles to play that signified their status/stage within the transformation process. Hazing was also a ritual that created and reinforced conformity within the dental college. Hazing showed freshmen that they were part of a group, and that they were expected to behave like the other students. Hazing rituals were a key component in students' transformation into professional men.
Hazing rituals were common in universities and colleges throughout North America in the late nineteenth and early twentieth centuries (Bledstein 1976). They were also commonplace at the RCDS college, especially before the turn of the century (HY 1908). Rituals at the RCDS involved an attack by the sophomore class upon the freshmen class to "welcome" the new students to the college. Students argued that the freshmen needed and desired to have something done to them to signify the beginning of their professional education (HY 1908). There is little record of nineteenth-century hazing rituals, but it seems they were varied and, sometimes, violent:

"On one occasion the Freshmen were locked between the gates at the students' entrance and the door, and the hose was turned on them from above by the Sophomores. But the hose leaked badly, and it is doubtful which side received the worse dose. At another attempt the Freshmen were seized by the heels and dragged down stairs, allowing their heads to bump on every step. This was rather brutal, as nearly all the Freshmen required medical attention and one was rather close to the pearly gates." (Student 1908: 11).

Faculty at the college disapproved of these rituals, and they succeeded in temporarily eliminating them by charging fines and threatening suspension (RCDS Proceedings 1900, HY 1908: 11). Instead, they instituted a Sophomore-Freshman banquet, in an attempt to encourage the sophomores to welcome the freshman to the college in a less-violent, less-physical way (Unknown 1904: 16).

Students argued, however, that hazing was necessary. Freshmen needed to be "initiated" and "invited" into the college, and it was the responsibility of the sophomores to initiate them (HY 1908, C.A.D. 1911b). Hazing reappeared at the school in the fall of 1908 and continued to reoccur every fall for a number of years, until the faculty once again succeeded in halting it. Hazing at this time involved a "rush" or a "hustle" where the Sophomore class attacked the Freshman class on school grounds. Freshmen were "welcomed" into the school by having their appearance altered, and their clothes ripped off. This physical alteration symbolized the change freshmen experienced upon entering the dental school and beginning their professional training. This kind of initiation process has been described by Goffman (1961) in his work on total
institutions. Symbolically, students were stripped of their old identities, and introduced to new identities and relationships. Hazing rituals generally deteriorated into a physical brawl between the freshmen and sophomores. Students viewed the fighting as a way of welcoming the freshmen into the school. When the fighting stopped, the freshmen and sophomores apparently viewed each other with brotherhood and good fellowship (C.A.D. 1911b, Unknown 1904). The freshmen had been welcomed and initiated into the fold.

Although the nature of the “hustle” or “freshmen initiation” varied slightly from year to year, after the turn of the century it typically followed a pattern. The sophomores gathered as a class, dressed in old clothes or rugby outfits, with their faces painted. They armed themselves with substances like axle grease, flour, lamp black, shoe polish, and chalk dust (HY 1908, A.H.C. 1913, C.A.D. 1911, E.H.C. 1912). The sophomores then positioned themselves in the courtyard, outside the freshmen lecture hall, while a lecture was in progress, and yelled and sang to the freshmen to disturb the lecture (E.H.C. 1912, A.H.C. 1913). They sometimes “invited” the freshmen down by tossing flour bags in an open window, splattering the freshmen (A.H.C. 1913). The freshmen then typically changed their clothes or at least removed their collars, and ran down as a class to meet the sophomores (C.A.D. 1911b, A.H.C. 1913, E.H.C. 1912). The sophomores attacked them, covering them with the grease, flour, chalk, or whatever else they had brought, and then ripped off the freshmen’s clothes (C.A.D. 1911b, A.H.C. 1913, HY 1908, E.H.C. 1912). The freshmen retaliated and fought off the sophomores as best they could, so that by the end of the fighting, few men had shirts. The fighting stopped after a time, sometimes at the signal of the junior class who tossed water out of the window onto the combatants below (A.H.C. 1913). Then, the sophomores and freshmen ran together, as one group, to have their picture taken (C.A.D. 1911b, A.H.C. 1913, E.H.C. 1912).

In the student journals it is suggested that these brawls were enjoyed by one and all (HY 1914, C.A.D. 1911b). Injuries were generally limited to scratches and bruises, although on one
occasion two students fell through a glass window, and one had to be hospitalized (RCDS Proceedings). Attendance at these "hustles" by freshmen and sophomores was seen as mandatory. Women do not seem to have been expected to join in, but male students who did not participate without good reason were punished. One student in particular was soaked, beaten, and paraded around the school in humiliation for not participating in a hustle (Anonymous 1913a, Box 1913d). It was this retaliation of the students against one non-participant that finally provoked the college faculty to intervene and to ban hazing and physical attacks on students completely (Box 1913c, Box 1913d).

"Hustles" seem to have had at least two functions. Firstly, they marked the beginning of a student's journey towards professional manhood, by symbolically stripping him of his old persona and welcoming him into his new one. Secondly, hustles enforced conformity. Dental students seem to have viewed these attacks as a way of making freshmen one of them (HY 1908, 1914).

In pictures taken at the end of the brawl, sophomores and freshmen look the same: their faces are painted; their clothes are ripped off, and they are smiling. Hustles were a way of transforming freshmen into dental students. Moreover, conformity was enforced through the hazing rituals since members of all classes were expected to attend the hustle, or be humiliated and punished for their lack of "class spirit". Since hustles involved the clash of classes, class spirit and conformity were reinforced through this conflict.

The hustle also reinforced the class hierarchy at the school. Through their attack on the freshmen, sophomores showed that they were superior; freshmen were subordinate to them (HY 1908). Juniors were even more superior, as they watched from above, and signalled the end of the brawl. Seniors are never mentioned as being involved in the event; they remained above it and removed from it. The extent of the participation by each class in the hustle symbolized the stage each was at in the transformation towards professional gentleman status. The main
participants in the ritual were the freshmen and the sophomores -- the classes furthest away from professional-gentleman status. These attacks were not very "gentlemanly"; hence it is fitting that they occurred between the classes that were closest to being "boys" and the furthest away from professional manhood. Juniors were active spectators, indicating that they were above participating in this kind of boyish behaviour but not so gentlemanly that they could not watch it and end it. Seniors, the students closest to achieving gentlemanly status, were the furthest removed from the event.

Many students were quite upset when the faculty attempted to end these hazing rituals, and when it punished the sophomore class for their retaliation against their non-conformist member. Students argued that they had every right to attack the freshmen, and to maintain class discipline by punishing class members who did not conform (Anonymous 1913a, Anonymous 1913b, Sophomore 1913, Box 1913d). The final hustle at the dental school occurred in 1913. There were sporadic outbursts in later years as students jostled, and pestered the freshmen, but nothing so dramatic as the earlier hustles occurred (HY 1914). Later students were congratulated for their "gentlemanly" behaviour in not attacking the Freshmen, although many still believed the Freshmen "needed" to be "initiated" in the old way (Student 1914: 14, HY 1914, Unknown 1904: 22). Sophomore-Freshmen banquets were the preferred way to welcome new students in later years.

Hazing was a masculine ritual that was symbolic of the end of boyhood for male students entering the dental college. Nevertheless, while the dental college worked to produce professional gentlemen, there was nothing "gentlemanly" about the college hustles. However, because the participants were those students who were furthest removed from graduation and gentleman

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68 The editor described the sophomore-freshman hustle and the sophomore attack on a class member as "schoolboy nonsense" (Box 1913d).
standing, they were forgiven. The attitude on the part of senior students, and to a certain extent, faculty, was one of "boys will be boys". Hazing was a key way through which new students at the school were "initiated" into college life. Through hazing rituals freshmen became full-fledged dental students, and their journey through school and towards professional-gentleman status was begun. Hustles demonstrated students' masculinity, and their willingness to be like other dental students. Hazing rituals were one aspect of dental students' transformation while at dental school, and they helped to establish the conformity that was seen as so important in the dental school, and in the profession at large.

Conformity and Censure

As is evident in their hazing rituals, students at the RCDS valued and attempted to enforce conformity amongst the student body. The dental journal provided a means for informing students about what behaviour was expected of them — as men, professionals, and as students — and a means for censuring students for behaviour deemed unacceptable. Senior students and faculty used the journal to advise students about the behaviour expected of them as professionals; they socialized them to conform to the image of the ideal dentist that professional leaders had constructed. The journals also advised students about what behaviour was expected of them as students and as young men. In the journal, students were told how they should behave towards other students, what activities they should engage in, how they should study, dress, and interact with women. In their advice and censure to their fellow students, the journals' editorial staff drew on their belief that students underwent a transition while at dental school. Prescribed behaviour was meant to enforce the progression towards professional manhood at the school (Student 1906: 3, HY 1912). Appropriate student behaviour was that which would prepare students for their future role as professional men. Prescriptions for student behaviour were largely set by the senior class, and these prescriptions emphasized masculinity, the hierarchy between school levels
or years, and professionalism.

The tone of the student journals varied somewhat from year to year. As the senior class and editorial staff changed annually, so did the focus of the journals to a certain extent. Nevertheless, the advice and censure found in the journals tended to be consistent. The journal was especially full of advice and censure during its heyday, between 1903 and 1915. By the end of this period, the number of students attending the school had increased substantially, and the students seem to have been a less cohesive group. Moreover, at this time, student interest in the journal waned, and the journal turned its focus away from college affairs, towards World War One. Thus, the data from this section is largely taken from the journals between 1903 and 1915.

Students at the RCDS were self-policing. They monitored each other’s behaviour and used the journal to define appropriate student behaviour, and to censure students who did not behave or dress appropriately (HY 1906: 7, Unknown 1904: 49, HY 1903). For instance, every fall the journal published advice to freshmen detailing how they should behave at the school, and urging them to study hard and participate in college sports teams and clubs (Bradley 1905, HY 1906: 16, 1908b, 1912, Box 1913). Students at the school valued conformity, and they were quick to criticize students who did not behave in a manner that was deemed acceptable by the senior class. Although the erring students’ names were rarely published, the use of initials, nicknames and innuendo likely made it clear to the student body just who was being singled out for criticism. Among the offenses that drew criticism was a lack of attention to school work. Some students were criticized by their classmates for not studying hard enough, and they were warned, in print, to be more diligent in their studies. The journal also got involved when student instruments were stolen, as frequently happened. Students warned in the journal that they believed they knew who stole the equipment, and that the guilty party had better reform (HY 1905: 22). Students at the dental school tried to reform inappropriate behaviour through peer pressure, and often through retaliation, such as throwing students into cold showers (HY 1912: 8, 1911: 10).
Advice in the dental journal also took the form of regulating and censuring other forms of student behaviour. On one occasion, students were reprimanded for calling out to a group of unescorted ladies (Student 1904: 50). Senior students who spotted this behaviour were quick to tell the students in question, as well as the rest of the student body, that this type of behaviour was completely unacceptable, especially for men about to become professional gentlemen.

Students were cautioned neither to drink too much, nor to frequent bars. When students were caught by others drunk or frequenting unrespectable places, they were also made the object of attention in the dental journal and censured (HY 1914). Again this kind of behaviour was labelled unmanly, and thus, unacceptable.

It was expected that dental students be "cultured". Uncultured behaviour, such as "rowdyism", and the use of bad grammar and slang expressions were censured (HY 1904: 8; HY 1906: 15, HY 1906: 41, HY 1907: 27, Ewart 1905: 85). Seniors were also quick to criticize and forbid freshmen's "childish" games such as marbles or tag, arguing that they were undignified, and hence, they reflected badly on the college (Anonymous 1913c). Students were expected to behave in a moral, manly way, and any behaviour that deviated from this ideal was met with criticism and disapproval (HY 1906: 7, 1908, 1904: 49, 1909: 75).

Appearance at the school was also monitored by senior students, and deviations from the norm were mentioned in the student journal. Students' appearance was expected to reflect their status as professional men-in-training. Thus, students were advised to get a hair cut if their hair was too long, and to shave off moustaches that were not a good colour (brown) or shape (Student 1904: 58, HY 1905, HY 1906: 22). Students' appearance was also expected to reflect their status and their level at the college. The seniors, being the closest to professional gentlemen, were allowed to dress more "gentlemanly" than students in other years. For instance, carrying a cane was seen as a sign of gentlemanly status in which only the senior students could indulge. When some freshmen had the audacity to carry canes around the school, they were sharply reprimanded
in the journal (HY 1904). Further, freshmen were sometimes reminded that they should remove their hats in the presence of more advanced students (HY, 1906: 26). The behaviour of freshmen and sophomores was expected to reflect their subordinate status vis-a-vis the seniors and juniors.

To encourage the transformation of students into professional gentlemen, graduate dentists, senior students and faculty members of the RCDS provided lectures and advice about the behaviour and demeanour expected of professional dentists. There were many forums for this advice to students. The student journal and course lectures were two main forums. Also key to turning students into professional gentlemen was participation in events at the college YMCA, fraternities, and the Royal Dental Society – a social/professional club where students and dentists gathered for lectures and entertainment. In all of these forums students were educated in and socialized into the professional culture. Dental students learned what was expected of them both as dental students and as dentists.

