

# 歯科医史ライブラリー

## 〈資料〉 GHQ/SCAP/PHW 文書

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1945年(昭和20)の太平洋戦争終結から、1952年4月28日のサンフランシスコ講和条約の発効まで日本はGeneral Headquarters Supreme Commander for the Allied Powers＝連合国最高司令官総司令部(GHQ/SCAP)の間接統治下にあった。アメリカ国立公文書館では日本占領期当時の膨大な文書群を所蔵しており、1988～89年度に日本の国立国会図書館は、そのマイクロ化資料を受け入れた。1945年10月2日、GHQ/SCAPの発足とともに公衆衛生福祉局(PHW)が設置されるが、国会図書館憲政資料室が所蔵するGHQ/SCAP/PHW文書は、マイクロフィッシュ5,556枚に及ぶ。同マイクロ化資料から歯科関係の文書をプリントアウトし、テキスト化を図るため再入力して原文書を復元した。ワープロソフトにより、手動タイプライターの標準書体であるパイカ書体を使用して本資料を作成したが、判読不明の文字は“###”で表してある。

GHQの主導および指示のもと、国内8校の歯科医学専門学校の校長や臨床教授、開業歯科医師を委員に「歯科教育審議会」が結成され、1946年(昭和21)4月15日に第1回総会が開催される。PHW歯科主任のDale B. Ridgely(リジレー)中佐は、1945年の9月末から審議会の発足まで、文部省や厚生省の担当官、歯科医専校の校長らと頻繁に面談を重ねた。その会談内容に関しては、逐一“Memorandum for Record”という文書形式により報告書面を残した。また1948年に、日本の歯科界の概要を記した“Reports of Dental Affairs Division”と題する報告書を作成している。

“Memorandum for Record”文書は、List of Papers(文書目録)を標題紙として編綴されているが、3系統の文書群があり、それぞれ①、②、③に分類した。本資料に収録した文書にはList of Papersの番号にアスタリスクを付した。一覧表であるList of Papersを2～3ページに、4～20ページに1945年9月28日付メモランダムから、1947年8月12日付のPHW局長のSams(サムス)大佐あて文書を掲出した。Sams局長あて文書は歯科教育審議会の奥村鶴吉委員長、高橋新次郎幹事の連名によるもので、歯科教育審議会での合議の成果について簡略に纏めたものである。

マイクロ資料にはGHQ/SCAP発足以前のものも含まれており、1945年10月2日付のメモランダムまでは、レターヘッドが“Military Government Section”(軍政局)となっている。

1948年7月10日付文書“Reports of Dental Affairs Division”は、日本の歯科事情についての報告書である。同文書の後に“Annex”として『歯科教育審議会報告書(其一)』英文訳、ならびに和文の『歯科教育審議会報告書』には添付されていない「(四) 歯科医学校の状況」や審議会委員長を務めた奥村鶴吉東京歯科医専校長の挨拶文(英文)を編綴している。「歯科医学校の状況」は戦災による被災状況や教員・学生数、学校の設備、収支などを各校別に一覧表とした歯科医専8校の現況報告である。ただし本資料では、それらを略した。

## List of Papers

## LIST OF PAPERS ①

serial number	from-	date	to-	synopsis
* 1	PH&W	28 Sep 45	M/R	LT.Col.Ridgely in a Conference with members of the Ministry of Public Health and Social Affairs
2	PH&W	29 Sep 45	M/R	Conference with Ministry Officials
* 3	PH&W	5 Oct 45	M/R	Conference with Dr.ONECHI Regarding Dental Supplies and Reports
4	PH&W	7 Oct 45	M/R	Conference with I & E Regarding Dental Hygiene in Grade Schools and Militaristic Tendencies in Dental College
5	PH&W	9 Oct 45	M/R	Conference CAPT. WYMAN re; Dental Service for Foeriegners Awaiting Repatriation,Deemed not Feasible because they are not in Concentrated Area
6	PH&W	9 Oct 45	M/R	Conference with Dental Surgeon USASCOM (COL. WALKER)
7	PH&W	10 Oct 45	M/R	Conference with MR. MORITA, Largest Dental Manufacturer in Japan. Could Double Output if more Materials were Available
* 8	SCAP	11 Oct 45	M/R	Conference with DR. KATO, DR. NISHIMURA, DR.HARADA. -re- allocation of Displaced Dentists
* 9	PH&W	12 Oct 45	M/R	Report of Dental Conditions as Determined by Incomplete
10	PH&W	15 Oct 45	CHIEF,PH&W M/R	Data from Government Agencies and Personal Observation Conference with MR. SHIGETA in which he Agreed to Furnish certain Information re; Dentists, Dental Clinics, and Patients
* 11				Policy Statement of Dental Affairs Section
12	PH&W	23 Oct 45	M/R	Request for Reconversion of Factory(Morita)
13	PH&W	24 Oct 45	M/R	Incidence of Dental Caries Among School Children
14	PH&W	28 Oct 45	M/R	Charter of the Japan Instrument Contorol Association
15	PH&W	29 Oct 45	M/R	List of Reports Received 27 Oct. 1945
16	PH&W	30 Oct 45	M/R	Monthly Report
17	PH&W	2 Nov 45	M/R	Dental Section re; Social Insurance, Industrial Insurance & Seaman's Insurance
18	PH&W	5 Nov 45	M/R	Release of Precious Metals for Dental Purposes
* 19	PH&W	7 Nov 45	M/R	Conference with DR. ONICHI & MR. TSUKAHARA -Deta on the Consumption rate of gold for stated Years
20	PH&W	9 Nov 45	M/R	Request for Import of Dental Equipment
21	PH&W	12 Nov 45	M/R	Ration Method for Gold
22	PH&W	16 Nov 45	M/R	Release of Gold for Dental Use
23	PH&W	16 Nov 45	E&S SECTION M/R	Rehabilitation of Japanese Dentists
24	P.B.LINCENFEL- TER D/D BUREAU OF PUR HEALTH	19 Nov 45	COL.SAMS	Total Number of Dentists in Korea
25	PH&W	20 Nov 45	COL.SAMS	Translation of Letter
26	PH&W	20 Nov 45	COL.SAMS	KAZUO MORI : Permission to open a Dental Office
27	PH&W	12 Dec 45	M/R	Japanese Physicians, Dentists and Pharmacists.
28	PH&W	15 Dec 45	M/R	Release of Ration of Gold
29	PH&W	15 Dec 45	M/R	Dentist Re-established in Practice
...1946		1946		1946
30	PH&W	16 Jan 46	M/R	Rehabilitation of Dentists
31	PH&W	22 Jan 46	M/R	Meeting of Dental Manufacturers and Dealers
32	PH&W	12 Apr 46	M/R	Concurrence Civil Property Custodian(LT. BORWICK)
c/n 6 33	PH&W	19 Apr 46	CPS	Application for Release of Gold Silver and Platinum for Production Use During Second Quarter of 1946
34	PH&W	19 Apr 46	M/R	Release of Precious Metals for the Second Quarter
c/n 2 35	PH&W	30 Apr 46	GPA SCAP	Dental Equipment for BCOF
c/n 2 36	PH&W	22 May 46	M/R	Dental Insurance Report
37	PH&W	5 Jun 46	CPC/GP	Requirement of Gold and Silver for Dental Work
38	PH&W	8 Jun 46	M/R	Production of Dental Materials
39	PH&W	14 Jun 46	M/R	Information on Orthodontist (Dental)
40	PH&W	25 Jun 46	M/R	Meeting with Dental Officials to Discuss Manufacture of Dental Equipment
41	PH&W	28 Jun 46	M/R	Visit to Ikeda Shika Kikai Seisakujo and Ishizuka Shika Kikai Seisakujo

(以下略)

## List of Papers

## LIST OF PAPERS ②

serial number	from-	date	to-	synopsis
* 1	PH&W	1 Oct 45	M/R	Conference of Three Dental Schools
* 2	PH&W	2 Oct 45	M/R	Inspection of Dental Educational facilities(Hon-ku), Lt. Col. DALE B. RIDGELY
3	PH&W	22 Oct 45	M/R	Proposed Inspection Trip to Osaka and Kyoto by Lt. Col. DALE B. RIDGELY
* 4	PH&W	4 Nov 45	M/R	Field Trip 28 Nov.-- 3 Dec. to Osaka and Kyoto by Lt. Col. DALE B. RIDGELY
* 5	PH&W	9 Nov 45	M/R	Inspection of Tokyo Dental School by Lt. Col. DALE B. RIDGELY
6	PH&W	17 Dec 45	M/R	Field Trip to G-C Chemical Laboratory, by Lt. Col. DALE B. RIDGELY
7	PH&W	22 Dec 45	M/R	Field Trip to Ijiri Dental Mfg.Co., Lt. Col. DALE B. RIDGELY
* 8	PH&W	24 Dec 45	M/R	Field Trip Imperial University. Lt. Col. DALE B. RIDGELY
---1946		---1946		---1946
9	PH&W	28 Mar 46	M/R	Field Trip to Northern Kyushu by Lt. Col. DALE B. RIDGELY
10	PH&W	21 Oct 46	M/R	Field Trip to Kyoto and Osaka by Lt. Col. DALE B. RIDGELY
---1947		---1947		---1947
11	PH&W	4 Feb 47	M/R	Field Trip to Chain Dental Clinics and Technicians School, Lt. Col. DALE B. RIDGELY
12	PH&W	18 Mar 47	M/R	Field Trip to Korea, Lt. Col. DALE B. RIDGELY
13	PH&W	14 Oct 47	M/R	Field Trip to Kokura and Osaka, Lt. Col. DALE B. RIDGELY

