

The historical development of dentistry in Hong Kong

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Dentistry in Hong Kong during this century has advanced from an informal streetside practice to a discipline that now serves the community by way of registered oral health care personnel. Throughout the years, public attitudes towards dental care have also changed: from a palliative approach involving the extraction of teeth when pain arose, to the prevention of dental disease even at the formative stage of dentition through water fluoridation, regular therapeutic care, and oral health maintenance. The education and professionalisation of practitioners has evolved from apprenticeship to the establishment of a structured university curriculum and postgraduate specialist training of international standards.

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The early years

In traditional Chinese medicine, the mouth is regarded as a mirror of the general systemic health of the body. Diseases of the soft tissues of the oral cavity were treated by medical practitioners, whereas teeth causing pain were extracted in the market place by tooth removers—the predecessors of dentists.

After Hong Kong became a British Crown colony in 1842 and with the subsequent establishment of the City of Victoria, traders soon flocked to Hong Kong. The population grew rapidly to about 33 000 in the 1850s.¹ More and more foreigners moved to Hong Kong such that by the 1870s, there were over 1000 resident foreigners. Attracted by the local population's dental demands, Dr Herbert Poate, who had graduated with a professional dental degree from the University of Pennsylvania, set up the first formal dental practice in the early 1880s.² In 1887, Dr Joseph Noble, another Pennsylvania alumnus, joined the Poate practice.³ Doctors Poate and Noble became prominent among the very few formally trained dental surgeons, and both were actively involved with the local medical profession. Their names appeared in the minutes of the Hong Kong Medical Society during 1886 to 1891,⁴ and they became well acquainted with

Dr Patrick Manson, who from 1887 was the first dean of the Hong Kong College of Medicine.

The Poate-Noble dental practice gave free dental service at the Alice Memorial Hospital, where the College of Medicine was established.⁵ Because of his contributions, Dr Noble became a member of the Court of the College of Medicine. In this capacity he was involved in the early plans to incorporate the College into the University of Hong Kong; these plans were realised in 1911. Prior to that, in 1901, the dental profession in Hong Kong had admitted Dr Moon-hung Chaun as its first Chinese dentist who had been educated in a university (also the University of Pennsylvania).⁶

The status of a dental surgeon as a member of a profession was formally recognised by Governor Henry May who assented to the first Dentistry Ordinance on 5 June 1914.⁷ Dental practitioners were categorised into two groups: the formally trained dental surgeons and the 'exempted' practitioners. The latter group of dental service providers were granted certificates of exemption by the Governor-in-Council by dint of their long practice of dentistry in the Colony prior to the enactment of the Dentistry Ordinance. The first Dental Register published in 1914 included one dental surgeon and one 'exempted' person.⁷ To control more tightly the practice of dentistry because of the increasing number of dentists (23 dental surgeons and 9 exempted persons in May 1940),⁶ the Dentistry Ordinance was finally repealed, and the Registration of Dentists Ordinance was passed in 1940 by the

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Legislative Council. This ordinance provided a 2-year interim period for any unqualified person to furnish an affidavit from a Justice of Peace, which certified that he depended on the practice of dentistry as his principal means of livelihood, as registration for exemption.⁸ As a result, there was an immediate increase in the number of exempted persons; however, this number decreased steadily through attrition, and there were only 30 of them on the 1995 Dentist List.⁹ The Registration of Dentists Ordinance formally put an end to the apprenticeship era of dentistry. Since its implementation, the practice of dentistry by anyone other than a registered person has been illegal.

Before the Second World War, the demand for dental care in the Colony remained very low. Teeth were considered a dispensable commodity by many people. Only the well-to-do could seek treatment from private dental practitioners. The Government employed only a few private dentists to carry out essential hospital and emergency dental treatment for the public. Immediately before the Pacific War, dental officers were brought to the Colony to serve the British Empire military personnel. Following the Japanese surrender in September 1945, three dental clinics and a dental laboratory were set up in Hong Kong; a variety of equipment and stores were supplied by the British Armed Forces. The dental officers from the Armed Services and a few private dental practitioners provided dental care to the civilians who had previously been detained by the Japanese¹⁰; this service was effectively the forerunner of the Hong Kong Government Dental Service. Since then, the Government Dental Service, originally under the Medical and Health Department, has rendered comprehensive treatment to civil servants, their dependents, and Government pensioners. A limited service is also provided for prisoners and long-stay patients in public hospitals; it also offers specialist dental services in Government hospitals. In addition, the service gives a degree of emergency dental care to the general public.

Post-war developments

After 1945, Hong Kong gradually recovered from the ravages of the Pacific War, and the population increased steadily. The large influx of emigrants from Mainland China after 1949 significantly aggravated the demographic changes, which in turn created the need for more dental services. In order to better serve the community and to improve communications within the growing profession, the Hong Kong Dental Society, which in 1973 became the Hong Kong Dental Association, was founded under the leadership of Dr WC

Allwright, the then officer-in-charge of the Government Dental Service, in February 1950.¹¹ Less than half a year after its inauguration, the Society started holding free evening clinics—one in Kowloon and one in Wanchai—to relieve dental pain and to give oral hygiene education to the needy.¹² Furthermore, the Dental Society together with the Dental Board persuaded the Government to acknowledge the need for improved human resources within the dental service. The Hong Kong Government Dental Scholarship Scheme was instituted in 1955 to enable Hong Kong residents to receive professional education in various dental schools of Commonwealth universities, with the proviso that the graduates agree to serve the Government Dental Service for a period upon their return to Hong Kong. This resulted in an annual recruitment of about five dentists to the profession. Increasing demands for dental care by the public also resulted in a number of local residents going abroad to study dentistry on a self-financed basis. The average annual rate of return of privately funded graduates was also about five during the 1950s and 1960s.