Dentists and senior students used these forums to disseminate both the ideal image of a gentlemen dentist, and the image of an ideal dental student. The ideal dental student shared many of the characteristics of the ideal dentist. The dental student was expected to be gentlemanly in his behaviour and his dress (Owre 1905, Webster 1907, Anonymous 1911). He should not be intemperate, or mistreat women, like some dental students were criticized for doing (HY 1909, Anonymous 1911, Willmott 1912). Further, students were expected to be hardworking, and to attend to their studies. Ideally, they were well-rounded men who, in addition to their studies, participated in sports, and college societies, clubs or student government, and they were religious (HY 1904, HY 1905, Box 1913, Seccombe 1911g, Hermiston 1907b, Doyle 1911, W.E. Willmott 1920). It was argued that dental students, like professional dentists, should be moral, ethical, trustworthy and virtuous: they should have the characteristics of a gentleman (Coon 1909: 96-7, Owre 1905).
Students and faculty at the dental school differed slightly in their perceptions of the ideal dental student. Dental students valued conformity and class spirit a great deal more than faculty members. The dental faculty preferred students to be individuals who followed the faculty's wishes more than their classmates'. Nevertheless, in prescriptions for behaviour from both students and professional dentists, dental students were urged to "be men" (Doyle 1911, Johnson 1912b, HY 1903, HY 1906: 181).

The advice students received about being professional men was the same dispensed in the pages of professional dental journals. Students were reminded to be, above all, gentlemen in their practices and in their relationships with patients and confreres (McGee 1905, Anonymous 1917, HY 1906). They were advised how to dress, and how to act, as well as about the business aspects of a successful dental practice (McInnis 1905: 26, HY 1906b: 14-5, Stewart 1911, Johnson 1912b, Webster 1913b, Anonymous 1914). The students were also given advice about how to relate to their patients in a dignified manner, so that their patients learned to respect them (Webster 1907e, Holmes 1909: 206, Stewart 1911, HY 1906: 140-141). The personal characteristics a dentist was expected to possess, as described in previous chapters, were also outlined. Honesty, cleanliness, temperance, respectability, hard work, and a good appearance were among the characteristics emphasized (HY 1906: 140, HY 1906: 171, Seccombe 1911g, Anonymous 1911, Willmott, 1912, Pivnick 1913). Students were advised that, as dentists, they should be religious, moral, and dignified gentlemen (HY 1906b: 14-5, Willmott 1912, Webster 1913b).

In their advice to students, dentists not only taught students how to be good dentists, but also how to be good men and solid citizens (Woodbury 1905: 25, McGee 1905, Thornton 1907, Seccombe 1911g, Anonymous 1911, Willmott 1912, Johnson 1912b, HY 1913, Spiers 1914). Dentists, like the students, viewed the dental degree as a mark of manhood. Their teachings at dental school were aimed at turning these young students into professionals, and as illustrated in
previous chapters, good professionals were good men (Davy 1904). If students at the dental
school could be taught how to be good men, while receiving a good dental education, they would
become good professional dentists, it was believed.

Middle-class masculinity was central to students' images of themselves and their education.
It was also a key aspect of student culture. Dental students saw their education not only as
something that would make them professionals, but also as something through which they could
define their masculinity. The prevalence of advice and censure in the student journal defining
what behaviour was appropriate for gentlemen suggests that, for the students, masculinity and
professionalism went hand in hand. Both students' and dentists' advice suggested that to be a
good dentist, one first had to be a good man and a gentleman. Expectations of "gentlemanly"
behaviour were used to socialize students into the role of dentist. For dental students and graduate
dentists alike, masculinity and professional identity were interconnected.

Conclusion

This chapter has examined who became dentists, and the processes through which dentists
were created in Ontario, after the turn of the century. Dental students, and therefore dentists,
were a relatively homogeneous group upon entering dental school. They tended to be Anglo-
Saxon, Protestant men, who entered the school in search of a professional career and gentleman
status. Dental students proved to be intolerant of people from ethnic or racial backgrounds that
differed from their own. They desired to surround themselves with colleagues and patients who
were middle-class and Anglo-Saxon. Dentists entering the profession after the turn of the century,
were close to the ideal that dentists had been establishing since the profession first organized in
1868.
If dental students were relatively homogeneous upon entering dental school, they became even more so during their time at the school. Through the dental school, students were transformed from laymen/boys to professional gentlemen. Dental education combined with student culture to make students both men and dentists. Masculinity was an important aspect of student culture and the processes by which students became professional men. It was students' conception of masculinity, combined with their views of professionalism, that led students to oppose the indentureship requirement. Moreover, masculinity was central to hazing rituals which symbolically marked the beginning of students' transformation into professional men. Hazing reaffirmed and redefined students' masculinity while it strengthened school ties and school conformity. Masculinity also informed the advise and censure given to students while at the dental school. In socializing students into the role of dentist, masculinity and its ties with professionalism were stressed. Masculinity was a key means through which a homogeneous group of dentists were graduated at the dental school. Norms of middle-class masculinity combined with the similarity of students' background and the college's matriculation standards to create a homogeneous group of dental students and dental practitioners.

Given the way in which masculinity informed student life and culture, student affairs, and the conceptions of the dental student and professional dentist, one is led to wonder about the experiences of women attending the dental college after the turn of the century. Within this student culture that emphasized and celebrated masculinity, and within an education context where professionalism was linked with gentlemanliness, how did women fair and fit in? In the next chapter, I will consider these questions, as I explore the experiences and backgrounds if the first women to practice the dental profession in Ontario.
Chapter 11
Women in Dentistry

Introduction

During the first 50 years of its existence, the Ontario dental profession was a male-dominated, masculine occupation. The vast majority of dentists were men, and dentists believed that their work required the traits and skills of a gentleman. Professional roles, relations, and training were structured for men, and they were structured in such a manner that the masculinity or "gentlemanliness" of the dental practitioner was reaffirmed and strengthened. Nevertheless, there were some women who practised dentistry in Ontario. During Ontario dentistry's first 50 years, nine women became licensed professional dentists. There is also evidence that women had some involvement in dental practice on a more informal level, especially in dentistry's early years. In this chapter, I examine the experiences of women involved in dental practice in the nineteenth and early twentieth centuries. I explore how women fared in this profession that was so associated with men and masculinity.

Women's entrance into the dental profession was never formally opposed, unlike their entrance into the male-dominated professions of law and medicine. Women were accepted into the dental school, and hence, into the profession. There were no hostile editorials or articles against women's participation in dentistry published in the Ontario dental journals. Moreover, there were no student petitions or riots against female dental students in Ontario, as there were when women entered other professions in Ontario, and when they entered dentistry in the United States (Hacker 1974, Truman 1911, JADA 1928). Despite their formal "welcome" into the profession, however, early women dentists do not seem to have been treated as full colleagues. Their professional roles were marginal ones.
In leaving the discussion of women in dentistry until the end, I am not intending to marginalize them. Rather, their exclusion from earlier discussions is more a reflection of the marginalization they experienced within the dental profession. In previous chapters, I have discussed the issues that dominated the dental journals and professional discussions in dentistry's first 50 years. Women were rarely mentioned in the professional journals. There was never any professional debate about women's entrance into, or participation in, dentistry — aside from the discussion of women dental assistants. Information about women dentists has to be gleaned from rare mentions and from professional practice rolls. This chapter utilizes what sparse information there is about women practising dentistry to piece together their experiences and involvement in the Ontario dental profession.

In this chapter, I discuss many aspects of women's involvement in the dental profession. First, I discuss women's role in dentistry's early years, both before and shortly after professional status was achieved. Second, I examine the entrance of women into the dental profession. I explore who the first female dentists were, and I discuss the circumstances surrounding their entrance into dentistry, as well as the nature of their professional careers. Third, I consider women's experiences in dental school and in the dental profession. Although they were welcomed into the profession, women were rarely treated as full colleagues by male dentists. Fourth, I consider why women had an "easier" time entering the dental profession than other professions in Ontario in the late nineteenth and early twentieth centuries. Fifth, I examine why there were so few women who joined the dental profession, despite their formal acceptance; I identify possible barriers to women's entrance into the dental profession.

Despite their formal acceptance into dentistry, there were a number of factors that discouraged women's involvement in the profession. Women seem to have had difficulty reconciling their roles and identity as women with masculine notions of professionalism. The structure of the dental profession, its entrance requirements, and its professional roles and relations were all
structured for men, not women. This masculine structure seems to have acted as a barrier to women's employment in dentistry. Women's participation in dentistry was discouraged and conditioned by the masculine definition of dentists and dentistry. Hence, despite their formal welcome into the profession, there were many difficulties women faced when considering a career in dentistry. Like men, women's professional roles and experiences were shaped by their gender identity and gender roles. Unlike men, however, women had difficulty reconciling their gender and their professional roles. The result was a low level of participation in dentistry for women, and different professional experiences for those women who did join the profession than for the men who became dentists.

Women's Early Involvement in Dentistry

There is little record of Ontario women's involvement in dentistry before the first woman dentist attained a license to practise in 1893. There is some evidence, however, that women were quite involved in dental practice before this time. The earliest involvement of women in dentistry was informal, and it was an extension of their family roles. Women worked in the dental offices of their husbands and fathers. However, the nature of their contribution to dental practice is not entirely clear. Their work roles likely varied depending on their family situations, and the needs of the dentist they were “assisting”. For these earliest women, involvement in dental practice entailed little conflict between their family and work roles. Their involvement in dentistry was an extension of their family roles.

In the nineteenth century, many dental practices were located in family homes: city directories generally list dentists' work and home addresses as the same. There was not a clear separation of home and work. The closeness of home and work likely meant that women had some involvement in the practices of their husbands, for example by maintaining and cleaning the office area or greeting patients. During this time period, it was typical for women to participate in work
enterprises that occurred within their homes. Nevertheless, there is evidence that some women's involvement in dental practice was more extensive. For instance, Dr. J.G. Adams wrote that he and his wife together operated a dental health clinic for the poor in Toronto in the 1870s and 1880s (J. Adams 1896). Although the exact nature of Mrs. Adams' contribution is not specified, Dr. Adams seems to have regarded his wife as a virtual partner in the dental practice. Mrs. Adams was not formally trained or licensed to practise dentistry, as her husband was, and likely did not perform actual dental operations. Moreover, as Dr. and Mrs. Adams also had 8 or 9 children, it seems unlikely she would have been able to devote herself to dental practice full time. It is plausible that many other women were also involved in their husbands' or fathers' dental practices, to some extent. In the nineteenth-century dental literature, dentists were counselled that a wife was invaluable to maintaining a dental practice (Beers 1890a). While they did not specify the form of assistance women gave them, dentists seem to have regarded women's assistance as an important part of a successful dental practice.

There is evidence that some women actually performed dental operations while assisting their husbands and fathers. In the 1890s, the RCDS board prosecuted a few women who were accused of practising dentistry illegally. In 1893-4, the RCDS board prosecuted a Mrs. Grigg of Fergus for practising dentistry without a license. In court, Mrs Grigg established that she worked for her father, who was a licensed dentist, and that she received no money for her work. The RCDS board lost their case against Mrs. Grigg since, technically, she was not breaking the law because she received no money for her work (RCDS Proceedings 1894). The RCDS also tried (and failed) to prosecute a Mrs. Gregg of Harriston (possibly the same woman) in 1900 (RCDS Proceedings 1901). Similarly, Mrs. Casgrain is known to have practised dentistry in her licensed husband's Quebec office during the 1880s and 1890s, before being granted her own license in 1898 (Beers 1889, Gullet 1971). Because her work aided her husband, Mrs. Casgrain's practice of dentistry was seen as acceptable.
Thus, there is evidence from the late nineteenth century that some women practised dentistry in that they assisted their husbands and fathers. While for many women, assisting family members may not have involved actual participation in dental operations, for others it certainly did. Although there is no record of women’s participation in dentistry before professional legislation, it seems likely that women assisted their husbands in this earlier period as well. Hence, women’s earliest participation in dentistry was an extension of their family roles of wife and daughter. For these women, dentistry and family responsibilities were not in conflict. Practising dentistry was an extension of their commitment to family, and hence, meshed with the dictates of nineteenth-century gender ideology which held that devotion to family was paramount for women (Davidoff and Hall 1984).69

Women’s participation in dentistry was rarely discussed or considered in the professional journal or in professional meetings. On the rare occasion when women’s involvement in dentistry was mentioned, dentists had difficulty perceiving women’s participation as anything other than an extension of their family roles. In 1889, the CJDS published the following article on women’s participation in dentistry:

"At last the Canadian profession have embraced the ladies in their ranks, and several fair aspirants are spoiling their dresses and soiling their fingers in the elementary work in the laboratory...Nobody but a crusty bachelor or a hen-pecked husband could object to having the arms of a fair female dentist around his neck. It ought to be as effectively soothing as nitrous oxide. It may become the fashionable anaesthetic. However every manly dentist can only toast them in the traditional way: "The Ladies! God Bless Them!" As mothers, they were our guardian angels; as wives, they are by far the best part of us; as daughters and sisters they surround our lives with happiness; as sweethearts, who can forget or forgive some of them? as mothers-in-law, — Heaven save us! As dentists, — why not?" (Beers, 1889: 138).

69 An additional mention of women practising dentistry illegally in the 19th century is found in a Canadian dental journal editorial. In 1871, it is reported that Grey Nuns on Montreal Island were filling the decayed teeth of the girls in their charge, and receiving fees for their work (Beers 1871f: 159). Despite opposition from Quebec dentists, the Nuns’ practice continued into the 1890s (Jean Baptiste 1896).
Although ostensibly positive about women's entrance into dentistry, this article does not take women's participation seriously; its tone is quite patronizing. The article is revealing of how women's participation in dentistry was perceived in the nineteenth century. First and foremost, the article links women's practice of dentistry with a series of female family roles and relationships with men. In the article, women's primary identity is located with their family and gender roles; their involvement in dentistry is secondary. Furthermore, women were seen to bring their family role identities with them into their professional employment. According to the article, women can soothe their patients by putting their arms around their patients' necks like a reassuring mother or a loving wife. They, therefore, are not practising like men would -- neutrally and authoritatively working on a patient -- but they bring their womanly qualities, their caring natures and devotion to others, to the profession. Their professional practice is mediated by their gender.