## LIST OF PAPERS ③

serial number	from-	date	to-	synopsis
* 1	PH&W	19 Oct 45	M/R	Conference with Dr.NAGOA re; Way and Means of improving Dental Education.
* 2	PH&W	25 Oct 45	M/R	Improvement of Dental Education Standards.
* 3	PH&W	6 Nov 45	M/R	Written Confirmation of Proposed Plans for Dental Education from KOTARO TANAKA received.
---1946		---1946		---1946
* 4	PH&W	15 Apr 46	M/R	Formation of Council on Dental Education
* 5	PH&W	21 May 46	M/R	Proposed Dental Curriculum
6	PH&W	18 Jun 46	M/R	Refusal of Kawasaki Heavy Indus- to College Construction
7	PH&W	Aug 46	M/R	Reports of the Council on Dental Education
8	PH&W	2 Aug 46	M/R	Proceedings of the Four General Meeting of the Council on Dental Education
9	PH&W	12 Sep 46	M/R	Report of the Council on Dental Education
* 10	PH&W	30 Oct 46	M/R	Toyo Women's Dental College
* 11	PH&W	4 Nov 46	M/R	English Diagnostic Terms and Clinic Chart for School
---1947		---1947		---1947
* 12	PH&W	3 Jan 47	M/R	Board of Dental Examiners
* 13	PH&W	17 Jan 47	M/R	Dental Education (Interim Program)
* 14	PH&W	28 Mar 47	M/R	Classification of Dental Schools
* 15	PH&W	17 Apr 47	M/R	Meeting of council on Dental Education
* 16	PH&W	23 Jun 47	M/R	Dental Education
* 17	PH&W	30 Jun 47	M/R	National Dental Examination
* 18	PH&W	12 Aug 47	COL.SAMS	Council on Dental Education
19	PH&W	24 Sep 47	M/R	Estimated Cost of Dental Education
20	PH&W	Dec 47	M/R	Penalty for those Involved in National Dental Examination Fraud
21	PH&W	Dec 47	M/R	Fraud in National Dental Examination
---1948		---1948		---1948
22	PH&W	23 Jan 48	M/R	National Dental Examination
23	PH&W	12 Apr 48	M/R	National Dental Examination
---1949		---1949		---1949
24	PH&W	14 Jan 49	M/R	National Medical and Dental Examination
25	PH&W	25 Jun 49	M/R	Establishment of Junior Colleges for Dental Students
26	PH&W	4 Nov 49	M/R	Meeting of the Tokyo Dental College

Memorandum for Record

〈①— 1〉 1945.09.28

MILITARY GOVERNMENT SECTION  
PUBLIC HEALTH AND WELFARE DIVISION

APO 500  
28 Sept 1945

MEMORANDUM FOR THE RECORD:

Lt Col Ridgely in a conference with members of the Ministry Public Health and Social Affairs the following was reported:

1. There are six Dental Colleges for men in Japan.
2. There are two Dental Colleges for women in Japan.
3. There is one Dental College for men partly destroyed.
4. There is one Dental College for women destroyed.
5. Total member of dental students:4,500
6. Length of course is four years.
7. There are 23,500 qualified dentists available in Japan.
8. There were 140 dental manufacturing concerns before the war, at present there are 11 with a 50% pre war capacity output.
9. There were 135 dental supply houses and at present 65, with a 50% pre war output.
10. A request was made the Japanese of all dental reports that they required.
11. The Army and Navy have excess supplies but difficulty is being experienced in getting released.
12. 7,000 dental offices were destroyed in Japan. It is estimated that 30% of these can reestablish practice.
13. 2,000 of the 4,500 dental office in Tokyo are destroyed.
14. Main problem -- lack of supplies.

DALE B. RIDGELY  
Lt Col., D. C.,  
Chief Dental Affairs Section

〈①— 2〉 1945.09.29

MILITARY GOVERNMENT SECTION  
PUBLIC HEALTH AND WELFARE DIVISION  
Dental Affairs Section

29 September 1945

MEMORANDUM FOR RECORD:

Conference with Ministry Officials.  
Full report of dental supply status will be forwarded within a few days.

DALE B. RIDGELY  
Lt Col., DC,  
Chief Dental Affairs Section

Memorandum for Record

〈②- 1〉 1945.10.01

MILITARY GOVERNMENT SECTION  
PUBLIC HEALTH AND WELFARE DIVISION

1 October 1945

MEMORUNDUM FOR RECORD:

1. Reconnaissance of Three Dental Schools made and conference with the Dean of each.
2. Brief summary of findings is being written.

DALE B. RIDGELY  
Lt. Colonel, D. C.  
Chief, Dental  
Affairs Section

〈②- 2〉 1945.10.02

MILITARY GOVERNMENT SECTION  
PUBLIC HEALTH AND WELFARE DIVISION

2 October 1945

MEMORUNDUM FOR RECORD:

SUBJECT: Inspection of Dental Education Facilities (Hon-ku)

1. Nippon Shika Igaku Semmon gakko

Dean-- Dr.Kato

No. students -- 800

Full time instructors -- 35

Part time instructors -- 35

No. chairs in clinics -- 250

No. beds -- 25

Present of damage 33 %

Main complaint -- lack of instruments and government intervention.

Buildings adequate when repaired but poor lighting and police.

2. Nippon Daigaku Shika Igaku Semmon-bu

Dean--

No. students -- 800

Full time staff -- 60

Part time -- 40

No. chairs in clinics -- 150

No. beds -- none

Present damage -- none

Main complaint -- lack of all supplies

3. Tokyo Shika Igaku Semmon gakko

Dean--

No. students -- 800

Full time staff -- 70

Part time staff -- 7

No. chairs in clinics -- 100

no. beds -- 25

Present damage -- negligible

Lack -- Movasain? and hand instruments.

Memorandum for Record

4. Tokyo Koto Shika Igaku Semmon gakko

This schools differs from others in that they have a combined medico-dental curriculum awarding both degrees and completion of six year course.

Dean --

No. students -- 800

Full time staff -- 150

No.chairs in clinics -- before bombing 250 -- now 50

Present damage -- 50%

Lack -- Chairs engines hand pieces.

This is the best of all colleges visited but is sub standard according to American requirements.

BASIC: Name for records will Govt Sect Pub Health & Wel Div,( 2 Oct. 45.)

General remarks:

Professional methods are obsolete but instructors are qualified. Distinct German influence is all schools. Student are all uniformed and culture instructor giving a #stinst militaritie atmosphere.

General police is extremely poor.

Tuitions 200 yen.

DALE B. RIDGELY  
Lt. Col., D. C.  
Chief, Dental Affairs Sect

〈①- 8〉 1945.10.11

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

11 October 1945

MEMORANDUM FOR RECORD

1. Conference with Dr.Kato, Dr.Nishimura, Dr.Harada.
2. Discussed re-allocation of displaced dentists; methods of improving dental education.

DALE B. RIDGLEY  
Lt.Col. DC,  
Chief, Dental Affairs Sub-Section

〈①- 9〉 1945.10.12

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
PUBLIC HEALTH AND WELFARE SECTION  
Dental Affairs sub-Section

12 October 1945

MEMORANDUM FOR RECORD:

TO : Chief, Public Health and Welfare Section

Following is a report of dental conditions as determined by incomplete data from goverment agencies and personal observation.

Memorandum for Record

1. Dental Administration:

a. Industrial Dental Hygiene is under the Sanitary Bureau of the Ministry of Public Health and Social Affairs. This service was impaired during the war but elaborate plan are made for its rejuvenation.

b. Dental Licensure comes under this same Bureau but examinations are held only for foreigners and self-educated applicants. Graduates of recognizes schools are permitted to practice without examination.

c. Dental health insurance participates in the Health Insurance benefits controlled by the insurance Bureau.

d. School Dental Hygiene is under the jurisdiction of Department of Education. Dental Colleges are also under the same Department.

e. The Department of Army and Navy until two years ago received dental care by attaching civilian dentists to organization. From then attached civilians.

2. Supplies & Equipment:

Manufacture of supplies and equipment is at 50% required capacity with normal capacity anticipated with year.

Supplies are rationed and the price controlled through the Dental Materials Control Co. whose President is appointed of Ministry of Public Health and Social Affairs.

Sales for Oct 1942 - March 43 3,627,319.34 Yen

Sales for Oct 1944 - March 45 1,854,927.15 Yen

A small stock of excess Japanese army and navy supplies are available and under control of the Home Ministry.

3. Dental Education:

a. There are six dental colleges for men and two for women in Japan with total 4500 students.

b. The faculties and the physical facilities are adequate but methods and technique are obsolete and sub-standard.

c. One college for women completely destroyed and one college for men 50% damaged.

d. One college (government) is a combined Medico-Dental Scholl both degrees being attainable in six years.

e. The students are uniformed and salute the instructed giving a militaristic air to the college.

f. The text books are obsolete many of which are translations from German.

4. Practitioners:

a. No. dentists in Japan 17,542

b. No. displaced 7,000

c. No. in Military service as soldiers 2,732

d. No. in Military service in profession 292

e. Estimated no. that can be immediately rehabilitated 2,100

f. Most dentists practice in own homes instead of offices buildings.

Memorandum for Record

g. There are many traveling dentists giving service to rural areas whose population has been increased by evacuees.

5. Dental Health:

a. All prior existing sponsored Dental Health programs have broken down during war years.

b. Ninety five percent of school-age children are dental cripples. Mal-nutrition plus lack of care and preventive measure has resulted in national ravage of oral health.

c. "Protruding upper antereoa" (mal occlusion) is a racial characteristic caused by contracted nasal opening resulting in mouth breathing. Sleeping habits also contribute to this abnormality.

General Remarks:

Analysis of the water supply shows a negligible amount of fluorine which is perhaps a contributing factor in the high incidence cavities.

Intervention of the government is evident in all phases of dentistry -- i.e., the schools, the Societies and associations.

