In this three part series *Dental Tribune’s* Laura Hatton explores the forgotten history of the dentist’s role during World War I

As Harry walked through the room hundreds of soldiers lay before him; many of these men, some barely old enough to be enlisted, had extensive loss of tissue in the lower part of their face. Harry spent the morning observing and documenting the degree of shrapnel damage that had disfigured the soldiers, noting how all the cases were complex levels of reconstructive treatment. However, it wasn’t until Harry found himself observing a false eye surgically enclosed into the flesh of a piece of cheek that he realised that this was no ordinary hospital; the era of reconstructive surgery had commenced.

**War injuries**

On 3rd January 1916 in Lyon, Harry’s perception on the treatment of jaw cases was significantly altered. He had spent the last few days witnessing horrific scenes and facial injuries at the Hospital Dentaire de Paris and the true extent of the damage caused by the soft tissues in a radiating manner, inflicting very large flesh wounds.”

Harry devised how such injuries could be classified into six sections or types, determining the true extent of the damage and the treatment that would be best suited for treatment. Type 1 wounds were fractures of the jaw caused by a gunshot wound where there was no disarrangement in the line of teeth; Type 2 were single fractures with loss of substance (this level of injury was usually caused by a shell); Type 5 were gunshot wounds to the maxilla that had caused complications, such as possible haemorrhage and teeth embedment; Type 6 cases were the most severe injuries and as Harry explained, the most distressing of cases (in these instances most of the anterior portion or more of the bone and soft tissues had been “carried away”).

The Service de Stomatologie de Lyon was one of the first in France, accommodating 850 cases, which were assembled in six large hospitals; five other hospitals were annexed to the central hospital, Hôpital de Stomatologie et Prothèse Bucco-Faciale. One of these hospitals was reserved for jaw injuries that had been complicated by sinus and ear wounds, whilst the establishment had reserved for jaw injuries that had been complicated by wounds of the eyes.

The soldier on this particular afternoon had suffered a Type 4 injury, and with his fate in the hands of the dental surgeons, the soldier was put under the effect of ethyl chloride (a form of anaesthetic that had proved popular during the War). Harry recorded the procedure in detail:

“The Pont used a shankspoon in the pocket of a sinuses and two longish pieces of bone – one unpleas-

Photograph by Elliott & Frew, Ltd., 85, Bolsover Street, London, W. I.

Sir Harry Baldwin, courtesy of Richard Fowler

The appearance of the patient is often ghastly, mastication is impossible, speech is very difficult, and when the chin and symphysis are gone there can be no control of the saliva…”

For 3D Imaging, please read on...
In the beginning
It became obvious to Harry that hospitals such as this were a necessity to the survival of soldiers during the war and on querying the situation further he was invited to read the hospital’s first annual report. The Hospital Service de Stomatologic de Lyon begun in September 1914 as an ambulance of 50 beds, which was located in the presence of a school and strictly reserved for wounded soldiers. Harry realised the momentous role that the hospital was performing and on his return to Britain he began writing letters to various people. His words painted a clear image of what he had seen and on January 15th 1916 Harry received a letter from Norman Bennet stating he accepted the idea of dental and jaw treatment in the Army. “Mr Bennet further mentioned how a French correspondent had declared that the majority of the dental profession in France was to be utilised in dental work for the Army. For Harry this information was invaluable and was soon to become the backbone of his campaign.

Rewriting history
On his return to Britain Harry had come equipped with enough evidence to launch an appeal to create stomalogical hospitals in every district in Britain. His message amplified how such hospitals offered a chance for those soldiers who had become mutilated wrecks to return to society as men presentable and happy, and not as objects of horror and commiseration.

In one of his earliest speeches on his return, Harry related how the failure to create a stomalogical service early in the war had resulted in soldiers coming back to the hospital, with their mouths sewn up and distorted; many of them had

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The soft tissues were then divided by completely splitting up the sinus, which was under the chin, and a clay of kind was soaked in — of iodine and packed into it. Bandages were then applied to the fracture.
difficulty speaking, and there were numerous fractured jaws. He confidently stated in several of his speeches that any form of work on the jaw and face should be undertaken by dentists, and not by doctors.

In a lengthy and detailed debate, Harry emphasised on the evidence of surgical failures carried out by doctors, and exclaimed that: “One has seen cases where useful teeth with live pulps have been extracted, whilst septic roots have been allowed to remain. In other instances the soft parts have been sewn up around bony fragments which were still displaced...”

Harry continued voicing his knowledge, sharing his message that if France was doing it then so should Britain:

“I suggest that all is not being done in this country which should be done for soldiers wounded in the jaws and face; and in order to assist matters I also venture to suggest that a Care Committee for soldiers wounded in the jaws and face should be formed, the object of which Committee would be to promote the interests of such cases not only whilst still in the Army, but also after their discharge.”

Harry continued his campaign. Aspiring to work the heart strings of compassion by exercising hard felt shock tactics, Harry delivered a presentation of the wounded soldiers; the exhibition was filled with photographs and models of various cases.

Harry's voice had reached the masses and his efforts hadn’t gone unnoticed.

On the 10th April 1916, after much communication between Harry, the British Red Cross Society and the Order of St John of Jerusalem in England, Parliament and the Joint War Committee, King George V personally granted permission for Harry Baldwin and his fellow dentist, Dr Hern, to visit the military hospitals in France with provisions and services to be provided at their every need. Orders were written to the dentists of the time; pages upon pages of Harry’s diary are dedicated to drawings of the equipment used, sketches of clamps and hinges that attached jaws back together, case studies of jaws with chunks of bone missing, teeth askew and fractured jaws, all of which were accompanied by an idea of treatment.

Alleviating pressures

As a final act of his campaign, Harry wrote to Mr Goschen on the 20th November 1916 regarding the outlook of one of the hospitals in France.

In his letter Harry described the insufficient flow of men being discharged from the front line hospitals and proposed the idea of freeing up the military hospitals on the front line by sending soldiers to specialist dental military hospitals.

Harry argued his case and articulated his passion and determination into words of reason; what followed was a dedicated committee and an influx of maxilla facial hospitals.

A place in history

In 1918 Harry, along with many of the dental surgeons and dentists that treated thousands of wounded soldiers, was knighted for his services during the war.

It may be hard to truly imagine the haunting images that were set before Harry's eyes throughout his time spent in the military hospitals of France and Britain; however, having read a selection of cases documented by Sir Harold Gillies, (the doctor who pioneered plastic surgery), it becomes apparent that the strength each dental surgeon mustered from within during the Great War was an incredible accomplishment and deserves, without a shadow of a doubt, the utmost respect and honour, and a recognised place in history.

* I would like to thank Richard Fowler for giving me the opportunity to write this article and for the resources that he donated to King’s College London. I would also like to thank the staff at the Archives Department at King’s College London for their help and guidance whilst completing my research.

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