Second, the article has a humorous tone to it, implying that it is somewhat amusing that women are attempting to become dentists. Third, the reference to women soiling their dresses in their work makes the work sound somewhat inappropriate for women, because they cannot perform it without wrecking their clothes. Finally, the article ends not with a resounding "yes" to women's employment in dentistry but rather a more tentative "why not?". The article is illustrative of dentists' ambivalence about women's participation in dentistry. On the one hand, women were welcomed into the profession but, on the other, they were not accepted on the same terms as men. Like the author of the above-quoted article, dentists had difficulty seeing women as dentists without seeing them as mothers, daughters, and sisters first. Whereas male dentists were seen to define and reaffirm their gender identity through their professional work, women's gender identity was believed to be established before their participation in dentistry. Women's femininity was seen to colour the way they performed their work.
Thus, women's first involvement in the dental profession was an extension of their family roles, and it was perceived as such by male dentists. Women's participation in dentistry was not in conflict with their family roles; it was an extension of these roles. When dentists considered the entrance of women into dentistry, they could not see women's involvement as separate from their family roles and identities. Dentists seem to have accepted women's participation in the dental profession — although they were opposed to women practising illegally -- but they do not seem to have taken it too seriously. Professional dentists in Ontario seemed unconcerned about women's early participation in dentistry.

The First Female Professional Dentists:

Dentists' lack of concern about women in their ranks seems to have continued after women sought entry into the dental profession. While women's entry into medical and law schools in Ontario drew a great deal of attention and hostility (Hacker 1974, Strong-Boag 1979, Prentice et al. 1988), there was no controversy about the entry of women into dentistry. There were no open professional debates about whether women belonged in dentistry, as there were in the United States and Britain. In fact women's presence in the profession and in the dental school was rarely even mentioned. In this section, I discuss the circumstances surrounding women's entrance into the profession of dentistry in Ontario between 1893 and 1917. Only 9 women were licensed to practice dentistry during this period. A look at their background and practice experiences reveals much about dentists' responses to women's participation in their profession.

70 Records of the RCDS board meetings between 1890 and 1892 do not seem to have survived. Any debate over the entry of women into the profession that may have occurred around the time of Wells' entrance into the dental school has not been recorded.

71 An additional 5 women attended the dental school for one year only during this period; none of these women attained a license to practise dentistry in Ontario. However, one of these women, a New Zealand native, did attain a DDS degree.
Like the earliest women involved in dentistry, the first licensed female dentist in Canada, C.L. Josephine Wells, was led into dentistry through her roles of wife and mother. Yet, unlike these women, Dr. Wells pursued dentistry professionally, attaining formal training, college education, and a doctorate degree. Dr. Wells' entrance into dentistry was spurred by the illness of her husband, a Toronto dentist who had graduated from the Toronto dental school in 1882 at the top of his class (RCDS 1993, Gullett 1971). To support her family through her husband's illness, Wells sent her children to relatives, and began her training as a dentist around 1890, at the age of 35. It is recorded that Wells' entrance into the Toronto dental school was assisted and supported by a leading staff member at the college (RCDS 1993). Wells' family circumstances and the familiarity of college staff and the dental board with her husband likely encouraged her acceptance into the dental school.

In the dental journals of the time, there was no mention of Wells' presence at the dental school, and no record of opposition to her presence there; neither was there any mention of her graduation in 1893. The journal regularly published lists describing the students' progress, and in these lists Dr. Wells is listed by her initials just like her fellow students. There is no indication that she was a woman. The first mention of Wells' presence in the profession is found in a report of an ODA meeting in 1895. In 1895, Wells joined the Ontario Dental Association (ODA) and, in honour of being the first female to do so, she was granted an honourary membership with voting privileges (ODA Proceedings 1895). Honourary memberships were typically reserved for those dentists who did not practise in Ontario and for people outside of the dental profession. Although these honourary memberships did not include voting privileges, an exception was made for Dr. Wells. Wells' membership in the ODA was typical of Ontario dentists' response to women in their profession. On the one hand they were gentlemanly and welcoming, yet on the other they regarded women as exceptional, separate and different from themselves.

Josephine Wells attended a number of ODA meetings over her 36-year dental career, but she never presented a paper or addressed the membership as a discussant. In meeting attendance lists
she is always listed as Mrs. Wells, not as Dr. Wells, although she attained her doctoral degree in 1899. Despite her lack of participation in the ODA, Dr. Wells did participate on the executive committee of the Royal Dental Society, a more casual, social association for students and professionals. Moreover, she addressed this society with a brief paper entitled "Don'ts on Children's Teeth", which was published in the Dominion Dental Journal in 1903. It is significant that the only paper given by a woman dentist to men during this time period was Dr. Wells' paper on dealing with children — a topic about which, as a woman, she would have been seen to have a natural understanding, according to the gender ideology of the time. Thus, Dr. Wells' professional experiences were affected by her gender. She was a woman (a "Mrs") first, and a dentist ("Dr") second.

For a decade after her graduation, Josephine Wells remained the only female licensed to practise dentistry in Ontario. A female student from Quebec attended the dental school for a year in 1898/9, but she did not attain a license to practise dentistry in Ontario (RCDS Proceedings). Very little is recorded about the second woman licensed to practise dentistry in Ontario, Abbie Lewellyn Walker, who graduated from the dental school in 1904. Dr. Walker was single when she attended the dental school, and when she practised dentistry. She practised in Toronto for 7 years; after her retirement she married. Although she never returned to practice, Dr. Walker seems to have kept in touch with her profession through membership in such organizations as the Dental Alumnae. For Dr. Walker and the women who followed her into the profession, dentistry seems to have been less of an extension of their family roles than a career that single women pursued and practised.

Nevertheless, family roles were sometimes important to women's decision to enter the dental profession. Margaret Donaldson Gordon's decision to enter the dental profession followed the death of her husband, a Toronto doctor. Like Wells, Gordon was likely in her 30's when she entered the dental profession, seeking a career. We learn of Dr. Gordon's circumstances through
a RCDS board discussion debating whether to grant her matriculation at the dental school or not. Gordon’s education did not meet the board’s matriculation standards, but Gordon was granted entrance on the condition that she fulfil the Latin requirement while attending the school (RCDS Proceedings 1903). In their discussion of Gordon’s matriculation, board members mention her husband and her widowedhood, suggesting that these special circumstances influenced their decision to grant Gordon matriculation at the school. Upon her graduation in 1907, Gordon practised for 10 or 11 years in Toronto. During her career she worked in a clinic for the poor, and was active in public health dentistry. Dr. Gordon gave lectures on dental health to nurses and was a member and secretary of the Faculty of Lecturers in Oral Hygiene.

Mildred Hanna’s decision to enter dentistry was also influenced by family. Her father, G.E. Hanna, was a prominent Eastern Ontario dentist, and president of the RCDS board (1901-1905). While at the dental school, Mildred Hanna indentured with her father. Hanna attended dental college with Dr. Gordon, but was prevented from finishing with the rest of her class because of illness. Hanna graduated in 1909, at the top of her class. One editor of an Ontario dental journal argued that her success was proof that, despite claims to the contrary, women definitely belonged in university (Reade 1908: 272). Almost immediately after her graduation, Hanna’s father died, and she took over his practice. Upon joining the Eastern Ontario Dental Association that year, Hanna was granted an honourary membership, just as Dr. Wells was on joining the ODA. Dr. Hanna declined the honourary membership — “wisely” according to the meeting minutes — arguing that she preferred to have the “same rights and privileges as the other [male] members of the association” (Reade 1910: 179). Dr. Hanna is the only female dentist aside from Dr. Wells to address a group of male dentists during this period. Dr. Hanna presented a paper to the local Ottawa Dental Society on treating children. Again, it seems that the only topic it was acceptable for women to speak to men about was dealing with children — an area for which women were seen to have a natural proclivity. Moreover, women only spoke in “minor” or local associations.
Dr. Hanna practised for 4 years, at which time she married and retired from dental practice.

The most notorious female dentist of the period, Sadie Holmes, obtained a dental license in 1907. Sadie Holmes was a controversial figure because she attained her license to practise dentistry through an act of parliament. Although many men had achieved a dental license in this manner, the profession was particularly outraged by Miss Holmes' efforts and success. Sadie Holmes had worked as a dental assistant for a dentist in Tilsonberg. This dentist encouraged her, illegally, to perform dental operations, and she seems to have become fairly proficient at her work. Armed with her experience performing dental operations, and lacking a high school education, Holmes petitioned the Ontario legislature for a private bill that would allow her to practise dentistry without matriculating in or attending the dental school. Holmes' private bill passed in 1907, despite the opposition of the dental profession. In the end, dentists could only temper the weight of the legislation. The act, passed in 1907, enabled Holmes to practise dentistry, but only in her county for a period of two years. At the end of this period she had to pass the final exams at the dental school. Counter to expectations, Miss Holmes passed these exams in the summer of 1909 and, hence, received a permanent dental license. Holmes continued her practice until her death just two years later, in 1911. At the time of her death, Holmes' practice was quite profitable and was said to include some of the most respected citizens in her area (Webster 1911).

Four more women graduated from the dental school between 1909 and 1917. Little is known about these women students. One of the women, May Nicholson, was the niece of Sadie Holmes. Nicholson worked as Holmes' dental assistant. After her aunt's death, Nicholson decided to pursue dentistry herself, and she attended the dental school. Nicholson graduated from the dental school in 1915. She married a fellow dentist, Dr. B.F. Gardiner, and practised intermittently until 1956. B. Margaret Johnston went through dental school with May Nicholson, and also graduated in 1915. Johnston practised for a number of years in Ottawa, but she seems to have left dental
practice in the 1920s. Lulu Maud Ryerse graduated from the dental school in 1913. Little is known about her career. Marjorie Milne graduated from the dental school in 1917. Some time after graduation, Milne married a fellow dentist, H.B. Legate, and moved to Owen Sound where she practised for 35 years.

This section has described women's entrance into the dental profession by reviewing what is known about the first 9 women to practise dentistry in Ontario. Only Sadie Holmes' entrance into the profession was opposed, as she attempted to circumvent the profession's entrance standards and procedures. The careers and experiences of these 9 women varied substantially. Some, like Marjorie Milne Legate, Josephine Wells, and May Nicholson Gardiner -- all of whom married dentists -- had lengthy careers, while others had shorter ones. Some women seem to have given up their careers upon marriage, while others worked as married women. Other women seem to have left dentistry for unknown reasons. There is little record of what brought these women into the dental profession. While Dr. Wells and Dr. Gordon were encouraged to follow dentistry after the loss of a male breadwinner, most women during this period were young, middle-class,\textsuperscript{72} single women who pursued dentistry as a career, to be followed before and, for many, after marriage. While 4 of the women had some tie to dentistry through a family member or job experience, there is no record of what encouraged the other 5 women to enter the dental profession. For most of the first 9 women dentists, dentistry was not merely an extension of their family roles, as it had been for women in the past. Although some of these women may have been motivated by family circumstances to pursue the dental profession, most practised dentistry independently, to support themselves and their families. In the following section, I will discuss the experiences and careers of these first women dentists in more detail.

\textsuperscript{72} The class status of the first women in dentistry may have been slightly higher than that of male dentists at this time, as many of the women came from the families of professional men.
Women's Experiences in the Dental Profession

Women seem to have faced few overt or public displays of hostility from their fellow dental students and practitioners. In keeping with dentists' efforts to define dentistry as a "gentlemanly" profession, women were generally treated with gentlemanly courtesy by male dentists. However, women were not always treated as full colleagues. Women's participation in dental school interactions and professional meetings was marginal. Women rarely addressed their fellow dentists, and when they did, the topic was a "feminine" one — how to handle children. Dentists expected that women would conform to the dictates of professionalism without abandoning their commitment to femininity. Yet, combining professionalism with femininity was a difficult task given how closely professionalism was associated with masculinity. The effect of such a balancing act seems to have been to marginalize women's participation in the profession, and to discourage women from practising dentistry.

In contrast to the reaction they received upon entering many other male-dominated professions, women were literally welcomed into the dental profession. As mentioned above, when the first female dentist joined the Ontario Dental Association in 1895 she was congratulated, welcomed, and granted an honourary membership to commemorate and honour her as the first woman to join the society (ODA minutes 1895). Members of the Eastern Ontario Dental Association did the same thing when Mildred Hanna joined their society in 1909: they gave her "a right good welcome" and attempted to give her an honourary membership, which she turned down (Reade 1910). Similarly, women were formally welcomed into the dental school. At the beginning of the school year, the student journal noted the presence of any "freshettes", and the women in question were welcomed to the dental school. To make the women feel more at home, the dental school faculty even established a room for its female students, so that they could have some private, separate space of their own at the school.73 Thus, at least in print, women were

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73 However, at first, the room was in the basement with the caretaker and furnace.
often treated with formal politeness and gentlemanly chivalry by their fellow dentists.

There is little evidence documenting the day-to-day interactions of male and female students at the dental school, or in the profession as a whole. However, there is some evidence that, even on a more informal level, women were generally treated with politeness and sometimes friendliness. In 1908, the student journal published a poem, written about the women students at the college. The tone of the poem is quite positive about the women's attendance at the school:

The ladies fine, in every chime,
Have graced the halls of learning;
And yet I fear from year to year
Our walls they have been spurning.
And why should boys, with ceaseless noise,
Alone drink in this knowledge?
The moral tone is better shown
When girls are found in college.