DALE B. RIDGELY  
Lt.Col. DC,  
Chief, Dental Affairs  
Sub-Section

〈①-11〉 1945.10.16~22カ

POLICY STATEMENT OF DENTAL AFFAIRS SECTION

Based on the general policy of the Supreme Allied Commander, the policy of the Dental Section of Military Government is as follows:

To issue through Imperial Japanese Government agencies instructions and directive relative to :

- (1) re-allocation of dental personnel in areas of need
- (2) equable distribution of existing dental supplies
- (3) utilization of existing; clinics, laboratories and facilities
- (4) re-establishment of dental education
- (5) functioning of dental societies
- (6) re-establishment of Bureau of Licensure
- (7) manufacture of dental drugs, suppli##a##d equipment



Memorandum for Record

〈③- 1〉 1945.10.19

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
PUBLIC HEALTH AND WELFARE SECTION  
Dental Affairs Sub-Section

19 October 1945

MEMORANDUM FOR RECORD

1. Conference with Dr. Nagao representing Director of Professional Education.
2. Ways and means of improving dental education was discussed.
3. A report will be made after a meeting of College Deans.

DALE B. RIDGELY  
Lt. Col. DC,  
Chief, Dental  
Affairs Sub-Section

〈③- 2〉 1945.10.25

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

25 October 1945

MEMORANDUM FOR RECORD:

SUBJECT: Improvement of Dental Education Standards.

Conference of the Deans of Six Dental Colleges, The Director of Technical Education Department of Education, Dr. Manabe and Lt. Col. Ridgely.

The following changes were proposed and agreed upon:

1. The Dental course proper is to be returned to a full four year course.
2. Two year pre-dental course will be required.
3. Raise course to University standard.
4. Establish two years course for dental hygienists.
5. At least 1 yr. English as pre-requisite.
6. Abolition of militarism.

DALE B. RIDGELY  
Lt. Col. DC,  
Chief, Dental  
Affairs Sub-Section

〈②- 4〉 1945.11.04 (12.04 力)

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

4 November 1945

MEMORANDUM FOR RECORD

SUBJECT: Field Trip 28 Nov. -- 3 Dec.

In accordance with authority contained in Letter Orders, Hdq AFPAC, dated 25 Nov. 45 a field trip to Southern Honshu was started at 2000 hours 27 Nov. and completed 2220 hours 3 Dec 1945.

Memorandum for Record

Shofu Dental Mfg. Co., Kyoto

Products: Artificial porcelain and plastic teeth, cements, carborundum, dental rubbers, metals and acrylic.

This company employs about 50 persons, which before the war exceeded 120, at a minimum wage of 50 yen per month. Labor conditions are not the best and suitable workers are difficult to obtain.

The main product is porcelain teeth with a pre war capacity of 13,000,000 annually, much of which was for export. Due to fuel shortage during the war only a "primary" or "biscuit" bake was undertaken so that now there is on hand a back-log of three years supply of semi-processed teeth. The final baking requires temperatures for which there is insufficient fuel thereby limiting the monthly output to 50,000. This is approximately sufficient to satisfy the present local consumption rate.

The production of plastic teeth is a new undertaking and a market has not as yet been developed for their use.

All products are below American quality but satisfactory to meet Japanese dental standards.

Morita Dental Mfg. Co.

This company is the sole maker of dental units, chairs and air compressor in Japan. They are practically hand-made.

The present capacity is 20 outfits per month. These outfits are sheet-metal imitations of outstanding American heavy cast products.

While the outward appearance is similar, the "innards" and working parts are much inferior to American makes, but they are capable of filling the present need.

Recently permission was granted convert factory #2 from military production to dental production. This conversion will require about three months but will increase the number of units to approximately 70 per month. At this more(rate?) 4 to 5 years will be required to re-equip the dental profession.

Osaka Dental College Infirmary

Address: Saka Makino-mura Kita Kawaguchi, Osaka

Founded 1912

Present number of student 600

Number of professors 50

The infirmary was closed at the time of the visit due to shortage of supplies. Since this is normally the vacation season no students were operating. However, 50 graduates were permitted to work in the clinic because their training was curtailed by the war.

Even though lenient allowances were made for inconveniences resulting from war the clinic was filthy.

One instructor was observed treating a patient without observing even basic fundamentals.

A 10 bed ward operates in conjunction with the infirmary where extraction patients are hospitalized and treated with vitamin B1 injections. In my opinion this is a money making scheme for the school and an attempt to "impress" the patient.

Report of this condition will be made to I & E Section.

DALE B. RIDGELY  
Lt. Col., DC,  
Chief, Dental Affairs  
Sub-Section

Memorandum for Record

〈③— 3〉 1945.11.06

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

6 November 1945

MEMORANDUM FOR RECORD:

Written confirmation proposed plans for dental education from Kotaro Tanaka, Head, Bureau of Education, Ministry of Education was received this date. Discussed further plans with Mr. Ozeki Director of Colleges.

DALE B. RIDGELY  
Lt. Col. DC,  
Chief, Dental  
Affairs Sub-Section

〈②— 5〉 1945.11.09

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

9 November 1945

MEMORANDUM FOR RECORD.

SUBJECT: Inspection of Tokyo Dental School.

Location -- 9 Misakicho 2-Chome Kanda-Ku

Dean -- Dr. Okumura.

1. Training in the basic sciences seems to be of a satisfactory standard. The Heads of the different sections are well qualified men. Although the equipment is obsolete and inadequate many worthwhile research problems are under study.

2. The formulae for new materials are being developed and even the manufacture of certain supplies to meet teaching needs and for utilization in the infirmary is being accomplished.

3. Instruction in clinical subjects is decidedly sub-standard the exception being, the oral surgery section which is well staffed.

4. There is an abundance of clinical material in all types of cases for student instruction.

5. The Pathological department is exceptionally good. The museum especially surpasses most of those in the states.

6. The library which was destroyed in 1923 earthquake is mostly a collection of magazines. No new material has been added since 1936.

7. All the halls and stairs are without lights making it very dangerous for patients to go to the 3rd floor infirmary.

8. The exterior of the building is quite impressive but the space within is poorly utilized.

DALE B. RIDGELY  
Lt. Col., DC,  
Chief, Dental Affairs  
Sub-Section

Memorandum for Record

〈②- 8〉 1945.12.24

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health Welfare Section

24 December 1945

MEMORANDUM FOR RECORD

SUBJECT: Field Trip Imperial University.

The Dental Department of the University is operated to give dental training to medical students. No dental degree is granted. Also post-graduate courses in different dental specialties are conducted for graduates of recognized dental schools.

There is a seven bed ward in conjunction with the dental infirmary. Gun-shot wound, victims and actinomycesis were being treated.

The infirmary is open only in the mornings.

Claim was made that baked porcelain artificial teeth were unobtainable and so experiment was being made of carving them from soap-stone. The reason for this will be investigated.

DALE B. RIDGELY  
Lt. Col., Dental Corps  
Chief, Dental Affairs  
Sub-Section

〈③- 4〉 1946.04.15

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

15 April 1946

MEMORANDUM FOR RECORD:

SUBJECT: Formation of Council on Dental Education.

Place: Room 622 Dai Ichi Building.

Those present were:

Deans of Dental Schools

Drs. Okumura, Kato Shimuju Nakagawa, Nagao, Mawatari.

Ministry of Education

Mr. Matui, Mr. Uei.

Ministry of Welfare

Mr. Kuge, Dr. Oneshi.

C.I.&E - Mr. Keanie,

Practitioners:

Drs. Hasegawa

Takahashi

Inoki

Manabe

Japanese Dental Associate

Dr. Nishimura

The purpose of the organization and the method of operation was explained in detail by Lt.Colonel Ridgely. It was pointed out that members of CI&E, PH&W, Ministry of Welfare

Memorandum for Record

would act as advisors and observers without power of vote.

The channeling of action will be as follows:

Any major problem to be considered will be referred to the appropriate committee which will gather all data relative to the problem and present these with their recommendations to the Council.

When a proposition passes the Council by a majority of votes it will be referred to the appropriate Ministry for consideration and action.

Agenda:

Formation of; Committee on Curricula  
Committee on Textbooks.  
Committee on School Inspections.  
Committee of Licensure and Registration

An election of officials for the Council was held in which Dr. Okumura was named Chairman and Dr. Takahashi was named Secretary.

A Council meeting was scheduled for 22 April 1946.

DALE B. RIDGELY  
Lt. Col. Dental Corps,  
Chief, Dental Affairs Division

〈③— 5〉 1946.05.21

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

21 May 1946

MEMORANDUM FOR RECORD:

SUBJECT: Proposed Dental Curriculum

1. The following program is recommended for dental education:
  - a. That a pre-professional Liberal Arts and Sciences with six semester hours general chemistry; six semester hours biology and courses in English, sociology, economics and psychology be required.
  - b. That the undergraduate courses should be 4 years in length with objective of training students to:
    - (1) Be competent in maintenance of oral health.
    - (2) Cooperate with persons engaged in allied fields of service.
    - (3) Have interest and desire and for continuing education after graduation.
    - (4) Practice dentistry with regard for social economic and ethical relationships.
2. The attached curriculum is designed to accomplish this.

DALE B. RIDGELY  
Lt. Col. Dental Corps,  
Chief, Dental Affairs Division

〈③- 8〉 1946.08.02

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

2 August 1946

MEMORANDUM FOR RECORD:

SUBJECT: Proceedings of the Fourth General Meeting of the Council on Dental Education.

The general meeting of the Council was held on July 29 at the conference room of GHQ, with Dr. Okumura in the chair.

The Council members, Drs. Kato, Mawatari, Okumura, Nagao, Nagamatsu, Yagiu, Mr. Shimizu, Drs. Okino, Yamazaki, Hori, Sugiyama, Enoki, Irimajiri, Nishimura, Masaki, Takahashi, Shibuya, Harada, Manabe, Hasegawa, Mukai were present and Lt.Colonel Ridgely from GHQ, Mr. Matsui from the Education Department, Mr.Kuge and Dr.Onishi from the Welfare Department were also at the meeting. Dr. Nakagawa and Dr. Iizuka.

The Meeting was opened at 2:00 p.m. by the report of Mr.Kuge from the Welfare Department concerning the problem of the National Dental Education.

