Barry Brown

NATIONAL SERVICE IN THE ROYAL ARMY DENTAL CORPS IN NIGERIA 1951-1953

W A B Brown

National Service call-up in the U K

The National Service Act came into force at the beginning of 1949 and all able bodied men were liable to be called-up. The majority went into the army, fewer into the RAF and the smallest number into the Royal Navy. The last intake was in 1960. At that time they served for two years.

I was resigned to doing National Service after completing five-years training to be a dentist followed by a house job at Guy's Hospital. I was 24 years old and elected to spend my two years in the army. In 1951 I was instructed to report with twenty other newly qualified dentists, to the Royal Army Dental Corps (RADC) Training Establishment in Aldershot. I was immediately commissioned, as were all doctors and dentists. As 1st Lieutenant Brown I escaped the rigours of being 'knocked into shape' as a private soldier or cadet to serve King and Country.

After six weeks we were thought to be adequately prepared to be officers in the British army and sent to work in army dental clinics in the UK. I went first for a few weeks to a dental clinic at Woolwich, then to one in Shorncliffe Camp at Sandgate near Kent for two months and finally to the Buff's regiment clinic near Dover where I lived in the officers' mess within the Dover Castle precincts.

Disappointingly, the surgeries of the three dental clinics were inadequately equipped. What was worse for a newly qualified dentist was to be told what treatment I was allowed and not allowed to do. On occasions, I was told only to do emergency treatment for National Servicemen as they would soon be out of the army and then they would be the responsibility of the NHS. I became dispirited with the curtailment of my professional skills by senior officers who appeared more concerned with my clothes and whether or not I saluted them correctly than my clinical competence.

While at Dover I received a copy of an *Urgent Memorandum* from The Secretary of State at The War Office in London. It was sent to the General Officer Commander-in Chief, Eastern Command on 17 August 1951. It stated: "The under mentioned officer, R.A.D.C., is required for service overseas in West Africa (Nigeria – disemplane Lagos) - Lieutenant W.A.B. Brown (415087) Gp. No. 51.05." So I was on my way to Africa.

And so to Nigeria

I look back in wonderment on my flight by Dakota to West Africa. Today it takes less than twelve hours to fly from Heathrow to Lagos, but in 1951 it took us two-and-a-half days with two night stopovers and three extra stops to refuel. The army must have found that flying personnel to their overseas postings was more economical than sending them on a leisurely two-week sea trip in an Elder Dempster Line ship. On the way to the airport we were handed a booklet describing the kind of life we might expect in West Africa, but the information bore little resemblance to what I eventually discovered. When we landed at Kaduna airport in Nigeria I was handed orders to disembark there and not go on to Lagos. I was greeted by the dental officer, Captain David Baxter, who informed me I was replacing him. We travelled for fifteen minutes in an army truck along a sandy road lined by mango trees to my home for the next seventeen months. The 44 Military Hospital was isolated in its own grounds of fifty or more acres not far from the Governor General's house and within walking distance of the Kaduna Township to the southeast. Baxter, introduced me to my future life where I was to be responsible for the dental health of the soldiers of the Royal West African Frontier Force (RWAFF). I was to live and sleep in a room known as a *gida*, one of four in a block with a narrow communal veranda, which I was to share with the medical specialist, surgeon and medical officer for the military families, all National Service doctors.

After lunch, much to my surprise, everyone retired to their room for a siesta. No work was done after 1pm, except for emergencies and ward rounds. That became the pattern of my life whenever I was in Kaduna, north east of Lagos.

I was surprised to learn that only National Service personnel commissioned as officers were seconded to the RWAFF and only regular soldiers of the rank of sergeant and above were posted there. The absence of British 'Other Ranks' was to be a crucial influence in the type of dentistry I would experience.

On the first morning Thomas, my batman, awakened me from a deep sleep at 6.30am. I rose immediately with the usual enthusiasm of one waking up the first day amidst new surroundings. Breakfast was fruit, orange or grapefruit, followed by two eggs, fried bread and bacon, rounded off by toast and marmalade. A Paludrine tablet, a preventive against malaria, was put on everyone's side plate and I took one every morning throughout my stay in West Africa and escaped the debilitating disease. Salt tablets were also available.

Dentistry in Kaduna

After breakfast, David took me across to the Dental Centre, a three-minute walk from the *gidas*. I was introduced to Sgt Tapp, a British Non-Commissioned Officer (BNCO) dental technician, Cpl Sylvanos Oko who ran the centre and Pte Akujuobi, his assistant, the last two of the RWAFF (Fig 1).