Three lovely maids, with purpose stayed,
Have fixed as their intention,
To join our class and thus alas,
I owe them more than mention.

There's Mildred, dear, without a peer,
A bright and winsome lassie,
Give her a chance and she'll advance,
She's kind but never sassy.

Their's Sadie fair, with darksome hair,
And manner cool and steady;
The lovely grace seen in her face
Would melt the heart of Teddy.

Another one and then I'm done
She's slim and fair in feature,
A Freshette yet but you can bet
She's a charming creature.

Our college grown and better known,
Will send to every nation
The girls so dear and boys so near
To fill life's highest station
("By Request" 1908: 68).

The women referred to in the poem are Mildred Hanna, Sadie Holmes, and Ida Montgomery, who did not return to the school after her freshman year. This poem indicates that women's presence
in the dental school, at least by 1908, was accepted by many male students. The poem is praising of the three women attending the college, but comments more on their appearance and their feminine charm and kindness than their abilities as students. The poem does not really treat the women as colleagues, but rather offers more typical praise of their feminine graces and charms.

At the end of the 1908/09 school year, Miss Hanna thanked the male students at the college, for their “helpfulness and courtesy” towards the women students at the RCDS (Hanna 1909: 150). This suggests that the men at the school behaved gentlemanly towards the women students. In the early 1920, a woman student also wrote a poem about women’s experiences at the school and she too mentioned that the male students were helpful (“H.P.M.” 1920). There seems to have been a great deal of formal politeness and acceptance of the female students by male students. Nevertheless, the two do not seem to have mixed a great deal. Women were clearly regarded as being different: worthy of formal mentions and poems, unlike fellow male students at the school. In school social functions, women were not always included. There is evidence that women attended a RCDS school dance/party, because what they wore was detailed in the dental journal on one occasion. Yet on other occasions, women may not have been welcome. It was suggested by one independent article that when the sophomores gave their annual dinner for the freshmen, the women were not invited but rather given theatre tickets (“lay woman” 1916: 298). Women were treated as being separate and different from the male students, and relations between men and women seem to have been more strained and formal than within-sex relations.

Conversations recorded in the dental journal suggest that interactions between male and female students at the school differed according to the students in question. Some female students seem to have interacted more easily with their male classmates than others. Some

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74 It is worthy of note that the “lay woman” reporting this event regarded this as a wonderful thing. Although they were not included, the women were treated chivalrously, and “everybody had a perfectly lovely time generally” (lay woman 1916: 298).
women are mentioned and teased in the dental journals, just like other male students. The most common male-female interaction recorded in the journals was flirting. Men joked and flirted with some of the women students. Other female students, such as Margaret Donaldson Gordon, who would have been much older than her fellow students, and L.M. Ryerse, seem not to have interacted with their classmates much at all, or at least not in the joking way that was recorded in the dental journal. These women were never mentioned in student discussions. Discussion or interaction between male and female students that was not of a teasing or flirting nature was rarely recorded. Nevertheless, there is such sparse evidence of interactions at the dental school that it is difficult to know exactly how male and female students interacted there.

What does seem evident from the few data available is that women at the school were generally treated as women first and as dental students or dentists second. Their presence was obvious, and obviously different. Formal welcomes, flirting, and poems indicate that women were seen as unusual, and that they were treated differently from male students. Some comments in the student journals suggest some subtle prejudice against women students as well. For instance, in 1903 the students published a false advertisement in the student journal, supposedly advertising the services of a non-existent female dentist. The advertisement humorously stated that because "man was far too dangerous an animal" the female dentist would treat only women and children. Her office hours were listed as encompassing only 1 1/2 hours in each of the morning and the afternoon. In the afternoons there was said to be pink tea and lawn tennis for all (HY 1903). It is difficult to know exactly what the intent of this fake advertisement was, or how it was taken by the women dentists then attending the school. However, the article's intent seems to be to trivialize women's practice and their commitment to work. While more overt hostility towards women is rarely recorded, this type of subtle reminder that women's presence at the school was unusual and, at times, inappropriate is relatively common.
Comments made about women students upon graduation are also revealing. The limerick written about L.M. Ryese upon graduation suggests that even these “welcoming” dental students did not feel that a career in dentistry was entirely appropriate for a woman:

“A manly woman she must be
To have stood it all to a T;
Courage and perseverance are her specialty,
And success, happiness and bliss we all wish her
in her matrimonial life to be (Hy a Yaka 1913: 9).

There is no record of Dr. Ryese ever marrying; rather, this comment seems designed to suggest that marriage is the course that she ought to pursue, instead of a career.75 The comment further implies that L.M. Ryese was somewhat lacking in femininity — at least in the eyes of male dental students — and that she must have been somewhat masculine to have succeeded through dental school. By wishing her luck, not in her career, but in her future married life, the writer seems to be reminding Ryese of the femininity he feels she is lacking. While this limerick is ostensibly polite and complimentary, there are undercurrents of hostility.

Comments made about other female students, especially more “popular ones”, instead emphasize their “feminine” characteristics. Other women’s poems use adjectives like “sweet”, “neat”, and the phrase “so firm, so soft, so strong, yet so refined” (Hy a Yaka 1915: 36, 1917: 306). Women at the school were generally described as being both feminine and strong and persevering. These comments perhaps suggest that women in dental school were viewed as being stronger than women as a whole. Women students at the school had to balance their femininity with “masculine” dental education and professionalism. Male students expected it of them, and they reacted most positively to those women students who were the most “feminine” in terms of their personality and beauty. Just as male students were expected to live up to the ideals of gentlemanliness and professionalism, female students were expected to maintain their commitment

75 Dr. Ryese does not seem to have been very popular with her male classmates at the dental school. The only other mention of her in the student journal is a insulting anti-suffragist comment directed at her.
to femininity. Women students at the dental school were also seen as, and judged as, women first; their abilities and commitment to professionalism was less a concern at the dental school.

There is even less evidence about the interaction of male and female dentists on a professional level than there is about interactions at the dental school. The main records of professional affairs come from the dental journals, RCDS board meetings, and ODA papers and discussions. Women are almost entirely absent from these records. They did not participate on the dental board, or on the executive of the ODA. Women seem to have rarely addressed their colleagues formally. During the period, women did not give papers to the dentists gathered at ODA meetings, nor it seems did they participate in discussions at those meetings. As mentioned above, two women gave papers on the subject of dealing with children at local dental meetings. It was contrary to nineteenth century gender roles for women to address men. It is significant that the only occasions on which they did so, they were asked to give papers on a "feminine" subject – children. Again, women's experiences in dentistry were mediated by their gender.

There is some evidence that the women disproportionately specialized in public health in their careers. It is unknown whether they specialized in practices that treated only women and children. Like other early professional women, women in dentistry seem to have specialized in new and different fields and practice locations — such as public health — where they did not compete directly with male colleagues (Glazebrook and Slater 1986). Specialization offered a way for women to practise their profession while maintaining their femininity. For some women, commitment to femininity may have involved leaving the profession entirely. Some women left the profession upon marriage, but others seem to have left the profession for other reasons. Other married women seem to have left the profession for a time, presumably to have and raise children, and then returned to practice later in life. Professional specialization and short-term professional leaves were two ways that women dentists attempted to balance their roles as women, wives and mothers with their professional roles. Women who left the profession upon marriage seem to have largely given up their professional roles for their feminine ones. It is perhaps
indicative of the difficulties faced in practice by early women dentists that the only women who practised for a long time were those known to have specialized in public health and those who were married to fellow dentists. Other women may have found it too difficult to sustain a successful practice as a woman.

It is clear from their treatment of women students and dentists that male dentists expected women to maintain their femininity while pursuing professional roles. Their femininity was never forgotten, and it influenced their professional interactions, and their role -- or lack of a role -- at professional meetings and at the dental school. The profession’s response to the entry of Sadie Holmes into their profession illustrates dentists’ expectations of women dentists most clearly. The profession was quite outraged by Miss Holmes’ attempt to enter the profession through a private bill. Since many men had entered the profession through the same means without much controversy, it appears that Holmes’ gender was the cause of the upset. Miss Holmes’ efforts to enter the profession were debated by the RCDS board, in ODA meetings, at the dental school, and in the public newspapers. Members of the profession seem to have been particularly bothered by Holmes’ initiative and aggressiveness. As they described it, she virtually “camped out” in parliament, “lobbying” her case personally and with a lawyer (RCDS 1907: 86, ODA 1907). The profession angrily declared that Miss Holmes couldn’t possibly know anything about the practice of dentistry. Many chose to believe that her dentist employer would not have let her perform operations, despite the fact that the profession had investigated him previously for allowing Miss Holmes, and other assistants, to practise dentistry illegally (RCDS Proceedings 1904). Dentists instead claimed that Miss Holmes only made progress with the Private Bills committee because she was a very beautiful woman: her gender and her beauty influenced the members of Parliament (ODA 1907, Shosenberg 1992). As one dentist scoffed, if beauty was the only criterion for practising dentistry, every woman in the province would want to practise the profession (Thornton 1907b: 218).
The strong reaction to Sadie Holmes' entrance into dentistry is not surprising given the extent to which her actions challenged norms surrounding both dental professionalism and femininity. If an uneducated female assistant could presume to practise dentistry, then the foundations of the profession — such as the necessity of a high level of preliminary education, the necessity of 4 years advanced college education, and the necessity of certain manly characteristics for professional success — were called into question. Not only did Holmes violate the norms surrounding professionalism, she also violated norms of middle-class femininity through her actions. Women were expected to be deferential to men, unaggressive, and more attached to home and family life than to career. By attending parliament, addressing men, and pleading her case on her own behalf, at a time when women did not even have the right to vote, Holmes was acting too aggressively to be entirely lady-like. Members of the profession, did not consider Holmes’ actions ladylike — befitting a respectable member of the middle class and of the professions — but rather seductive and underhanded. The strong reaction of male dentists to Miss Holmes’ attempts is indicative of the value they placed on male notions of professionalism. Women were tolerated in the profession as long as they conformed to the dictates of femininity and professionalism; Sadie Holmes was viewed as intolerable because she overstepped the boundaries of both.

Women's Entrance into the Dental Profession

Although only 9 women attained a dental license during Ontario dentistry's first fifty years, women seem to have had greater acceptance in the dental profession than in other male-dominated professions such as medicine and law. Women were accepted into the dental school, and into the profession, with no controversy or overt opposition. As of 1903, the dental school calendar/announcement advertised that women were accepted into the dental school "on the same
conditions as men" (RCDS Announcement 1903: 9). Why did women have an “easier” time gaining access to the dental profession than to other male-dominated professions? Although there is no clear answer to this question, in this section I suggest some possible explanations. The history of dental work and the timing of women’s entrance into dentistry in Ontario were likely two factors that made dentists more accepting of women in their profession.

Women never seem to have been viewed as a threat by the dental profession. As discussed above, the first published reaction of Canadian dentists towards women entering their profession was one of good-natured humour. Far from raising their hostility or anger, the thought of women entering the profession struck dentists as somewhat amusing and benign. Dentistry’s history likely contributed to this attitude by Ontario dentists. Unlike medicine, dentistry had always been masculine, male-dominated work. In the medical profession, women were a source of competition. Women had long been involved in healing and caring for the sick, as well as childbirth. Marginalizing and eliminating women’s involvement in medicine was an important strategy for the medical profession to establish itself and its dominance. However, dentistry developed from male-dominated trades. Women’s involvement in dental practice was historically negligible. Thus, the thought of women entering the profession seemed novel and intriguing.

Moreover, dentistry was somewhat of a “family” business in its early years. Many dentists had the assistance of their wives and daughters and, by the end of the nineteenth century, they generally had a female dental assistant. Many dentists, thus, would have had experience working with women. Furthermore, since the majority of dental patients were women, dentists had plenty of exposure to women, and interacted with them all the time – so much so that some feared they were becoming ‘womanly’ themselves (Thornton, 1907a, Habec 1912a, 1912b). Dentists’ exposure to women through their work, combined with their belief that women were not a threat

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76 In later years the school announcement merely stated that women students were welcome at the school; the “on the same conditions as men” comment was left out.
to their professional position or status, may have encouraged them to be more accepting of women's entrance into their profession.

However, these factors would have also existed in the United States and Britain, and dentists in these two locations were not, at first, as tolerant of women's presence as were Ontario dentists. Another factor that may have pre-disposed Ontario dentists to be more accepting of women's entrance into their profession was the timing of women's entrance. The dental profession began organizing in Ontario a few decades after it had organized in the United States. Although there had been opposition to women's participation in dentistry in the United States, the major battles over women's involvement in dentistry had been fought by the time the Ontario profession organized. Similarly, by the time the first women seem to have attempted to enter dentistry in Ontario, a number of women had already been admitted into the medical profession. Ontario dentists may have merely followed the lead of the medical profession -- its primary role model -- in accepting their first women students in the 1890s and after the turn of the century.

Moreover, most women dentists entered the profession after the turn of the century, at which time there had been a change in attitudes towards women's participation in the labour force. It was increasingly regarded as acceptable for women to pursue a career and not to marry (Ramlakalwansingh 1974, Prentice et al. 1988). The views of women towards participation in the labour force, and in the professions, changed after the turn of the century, as did social attitudes towards women's work. Thus, the timing of women's entrance into the dental profession is significant; there were fewer social barriers to women's work after the turn of the twentieth century, than in the nineteenth century (Prentice et al. 1988).