1. The outline of the report is as follows:

a. The decisions concerning the National Dental Examination which was proposed by the Council were accepted without any amendment by the Finance Ministry and the Bureau of Legislation. Therefore the Imperial Ordinance concerning this subject is expected to be issued and takes effect on September 1.

b. The details of the examination and number of examinations will follows the decisions of the Council.

2. Report of the Committee for collecting the data on the Dental Education Dr. Takahashi, Chairman of the Committee, made a report concerning the following items of the survey:

The name and the location of the School, physical plant, enrollment, library, Admission, instruction, faculty, financial management and supports, and school administration and expects to submit the final report to the Council and Lt.Col. Ridgely during the next month.

3. Report of (d)committee (School Administration, and financial management etc.)

Mr. Shimizu, Chairman of the Committee stated that the meetings were held three times so far but no conclusions were reached and be expects to present the final report of the Committee to the next general meeting of the Council.

4. Report of the committee for the improvement of Dental Practice.

Dr. Harada ,Chairman of the Committee made a report that the meetings were opened three times but no definite conclusions were reached so far and expects to present a concrete plan to the next general meeting of the Council.

5. Report of the (b)Committee, for Curriculum, Faculty, Pedagogics, Textbook. Dr.Irimajiri, Chairman (b)Committee presented the decisions of the committee to the Council of the Committee to and all the items were approved by the Council unanimously. In the discussions, Dr. Enoki proposed to put children Dentistry in the curriculum and it came to the conclusion that the subject will not be placed in the curriculum.

The chairman asked to (b)Committee to prepare an explanation on the contents of the never subjects such as orientation in dentistry, Oral medicine and so forth and in that

Memorandum for Record

explanation stress the importance on the teaching of children dentistry and it will be instructed in each clinical subject.

Before closing the general meeting, the Chairman announced that the next meeting will be held on the 20 September and the Chairman of all special committee are requested to

DALE B. RIDGELY  
Lt. Col. Dental Corps,  
Chief, Dental Affairs Division

〈③-10〉 1946.10.30

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

30 Oct. 1946

MEMORANDUM FOR RECORD:

SUBJECT: Toyo Women's Dental College.

1. This school and infirmary were completely burned out by incendiary bombs in the spring of 1945. Until April this year, the school was temporarily housed in Tochigi Prefecture at which time it was moved to the former 6th Japanese Tank Rediment barracks in Chiba Prefecture. The officials have tenaciously carried on under extreme handicaps.

2. The staff of 12 full-time and 8 part-time professors is inadequate to properly train the 586 students. Equipment is at a minimum and many months will elapse before a sufficient amount is obtainable.

3. The grounds and buildings are ample and capable of meeting Council on Education requirements.

4. Unless additional training is given to the students whose education has been impeded by war, they cannot be expected to successfully pass a reasonable National Board Examination.

DALE B. RIDGELY  
Lt. Col. Dental Corps,  
Chief, Dental Affairs Division

〈③-11〉 1946.11.04

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

4 Nov 1946

MEMORANDUM FOR RECORD:

SUBJECT: English Diagnostic Terms and Clinic Chart for School.

1. Conference with Mr. Yajima of Tokyo Dental College.

2. This division furnished a list of diagnostic and treatment terms in English in addition to a design for a patients' clinic card to be used in Tokyo Dental College.

DALE B. RIDGELY  
Lt. Col. Dental Corps,  
Chief, Dental Affairs Division

Memorandum for Record

〈③-12〉 1947.01.03

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

3 January 1947

MEMORANDUM FOR RECORD:

SUBJECT: Board of Dental Examiners

1. At a meeting of the Board of Dental Examiners held at Kosesho on 24 Dec 1946, it was decided to hold the examination for licensure in April 1947.

2. The written examination is to be held simultaneously at the six major schools throughout the nation, followed by practical examinations held in small increments as facilities will permit.

DALE B. RIDGELY  
Lt. Col. Dental Corps,  
Chief, Dental Affairs Division

〈③-13〉 1947.01.17

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

17 Jan 47

MEMORANDUM FOR RECORD:

SUBJECT: Dental Education

1. Based on the 6-3-3-2-4 plan for Dental Education the following interim program is submitted:

a. Present Semmon Gakko dental schools will be classified by the Momubusho school inspection into "A" and "B" classes after a careful analysis of their physical, financial and faculty standing based on their ability become Daigaku.

b. No class "B" school shall admit students for dental training in 1947 or thereafter.

c. Class "A" schools may admit no more than 120 freshman students in 1947 and in 1948.

d. All graduates of Semmon Gakko schools will be permitted to take the national dental examination for license.

e. All dental schools must be of Daigaku standing three years after the inauguration of the 6-3-3-2-4 plan.

DALE B. RIDGELY  
Lt. Col. Dental Corps,  
Chief, Dental Affairs Division



Memorandum for Record

〈③-14〉 1947.03.28

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

28 March 1947

MEMORANDUM FOR RECORD:

SUBJECT: Classification of Dental Schools

1. At a meeting with representatives of the Mombusho (Matsui, Sakamot, and Tokoi) and the dental school inspectors (Nakagawa, Toyoda and Manabe) reported as being class "B":

- a. Toyo Girls Dental College
- b. Nippon Girls Dental College
- c. Fukuoka Medico-Dental School

By previous agreement schools thus classified shall not be permitted to accept freshmen students during 1947.

2. An effort was made by Matsui to have exception made in the case of the Fukuoka school. This Division refused to make that concession. Matsui said he would have to await decision by the Minister before further action could be taken.

DALE B. RIDGELY  
Lt. Col. Dental Corps,  
Chief, Dental Affairs Division

〈③-15〉 1947.04.17

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

17 April 1947

MEMORANDUM FOR RECORD:

SUBJECT: Meeting of Council on Dental Education

1. At a meeting of the Council on Dental Education held 15 April 1947 the following business was transacted:

- a. The Council is to remain in status quo until the Japan Dental Assn. is recognized and capables of absorbing the Council.
- b. A report of the Inspectors was rendered and the following classification of schools was made: Toyo Womens', Tokyo Womens' and Fukuoka Dental Schools being classed as "B" and the remaining ones as "A".
- c. Establishment of Textbook Revision Committee.
- d. Committee to study procurement of dental supplies for dental schools.
- e. Pedagogics Committee for basic subjects.

DALE B. RIDGELY  
Lt. Col. Dental Corps,  
Chief, Dental Affairs Division

Memorandum for Record

〈③-16〉 1947.06.23

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

DBR/aws  
23 June 1947

MEMORANDUM FOR RECORD:

SUBJECT: Dental Education

1. Consummation of the dental educational program was accomplished 20 June when the Japanese Educational Reform Council by 15 to 14 vote (Chairman Abe rendering the deciding vote) approved it as essentially initiated by this Section in 1945.

DALE B. RIDGELY  
Lt. Col. Dental Corps,  
Chief, Dental Affairs Division

〈③-17〉 1947.06.30

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

30 June 1947

MEMORANDUM FOR RECORD:

SUBJECT: National Dental Examination

1. The first National Dental Examination held in April 1947 resulted in 762 successfully passing out of 1,097 applicants.

2. A grade of 60% is required for passing.

DALE B. RIDGELY  
Lt. Col. DC  
Chief, Dental Affairs Division

〈③-18〉 1947.08.12

Council on Dental Education

Tokyo, August 12, 1947

Col. C.F. Sams,  
Chief, Public Welfare and Health Section,  
SCAP'S G.H.Q

Dear sir,

Sixteen monthes have now elapsed since the Council on Dental Education was organized on the 15th of April in 1946, and we are going to submit our second report to you.

We would like to embrace this opportunity of reporting you in summary what has been accomplished by this Council or put into practice by the Japanese Government on the proposal of this Council during this period.

It is intended to express hereby the deepest gratitude to you on the part of this Council and the Japanese dental circles at large for you kindness giving them contain leadership and endless assistance.

(I) ELEVATION OF THE STATUS OF DENTAL EDUCATION

In this Council, it was considered imperative to promote the dental education of Japan from the former 'Semmon-gakko' level to that of the 'Daigaku' education. This problem, therefore, was solved at the very beginning of the discussion. Two dental college had (Semmon-gakko) in 1946, and three in 1947, #### already opened 6 years' preparatory courses (admitting ### they have finished 6 years' primary school and 3 years' ##### school courses) in ##---##### preparatory education necessa#### ##### 'Daigaku' education. Those who have finished the said preparatory courses are to start the 1st year of the University standard dental course in April 1949, with the result that three years more in all of dental education will be added to the present one.

With the enforcement of the Renovated System of Education, the term of dental education had been under consideration by the Japanese Education Reform Committee belonging to the Cabinet, and it was decided on Jun 20th that years of 'Pre-dental Course' and four years of 'Dental Course' would be established (for those who had finished 6 years of primary school, 3 years of middle school and 3 years of high school courses)

As a temporary measure during the transition period, A class colleges (Semmon-gakko) alone were permitted to invite freshmen only in 1947 and 1948.

(II) IMPROVEMENT OF THE DUALITY OF DENTAL EDUCATION

In the first place, this Council made an investigation into the existing condition of each dental college in May 1946, and made known its whole aspect. Such a thing has never been undertaken before in Japan.

In the second place, the standard or the minimum requirements for dental colleges on the university standard were decided. The curriculum, faculty, library, school- buildings, equipment, principles of management etc. are included among them. It is needless to say that each school is making its best for the completion of its equipment with the above object in view. The present 'Semmon-gakko' is also endeavoring, so far as circumstances allow, to carry out its education in conformity with this decision.

The decisions of this Council were all them adopted intact by the University Accreditation Conference as the standard for establishing the University Standard dental college.

(III) INSPECTION AND CLASSIFICATION OF DENTAL COLLEGE

In Jan, 1947, the Ministry of Education appointed five persons as the members of School-inspection Committee from among those whom this Council had recommended. These members of School-inspection Committee inspected each school and, in accordance with the recommendation made by this council, the Ministry of Education classified the dental college as A and B classes. The classification of the colleges has never before been made in Japan.