The Dental Centre was a single storey 25-foot square building divided to provide a spacious surgery and a smaller laboratory. A veranda served as a waiting room.

There were eight patients waiting to be seen: two African women, five African soldiers and one BNCO. The two African women were wives of colonial workers, one in the Public Works Department (PWD) and the other a

policeman. The civilian dentist was out of town and there was a reciprocal arrangement between the army and civilian dentists to stand in for each other.

Figure 1 Outside the dental centre: from left to right Sgt Tapp, the author, Cpl Sylvanos Oko and Pte Akujuobi.

The policeman's wife at first refused to open her mouth but was persuaded by her husband. When he pointed to the offending tooth, she made a tentative bite at his finger, calling forth a torrent of words from all assembled and a kick or two into the bargain from her husband; subsequent treatment was more easily given. It was a surprise introduction to dentistry in Africa. The following morning, the African woman whose husband had kicked her into submission came in smiling and obediently did all that she was told.

Baxter returned to England a few days later and I was on my own, left to discover how I would take care of the dental health of the soldiers and families of the RWAAFF. In Kaduna, I was responsible for two thousand men in two battalions and several service corps. In Zaria, 50 miles to the north I looked after one thousand men; and in Enugu, nearly 400 miles to the south, another thousand men. The families of these soldiers were also entitled to treatment. I had a completely free hand on how I organised my day's work.

My senior RADC officer was stationed 700 miles away in Accra in the Gold Coast (Ghana). I soon learned the only people from whom I could seek advice were my ever-helpful medical National Service colleagues. In retrospect it is

interesting to reflect that nobody in the RADC Command questioned that a dentist qualified just over a year would be able to manage on his own, especially as the needs of the European servicemen were just as complex in West Africa as they were back home. I soon learned that my senior RADC officer's main preoccupation was how many fillings I did each month. That was paradoxical as I discovered after a few days of seeing African patients that their dentitions were different from those of the Europeans. To all intents and purposes they were absolutely free of caries: very few African soldiers needed any fillings. They had different dental requirements. This was such an obvious fact; I could never understand why my superiors in Accra were always asking me to do more work. There simply was not the demand for treatment of the kind that existed in the UK. I subsequently learned that unless a Nigerian applying to join the army had perfect dentition, he would not be recruited.

There was very little restorative dentistry for me to do. However, I extracted many structurally sound teeth because of very severe periodontal disease, a condition that led to the destruction of most of the supporting bone. Their removal was a very simple procedure. Occasionally, however, a molar tooth would have to be extracted because of a dental abscess arising from rare dental decay. In those cases, the supporting bone securing the teeth in their sockets would be intact and extracting the tooth could entail an elaborate surgical procedure.

There were some special situations. The Africans frequently filed the opposing corners of their upper central incisor teeth at an angle of 45º, to form, for aesthetic reasons, an inverted "V". Little did they realise the damage they were doing. The filing took away the outer protective enamel of the tooth and exposed the underlying dentine leading to the tooth pulp, which often became infected and died. Subsequently an apical abscess developed or a large invasive cyst formed in the bone round the apex of the root of the tooth. I treated these cysts by root filling the tooth, exposing the overlaying bone and removing the lining of the cyst. If I had to extract the tooth, I would replace it with a tooth on a small denture and file the opposing corner of the artificial central incisor tooth to match the original filed tooth.

Nigerians did not have impacted molar teeth that are so familiar in the UK. They usually had big enough jaws to accommodate all their teeth. Also, their teeth are reduced in size by wear caused by eating yams and cassava with associated grit. The wearing away on the interstitial surfaces could be as much as 2-3 mms per tooth, which was equivalent to the mesio-distal length of a third molar, so making adequate room to enable the third molar to erupt correctly into the mouth. A similar explanation would account for dentitions in which four additional premolars developed and erupted and found enough space to function normally.

One day a six-foot tall, robust looking soldier had to have a tooth extracted. After I gave him his injection, he suddenly got up from the chair and said: "Sir, I have strong *ju-ju* to protect me against the metal of my enemy's weapons so, Sir, It's on my belt. I don't want to damage your instruments." He proceeded to

remove a little leather sac tied to his belt with a thong. I thanked him for his consideration.
When the colonial dentist was away, civilians from Kaduna and the surrounding villages would come to the Army Dental Centre for emergency treatment. They were usually straightforward emergencies, but one day I was faced for the first time with a condition I knew I could not treat. A woman in her fifties who spoke no English, and for whom Corporal Sylvanos, translated, said the *ju-ju* doctor had blown white dust into her face and caused a lump to grow in her mouth. She asked if could I get rid of it. I looked in her mouth where there was a large irregular shaped swelling of the palate and back of the mouth. It was a tumour of a kind I did not recognise. I had no alternative but to send her to the civilian hospital and hope somebody there could treat her. I never heard what happened to the lady and she still remains to remind me how limited my skills were.

