The truth from the trenches

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

The beginning of this research began with a remarkable conversation with a gentleman named Richard Fowler, who enlightened me about a close family friend and a noteworthy dentist, Sir Harry Baldwin. Being the godson of Sir Harry Baldwin’s only child, Mary Baldwin, Richard was able to reveal the intriguing story of Sir Harry, which captured my imagination.

Born in 1862 into a family of drapers in Nottingham, Harry developed a passion for dentistry and after qualifying in 1884 he became acquainted with Sir Charles Toms, and worked alongside him at the Cavendish Square Practice for many years. In 1915 Harry became President of the Metropolitan Branch of the British Dental Association (BDA), and in 1915 was appointed President of the Section of Ondontology. Harry’s later life was intertwined with various connections to the Royal Family, becoming dentist and surgeon dentist to Queen Victoria and King George V, and as he will be uncovered in the second part of this series, he was a favourite of Queen Mary.

Sir Harry Baldwin, courtesy of Richard Fowler

Richard had heard the stories, held the mouth casts of Queen Victoria, and what began as a history of an astonishing Victorian gentleman who had introduced plaster-of-Paris to Britain and created the amalgam filling, turned into a remarkable story with a historical climax. Together, with the help of Richard and the archive material which he donated to King’s College London, the story of Sir Harry Baldwin unfolds in the midst of World War I, where his role in society arguably changed dentistry forever...

At the beginning of World War I no specialist hospitals existed for soldiers who had received facial injuries whilst fighting on the front line and it became clear that these men desperate required experts to attend to their injuries. Although such hospitals were set up in France, Britain had not followed suit and it was to take months of perils and detailed documentation before serious action was to be taken. The milestone began on the morning of December 31st 1915 in a military hospital on the front line in France, when a gentleman of fair hair and a 5ft 9in build walked into one of the largest rooms of a military hospital in France, Hospital Dentaire de Paris. Even with his dental know-how and 53 years of life experience behind him, nothing was going to prepare him for the scenes that lay before his eyes: the gentleman, Harry Baldwin, was about to witness some of the most extensive jaw cases of the Great War.

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 damaged and 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 had worked alongside Dr Frey at the Val-de-Grâce, however his journey was to lead him to the hospital Service de Stomatologic de Lyon, in the presence of surgeon dentist Dr Pont. Recording every step, Harry watched in fascination as Dr Pont attended to an officer that had suffered what had been classified as a “war injury to the jaw”.

To clarify what was commonly labelled as “war injuries to the jaw” I will refer to a speech that Harry made on his return to Britain: The term was implied to those who had suffered severe injuries of the maxillae, or in other words, wounds that had been caused by bullets, pieces of shell, or bombs striking the bone at high velocity. “The effect of these impacts”, Harry explained, “is to comminute the bone and generally destroy or completely carry away some sector of it. Pieces detached, and likewise teeth, frequently have so great a proportion of the mouth impaled by the bullet that they themselves act like projectiles and tear through 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 of the mandible with lateral displacement (this tended to cause a loss of articulation); Type 5 were single fractures with transverse displacement; Type 4 were cases with two or more 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 Stomatologic 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 France 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:
“Dr Pont used a shankspoon in the pocket of a sinus and eventually scraped out the fragment of shell and two longish pieces of bone – one unpleas-
nantly the point of the chin, the other a fragment about an inch wide through the whole...of the jaw and containing two teeth – one wisdom tooth. Dr Pont said, unfortunately were dead – 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."

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 Stomatologique de Lyon began in September 1914 as an ambulance of 30 beds, which was located in the presence of a school and strictly reserved for patients who had been wounded in the face. Scarcely had the hospital been created was it perceived as insufficient to support the needs of the Army. It became obvious to Harry that the hospital was located in the presence of a center of the Service, Auxiliary Hospital No. 19, where the majority of the dental professionals were attending to men wounded 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 stomatological 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 stomatological 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 been reduced of displacements...
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 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.

The exhibition was filled with provisions and services. "The jaw may be broken, a piece of bone may actually smashed out of it. The loss of that piece of bone, that tooth socket, can only have one result if left untreated - deformity of a permanent character. Many of these cases are now in existence... At present this work is being done gratuitously by the consulting dental surgeons."

With the media behind him, 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 Herm, to visit the military hospitals in France with provisions and services to be provided at their every need. Orders were written to 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 of 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.

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