(IV) EXECUTION OF STATE EXAMINATION FOR DENTAL LICENSE

Hitherto in Japan, the graduates of dental schools on the 'Semmon-gakko' standard had been qualified to practice dentistry without any official examination. However, the Council found it imperative to enforce state examinations to those graduated from dental schools, and investigations were made as to their method. The result was that in April

1947, the 1st State Examination for dentists including both the written and practical examinations, were carried out by the Welfare Ministry. 1,079 persons took the examinations, and 761 were successful. The percentage of success was 70.627.

(V) ESTABLISHMENT OF DENTAL PEDAGOGIC CONFERENCE

AND FORMATION OF THE GENERAL PRINCIPLES OF INSTRUCTION.

A conference for investigation into the method of teaching basic and clinical subjects, comprising all representatives of the faculty of each school, was formed by this Council with a view to driving home the instruction of each subject. The results of investigation made by the Conference is the compilation of the 'General Principles of Instruction' for each subject directly connected with dentistry and the 'Guide of Clinical Training on Dentistry.' This was an accomplishment long hoped for, but had not yet been realized, and is expected to be of no small contribution to the improvement and advancement of dental education.

(VI) APPOINTMENT OF TEXT-BOOK AND MATERIAL COMMITTEE

Under the present circumstances, it is of almost importance to secure the distribution of properly edited text and reference books ascertain smooth supply of materials for education. Two standing committee have been appointed by this Council for the encouragement and management of the above.

(VII) REQUEST FOR THE REVISION OF THE NATIONAL MEDICAL TREATMENT

At present physicians can, after a certain period of study in clinical dentistry, obtain the sanction of the Welfare Minister, announce themselves as to specialize in dentistry and can practice the same profession as dentists. After taking this matter into consideration, this Council came to the conclusion that such a system should be abrogated, and that those physicians who want to practice dentistry should pass the State Examinations for Dentists and licensed for dental practitioners. It is earnestly requested that this will rapidly be realized.

(VIII) IMPROVEMENT OF THE GENERAL DENTAL PRACTICE

Without the fundamental improvement of the clinical principles usually practised by dental practitioners in general, no actual results will be obtained in the improvement and advancement of dental education. Great emphasis is laid on this point by this Council, and the organized dentistry is expected fully to display its function. This Council has formulated and published the recommendations for the coordination of dental practice and education.

Yours truly

Tsurukichi Okumura, Chairman  
Shinjiro Takahashi, Secretary

## Reports of Dental Affairs Division

GHQ/SCAP Records (RG331, National Archives and Records Service)

(1) Box no. 9327

(2) Folder title/number: (8)

Reports of Dental Affairs Division (September 1945 to July 1948)

(3) Date: Sept.1946- July 1948

DBR/pb

10 July 1948

1. Introduction and Background
2. Development of Dentistry in Japan
3. Dental Administration
4. Dental Legislation
5. Number and Distribution of Dentists
6. Council on Dental Education
7. Manufacture of Dental Supplies
8. Dental Associations
9. Dental Publications
10. Dental Schools
11. Dental Diseases
12. Dental Insurance
13. Dentistry in Japanese Army
14. Dental Hygiene

### Annex

Proceedings of Council on Dental Education.

Minimum Requirements for Dental Schools.

Summary of Reformation of Dental Education.

Survey of Dental Schools.

## Reports of Dental Affairs Division

### Introduction and background

Long before the cessation of hostilities on V-J Day the Civil Affairs Division in Washington, D. C. had a definite plan for the occupation of Japan. This plan was based on invasion and it was to be placed in operation in the wake up of the conquering army. Brig. General Crawford F Sams, then Colonel Sams, under the provisions of plan organized the Public Health Section of Civil Affairs and at the same time conducted, in Washington D. C., a month's orientation for Division Chiefs as to future operations of the Section in enemy territory.

This group enplaned from Washington in August 1945 and one week later opened offices in the City Hall of Manila, PI, where additional personnel were recruited.

On 30 August 1945, General MacArthur landed at Atsugi Airfield and established his headquarters on a wartime basis. The first two directives issued provided for surrender and disarmament of all Japanese Forces wherever located, and for prompt establishment of occupation forces in designated areas.

In September the Section moved to Tokyo and established offices in the Dai Ichi Building.

The surrender necessitated a revision of the original plan. Consequently, on 2 October 1945, the situation in Japan was deemed well enough under control to proceed with the Allied reconstruction policy. On that date General Headquarters of the Supreme Commander for the Allied Powers (called GHQ, SCAP) was established. General Order No.1 abolished the interim military government in Japan and replaced it with SCAP. Subsequent General Orders created fourteen special staff sections to function as advisors to General MacArthur on policies for Japan and Korea.

Public Health and Welfare Section was established by General Order #7, dated 2 October 1945 to advise the Supreme Commander for the Allied Powers on policies relating to Public Health and Welfare problem in Japan and Korea.

Unnumbered Section Memorandum dated 6 October 1945 established twelve divisions and outlined their function and mission, namely: Welfare, Nursing Affairs, Dental Affairs, Veterinary Affairs, Hospital Administration, Supply, Preventive Medicine, Administration, and Translators, Vital Statistics, Narcotics Control and Social Security.

The mission and function of the Dental Affairs Division is to:

Advise the Section Chief on all matters pertaining to civil dental affairs.

Obtain information regarding the qualifications and distribution of practitioners, collect data relative to bombed out dentists and their degree of rehabilitation.

Survey all dental schools obtaining all data as to enrollment, faculty, floor space, textbooks, equipment, libraries, laboratories, infirmaries, amount and quality of clinical instruction, income and expenditures.

Direct and guide all deliberations of the Council on Dental Education regarding raising the standards, revision of textbooks, improving the curricula.

Assist the Ministry of Education in the selection of school inspectors and instructs them in their duty.

Reports of Dental Affairs Division

Aids in selection of and instruction to the Dental Board of Examiners.

Direct revision of dental organizations so they might operate along free and democratic lines.

Advise the Chief of Supply Division on shortages or mal-distribution of native dental supplies and estimate import requirements of dental supplies and equipment.

Survey dental manufacturing determining the amount and quality of products. Recommend quarterly allotment of all gold, silver and platinum to be used for dental purposes.

Supervises the revision of laws governing Dental practice.

Due to Language difficulties and national as well as geographical isolation, Japanese Dentistry is not well known to the outside world.

In order to have a clear understanding of the difficulties and problems encountered in rehabilitating a profession on a national scale in a defeated country whose economy is destroyed, whose resources are exhausted, whose people are entirely demoralized and resistant to change, it is necessary to picture conditions as we found them in Japan in September 1945.

As so often happens during war, buildings and institutions other than strictly military installations are often destroyed. In Japan this was particularly true. Dental offices, schools and factories often suffered the ravages of the spreading inferno caused by the wide use of incendiary bombs on congested areas of tinder-like buildings constructed of wood, paper, and thatched roofs.

Before the regular visits of our B-29's began to change the mode of living in Japan, there were eleven dental schools. Now there remains only two that were undamaged. The Tokyo Women's Dental College was completely destroyed in the holocaust of May 1945.

Approximately six thousand dentists were burned out or displaced by air raids. Out of the one hundred forty dental manufacturing concerns only eleven remained. Most records were non-existent or had been destroyed by fire.

As a result of the ten year war economy the school hygiene program had been curtailed.

Shortages of food, fuel and other materials which had been largely consumed by ten-year war effort also added to our difficulties.

But the greatest single factor to contribute to the confusion was the reading of the Imperial Rescript by the Emperor in person. Never before had these people heard his voice and it left them completely stupefied. It is difficult to imagine what havoc the failure to produce victory for Emperor played on the morale of these feudalistic people.

Revising and reviving a profession in any country is a task that is freight with objections and difficulties from many sources. Our job was made easier by the fact that here, where chaos reigned and confidence in their government had waned, people grasped at the opportunity to follow American leadership.

Development of Dentistry in Japan

In early times, for the most part, the healing art in Japan was patterned after methods originating in China. These methods were expanded and improved upon so that during the Tokugawa Shogunate are practitioners classed as stomatologists treated diseases of the mouth, while "technical dentists" extracted teeth and made artificial ones. Western culture was given a great impetus and learning was enhanced by the introduction of foreign dentists.

The first American dentist, Dr. Wm. Clarke Eastlake, to open an office in Japan practiced eight years in Yokohama. He was soon followed by Drs. Eliot, Polkins and others whose early influence is still evident among the older dentists here.

Dr. Izawa, a native, after graduation from Harvard returned to Japan and contributed to the development of dentistry by publishing textbooks and delivering scientific lectures.

Dr. Takayama, another Japanese dentist, after studying in San Francisco, returned to his homeland and founded the first dental school in the country in 1890.

The government, having no definite policy at first, was perplexed as to whether it should imitate Austrian and Italian schools where dentistry was treated as stomatology, a branch of medicine, or to adopt the American system which treats dentistry as an independent profession. The government finally in 1903, chose the former method and established a chair of dentistry in some medical schools. Past graduates of these schools recognized by the Ministry, are still permitted to practice dentistry but future practitioners can only be licensed after graduation from regularly approved dental schools.

Later, professional education practice was dominated by the influx of German instructors and the adoption of German as the scientific language. Many students were sent to Germany to complete their education.

Practitioners who returned to Japan after being trained in America, with few exceptions, were unable to maintain their high standards, because of economic competition.

From these meager beginnings of individual instruction and apprenticeships through the narrow restricted years of nationalism, followed by overwhelming German influence, gradually evolved the system of dental education and practice as existed up until the time of the occupation of Japan by our troops.



## Reports of Dental Affairs Division

### Dental Administration

A section for general medical administration was first opened in the Department of Education in 1872. This was changed to the Medical Bureau in 1873. In 1875, the Medical Bureau was transferred to the Department of Home Affairs. General medical administration remained with the Bureau, while medical education was retained by the Department of Education.