Also salient to women's acceptance in the dental profession may have been the small size of the profession. Compared to other professions in the 1890s and early 1900s, the dental profession was relatively small, and it was concentrated. The number of dentists actively practising in Ontario in 1898 numbered only 555; a sizeable proportion of these dentists practised in and
around Toronto (Beers 1898c). Virtually every dentist who entered the profession attended the Royal College of Dental Surgeons in Toronto. There was not a great deal of turnover in the faculty at the school, especially in the administration. Luke Teskey (MD,DDS) was with the school from its creation in 1875 until over 30 years later, and he served as registrar for the school for 15 years. The principal figure at the school was J.B. Willmott who ran the school, and served as its Dean, from the college’s inception until his death forty years later, in 1915. Teskey and Willmott had a large amount of influence over the education of dentists in Ontario, and their acceptance of women in the profession could have had a large impact on women’s experiences in this small profession.

More importantly, however, the small size of the profession, and continuity in the staff at the dental college likely aided the entrance into the dental college of the first women dentist, Josephine Wells. Wells did not enter the dental college as an anonymous female student. Rather, the registrar at the dental college, Luke Teskey, would have been familiar with her husband, a former gold medalist at the college, and her family circumstances. In accepting Wells into the college, Teskey would have been assisting a fellow colleague in a time of need. In turn, Wells’ attendance and success at the school may have opened the door for future female students. Many of the next students, however, also had “special circumstances” which could have influenced any board members or college staff who were wary of accepting women. Margaret Donaldson Gordon (the former wife of an MD) was recently widowed and in need of a career to support herself and her family, and Mildred Hanna was the daughter of the RCDS board president. These special circumstances may have “eased” women’s entrance into dentistry. It is also conceivable that women’s entrance into dentistry may have been eased by the dental board’s control of the dental school. The board approved matriculation and acceptance into the school. If the majority of board members supported women’s entrance, then women would have been accepted.
It is also relevant that there were fewer ideological barriers to women's entrance into dentistry than in other professions such as medicine and law. The teaching of anatomy to women students in medical school seems to have been a contentious issue for the medical profession. It was argued it was inappropriate for women to learn about anatomy, and especially to learn about it in the company of men. While anatomy was taught in dental school, the focus was more on the anatomy of the head and neck and, thus, there was no parallel concern about the appropriateness of such education for women. In law there was similar opposition to women violating gender ideology by speaking in court, among other things. Again, there was no such parallel in dentistry, which was practised privately, and generally involved working with women and children. Thus, there may have been less controversy over women’s entrance into dentistry because women’s participation did not violate gender ideology as much as it did in other professions.77

In discussing the "easy" entrance of women into the dental profession, I am not suggesting that there was no discrimination against women in dentistry, or that women were treated exactly the same as men. Women in dentistry were not treated the same as their male colleagues, and they did face discrimination and marginalization within the profession.

Barriers to Women’s Entrance into the Dental Profession

Given that the Ontario dental profession did not formally exclude women from entering dentistry, one is led to wonder why so few women joined the profession. In this section, I discuss the possible barriers to women’s entrance into the dental profession. Among the factors that may have discouraged or prevented women from entering the dental profession are the nature of dental education, particularly the indentureship requirement and matriculation standards. The

77 Conversely, there was no encouragement for women's participation in dentistry from gender ideology either, as there was in the medical profession.
high cost of a dental education and of establishing a dental practice may also have acted as a
barrier to women’s entrance into dentistry. One of the principal barriers to women’s entrance into
the dental profession seems to have been societal beliefs about the appropriateness of certain jobs
for men and women. At this time it was by no means accepted that middle-class women
belonged in the labour force at all; if they did work for wages it was believed that only some
occupational roles were appropriate. Dentistry was a male-dominated occupation that was
structured for men. As a result, many people regarded dentistry as work that was inappropriate
for women.

A principal barrier against women’s entrance into dentistry involves the nature of middle-class
women’s work and gender ideology during this period. As discussed in Chapter Two, according
to contemporary gender ideology, a woman’s place was in the home, caring for her family.
During this period, women’s work roles tended to be centred around home and family. While
some middle-class women worked for wages outside of the home, women were not expected to
pursue a career in the same way that men did. Middle-class women’s work outside the home was
often viewed, not as a career, but as a job that would contribute wages for themselves and their
families; these wages were sometimes used for the education of male family members (Ryan
1980). Middle-class families were more concerned with establishing sons in life-long careers.
Women’s work contributed to family well-being, or was seen as a temporary endeavour that
would end when women married and had families of their own. Hence, women’s work was of
a different nature than men’s work, and it was viewed differently. Women’s family
responsibilities, and families’ unwillingness to invest heavily in careers for women hindered their
participation in a number of occupations and professions.

It has been suggested that, at the end of the nineteenth century, some women’s responsibility
for family care may have eased with the decline of family size, making it easier for some middle-
class women to pursue careers in occupations such as teaching (Clifford 1991). Nevertheless,
while middle-class women may have pursued paid employment in greater numbers in the late nineteenth and early twentieth centuries, their work experiences, and access to certain jobs, was still very different from middle-class men's. In accordance with separate spheres ideology, as well as political and economic gender inequality, women's access to education, skills, and good jobs was curtailed. Male workers and employers were reluctant to have women perform the same jobs as men, and actively worked to ensure women worked in settings that afforded little authority, autonomy, and low wages (Cohn 1985, Coburn 1983, Taylor 1979, Valverde 1988). It was frequently argued by workers, employers, and laymen that some work was inappropriate for women. Moreover, it was held that because of their inherent differences and abilities, men and women belonged in different jobs. Gender ideology, and women's responsibilities for home and family, operated as barriers to women gaining access to a number of occupations and professions, including dentistry. Because middle-class families' status and well-being was seen to rest more with the paid work of the male of the household and the home work of women, families did not always attach a high value to women's education and careers.\footnote{Conversely, the growing importance of women's work and wages for family well-being in both two-parent and single-parent families, combined with changing gender ideology, and the women's movement may have encouraged women's movement into male-dominated occupations and professions in recent decades.}

Moreover, it was argued by workers, employers, and laymen that some work was inappropriate for women. Women's work was generally viewed as more important behind the scenes; paid work, especially in male-dominated occupations was viewed as inappropriate and too costly.

Thus, there were many barriers to middle-class women's participation in the labour force in general, especially in occupations that demanded higher education and a high level of commitment, such as professions. Despite these barriers, many middle-class women did participate in the labour force. Women's participation particularly increased after the turn of the century when women's work outside the home was increasingly viewed in a more positive light (Prentice et al. 1988, Ramkhalawansingh 1974). Moreover, by the 1890s, many middle-class
women began to enter the professions. Despite opposition to their presence, the Ontario census records over 100 women practising as physicians in 1911. Women also participated in the profession of pharmacy (NCW 1900, MacNab 1970). Moreover, despite substantial opposition 5 women became lawyers in Ontario before 1918 (Hagan and Kay 1995). Given the entrance of middle-class women into a number of occupations and professions from the 1890s on, the number of women entering dentistry during this period seems small, especially given the lack of formal opposition to their presence. Thus, there must be other, more specific reasons that account for the low number of women entering dentistry during the profession's first fifty years.

One possible barrier or hindrance to women's entrance into the dental profession may be found in the nature of dental education in Ontario. First, matriculation standards in dentistry were high. Entrance standards were raised regularly between 1868 and 1918, but throughout most of the period, high school education was required. To be accepted at the dental school, students had to have taken many subjects including sciences, mathematics and Latin. However, women were not generally encouraged to take these subjects in school and, thus, many would not have had the prerequisite education to attend dental school (Prentice et al. 1988). While the dental board proved flexible in its matriculation standards — often allowing non-matriculants to attend the dental school on the condition that they would attain matriculation shortly — this flexibility was neither advertised nor widely discussed. The nature of dental education may have further deterred women from entering the dental profession. Indentureship was required in dentistry until 1909, and some dentists may have been unwilling to accept a female student. Moreover, the nature of the indentureship relationship may have been distasteful to women. It was likely viewed as inappropriate for women to "bind" themselves to men for a period of years, working closely with him and under him.

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79 Even with flexibility the standards could be challenging. Dr. Gordon had to learn and pass her matriculation in Latin, while keeping up with her studies at the dental school.
The cost of a dental education also may have deterred women from pursuing dentistry as a career. Dental education was lengthy, demanding 3 years in the 1890s, and 4 years after the turn of the century. Time off from the dental college was spent working for a preceptor. Thus, dental education required almost 3 to 3 1/2 years of continuous study. The cost of the education was fairly high. For instance in 1909, students paid $151 dollars for each year they spent at the college, plus a number of incidental fees for matriculation, final exams and make-up exams, and an additional $60 for instruments (RCDS Announcement 1909: 19-20). Thus, a dental education cost over $700 dollars at this time. Students also typically had to pay for room and board in Toronto, while they attended school. Constant study meant that it was difficult to have a part-time job to fund dental studies. One dental student argued that, especially with the indentureship requirement, only the wealthy could afford to attend the dental school (Student 1907: 5). Setting up a dental practice after graduation was also a costly venture. Standard equipment in dental offices, such as dental chairs, instruments, and cuspidor, had to be purchased before a practice could be established. Thus, dentistry was a costly profession to pursue. Many women may have been deterred from pursuing dentistry because of its high cost and time commitment. Typically, more money was invested by families in the careers of sons who were expected to have a higher devotion to career than daughters.

Women's participation in the dental profession may have been further discouraged by the belief that dentistry was not an appropriate career for women. A report reviewing women's work opportunities by the National Council of Women in 1900 stated that women had entered dentistry without opposition, and that "no distinction [was] made between the sexes" with respect to access

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80 The time spent in training for a dental education was less than 4 complete years. The education period went from September/October of the Freshmen year, to only April of the Senior year: a period of about 3 1/2 years.

81 An interview conducted with a British female dentist in the 1890s suggested that, indeed, cost was a deterrent to women pursuing dentistry at this time (Bateson 1897, see also BDJ 1929).
to training and education." (NCW 1900: 60). However, the report continued by saying that the dental profession "has ... not been found as suitable for women as was expected." (NCW 1900: 74). The report does not explain exactly why dentistry was seen as unsuitable for women. An article written for a Toronto newspaper on dentistry and dental education also commented that while there were 6 "clever women dentists" currently practising, it was unlikely that "women [would] take up this sort of work very extensively" ("lay woman" 1916: 298). Again, little explanation was provided.

There are a number of reasons why dentistry might have been seen as inappropriate work for women in this period. First, dental work was considered to be very hard on one's health because it involved standing for long hours, working in poorly lit rooms, and being confined inside all day. Such physically taxing work was viewed as unsuitable for women (lay woman 1916). As a British article clarified:

"the day's work of a busy dentist makes a considerable demand on the physique of the operator. We are continually standing, and this is not a desirable [sic] attitude for women; moreover, gentleness is, in its finest displays, really a form of restrained strength [and therefore is more of a masculine quality than a feminine one] (BJDS 1914: 369-370).

The article continued to suggest that sometime in the future women might find a place in dentistry performing those tasks that required little physical strength or endurance (BJDS 1914: 370). However, during the First World War, the British journals seem to have argued that women were perfectly capable of becoming good dentists (BJDS 1915: 489-90, Scharlieb 1915). Other articles suggested that the tremendous strain of establishing and sustaining a practice would prove to be "unendurable" for women in dentistry, as it had proven to be for women in medicine (Dental Record 1924). Women in the late nineteenth and early twentieth centuries were viewed as physically fragile, and it was believed that they could not stand the strain of dental practice.

As we have seen, during this period there was also a good deal of opposition to women's education. Articles published in the dental journals and elsewhere blamed higher education and
women's contemporary lifestyle for the degeneracy of the race and women's "fragile" physical state (Trotter 1869, Beacock 1904). Higher education and the strain of working in a profession like dentistry were viewed by many as detrimental to women's ability to bear children. Given that women were expected to be devoted to family and motherhood during this period, energy expended on education and a "masculine" career like dentistry was seen as inappropriate.

The nature of dental practice and dental training may have also contributed to the perceived "inappropriateness" of dentistry for women. Although diminishing, the craft skills involved in dental practice were still evident. Manual work with tools and metals was a regular part of many dental practices. Such work may not have appealed to women. Moreover, it may have been viewed as inappropriate for women, requiring them to "spoil their dresses and soil their fingers", to paraphrase the article published in the CJDS. Dentistry's trade history, the persistence of "trade training" through indentureship, and dentistry's relatively low status throughout the period, may have discouraged women from seeing dentistry as a viable or attractive career option. Given its lower status and its reputation for being an occupation more devoted to making money than serving mankind, dentistry may not have appealed to women in the same way as professions like medicine.

The structure of dental work and dental careers may also have been seen as inappropriate for women. Dental work was typically structured around the belief that dentists were men who had women around them to raise their children, look after their homes, and help maintain their offices. A woman in dental practice would have had to hire other women to work for her, both in the home and in the office, further increasing the costs of dental practice. It may have been more difficult for women to pursue dental practice organized for a "family man" than for men. A later British article argued that it was generally impossible for women to combine a family and dental practice (BDJ 1929). It took long hours of work to establish and maintain a dental practice, and women may have found it difficult to devote that much time to their career, especially after
marriage. Establishing and maintaining a practice would have meant a degree of devotion to career that was viewed as inappropriate for women, during this period.