Availability of materials and output

One of the trials with which I had to contend was the unreliable delivery of essential materials. In my first week at Kaduna I discovered there were no more local anaesthetic cartridges in spite of them having been ordered by my predecessor from the UK many months earlier. The hospital pharmacist told me it would be months before I could expect any to arrive. I borrowed some from Mr Black the civilian dentist. As I was concerned with the prospect of running out again, I wrote home to have a supply sent privately.
Local anaesthetics were not the only shortage. I recall how thankful I was that materials essential for making dentures, ordered from the UK over a year earlier, arrived at the Dental Centre. Each administrative authority blamed the other for their inefficiencies.
When the senior visiting dental officer came from HQ Accra in the Gold Coast, he noted from my records that I was doing a fair amount of minor surgery. He told me I should concentrate on doing fillings and nothing fancy. We can always send anyone in need of surgery, home to England. When I suggested I might be saving the army money, he was dismissive. He also complained that I wasn't doing enough fillings. "It is understood", he said:

Here in West Africa there isn't the same need for dentistry as at home. I know you cannot do the same number of fillings so, when you send in your returns, just multiply the number of fillings you do by three."

I told the colonel that if he wanted the figures altered, he'd have to alter them himself. I would record only the exact amount of work that I did.
When a new colonel arrived at Accra I received a letter from him a month or two before I was due to return home. He referred to my especially low attendance figures and the inevitable "low conservation" returns. I felt irritated by his letter because I believed that during my time in Kaduna I had done all the restorations found to be needed at the regular dental inspections I made of the battalions. I was confident and pleased as a matter of professional pride that the dental

health of the African soldiers for whom I was responsible was well under control. I was never called out for emergency treatment during my 18 months in Nigeria. However, I could not guarantee the same for the European military personnel, as it was mainly left to them and their families to decide if they wanted treatment from me. The colonel wrote:

I am new to this Command and am completely ignorant of local conditions and your trials and tribulations, but I do ask you to do your utmost to step up these figures for fillings, it will ease my burden somewhat and avoid some adverse criticism from the powers that be. It may give you a lead to tell you that the other Dental Centres have brought their monthly averages to over 100 conservations. To be perfectly frank, I see no reason why a daily *average* of six fillings should not be maintained for every working day … Anyway, do your utmost to increase the output. I regret having to make these observations & especially so soon after my arrival, but I can assure you it is not from choice - I get the unenviable task to do & must just do it.

I wrote an immediate reply to explain why I was not able to increase the number of conservations because I had already completed all the treatments that I had discovered were needed.

Itinerant dental officer in Zaria

As well as looking after the dental health of the battalions in Kaduna, I was responsible for the RWAFF training battalion at Zaria, 50 miles to the north by road plus the battalion stationed in Enugu about 400 miles to the south by train. There were between 800 to 1000 African soldiers and 30 European officers and BNCOs at each centre. The big challenge we had was to take all the moveable dental equipment except the heavy adjustable dental chair from Kaduna with us when we visited these battalions. We, also, took along an old fashion pedal drill in case of a power failure. If dentures were needed, we also took all the processing equipment. Cpl Sylvanos Oko, with the help of Pte Akujuobi, very competently made sure everything was packed and I don't ever remember anything being overlooked.

I travelled to Zaria in the cab with the driver of a three-ton truck with Sylvanos and Akujuobi, with the dental equipment in the back of the truck. As we travelled northwards out of Kaduna, the Macadam road ended and was replaced by a sun-baked clay and laterite surfaced road which, as we drove along, left a long pinkish plume of dust to trail behind.

As we travelled north the scenery imperceptibly changed. The trees that had survived the bush fires were larger and patches of cultivation could be seen. There were many more termite anthills of all shapes and sizes: short and tubby, large and fat, tall and shiny and small and shiny. They had an irregular four to six foot wide base and could be six feet or more tall, which one could imagine as the kind of city that would be found in the world of fairies.

On the approach to Zaria the road skirted round the old walled town. The wall, a quarter to a half-mile in length, was constructed of mud that, in many parts,

had crumbled away. Today, Zaria is a picturesque town occupied by the Hausas, ruled over by an Emir who lives in a substantial palace. We drove past the European trading centres and after a short journey came to the officers' mess where I was allocated a circular mud bricked walled building with a thatched roof and all modern conveniences.