Dentistry was separated from medicine in 1883 and for many years was under the jurisdiction of the Central Sanitary Bureau of the Department of Home Affairs.

After many reorganizations of government agencies, dental education still remains as a responsibility of the Bureau of Technical Education in the Ministry of Education, and the School Oral Hygiene program remains in the Physical Education Bureau of the same Ministry, while other matters of administration such as registration and licensure now come under the Bureau of Medical Treatment in the Ministry of Welfare.

Until recently many of the Bureaus in both Ministries were headed by laymen or lawyers which often resulted in a lack of clear understanding of medical problems.

By devious machinations, the government had become so involved in the Japanese Dental Association, that it utilized this organization in a quasi-governmental capacity to administer many of its policies and programs. To eliminate this practice it became necessary for SCAP to reorganize the Japanese Dental Association.

DBR/pb

3 June 1948

### Dental Registration

Unquestionable recognition was given the dental profession by promulgation of the Dentist Law on May 1906. This law has been revised several times. In 1942, the Medical Law and the Dental Law were merged into the National Medical Treatment Act #70. This was done to facilitate the war effort.

Imperial and ministerial ordinances necessary to implement the law. Frequent revisions of these ordinances resulted in increased control activities by the government.

Following the occupation, PH&W aided in revising the laws and ordinances in order to facilitate recommended program of reforms in education, examinations and licensing.

In 1948 the Medical Treatment Act was abrogated and the new law governing dental practice was passed.

Two essential changes were deemed necessary in the new law -- one prohibiting dentists from signing death certificates, the other prohibiting physicians practicing dentistry unless graduates of a dental school.

At the same session of the Diet a law authorizing and governing dental hygienists was promulgated.

Reports of Dental Affairs Division

Number and Distribution of Japanese Dentists

In April, 1948, there were 23,391 dentists in Japan. This figure includes those engaged in teaching and administration and those who are inactive for various reasons. While the ratio of dentists to population is insufficient (as compared to U.S. 1:2000) and the distribution in some areas is inadequate to render all necessary treatment, still there are enough to care for the urgent cases. And, because of inflated prices and the high cost of living, only this type of treatment is being requested by patients at the present time.

The distribution of dentists throughout the country varies greatly with the national ratio in different prefectures, as is shown in the table below :

<u>Prefecture</u>	<u>Distribution of Dentists</u>	
	<u>Population</u>	<u>No. of Dentists</u>
Aichi	3,123,140	994
Akita	1,257,432	181
Aomori	1,180,026	193
Chiba	2,112,853	493
Ehime	1,453,625	267
Fukui	726,304	123
Fukuoka	3,177,330	815
Fukushima	1,992,315	305
Gifu	1,493,550	288
Gumma	1,572,784	269
Hiroshima	2,011,649	487
Hokkaido	3,852,850	751
Hyogo	3,056,018	993
Ibaraki	2,013,299	387
Ishikawa	927,173	177
Iwate	1,261,466	149
Kagawa	917,765	195
Kagoshima	1,746,472	268
Kanagawa	2,217,772	708
Kochi	848,312	133
Kumamoto	1,767,513	289
Kyoto	1,738,820	507
Mie	1,416,286	307
Miyagi	1,565,936	242
Miyazaki	1,025,430	154
Nagano	2,059,495	407
Nagasaki	1,531,207	291
Nara	719,889	152
Niigata	2,418,292	435
Oita	1,233,683	209
Okayama	1,619,622	418

Reports of Dental Affairs Division

<u>Prefecture</u>	<u>Population</u>	<u>No. of Dentists</u>
Osaka	3,335,515	1,491
Saga	917,336	170
Saitama	2,100,034	426
Shiga	857,902	118
Shimane	894,357	158
shizuoka	2,352,412	581
Tochigi	1,533,966	273
Tokushima	854,209	152
Tokyo	4,997,666	4,323
Tottori	587,613	118
Toyama	979,058	152
Wakayama	960,021	194
Yamagata	1,336,133	192
Yamaguchi	1,479,640	335
Yamanashi	807,181	169

Five thousand, nine hundred and eighty-six dentists throughout the country lost their offices by the bombing of 1945 (nearly 1/4 of all the dentists in the nation). In Tokyo alone, 2,392 dentists were burned out (about 1/2 of the cities' dentists).

Many dentists fled the provinces during the war and were prohibited from returning to their offices as a penalty for deserting their practice. These displacements caused a hardship for those seeking treatment in the cities, but did give a service to the rural areas which had not ever been available prior to this time.

At this time, as in every country, dentists have a tendency to locate in areas of great population density. In Japan it is necessary for the government to subsidize in order that a dental service may be made available to rural areas.

One thousand two hundred dentists are being graduated each year with an annual attrition of about two hundred. In addition many are being repatriated from former Japanese possessions. This means that unless same means are taken to curb this increase the saturation point will shortly be reached.

While increasing the length of the school courses did not materially reduce the number student applications this year, it is expected that as the courses are made more thorough and the national examinations become more difficult fewer students will desire to study dentistry, thereby equalizing supply and demand.

Reports of Dental Affairs Division

Council on Dental Education

It was early 1946 before improvement was noticed in the morale of these stunned people. At this time, recovery had reached a point where it was feasible to instigate some dental reforms. Consequently, under the direction and guidance of Public Health and Welfare, SCAP, a Council on Dental Education was formed.

In order to be assured of efficient and qualified members for the Council, leading practitioners and educators were selected.

The following agenda was placed before the Council for necessary action :

1. Raising dental schools to university (Daigaku) standards.
2. Establishment of a co-educational system.
3. Revision of textbooks.
4. Revision of entire curriculum.
5. Establishment of National Board of Dental Examination.
6. Appointment of school Inspectors.
7. Establishment of Board of Registration and Licensure.

By diligent and harmonious efforts the Council finished the major portion of its work in four months, so that the necessary legislation had been passed and was effective as of 1 September 1946.

These reforms are the most far-reaching that could be imposed on a dental education system in a country that is completely bankrupt. Difficulty in implementing this program and in maintaining surveillance to see that these provisions are carried out is well realized. The success of the entire program depends upon the degree of compliance.

A lack of qualified instructors will handicap the program, but classes in pedagogics for instructors were held in order to acquaint them with the newer subjects added to the curriculum and in newer methods teaching.

As a result of the action of this Council the first national dental examination, as a prerequisite to licensure, was held in 1947. Twelve hundred candidates appeared before the board.

Because of the impotency of the Japan Dental Association, the Council remained as a separate body until May 1948, after the Japan Dental Association reorganized.

Manufacture of Dental Materia

Dentistry of a sort was practiced in Japan prior to the Meiji era (1868) and the materials used were those improvised from essential daily needs.

Although, western dentistry made its advent in this country at about this time, it was not until 1874 that the first shipment of dental goods was imported from the United States.

The increases in the number of dentists and the advancement of the profession throughout the nation resulted in an enormous import program. Thoughtful persons, stimulated by the tremendous profits, began to study manufacturing of various dental materials so that domestically produced goods made rapid progress throughout the country.

As a hold-over from feudalistic days many guild-like home industries sprang up where the entire staff consisted of man and wife, and the factory covered an area of no more than 70 or 100 square feet. These family enterprises often specialized in just one type of product or instrument. For instance, one home factory might make 1,000 hand instruments a month and nothing else. Another family in another part of the city would perhaps sharpen or nickel plate them. Yet it was just this sort of patient, industrious effort, inefficient though it is, that enabled dental manufacturing to flourish in Japan. This type of manufacturing still remains.

The manufacture of porcelain teeth was enhanced by the fact that Japan had an ample supply of high-quality porcelain and the fact that ceramics, since olden days, has been an art of distinction in Japan.

The great earthquake of 1923 destroyed most of the dental manufacturing plants in the Kanto district. Large quantities of dental materials were presented as relief gifts to the Japanese people by the United States, and for some time thereafter the importation of foreign goods continued.

Cements, dental rubbers, compounds and waxes were developed quite extensively after World War I when prices on imported goods were high and materials scarce. Most of these goods were inferior imitations of foreign products and could not be popularized, though the price was low, because they could not be used on patients with confidence.

The sudden drop of Japanese yen in exchange value in the early 30's made foreign materials enormously expensive. In order to encourage internal production of medical and dental materials the Home Ministry formed the Pharmaceutical Development Advisory Council, and the Japan Dental Material Associations. Specification standards were set for fourteen essential dental items and production stimulated. The government therefore advocated very strongly the use of "Made in Japan" goods, so that with the exception of a few special articles, they replaced foreign goods.

The Japanese manufactures were highly gratified with this situation. The joy which came in return for their efforts became the impetus further development of their products and factories. The conviction was even created in the minds of some that their products were not inferior to imported goods.

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Accelerated by this surplus production they found ready markets throughout Asia. Furthermore, Japanese materials, because of lowered price, found outlets in Europe, Africa, and the Americas, thus changing Japan from an importing nation to an exporting one.

Gold rationing for only essential medical and dental purposes was instigated by the Ministry of Finance in 1938. Later, gold was prohibited from leaving the country and the price was greatly elevated. This necessitated the introduction of many alloys. Due to the long war in China, the supply of raw materials failed to meet the demand and stock piles dwindled. This unbalance brought about government control of production and distribution.

At the end of the recent Pacific war, only 11 of the 140 factories remained. Fortunately, they were the larger ones and are capable of producing 50% of the pre-war output, but scarcity of materials, transportation, and fuel plus labor trouble prevented rapid recovery.

However, now three years after the cessation of hostilities there are 84 plants making dental instruments and 102 making dental materials. These factories employ about 900 people or an average of about 5 each.

While there is sufficient quantity of dental supplies available now, the price is high and the quality poor.

Until an import-export program is established so that sorely needed goods and raw materials can be obtained, the dental profession will have to content with inferior substitutes.

