



Perspective article

Regulations on the dental profession of the physicians in Japan before the World War II

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After Japan launched the Meiji Restoration in 1868 (the first year of the Meiji era), the Meiji government initiated a series of modernization reform movements. In terms of the reform of the medical education, the Meiji government accepted the advice of the elites of the Western medicine in Japan at the time and decided to introduce the German medical education system to cultivate their Western medical talents in Japan. The Japanese medical system had accumulated nearly 40 years of experience in modern development, and finally on May 2, 1906 (Meiji 39), the Medical Practitioners Act and the Dental Practitioners Act

were promulgated simultaneously in the form of Bill No. 47 and No. 48, respectively.¹ This was probably the most advanced and complete modern medical legal system in Asia at that time. It also established two independent systems for the medicine and the dentistry, each with its own education, license management, organization, and legal systems. Although both the physicians and the dentists were the legally recognized clinicians, they had completely different training and career development paths.

Interestingly, 10 years later, on September 9, 1916 (Taisho 5), Japan implemented the regulations on the dental profession of the physicians (regarding the physicians obtaining a dental practitioner license) by means of the Ministry of Internal Affairs Order No. 11. This special system allowed the physicians who had received the dental training and had sufficient dental skills to apply to the government for a dental practitioner license to engage in the dental practice.²⁻⁴ At that time, this made the dentistry one of the important courses in the medical education, and also made the dentistry one of the specialties in the physicians' post-graduate medical clinical training. This special system was in effect from 1916 until the end of the World War II in 1945. These nearly 30 years may be the closest period of history between the medical education and the dental education. However, there are few studies that specifically explain the regulatory details of this system. Therefore, we tried to dig out the original provisions of this system through the collection of the relevant historical documents.

This article used the historical research method to unearth the records of the dental profession of the physicians from the relevant documents. The most important document was the Official Gazette No. 1234 published on September 9, 1916 (Taisho 5) (Fig. 1A and B), which announced the regulations on the dental profession of the physicians implemented on September 9 of the same year (Fig. 1C).

According to this official document, the regulations on the dental profession of the physicians were described in the Ministry of Internal Affairs Order No. 11 announced and implemented on September 9, 1916 (Taisho 5). The dental profession claiming of the physicians and other related matters shall be handled in accordance with the following regulations:

Article 1: A physician applying for a license to practice dentistry must submit his dental training records to the Home Secretary via the local governor of the place of residence. The application form referred to in the preceding paragraph shall be accompanied by a certificate issued by the head of a school or institution offering the dental courses, certifying that the applicant has completed the specialized dental training and possesses the corresponding skills.

Article 2: A physician applying for a license to perform metal fillings, inlays, dentures, crowns and bridges, orthodontics, and palate obturators in the dental practice shall also be handled in accordance with the provisions of the preceding article.

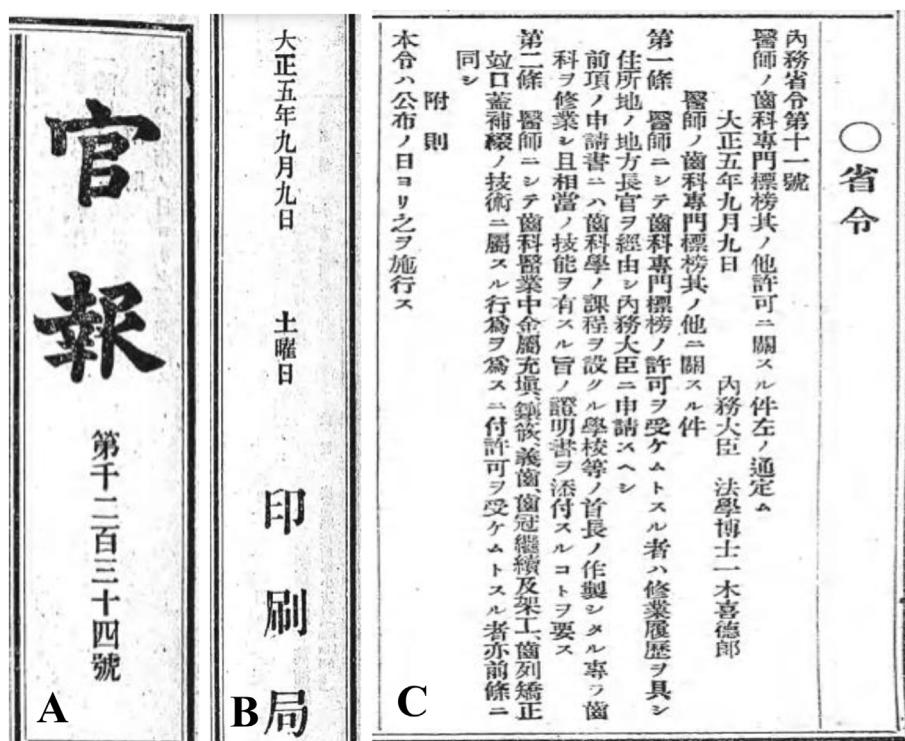


Figure 1 The regulations on the dental profession of the physicians in Japan before the World War II. The Official Gazette No. 1234 published on September 9, 1916 (Taisho 5) (A and B) announced the regulations on the dental profession of the physicians in Japanese kanji and katakana (C). These images were available and accessed from the National Diet Library, Japan (<https://www.ndl.go.jp/>).

According to the regulations, the medical students who had taken the dental courses in the medical school could apply to the government for a license to practice certain parts of the dentistry once they became the physicians, while those physicians who had undergone a more complete post-graduate dental clinical training could claim to have a dental specialty and obtain a full dental practice qualification. However, the original announcement did not specify the time required for the dental training. The Guidelines for the Members of the Tokyo Dental Association published in 1928 (Showa 3) state in a note: According to the internal regulations of the Ministry of Internal Affairs, only graduates from the Tokyo Imperial University Medical Faculty, who have taken the dental lecture, must prove that they have completed at least six months of dental training, while graduates from other medical schools providing the dental lectures must prove that they have completed at least one year of dental training. This indicates that the Tokyo Imperial University Medical Faculty provided more solid undergraduate or postgraduate dental training. Due to the aim of establishing a new academic field of oral and maxillofacial surgery in Japan, the dental classroom of the Tokyo Imperial University was founded in May 1899 (Meiji 32) by Dr. Hisashi Ishihara who graduated from the Tokyo Imperial University Medical Faculty and studied oral surgery and dentistry in Europe and the United States for three years. It was probably the oldest dental education and research institution in Asia with a long history and a great influence on the dental education and field.^{5,6}

Today, there is no such system for the dental profession claiming of the physicians in the contemporary medical education. As the professional skills and knowledge of the physicians and the dentists continue to expand and differentiate, the gap between their education and training is becoming increasingly larger. Currently, many medical schools (including the Tokyo University Medical Faculty) do not offer dental courses to their medical students.^{7–9} However, in addition to dental caries and periodontal diseases, there is an increasing trend for various oral diseases and systemic diseases like odontogenic tumors, oral cancer, autoimmune diseases, and osteoporosis, which may involve oral health and affect men and women of all ages. Despite the growing interest in oral health among the public, many medical students still have low awareness of oral health issues and various dental specialties. We consider that the dental education for the current medical students is of contemporary importance. The dental education will enhance their understanding of the dental profession, and enable them to accurately identify oral diseases and make appropriate referrals in their future medical practice.

Ultimately, these efforts will provide a strong foundation for maintaining their own oral health and improving patient clinical outcomes.¹⁰

Declaration of competing interest

The authors have no conflicts of interest relevant to this article.

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