In the time available it was impossible to check the dental health of 800 men with the usual 20 minutes needed to make a proper examination. Even sitting a man in a dental chair, adjusting the headrest and the light to look in his mouth and updating his dental chart would take ten minutes. I soon realised that Africans very rarely had decayed or missing teeth of the kind that prevailed in the Army in the UK and their teeth were usually perfectly aligned and worn down, so that it was very easy to see any evidence of decay. So, I devised a very simple procedure for examining the African battalions with the maximum of speed and efficiency, which made sure that any serious dental problem was quickly identified and treated.

While the companies of the battalions were paraded, I stood on a raised platform wearing an operating gown and with the sun behind me. Sylvanos arranged for each soldier to step forward in turn. When they stopped in front of me they opened their mouths. With two clean mirrors I retracted their cheeks, and looked round the lower and then the upper teeth. Any necessary treatment was immediately obvious. I called out to Sylvanos what had to be done and the soldier was given an appointment to be treated by me later.

And then to Enugu

Enugu was 400 miles to the south of Kaduna. I received orders from Headquarters in Accra to undertake a dental inspection of the RWAFF battalion. I was to take Sgt Tapp, the dental technician, a very skilled craftsman.

I had nine days in which to examine 900 men and carry out any treatment, so my professional routine at Enugu was considerably different from that at Kaduna. I started work at 7 am and hoped to complete all the necessary inspections and treatments by 9 am, when I joined my fellow officers for breakfast. By 10 am I returned to the Medical Inspection room, a half-mile walk from the mess, and worked until lunchtime. I gave up my routine afternoon siesta and treated patients for an hour-and-a-half to two hours. It suggests that life must have become very leisurely in Kaduna for RADC officer Brown.

When the senior dental officer in the Gold Coast (Ghana) became ill I was posted there for three months, travelling to treat the battalions in Kumasi and Tamale.

Postscript

When I arrived in Nigeria, I had an insatiable desire to discover all I could about the people and the country. I had plenty of time available to explore because, in Kaduna, we worked only from 8 am until midday. But slowly my energy declined. We all wondered why we felt so enervated. We attributed it to the weather: its sameness, humidity and heat, depending on the time of year. We

blamed the lack of food for our lethargy, for we were disinclined to eat in the hot weather. I suspected the lack of adequate mental stimulus slowed our brains down to match the unchanging environment in which we lived. It was easier to play tennis or hockey or cards than read a book.

During the last few months of my stay in Nigeria, I was exhausted and had an insatiable desire to sleep. I would sleep during the afternoon and was ready for bed at 9.30 pm. It was a struggle to get up in the morning. As the weeks passed I became increasingly passive and docile. By the end of my stay I would not have been surprised if, in looking in the mirror, I saw a cabbage winking his eye back at me. Remarkably I was totally at peace with myself and could have imagined myself sitting quietly in a chair all day watching the world go by as if it was nothing to do with me.

The RADC and the Army

There simply wasn't enough work to justify a full time dental officer in Kaduna. As it was I travelled to Zaria for three days at a time, to Enugu for three weeks and to Lagos; and I was in the Gold Coast for three months. If I could be spared away from Kaduna for all those weeks and there was no dental crisis in Kaduna, it suggests the dental requirements were greatly over-estimated.

However, as critical as I may be about my experience of the army, I gained useful professional experience. More than that, I gained from my time in Nigeria an incalculable depth of knowledge and understanding about a country and its people which has proved to be an invaluable model with which to compare and contrast the British way of life.

The Regular Army was not always happy with having to deal with the National Service conscripts, particularly the older ones. There was no use shouting at us!

However, I had the highest regard for the professional knowledge and skills of my RAMC and RADC National Service conscript colleagues. I suspect the Regular Army greatly benefited from having the services of many highly qualified National Service doctors who, in ordinary circumstances, would never have thought of choosing the army for a career.

My time as a National Service officer in the army was a rewarding experience introducing me, while in West Africa, to a world I had only known in fiction. I am especially grateful to the many soldiers in the Royal West African Army Frontier Force who taught me so much about their country. As a dental officer I gained broad professional insights that helped me to decide my future career. My survival in the army was very dependent on the give and take and understanding that existed between my fellow National Service officers and the support of assisting staff. I was fortunate to travel extensively and experience so much of the rich and varied cultures of West Africa.

Acknowledgement

I want to pay a special tribute to Corporal Sylvanos O Oko. He was responsible for the efficient running of everything to do with dentistry and the army wherever I had to work in Nigeria. I used to receive signals from Accra headquarters telling me when I was to visit the different battalions outside Kaduna. I trusted Sylvanos implicitly to organise the clinics and arrange tours for dental inspections in Zaria or Enugu.