### Dental Associations

From the very beginning, dentists in Japan have had organizations among themselves. However, in 1903 they formed the Japan Dentists' Association. It was reorganized the following year so as to enable it to govern properly the Prefectural Dental Societies and in 1907 it was renamed the Dental Federation of Japan.

Through strenuous efforts, the Dental Law and subordinate regulations were promulgated, legally establishing the Federation in 1926.

As a result of the above revision, the Dental Federation, hitherto a private body, changed its name to the Japan Dental Association, and legally became a juridical person.

Dental Societies in territories outside the homeland, Heretofore belonging to the Federation, were excluded from membership in the new Association.

Law and Imperial Ordinance provided for jurisdiction as follows:

#### a. Prefectural Dental Societies.

The law provided for the "compulsory" formation of dental societies in every prefecture. All dentists practicing in a locality must join the Society and are not permitted withdraw from it.

#### b. Japan Dental Association

The J.D.A. is a federation of prefectural societies in Japan, and has juridical

identity. It controls the constituent societies and manages the international affairs concerning dentistry in general.

Its aim as translated from its charter, was promote the improvement and advancement of medical treatment and cooperate in carrying out "state policy".

Unlike America, where membership in the A.D.A. implies that the person is a reputable and qualified practitioner, Japan had compulsory membership, which had the effect, in many cases at least, of approving many unworthy persons. These persons became entitled to the same benefits as did reputable members.

Dentists were rated 1st, 2nd or 3rd class, according to income. Membership fees were levied on this basis instead of on the amount of benefit the society offered.

Officials of the Association were elected for a 3-year term and could succeed themselves in office. One president held office continuously for 26 years. This system tended to stifle the ambition of other worthy candidates and led to a stagnation of administration.

The government had become so entrenched in Association activities that the Association was actually a quasi-governmental agency. The Association was directly subsidized by the government to exercise distribution control of dental materials and precious metals and to administer the dental insurance and dental relief programs. Since large sums are paid to the Association for performing the functions which rightfully belong to the government, the government assumed the prerogative of dictating Association policies.

The Association had the following departments

General Affairs

Education

Social Welfare

Supply

Insurance.

The Association had no official magazine and did not hold scientific meetings. Its chief function was to distribute gold and critical supplies and administer one business affairs of the social insurance program.

From the foregoing, it can readily be seen that much revision was necessary in order to democratize the Association and restore it to its proper place in the professional world. Heretofore, members did not feel free, because of government domination, to express themselves regarding any change. For that reason, SCAP deemed it advisable to reorganize the Association.

The association was given every opportunity through its own efforts to eliminate the undesirable features of its constitution. Failure to understand the working of its new-found democracy resulted in a long delay in reformation. Finally the Medical Treatment Act was revised by the Diet to permit dissolution of the Association on 1 November 1947. Incorporation of the Association into a juridical body is now provided the civil code.

During the interim between dissolution and reorganization of the national association,

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the prefectural and other constituent societies were reformed and new officers elected.

The new constitution eliminated all features of the former Association found objectionable SCAP.

At a recent meeting the Council of Dental Education which had been operating as a separate organization was absorbed by the J.D.A.

There exists many dental organizations throughout the country, designed to fit every purpose. Some are for scientific research, some are for advancement of certain specialities, and some for mutual welfare. Of these, some are nation-wide in scope, some are organized by localities and some represent certain dental colleges or hospitals. But all are of minor importance and are of dubious value. It is planned to consolidate these with the J.D.A. into one worthwhile organization.

A National Dental Congress was held in Tokyo, under the auspices of J.D.A., for three days beginning 16 May this year. This was the first country-wide gathering of dentists in Japan for the advancement of dental science. American military dentists participated by giving lectures and clinics. Hitherto, the Medical Congress was held every four years in which there was a small section devoted to dentistry.

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2 June 1948

### Dental Publication

At one time dental magazines and journal were being published by every school and by several local societies, but with the advent of war, these publications were curtailed.

Four magazines have been revived with a combined circulation of about 10,000, and they are privately owned.

The Japan Dental Association has no official organ for the dissemination of scientific information, but plans are made for starting publication of a regular journal when the paper shortage is relieved.

There is a constant demand by the Japanese for the latest dental periodicals from America.



Dental Schools

Prior to Pearl Harbor, there were twelve dental schools in the Japanese Empire, eleven in the homeland and one in Korea. Out of these twelve, nine were of Semmon Gakko (secondary) standard and three were inferior schools not approved by the Ministry of Education.

Requirement for admission to the Semmon Gakko schools are completion of six years of elementary training plus five years in middle school. Following four years of professional training in the Semmon Gakko, graduates were granted a license to practice without examination.

Schools classed as unrecognized by the Ministry of Education have essentially the same prerequisites, but only require three years of professional training. Graduates of these schools and those who studied at home or under apprenticeships were required to take an examination given by the Ministry of Welfare. These unrecognized schools were privately, owned and were generally operated as night schools under the same management as the Semmon Gakko.

Following the war only eight schools remained in the homeland, two of which are for females. Of these eight only two survived the war unscathed. One School and its infirmary were completely demolished and other up to 75% destroyed. A list of the remaining dental schools' follows:

- \* Tokyo Dental College
- \* Nippon Dental College
- \* Osaka Dental College
- Toyo Women's Dental College
- \* Nippon University Dental College
- \* Tokyo Medico Dental College
- (Under the management of Ministry of Education)
- Fukuoka Medico Dental College
- (Under the management of Fukuoka Prefecture)
- Nippon Women's Dental College

The buildings of those remaining rather good but the arrangement of class-rooms, laboratories and infirmaries leave much to be desired. Schools designed to accommodate classes of 50-60 students were actually taking as many as 200 in each class. There is no heat and lighting is exceedingly poor. Gas and water are still off in some schools. All equipment is broken or has deteriorated and materials even of poor quality are scarce.

At the conclusion of war, not only the physical plants of the schools were damaged, but the faculties had been reduced, the courses condensed, the students rushed into military service or into war plants. One School carried on after being destroyed by continuing the academic courses in adjacent buildings and apprenticing the students to practitioners for a period of two years.

Many deficiencies in the educational system existed. For instance, there was one

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standard for schools for males and a much lower one for schools for females. Militarism flourished in all schools. Irrelevant subjects were substituted for professional ones, and a disproportionate number of hours were allotted minor subjects, as is shown by the accompanying table. (Table B)

In general, the quality of instruction, particularly in technical subjects, is decidedly sub-standard as compared to American method. Most operative and prosthetic methods taught in the schools here were obsolete in the States 30 years ago. For instance, arsenic is still used universally as a devitalizing medium and in tremendous quantities.

In many cases it is used for devitalizing purposes preparatory to operative procedures in lieu of recognized anaesthetic. Operative procedure universally consist of devitalization and insertion of gold or nickle-chrome alloy shell or open face crown. Such things as outline form, extension for prevention, and contact points are entirely foreign to them. Dissection is prohibited by law, so anatomy is taught by demonstration on models.

In prosthetics, too, the methods are not only obsolete, but inferior. Of course, materials are scarce and inferior and allowances are made for this handicap, but poor results cannot be explained by that alone. Clasps are made to cover nearly the entire tooth. No occlusal rests are used. Oftentimes, one lone remaining tooth is clasped in cases where a full denture is indicated. No thought is given to the design of case. Full dentures are made over exposed residual roots. Crowns are always used as attachments for bridges. Very little actual clinical practice is given the students. Instead, the demonstration method is used for teaching purposes. From the above it was obvious that the standard of dentistry that was taught and practiced in Japan needed to be changed. This was done by the Council on Dental Education, which set minimum standards to be attained by schools in order to be classed as Dai gaku (university).

In 1946 two dental schools were raised to this standard, each establishing its own pre-dental course and in 1947 three more were granted this rating by the Ministry of Education. Those schools which have been so rated are marked with an asterisk in the list above, the remaining ones being forbidden to take new students until they attain such standard.

TABLE B

(Subject)	Curriculum (Total number of school hours)
Civics	280
Mathematics, Physics and Chemistry	180
Biology	70
Languages	455
Physical training	280
<u>Fundamental Medicine</u>	
Anatomy	315
Physiology & Biochemistry	315
Pathology	350

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Pharmacology	120
<u>Clinical Medicine</u>	
Internal medicine	210
Surgery	210
Pediatrics	20
Dermatology & Urology	16
Oto-rhino-laryngology	35
Radiology	35
Oral-surgery	70
Dental-surgery	35
Dental-conservation	315
Dental-prosthesis	700
Dental-orthopedy	105
<u>Social Medicine</u>	
Hygiene	70
legal-medicines	20
Medical-laws	20
<u>Dental Clinical practice</u>	954
TOTAL	5,180

## Dental Diseases

The incidence of dental caries in Japan has been reported by several investigators over a period or several years with wide variance in the findings. These variations in report have not been satisfactorily explained so that an accurate appraisal and definite conclusions are difficult to obtain on the basis of existing information.

Following is a report made in 1939 by Dr. Mukai

### Incidence of Dental Caries among children by Age

Age	Male		Female	
	Number	Per cent	Number	Per cent
6- 7	40,957	90.35	39,415	89.71
7- 8	38,298	89.82	37,257	90.66
8- 9	37,462	88.59	36,239	89.26
9-10	36,947	85.79	35,747	85.51
10-11	36,302	80.53	35,330	78.29
11-12	35,166	70.86	33,523	71.75
12-13	21,073	62.41	15,533	65.30
13-14	15,069	57.29	10,584	65.11
Average		78.21		79.44

In 1940, the School Dentists' Federation of Japan examined more than 230 thousand

children in certain specific districts throughout Japan with the following results:

1. Incidence of caries of the deciduous teeth in six year old children.

Boys: 91.97% of those living in the cities, 86.00% in the towns, and 81.58% in the villages.

Girls: 92.53% in the cities, 87.27% in the towns, and 80.94% in the villages.