The fact that dentistry had historically been a male-dominated occupation, structured and defined for men, may have, in itself, made dentistry an occupation that was seen as "inappropriate" for women. As we have seen, dentists tried to define dentistry as an occupation that was the epitome of "gentlemanliness". Faced with this image of dentistry and dentists, as well as with a dental school and profession that was almost entirely male, many men and women may not have thought of dentistry as work women could do. Women who did enter the profession were often the "only" women among large groups of men. Most of the 9 women who attended dental school in this period did so with no other woman in their classes, and sometimes no other women in the entire school. They were lone women, immersed with a group of men, in a masculine culture. This singularity or isolation must have been difficult. Given the nineteenth-century belief in separate spheres, many Ontarios regarded this kind of interaction between men and women at school and at work as inappropriate. Moreover, the low numbers of women dentists, and their relatively low profile, meant that there was no one to encourage women to think of dentistry as work that women could do.

Conclusion

This chapter has explored women's experiences in the dental profession during its first fifty years. Only 9 women were licensed to practice dentistry during this 50-year period. However, there is evidence that women worked in dentistry on a more casual and illegal basis both before and during this time. Women's entrance into dentistry was not met with a good deal of hostility and protest, unlike their entrance into other male-dominated professions in Ontario. Dentists may have been more tolerant of women in their profession given the history of the profession, and the fact that women entered the dental profession after they had made inroads into medicine. Despite
dentists' tolerance of women in their profession, however, very few women entered dentistry. There were barriers to women's entrance that resulted from the way in which the dental profession was constructed and established — to suit and recruit middle-class men. The cost and length of dental training, and the high matriculation standards likely prevented many women from entering dentistry. Moreover, dentistry, as a masculine occupation, was viewed as inappropriate for women. The nature of dental practice and dental training was seen to require a physical stamina and commitment to education and career that was viewed as inappropriate for women at the time.

Women entering the dental profession had to balance these beliefs about what was appropriate work for women with their commitment to career. They entered a profession with a strong masculine culture, and with an ideal of professionalism that utilized notions of masculinity. Women attempted to become professionals, while maintaining commitment to middle-class femininity. Women in dentistry were viewed as women first. Their femininity was seen to limit and shape their participation in the dental profession. Dentists placed women in sex-typed roles during professional and student interactions. At the school women were praised for their beauty and personality, and they were flirted with. In the profession, they stayed in the background, only gave speeches on the sex-appropriate topic of handling children, and tended to specialize in public health. In professional interactions, women were rarely even addressed as "Dr": they were usually addressed as "Mrs" or "Miss". Their gender and marital status were given precedence over their professional status.

Women made an effort to combine their femininity with professionalism. Their tendency to specialize, and their work patterns which involved leaving the profession on marriage or childbearing, can be seen as strategies women pursued to combine their feminine roles with their professional roles. As illustrated by their response to Sadie Holmes' unconventional attempt to enter the profession, male dentists expected women to be professional, middle-class and feminine
in their behaviour. Women who became professionals the conventional way and maintained their femininity were “welcomed” into the profession. Those who did not, namely Sadie Holmes, were reviled.

In conclusion, the gendering of dentistry as male had an effect on women’s employment in the dental profession. Although women were never excluded from the profession, their employment in dentistry was discouraged because of the way dental work was structured and defined. Dentistry was organized to suit middle-class men, and this organization created difficulties for women, both in entering the profession and in practising the profession. Practising dentistry required a level of education, a financial security and independence, and a commitment to career that were all difficult for women to possess. Although women dentists were committed to their professional work, it was difficult for them to practise dentistry entirely as men did. Women could not practise full time, while simultaneously raising a family full time and remaining active in professional and community affairs. The masculine structure and definition of dental practice made it difficult for women to practise the profession, and it may have made dentistry unattractive to women, despite its professional status and financial rewards. By definition, ideal dentists were gentlemen and, thus, women’s participation in the profession was difficult.
Conclusion

Theoretical Conclusions and Implications

In this study I have explored the significance of gender to the establishment of the dental profession in Ontario. Ontario dentistry was established by middle-class men who used nineteenth-century gender ideology, gender relations, and their sense of gender identity -- or masculinity -- to structure and to legitimate their profession. In defining and structuring dentistry, professionalising dentists drew upon middle-class gender ideology, relations, and particularly notions of middle-class masculinity. These dentists defined dentistry as an occupation for middle-class gentlemen: everything about the conduct and appearance of the dentist and dental practice was expected to conform to this ideal image. Nineteenth-century gender ideology and roles also proved useful to dentists in their efforts to legitimate their claims to professional status and privilege to the public and to the state. Dentists drew upon accepted roles -- particularly that of middle-class male protector of women, children, and "social inferiors" -- and images -- especially those associated with middle-class gentlemen -- to convince the public that their claim to status and privilege was legitimate. Gender identity and gender roles were also central to attempts to define a professional identity among dentists. For dentists professional identity was closely allied with their gender identity. Dentists' sense of masculinity informed their professionalization drive, and their efforts to define and legitimate the dental profession. Thus, gender was integral to the definition, organization, and legitimation of the dental profession in Ontario.

In this chapter, I consider the implications of these findings for theorizing the professions, professionalization, and gender. Moreover, I outline possible directions and questions for future research into these areas. Above all, I argue that in light of the findings of this study, theories of professions and professionalization, and future research into these areas, should acknowledge
that gender is fundamental to professions, professionals, and the professionalization process. Moreover, research into gender should continue to acknowledge the significance of gender to men, and interactions between men, as well as the extent to which gender interacts with class and race.

**Gender**

As illustrated in this study, gender is a multi-dimensional and complex concept. The examination of gender's significance to the dental profession, highlights three main dimensions of gender. First, gender is an ideology or discourse, used by dentists (and others) to inform and legitimate their efforts to define dentistry as a profession. Second, gender can be seen in terms of identity or subjectivity. In structuring the dental profession and the role of dentist, professionalising dentists were aiming to define and defend their own gender identity. They defined their professional identity in terms of their gender identity, and their gender identity was reaffirmed through professional practice. Third, gender denotes sets of relations. While much previous research has focused on gender relations between men and women, this study illustrates the significance of gender to within-sex relations as well. Gender appears to have been salient to structuring relations among male dentists, and between dentists and non-professional men, as well as those between male dentists and female patients and dental assistants.

Complicating the consideration of gender is its interconnections with class and race. In all of its dimensions — ideology, identity, relations — gender is very class and race-specific, as well as rooted in its historical and social context. Professionalising dentists had a unique view of gender based on their middle-class, Anglo-Saxon vantage point. This view they contrast with those outside of their race and class. Moreover, this class and race-specific sense of gender can be seen to change somewhat over time and experience. For instance, dentists who sought professional legislation and association had a sense of masculinity that stressed mechanical skill
and self-learned technique, much more than later dentists who placed more emphasis on education and dental science. Thus, in all its dimensions, gender is dynamic, not static.

In its treatment of gender, this study attempted to build upon the recent work of Baron (1994) and others who argued for a broader treatment of gender, than, heretofore, has been common in the historical and sociological literatures on work. In utilizing gender as a multi-dimensional concept, applicable to men as well as women, and interconnected with class and race, this study was able to explore the significance of gender to people and processes that have not been examined as “gendered” in the past. Thus, I believe that this study indicates the usefulness of such a conceptualization of gender. A useful conceptualization acknowledges that there are many dimensions to gender, that gender is as central to men as to women, and that gender is interconnected with class and race.

Central to the analysis of gender in this study has been the concept of masculinity. In defining dentistry and their professional identity, professionalising dentists drew upon their gender identity, and at the same time attempted to redefine and confirm it. In defining the ideal professional dentist, they also attempted to define the “ideal man”. Thus, one version of gender identity or masculinity became dominant for professional dentists. That is not to say, however, that there were not competing notions of masculinity or changes in masculinity over time. There is evidence in the dental journals of notions of masculinity that were very different. For instance, the notion of masculinity held by pre-profession dentists seems quite different in its emphasis on craft skills and manual work. Dentists in the early twentieth century worked to disassociate themselves from this type of work, then regarded as low-status and less-manly, and to parcel this work out to subordinate workers. Similarly, examinations of the students at the dental school suggest that students came into the school with a sense of manhood distinctly different from the one being advocated in the dental journal. Through their school and education experiences, students at the school were socialized into the dominant version of masculinity and
professionalism then advocated by the profession. Given the association between professional identity and gender identity, defining masculinity was an important task for professionalising dentists.

This task was also an ongoing one as notions of masculinity changed over time, and as they were constantly being challenged both from within and outside the profession. Professionalising dentists worked to distinguish themselves from other men, with a different idea of masculinity, and to declare their manhood superior. However, this was by no means an easy task, especially as dentists sometimes acknowledged that the nature of their occupation was not inherently masculine. Rather, they endeavoured to imbue their work with masculinity: that is, to define their work as masculine, and to define a masculinity of which they were proud.

Analysis of the significance of gender identity to dentists' work and definitions of professionalism further illustrates the centrality of gender, and particularly gender identity, to work. Notions of masculinity and femininity have been embodied in work. They are important to the organization and experience of work. Future research should explore the connection between masculinity, femininity and work in more detail. In particular, the role of competing masculinities on influencing work organization and experience should be considered more fully.

In general, this study has argued that the professions have been highly influenced by gender. While many studies of gender have illustrated the extent to which work in general is affected by gender, this literature, and the literature on the professions, has not paid a great deal of attention to the way professions have been shaped by gender relations, ideology, and identity. However, in light of the results of this study, I believe that future research should acknowledge that gender is salient to professional work. More importantly, it should explore the significance of gender

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82 The literature on gendered definitions of skill also illustrates this fact clearly (Phillips and Taylor 1980, Steinberg 1990).
to a wide range of professions, in the past and present, in greater detail. The literature on gender
and work has revealed that gender is integral to the way work is organized and experienced, and
that work, in turn, shapes gender as well. The insights of this literature need to be applied more
generally to studies of professional work and professionalization. In the following sections, I
consider the implications of my research for the study of the professions and gender more completely.

The Gender Composition of Professional Employment

In this thesis, I have argued that gender ideology and relations were historically important to
male-dominated professions. In particular, I argued that these professions were designed by
middle-class men, for men -- that they were gendered or sex-typed male -- and that this structure
affected and inhibited the employment of women and men who were not middle-class or Anglo-
Saxon. While the focus of the research was historical, the framework and general arguments may
contribute to a more general understanding of changes in men's and women's participation in
male-dominated professions over time.

As we have seen, dentistry was a product of the period in which it arose. Nineteenth-century
gender relations influenced the structuring of the profession and professional relations, and
contemporary gender ideology proved useful in the profession's strategies to legitimate itself.
Through dentistry, men sought to secure a middle-class status and standard of living for
themselves and their families. At the time, middle-class women were expected to work behind
the scenes, assisting their husbands with their work and careers, while running a home and raising
children. Ideally, middle-class men were the family breadwinners supporting their families in a
style respectable enough to define themselves as gentlemen. Dentists worked to associate
themselves with this popular image of the middle-class gentleman to give their claims to status
and professional privilege greater legitimacy. Thus, dentists drew on established gender roles and
ideology to structure their work, and legitimate their professional roles to the public.

After the turn of the century, these gender roles and ideology changed slightly, and these changes were reflected in slight modifications to the organization of the profession, as well as to the legitimation strategies pursued by the dental profession during this later period. For instance, changes in attitudes towards middle-class women’s work outside the home after the turn of the century can be seen to be reflected within the structure of the profession through the expansion of the occupation of female dental assistant, and the increased participation of women within the profession. Legitimation strategies after the turn of the century also tended to take accepted roles for men and women into account. Women’s roles as capable, intelligent and hardworking people both within and outside the labour force figure into dentists’ public health arguments. As mothers, teachers and nurses, middle-class women were expected to capably assist dentists and look after the well-being of children, while remaining subordinate to the authority and wisdom of the male dentist. Dentists embedded the roles and characteristics middle-class men and women were seen to possess into professional relations and organization. Thus, during its first fifty years, dentistry drew upon the relations and ideology characteristic of its time to structure and to legitimate itself.

It is likely that dentistry and other professions in the years following those covered in the stud, continued to draw on contemporary gender ideology and relations to organize and legitimate themselves. Legitimation and organization are ongoing exercises for professions — professions are continually called upon to legitimate their privileges to the public, at some times more than others. With changes to gender relations and ideology, one can expect that professions’ legitimation strategies and structure change as well. Changes in the political economy in North America, as well as changes in gender relations and gender ideology must be reflected within the professions, to a limited extent, if the profession is to maintain its legitimacy. It is possible that women’s recent influx into many male-dominated professions can be interpreted in this light.
A number of changes to the economy and gender relations during the twentieth century have combined to create an environment more supportive of women's involvement in the labour force and in male-dominated professions. Amongst these changes are the growing need within middle-class families for both men and women to work outside the home, the growing acceptance of careers for women outside the home, smaller family size, the expansion of higher education for women, and the women's liberation movement. Given all of these changes encouraging women's work outside the home, a profession risks losing its legitimacy if it does not make at least some effort to accept and possibly even encourage the employment of women within the profession. A profession today is less likely to gain legitimacy by stressing the link between professionalism and masculinity. Although the association likely still exists, contemporary legitimation strategies may instead emphasize other factors such as the education and competency of professionals. While these criteria may contain an inherent gender bias, they give the appearance of being gender neutral, applying equally to both men and women within a profession.