2. Incidence of caries of the permanent teeth in eleven-year old children.

Boys: 69.26% of those who live in the cities, 57.90% in the towns, and 46.68% in the villages.

Girls: 71.53% in the cities, 62.93% in the towns and 50.70% in the villages.

Actinomycosis in humans, which is seldom seen by dentists in the States is quite prevalent in Japan. The wide use of raw rice and wheat straw for mats, articles of wearing apparel, furniture, etc., is no doubt responsible for the spread of this disease.

Mottled enamel caused by excess free fluorine in drinking water is rather extensive in certain parts of the country particularly in regions of volcanic activity.

#### Dental Insurance

In some respects Japan is ahead of America in the field of social health insurance. Dental insurance plays an important role in the social health program of the nation. The majority of the several types of social insurance have provisions for dental benefits.

The employees Health Insurance law became effective 1 January 1927. The program is administered by the government and by insurance societies. This insurance is compulsory for all persons whose income does not exceed ¥7,200 per year and for all industries employing five or more persons.

Benefits paid average about 60% of the total fee, and include all types of dental service, except that there are certain restrictions on prosthetics.

Contract agreements are made between the government and insurance societies and the Japanese Dental Association which is responsible for the professional and fiscal part of the program.

All dentists are forced to take insurance cases so that the insured may choose any practitioner he desires.

Fee schedules are set by the Ministry of Welfare and are extremely small consequently the type of service rendered is of comparable caliber.

At present there are 628 societies offering this type of insurance to 13 million of their members.

The National Health Insurance law became effective in 1938 and is essentially the same as the foregoing except that membership is not compulsory for any certain class. It is optional for everyone who is not otherwise insured. In this category at present there are 10,432 societies with 43,497,088 insured.

In addition to these, the Seamen's Health Insurance and Accident Aid have contracts

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with the J.D.A. to furnish treatment to laborers under certain conditions, but the amount of dental treatment rendered is very small.

### Summary of Dental Treatments Under Combined Insurance Program for 6-Year Period

	1940	1941	1942	1943	1944	1945
No. persons treated	912,799	868,597	960,178	1,008,661	567,733	158,910
No. of treatments	896,228	869,035	909,708	868,610	765,010	195,480
Fillings	709,424	789,864	819,525	690,910	612,090	180,800
Extractions	342,440	428,070	428,710	340,540	398,505	107,200
Amounts Pd.	3,271,777	3,756,824	4,328,648	3,949,899	1,846,958	969,641

The Daily Life Security Law promulgated 1 October 1946 provides medical and dental care for the indigent and low income groups. Under this law patients have the privilege of seeking the services of the dentist their choice.

The entire health insurance system is undergoing many changes and will when completed put the varied programs on more uniform basis. New fee schedules will be effected when reorganization is completed.

### Dentistry In Japanese Army

#### Synopsis of the Organization and its Changes

It is unknown how the Japanese Army dealt with dental treatment prior to the Russo-Japanese war. However, it is believed that no formal organization for rendering dental service existed at that time. During the Russo-Japanese War there was much suffering from dental causes and treatment was given by soldiers of the line who happened to be dentists.

There is a document showing that wounded soldiers gathered in Tokyo, those having had jaw fractures were collected in one place and underwent special treatment. This is the first record of special jaw treatment being systematically applied to wounded Japanese soldiers.

Following the experience gained from the Russo-Japanese War a class of oral surgery was established within the Army Medical School in the Fall of 1906. Thereafter a yearly quota of army surgeons were admitted to the course and dental treatment was entrusted to physicians who received this training. Emergency dental treatment and extractions are still done by junior medical officers in front line installations.

But in 1919 there arose opinions that dental treatment should be given by dentists so civilian dentists were in hospitals. At the time of the Manchurian Incident there were as many as 80 civilian dentists employed on half-time basis, doing only essential treatment to relieve suffering. Replacement of missing teeth could only be done for those injured in the execution of their duties.

Since civilian dentists were being employed by the army, the need for technical Reports

education in dentistry of the regular army surgeons no longer existed, so this system was abolished.

During the war in Manchuria and China, dentists were sent from Japan with hospitals to various places within these countries. To augment this service local practitioners were often recruited. The prolongation of the war necessitated calling men of wider age range to the colors. This resulted in the need for more dentists because one civilian dentist in each hospital could not fulfill the demand for treatment. Efficiency in administration was hampered by civilians in a military organization so a system of army dental surgeons was established in September 1940.

#### Personnel

Medical and dental students who expressed a desire during their freshman year, could be commissioned in the regular service upon graduation. Graduates from Imperial University were commissioned as 1st Lieutenants and those from Semmon Gakko as 2nd Lieutenants. All dental schools being of Semmon Gakko standing, graduates there from were 2nd Lieutenants. During the war, there were only 29 regular officers in the Dental Corps and they reached the grade of Captain only.

The second category of dentists in the army were reserve line officers who held dental licenses. They had the privilege of retaining their line commission and working as dentists or accepting commission as reserve dental officers. A total of 300 dentists were thus commissioned, some reaching the grade of Major. This privilege was withdrawn in 1943 when the shortage of line officers became acute.

Enlisted men with Dental training who were inducted into the service also formed reservoir from which reserve dental officers were commissioned. Four hundred were commissioned from this source.

Thus at the peak of the war, Japan had 29 regular dental officers and 700 reserve dental officers. In addition, there were 3500 dentists who served as ordinary soldiers in line organizations.

#### Education

Medical, Dental and Pharmacy officers all received training at the Army Medical School. The period of regular instruction was approximately a year, but this was condensed during war to a 3 to 6 months course.

Dental training occupied nearly half the curriculum and it was divided into lectures and practice. The lectures dealt mainly with fractures and other war wounds, while the practical instruction was technical and clinical in character.

The remainder of the curriculum consisted of subjects outside of dentistry, such as administration and organization.

During the early part of the war officers were returned to Tokyo from all fronts for training in the Army Medical School, but as transportation difficulties increased, it became necessary to establish schools in Singapore for the South Sea Area and in China and Manchuria for northern regions.

#### Duties

In addition to dental treatment, dental surgeons often dealt with such matters as

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education of soldiers, prevention of epidemics, purification of water supply, x-ray operation, hospital administration and assistance to the surgeon.

Dentists were never utilized any farther forward than field hospitals. It was contemplated attaching them to infantry regiments, but this plan never materialized.

### Supplies

Prior to hostilities, each hospital was provided with all necessary instruments and materials.

Dental kits containing instruments necessary for a simple treatment of emergencies and extraction of teeth were available at detachment medical offices. All main hospitals in the field were provided with chests containing the necessary instruments and materials for prosthetics.

Replenishment of materials was made through Medical supply depots through the freight depot in each district. But as the war wore on, replenishment became more difficult because of the scarcity of materials, disrupted transportation, and conversion of factories. Most of the materials were of inferior quality.

### School Dentistry

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The system of school dentistry was established by Imperial Ordinance in 1931 and is under the jurisdiction of the School Hygiene Section of the Bureau of Physical Education in the Ministry of Education. Prior to the war, dental hygiene in Japanese schools was well on its way to the fulfillment of a thorough and far-reaching program but like all projects that did not contribute to total war, the program was stopped in the midst of a most promising outlook.

Theoretically, each school was to be provided with a physician and a dentist, but this was never completely realized. In 1935, there were 5,965 school dentists, but in 1946, in spite of the ravages of war, the number had increased to 9,672. This number was distributed as follows :

Middle Schools	2214 out of 3222 (65.9%)
Elementary Schools	7569 out of 19066 (39.7%)

The service of these men is rendered on a part-time basis and they receive little or no pay. The shortage of dentists in some schools can be attributed to the tendency of dentists to concentrate in areas of great population, plus a reluctance of the central government to increase the financial burden of certain prefectures.

Duties of school dentists and physicians are prescribed by Ministry of Education and the prefectural governments. There is a fundamental difference in the type of duties assigned physicians and the type assigned dentists. The former only examines and advises on health and hygiene problems, whereas the dentist is expected to undertake treatment of certain dental disease at the school.

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The Ministry of Education Ordinance provides that:

1. School dentists examine the teeth of school children.
2. Treatment for the prevention of caries and other dental diseases be undertaken.
3. Lectures be given to parents and teachers as well as students regarding dental hygiene.
4. School dentists act as advisors to the principals or administrators of school in regard to dental hygiene.

Radio and motion pictures were also utilized extensively to publicize the dental program.

At this time, regimentation in national life was prevalent so it was considered very important in Japan to educate children in systematic dental hygiene. Exercises such as toothbrush drills, mouth washing drills, mastication drills, etc. were given under the leadership of the school dentist. For this purpose, schools were provided with washing stands where many students could participate at one time. For exhibition purposes, several thousand students often participate in mass demonstration of these drills.

In 1932, the School Dentists' Federation of Japan was established in order that the prefectural and city school dentists societies might cooperate with each other in their investigation and study. In 1946, it was united with the School Physicians' Association to form the School Hygiene Association of Japan. This association has medical and dental section.

It was desired for a long time to have full-time dentists in national and prefectural agencies to promote dental hygiene. But it was not until 1946 that the Education Ministry supported this program by giving a subsidy of ¥ 26,000 to prefectural government in order to employ two to four dentists and an equal number of dental nurses in each prefecture. In 1947-48 this subsidy was increased to ¥ 764,000.

Itinerant dental service was provided rural areas throughout the prefectures.

At this time the Physical Education Bureau of Tokyo-to designed, built, and equipped and staffed two mobile dental clinics, for use at schools that have no school dentists.

Dental treatment facilities in the primary schools of Tokyo vary widely as is shown below.

Well equipped	36
Barely adequate	52
Inadequate	201
No equipment	288
Total	577

The Japanese Dental Association sponsored programs in factories and in the railway service.

Of the 155 penal institutions, 74 were provided with dental service. Brushes and dentifrices were made available to the prisoners at government expense.

This program is gradually being restored.