Significantly, greater openness to the employment of women within male-dominated professions, and changes in legitimation strategies, need not challenge the structure of the profession substantially. Professions may formally accept women into professional schools and associations, without making any effort to integrate them fully into the profession, encourage their advancement, or alter the structure of the profession to suit women's needs. In this manner, professions can claim legitimacy through a perceived openness to the participation of women, without substantially challenging the association between masculinity and professionalism or the male-oriented structure of professional practice and advancement. Sex segregation within professions -- shown to exist in numerous studies of male-dominated professions (Hagan and Kay 1995, Devine 1992, Reskin and Roos 1990, Armstrong and Armstrong 1992) -- is a logical outcome in this context. It enables men to maintain dominant professional roles, through which they define and reaffirm their gender identities, while it allows women to practice in
circumscribed roles. Such sex segregation within professions can also be legitimated with reference to contemporary gender ideology, roles and relations.

Obviously, it is beyond the scope of this study to explain the recent influx of women into male-dominated professions. Future research is needed to test the proposition that social changes affecting gender relations and professions' need to maintain legitimacy have influenced the sex composition of professional employment throughout the twentieth century. In the following section, I consider the implications of my study for contemporary research into gender and the professions in greater detail.

Women, Men and Modern Professions

In chapter one, I reviewed the literature on women's recent influx into male-dominated professions. I argued that while this literature has provided a great deal of evidence of sex segregation internal to professions, and some indication of why women have increased their participation in male-dominated professions, it has yet to consider fully the significance of gender to employment in the professions. Given that the findings of this study indicate that gender has been utilized by and embedded within professions and professional roles, future studies of women's participation in male-dominated professions should take several factors into account.

First, studies of modern professions should acknowledge that professions have a history in which gender is significant. Gender has been embedded in professional roles and practice structures, and it has influenced the employment of men and women within these professions in the past. It is quite likely that gender continues to influence professional employment. Thus, studies of women's entrance into male-dominated professions should explore how women's

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83 Of course, women's entrance into male-dominated professions is not solely the result of a quest for legitimacy on the part of professions. Recent studies have shown that societal changes have combined with changes internal to professions in terms of manpower needs, professional structure, and in the nature of professional work to encourage women's entrance into male-dominated professions (Hagan and Kay 1995, Reskin and Roos 1990). The entrance of women, thus, reflects societal changes, as well as professions' desire to legitimate themselves according to contemporary social reality and gender relations.
experiences are conditioned by the traditionally male-oriented structure and definition of these professions. How women adapt to these structures, and how these structures themselves might change with the entrance of women are also pertinent research questions.

Secondly, studies of women's entrance into male-dominated professions would benefit from considering male professionals as gendered actors. Studies of gender and modern professions have tended to focus on women's participation in male-dominated professions without examining the significance of gender to the experiences of male professionals. Men should be examined as gendered beings, and their experiences within professions should be compared to those of women. In addition to applying the concept of gender to male professionals, a further consideration of the class and racial background of men and women in professions would be useful and revealing, given the extent to which gender has been shown to interact with class and race.

Third, given the extent to which gender identity and professional identity were shown to be intertwined for early professional dentists, research into gender and the professions in the modern day could explore the nature of this connection for both men and women in the contemporary context. Have modern ideals of professionalism changed so that they are less connected to (modern) notions of masculinity? If there is such a connection between gender identity and professional identity, how has the recent influx of women into male-dominated professions affected this connection? What is the association for women professionals between gender identity or femininity and professionalism? How have women professionals been affected by conceptualizations of professionalism, and how have they adapted? These research questions are just some of many that arise when a fuller conceptualization of gender and its significance to professional employment is utilized. A more complex picture of gender and the professions can be arrived at if future research into women's contemporary involvement in male-dominated professions takes the findings of this study into consideration, and acknowledges the many subtle ways in which gender is significant to employment in professions and to professionals.
The Study of Professions

In the past, few studies or theoretical considerations of professions have explored the significance of gender. As we have seen, however, gender played a prominent role in the establishment, structuring and legitimation of the dental profession in Ontario. Thus, this study has many implications for future research and theorizing on professional employment. The literature on the professions is a broad and varied one. In the following paragraphs, I examine only some aspects of this literature, discussing how recent perspectives could be informed by a more sophisticated consideration of gender, and outlining possible questions for future research.

The significance of gender to the professions and profession creation has been well-illustrated in the work of Witz (1992, 1988, 1986). Witz has criticized existing studies of professions for their lack of attention to gender. In her own work, Witz focuses on the establishment of both male-dominated and female-dominated professions in the medical division of labour, highlighting how gendered processes of exclusion, demarcation, and dual closure were central to the establishment of a dominant, male-dominated medical profession and the subordinate, female-dominated professions of nursing and midwifery. In contrast, this study of gender and the dental profession has attempted to complement Witz' work by pointing to the more subtle gender processes involved in the definition and establishment of professions. I have argued that gender is not only significant to professions through men's active efforts to exclude and control women's involvement in professions -- and women's attempts to fight these efforts -- but also by means of the very processes through which a profession is defined, structured and legitimated. Future research into the professions should acknowledge not only the importance of gender struggles to the establishment of a gendered division of professional labour, but also the many other ways that gender has become embedded in professions.

Understanding that gender has been embedded in the very structure of professions is particularly important for the definition of professions. Recently, feminists have challenged
traditional definitions of professions, arguing that they are male-biased (Witz 1992, Schirmer and Tancred 1996, Silius 1994). While not explicitly challenging the definition of a professional dentist constructed by professionalising dentists, this study has explored the way in which these dentists constructed this image to legitimate their claims to status and reaffirm their sense of masculinity. Thus, this study illustrates that profession definition is a social and political process that has been highly influenced by gender. When defining dentistry as a profession, Ontario dentists drew on middle-class male characteristics, values, and gender ideology and relations. In future research, these traditional definitions of profession will need to be challenged. However, whether one chooses to reject traditional definitions of profession, or work with them, the extent to which these definitions are androcentric, gendered, and political should be recognized.

The findings of this study on gender and dentistry also have implications for research into the system of professions, and studies of medical dominance within the health care system. Abbott’s (1990) discussion of the “system of professions” establishes that professions can be seen to compose an interdependent system where each profession attempts to establish and defend its own jurisdiction or area of competence. Within this system, professions are continually struggling to carve out their own territory, and to protect this territory from the infringements of other professions. The notion of a system of professions has been particularly well-used in discussions of the division of labour in health care, and the dominance of the medical profession within this division of labour. This literature has examined interactions and jurisdictional disputes between health-care professions. In particular it has examined the largely successful efforts of the medical profession to control, delimit and/or subordinate the spheres of competence claimed by other health care professions. While Abbott’s discussion of the system of professions pays scant attention to gender, studies of medical dominance have acknowledged that the medical division of labour is a very gendered division of labour (Willis 1983, Coburn 1994, Witz 1992). However, neither Abbott nor the literature on medical dominance has explored the more subtle ways in which gender influenced or became embedded in the system of professions.
For instance, the examination of the establishment of the dental division of labour in chapter 9 indicates that gender and class were central to the creation and definition of dental assistant and dental technician work, as well as to the re-definition of the dentists' work. Gender and class were also central to the definition of the relations between the dentist and dental auxiliary workers, and to the legitimation of these relations and the dental division of labour. It is likely that gender and class have also been important factors in the definition and legitimation of other divisions of labour. The nature of inter-professional interaction within the system of professions has likely been more influenced by gender than studies have considered heretofore. Ultimately, Abbott's (1988) analysis of the system of professions is abstract. Because he uses professions as his main unit of analysis, individual characteristics and social relations such as gender, class and race are too easily ignored. To counter this effect, future research into the system of professions must acknowledge that individuals make professions, and that they draw on gender, class, and race ideologies, relations and identities when they do so. Future research on professions and the relations between them need to explore the extent to which gender, class and race have figured in both the establishment of the system of professions and in interactions between professions.

More generally, the literature on professions should make a greater effort to acknowledge the significance of gender to professions and professionals. Many aspects of professions have been discussed without reference to gender. Understanding that gender is relevant to male-dominated professions and male professionals -- not only to women professionals and male-female professional relations -- opens up new avenues of research, and sheds a different light on the characteristics of professions long discussed in the professions literature. For instance, understanding the association between gender identity and professional identity can shed new light on processes of exclusion and the construction of professions. Murphy's (1988) analysis of processes of exclusion central to the establishment of professions could be clarified by reference
to the role of gender in the process. Witz has described the exclusion of women by men. But as my study has illustrated, gender, class, and race identities and ideologies were also central to dentists' exclusion of other men from their profession.

Moreover, understanding the connection between gender identity and professional identity can throw new light on the reactions of male professionals to the entrance of women into their profession, and to other changes to the structure, organization and status of their profession. Such an understanding leads us to recognize that professional men have a lot invested in their work in terms of their gender identity and status. Therefore, they are not going to accept challenges and changes to this work easily. Recognizing this investment might lead to a reinterpretation of men's actions in creating professions, defending professional boundaries and privileges, and accepting and accommodating women and members of other groups within the professions.

In addition to reinterpreting established analyses of professions, acknowledging that historically gender has been important to the professions raises a number of more specific research questions. First, how have other professions been influenced by gender relations, ideology and identity in their formation? How do the processes vary from one particular profession to another; for instance, are there different processes at work in gendering professional employment in more bureaucratic professional practice settings? Secondly, how does the way in which a profession was originally structured, defined and organized (to suit middle-class men, for example) affect that profession and professionals in the long run? How does the entrance of women and men from other racial and class backgrounds affect the structure and organization of a profession? Thirdly, how do the legitimation strategies pursued by professions change over time, and how are changes in gender ideology reflected in these strategies? Fourthly, what are the meanings that professionals themselves attach to their work? What is the connection between gender identity and professionalism, and to what extent is do individuals' commitment to professional work reaffirm their identity and social position?
These questions are just some of the many that arise when the significance of gender to employment in the professions is explored. Our understanding of professions can only be broadened by taking such an approach.

Professionalization

In this study, I have argued that gender has been a factor in the professionalization process. Professionals' ability to use gender ideology and relations to legitimate their work, their privileges, and their relations with the public have all influenced (though not determined) the success and the nature of professionalising drives. The concept of professionalization has been criticized in recent years, and some sociologists have advocated its abandonment (Abbott 1988). However, I believe that the findings of this study suggest that the concept can be useful if it is conceptualized carefully. Through a redefinition of the concept new insights and questions about profession creation arise, and the role of gender, class, and race ideologies, relations, and identities in shaping the professions is highlighted.

Traditionally, the term "professionalization" has been used to denote an occupation's progress through a series of pre-determined stages towards a pre-determined end -- full professional status. However, as many sociologists have recently pointed out, there is no pre-determined set of stages that holds true for all professions, at all times (Abbott 1988, Torstendahl and Burrage 1990). Moreover, because this definition takes an occupation's attainment of professional status as given, professionalising drives that are unsuccessful or only moderately successful are overlooked (Witz 1990). Such a conceptualization of professionalization is clearly not very useful.

Nevertheless, professionalization can be a useful concept if it is defined differently. By drawing on the work of Freidson (1983), we can define professionalization as the conscious efforts or strategies pursued by a group of workers to define their occupation as a profession, and to have that definition, along with the privileges that are argued to accompany it, accepted by
society and the state. Thus, professionalization is the process through which a profession is defined and legitimated to the public. Such an approach to defining professionalization improves upon older definitions that focus on the achievement of certain benchmarks or characteristics, such as codes of ethics, professional associations, and formal education. While these benchmarks may be relevant to the professionalization of some occupations, their relevance is specific to given historical and social contexts. The benchmarks and characteristics that carry legitimacy in one time and place may not in another. Thus, the professionalization strategies that are pursued will vary across time, place and occupation.

In the professionalization process, occupations face many challenges and much opposition from the state, the public, consumer groups, and other professions. Thus, an occupation's success in its drive for professional status is in no way guaranteed. Moreover, an occupation may have varying degrees of success in attaining professional status and privilege. Studies of medical dominance within the health care system have shown how the medical profession affected the professionalization drives of other occupations in related areas, limiting their powers and their claims to professional status, and at times preventing the acquisition of that status (Coburn et al. 1983, Willis 1983). Thus, professionalization processes are shaped not only by the efforts of the practitioners of a given occupation, but also by the opposition (or assistance) of other professions and social groups.

Legitimation and the making of a profession are ongoing processes. Thus, professionalization is not so much something achieved as it is a constant process or struggle. Professions are always faced with challenges to their status and privileges; in certain contexts, these challenges are substantial. Traditional definitions of professionalization are unable to account for changes in a profession's status or privileges that might arise from these challenges. However, a definition of professionalization that emphasizes profession definition and legitimation encourages the study of the rise and fall of professions and their status. This conceptualization focuses attention on
how professions and professionals are made and remade as society changes. Moreover, this conceptualization encourages a focus on the individuals and social groups involved in making professions, including the meanings they attach to their work, and their investment in that work. Importantly, such an approach to professionalization also invites analysis of the impact of gender, class, and race upon the creation of a profession — both in terms of defining professions and in legitimating professions to the public.

In summary, the concept of professionalization can be useful if it is redefined to focus on the processes through which professions are defined and legitimated. This approach is particularly useful in exploring the role of gender, class and race in shaping professions, the rise and fall of professions, and the processes that influence the success or failure of professionalising drives.

Conclusion

In conclusion, study of the impact of gender, class, and race on the establishment of the dental profession has many implications for research into gender, the professions, women’s entrance into the professions, and professionalization. In general, the literature on the professions has not paid sufficient attention to the significance of gender to the structure, legitimation and experience of professional work. Conversely, the literature on gender has not examined professional work in any detail. Both literatures could benefit from a more substantial exploration of the multiple ways in which gender, in association with class and race, has shaped professional employment in the past, and how it continues to be central to professions in the present.
Appendix

Notes on Methods

The main sources for this investigation into the history of the dental profession are the professional dental journals published in Ontario between 1868 and 1918. These journals document the history of the dental profession, and they openly discuss dentists' strategies to have their occupation defined as a profession. The major contributors to the dental journals were very conscious of the fact that they were creating an historical record of their profession. As a result, they took pains to document the major events and controversies within the profession. The journals recorded information on dental association meetings, dental board proceedings, and the running of the dental school. Moreover, the journal provided a forum for professional debate, discussion of professionalising tactics, and defining exactly what dentists and dental practice should be. These journals provide a great deal of insight into the making of the dental profession during its first fifty years.

The journals that compose the principal sources for this dissertation are the Canada Journal of Dental Science which was published, somewhat sporadically, between 1868 - 1879, and the Dominion Dental Journal, which was published from 1889 to 1934. While ostensibly for all of Canada, both of these journals are heavily oriented towards dentistry in Ontario. Other journals of interest include Dental Practice, which published between 1906 and 1912, and Oral Health which began publishing in 1911. Hya Yaka, a journal published by the students at The Royal College of Dental Surgeons (later the Faculty of Dentistry, University of Toronto) between 1903 and 1929, was the principal source of information about students at the dental school (discussed in Chapter 10). Other important sources utilized in this study include the minutes of the meetings of the RCDS board, school announcements, newspaper articles, tracts on dentistry, professional
recruitment books and pamphlets, and histories of the dental profession. Together, these sources provide a great deal of information on professional affairs between 1867 and 1918, as well as some information on dentistry before 1867.

In no way can these journals be seen as representative of the dental profession as a whole. They do not reflect the views of the majority of dentists. Between 1868 and 1900, there was only one dental journal published, the Canada Journal of Dental Science (CJDS). There is little information about the profession during this period which comes from another source. Information published in the CJDS largely represents the views of its editor-in-chief, W. George Beers, and a small number of sub-editors and regular contributors. Beers was the editor of the CJDS, and the later Dominion Dental Journal (DDJ), from 1868, when he started the CJDS, until his death in 1900. Beers’ strong voice and opinions dominate the content of the journal, and especially its editorials. The small number of regular contributors to the journal do not seem to have differed substantially from Beers in their views on the dental profession. While not representing the profession as a whole, these dentists who were actively involved in the dental journal seem to have been somewhat representative of professionally-active dentists. Views discussed in professional association meetings, and board meetings are the typically the same as those published elsewhere in the journal. Thus, the content of the journals seems to reflect the viewpoints of the “professionalising” element of the Ontario dental profession. Through the journal, these dentists participated in a dialogue with those who disagreed with them, and those who did not share their vision of dentistry. Quite often, opinions contrary to their own are outlined, but only so that they can be ridiculed and refuted. The opinions expressed in the dental journals, especially in the early years, are those of a group of dentists, I refer to as “professionalising dentists”. These dentists had a vision of the profession, and they attempted to use the journal to make that vision a reality.
While the opinions expressed in the journal were not representative of those held by the entire Ontario dental profession, they were influential. The dental journals were well-read within Ontario, and they seemed to have influenced dentists and professional events a great deal. First, the dentists making decisions for the profession, and governing the profession, tended to share the views expressed in the dental journal. They structured the profession in accordance with the vision of the dental profession defined in the journals, despite disagreement from many rank and file dentists. Although the majority of dentists in the nineteenth century were far below the standards of an ideal dentist as specified in the journals, professional leaders worked to ensure that future dentists would come much closer to this ideal.

Second, the views discussed in the dental journal seem to have influenced many professional dentists. Many dentists left records stating that the advice given in the dental journals caused them to alter their behaviour and demeanour towards that delineated in the journals. Nevertheless, especially in the nineteenth century, there was a proportion of the dental profession, of unknown size, who did not read the dental journals, and who wanted nothing to do with professionalising affairs.

The journals had a good circulation amongst Canadian dentists. The first journal, the Canada Journal of Dental Science, although a losing venture like most independent journals of its time, had the third largest circulation of any dental journal in North America. It was read in Canada (although not widely enough to suit the editor who wanted every dentist in the country to subscribe) and had a readership in the United States as well. The editor's next venture, the Dominion Dental Journal, was even more successful. By the time of the editor's death in 1900, the Dominion Dental Journal had one of the highest circulations of a dental journal in North America. Its Canadian readership had grown substantially, as the country grew, and the number of contributors, editors and viewpoints presented had increased significantly also. The growth
of other dental journals in the early twentieth century provides a wider range of opinions, viewpoints and issues for this time period. Although differences of opinion are evident between the various dental journals published after the turn of the century, on the whole, all of the dental journals were in the hands of professional leaders.

Despite the limited viewpoint provided by the journals, I think they provide an excellent source of data for research into the professionalization of dentistry in Ontario, and the significance of gender, class and race to the professionalization process. Although the viewpoints expressed in the journals were not representative, they were influential. The journals not only reflected many of the major professional issues and controversies of dentistry's first fifty years, they helped define them. Furthermore, in this dissertation, I am less concerned with documenting what Ontario dentists were doing during the period than with exploring what the leading members of the dental profession felt they should be doing. I am interested in the attempts by professional leaders to define what the dental profession should be, and to enforce this definition. The fact that so much time and space in the journals was devoted to delineating appropriate behaviour for dentists is evidence that many dentists did not live up to the ideal. Professional leaders' vigilance in defining and enforcing the ideal, eventually ensured that more dentists shared their vision of the dental profession, and that they came closer to fulfilling it. The journals provide an excellent source of information on the efforts of a small, but expanding, group of dentists to define what dentistry is, and who a professional dentist should be.

For this dissertation, I have read the relevant journals for the time period under consideration (1868 - 1918), as well as many from subsequent years. These journals contain numerous technical articles on topics such as dental technique and theories of dental science, which (although they were read) were not used in the analysis. The articles that formed the basis of my research were those that dealt with professional affairs, and those innumerable articles, letters, and editorials that advised dentists about how they should conduct both themselves and their practices.
Articles of the latter type were by no means scarce: in most journal issues they composed the majority of articles. In these articles, dentists told their confreres how they should dress, and behave towards their patients, their fellow professionals, and the public, as well as how they should conduct their dental practices. Appropriate education, reading material, hobbies, hours for working, appropriate vacations, and other aspects of general lifestyle were also discussed. Articles also detailed the conduct of professional affairs, board meetings, and association meetings. They review the issues affecting the dental profession on a day-to-day basis, and they take a stand on these issues. These articles contain a great deal of information about how professionals saw themselves, their profession, and their future, as well as how they saw the public and the nation at large. Thus, these articles provide a great deal of information on the creation of the dental profession.

The articles in the journals were written by a relatively select group of people. In the early years of the CIDS, the majority of articles were written by only 5-10 different people. The range of people contributing to the journal increased substantially over the course of the period of investigation. Most of the authors utilized in this study were Canadian, the majority of them from Ontario. Some authors are from Montreal, most notably the editor of the CIDS and DDJ, George Beers. After the turn of the century, the contributions to the journal from elsewhere in Canada grew, although Ontario authors and opinions dominate the journal's content throughout the period. Some of the journal articles came from the United States. Many articles were republished from U.S. dental journals, while a few were written by U.S. dentists, or transplanted Canadians, for original publication. Nevertheless, the majority of the contributors to the journals were Ontario dentists, writing about professional affairs in Ontario. After 1900, all of the dental journals had their editorial and publishing base in Toronto. Contributors to the journal appear to be similar in terms of their characteristics. They were almost exclusively men practising dentistry in Ontario, who — to judge from their last names — were of English, Scottish, or Irish heritage.
Even before the professional entrance requirements were stiffened, contributors appear to have been educated, articulate, middle-class people.

It may be helpful to review briefly the character and mission of the 5 dental journals that are the main sources for this study. As stated above the CJDS began publishing in 1868. It was the brainchild of George Beers, a Montreal dentist, who felt that a national dental journal was just what the nascent profession needed. Beers published the dental journal at his own expense, being both editor and publisher. After some criticism that the editorship of the dental journal rightfully belonged in Ontario, not in Montreal, Beers offered to let someone else take over the journal but no one else volunteered. The journals' co-editors and many other regular contributors were based in Ontario.

The journal was not a great success at first. In its first year of existence, only 76 dentists paid their subscriptions (Beers 1890d: 183). For Beers, the journal was a time-consuming financial burden. In its first two years of existence, Beers lost $1,900 — a substantial amount of money in the late nineteenth century (Beers 1890c). Although the journal did much better in later years, Beers still found it difficult to produce a journal while keeping up his dental practice. The journal published regularly between 1868 and 1872 at which time it ceased publishing until 1877. In 1877 and 1878, four issues of the journal were published.

At the conclusion of the fourth issue, Beers wrote that because it was too difficult to edit and publish the journal, he would seek an independent publisher before putting out another issue of the journal. The next issue of a national dental journal was not published until 1889, when the Dominion Dental Journal (DDJ) saw the light of day. Beers was still editor, but the journal had an independent publisher in Toronto. The DDJ was published consistently, first as a quarterly, then a bi-monthly, and in 1893 as a monthly journal, until Beers death in 1900. Under Beers the mission of the CJDS and DDJ was to raise the standard of the dental profession, and to attack
and reform dentists who refused to conduct themselves in a manner befitting a professional gentlemen. Through his journals, Beers was an influential man in Ontario dentistry.

At the time of Beers' death, dental journalism in Canada was a much stronger, more popular force than in the past. It no longer required Beers' presence to sustain a dental journal in Canada. Beers' death did not even result in a missed issue of the DDJ. Immediately, Dr. A.E. Webster was selected as the new editor. Dr. Webster was also an influential force in Ontario dentistry, both through his participation with the dental journal, and through his involvement in the dental school and other professional bodies. Dr. Webster remained editor of the journal for over 30 years, until the journal was taken over by the Canadian Dental Association. Under Webster, the mission of the DDJ, seems to have been to reflect and address professional affairs both in Ontario and the rest of Canada. Webster's journal focused on improving the dental profession. It was the unofficial voice of the RCDS dental board and of the various dental associations in Canada.

The CJDS and DDJ were successful journals with a wide circulation. They were unique for their time, because none of the dental journals published in the United States were independent. Each was published and influenced by dental supply companies. The CJDS and DDJ were the only dental journals to remain in the hands of members of the dental profession. These journals proved to be a valuable tool for professional leaders intent on defining dentistry as a high-status, respectable profession in Canada.

In 1906, the DDJ received some competition when Dental Practice was first published. Under the editorialship of a Toronto dentist, Dr. R.J. Reade, Dental Practice published for 6 years. The journal focused on events in Ontario and in the United States, especially in New York. It focused on professional events, but was perhaps more concerned with actual dental practice than with professional affairs. Reade offered a voice of opposition, on some occasions, to decisions by the dental board that the DDJ supported. On the whole, however, Reade differed little in his opinions from other professional leaders in Ontario.
In 1911, the journal *Oral Health* began publishing, also with a Toronto dentist, Wallace Seccombe, as editor. Oral Health differed in its mission from the other two dental journals of the time, in that it focused almost exclusively on public health dentistry. It was concerned with discussing the benefits of oral hygiene and health, and with discussing efforts in Ontario, and elsewhere, to educate the public about dental health, and to provide public dental health services. Oral Health did not discuss professional affairs too much, except when they related to the issue of public dental health. Although Seccombe and Webster differed over exactly how public dental health education was best pursued, on the whole, Seccombe did not differ substantially in his opinions from the other editors. Like Webster and Reade, Seccombe was a high profile member of the Ontario dental profession based in Toronto and active in professional affairs. Seccombe was a member of the RCDS board for a time, and also held the position of Superintendent at the RCDS dental school. Although Seccombe's journal covered slightly different ground than the other dental journals, it did not offer a voice of professional opposition, except in a couple of circumstances. Seccombe, Reade and Webster were all members of the professional elite, and their journals served the same purpose of reforming rank and file dentists towards the vision of the profession held by professional leaders.

The last major dental journal used in this study was not published by professional leaders. Between 1903 and the mid 1920s, students at the RCDS dental school published their own journal, during the school year. The journal, *Hyak Yaka*, contains some articles written by faculty members, but most contributions came from the students themselves. This journal provides a revealing look at student culture, and at dental students' experiences while at dental school. Professional advice contained within the journal does not differ substantially from that found within the other dental journals. Students internalized, and were indoctrinated into, the view of the profession held by professional leaders. Nevertheless, the student journal gives a unique perspective on who became dentists during this period, as well as how laymen were transformed
into professionals. Student journals also provide insight into the experiences of women in the dental school, and, to a lesser extent, the profession in general.

Many other additional sources were used as data in this study. The main alternative source was the Royal College of Dental Surgeons' board meeting minutes which provide information on professional affairs, and on dentists' attempts to enforce the ideal definition of dentistry constructed through the dental journals. Unfortunately, all of the minutes between 1868 and 1918 are not available. The minutes for meetings between 1868 and 1892 seem to have been lost in a fire. The only record of the meetings during this period is what was reprinted in the dental journals. The board minutes between 1892 and 1918 do provide a good deal of insight into the making of the dental profession, during this period. Also used as data in this study, are dental school announcements, some ODA meeting minutes, published dental tracts, and some newspaper articles and city directories.

For this study, I examined the relevant dental literature, detailed above, to explore the role played by gender in the creation and establishment of the dental profession. Through dental journals, the dental board, and dental association meetings, dentists documented their attempts to define and structure the dental profession, and to convince the public that they were "professionals". The strategies and arguments professional leaders pursued to reach their goals, are well-documented in the dental literature. In this study, I will show that gender was a key element in these strategies and arguments.
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