The Government soon realised that the rather limited number of registered dentists and the large and continually growing population would make it impossible to significantly improve the dental health of local residents by a solely curative approach. The Hong Kong Dental Society compiled a review on the efficacy of water fluoridation in June 1953 and on its recommendation, the Government launched a domestic water fluoridation project in 1961. Within 25 years, this single project accounted for an eleven-fold increase in the percentage of children without dental decay in their primary teeth (3% in 1960 and 33% in 1987).¹³ Curative dental care for the general public, however, still largely rested with the private sector. Non-profit-making dental clinics were set up by charitable organisations such as Caritas Hong Kong and Project Concern Hong Kong to attempt to meet some of the dental demands of the underprivileged.

Recent achievements

Following urban riots in 1967, the Hong Kong Government became much more aware of the legitimate grievances and basic needs of the grass roots of the community who felt they were entitled to a larger share of the territory's prosperity, to which they felt they had also contributed. From the 1970s onward, it was apparent that Hong Kong's public policy focused on new initiatives that emphasised the creation of a more benevolent and caring environment for the populace, the majority of whom was born locally and had an

increasingly strong sense of belonging. Factors such as the general economic affluence and the rising level of education contributed to subsequent substantial increases in public expenditure on health care, and in shared concerns for personal hygiene, including oral and dental well-being. The administration under Governor Sir Murray MacLehose thus embarked on a significant reorientation in the public health service system through the introduction, *inter alia*, of new commitments to develop dental care institutions and training programmes.

In 1973, the Medical Development Advisory Committee pro-actively considered the overall development of dental care services in Hong Kong. At that time, there were only about 440 practising dentists, at a per capita ratio of 1:9000. Based on the data then available, there would have been about eight new dentists per year. Nevertheless, there would be an annual decline in excess of that number due to retirement, death, and emigration. The Legislative Council approved the 1974 White Paper on "The further development of medical and health services in Hong Kong" to bring dental education to the Territory.¹⁴

Two proposals had enormous impact. The first called for the creation of a School Dental Care Service (SDCS) with an associated Dental Therapists School. The other envisioned the establishment of a dental school at the University of Hong Kong (HKU). The dental school at the HKU would train approximately 60 students per year and would meet the requirements of the United Kingdom (UK) General Dental Council.² There were also to be developments in dental ancillary training, and a dental technology course was to be inaugurated at the then Hong Kong Polytechnic in 1978. Furthermore, dental hygiene and dental surgery-assisting courses were to become part of the curriculum at the dental school. The recommendations for the SDCS included the provision of school dental clinics, staffed by dental therapists; the aim was to offer basic curative treatment and preventive dental care to primary school children under the supervision of Government Dental Officers. A Dental Therapists Training School was set up in 1978 at the then new MacLehose Dental Centre; it was to enroll students in a 3-year training programme. The SDCS itself commenced in 1980.² The benefit of the SDCS became apparent as the dental decay status of school children taking part in the scheme decreased by 3.5-fold over 7 years.¹⁵

A Dental Academic Advisory Committee was appointed in June 1976 to advise the Government on

the implementation of the second proposal.¹⁶ The committee chairman, Professor GL Howe, was subsequently appointed Dean of Dental Studies at the HKU. Despite the undoubted complexity of the project, and with the strong support of Governor MacLehose, a brand new dental teaching hospital was planned and built in less than 5 years. In March 1981, during an official visit to Hong Kong, Prince Philip, the Duke of Edinburgh, officially opened the new hospital bearing his name.¹⁷ The quality of education and the commitment of the dental teachers and students were evident when the UK General Dental Council, after a scrupulous evaluation, announced in November 1984 that the Bachelor of Dental Surgery (BDS) of HKU met the standards for automatic registration in the UK.¹⁸ In 1985, the initial class of HKU dental students received their BDS degrees.

Since then, the Dental School has been the principal training ground for local dentists. By 1995, more than one third of the practising dentists in the Territory were educated in Hong Kong and the per capita dentist ratio has increased to 1:4050—more than double the estimate when the dental school was originally planned.¹⁹ The advancements in medical technology and the maturation of health professions had resulted in the entire health care field demonstrating ever-increasing specialisation by the 1990s. The Hong Kong Academy of Medicine was inaugurated in December 1993 with the College of Dental Surgeons of Hong Kong as one of its initial 12 specialty colleges.²⁰ The College of Dental Surgeons of Hong Kong thereby became entrusted with the coordination of postgraduate training in dental surgery.

The remarkable developments within the dental profession in Hong Kong during the 1980s also enabled it to play an increasingly important role in the arena of world dentistry. This was marked by the hosting of the 83rd *Fédération Dentaire Internationale* Annual World Dental Congress by the Hong Kong Dental Association in October 1995, which was attended by more than 6000 dentists from all over the world. This conference was the first one held outside Mainland China to have attracted the largest Chinese delegation of health care professionals.²¹

Looking ahead

There remain considerable needs and opportunities for the expansion of postgraduate training and continuing professional education at the HKU Faculty of Dentistry in collaboration with the College of Dental Surgeons from the Hong Kong Academy of Medicine.

The further enhancement of research undertaken by the HKU Faculty of Dentistry as supported by public and non-public funding, locally and internationally, will further the Faculty's aim of being a regional centre of dental education and oral health care. By the early 21st century, the joint effort of the HKU Faculty of Dentistry, the Government Dental Service, and the Hong Kong Dental Association should see Hong Kong's dental care, in terms of human resources, provision and accessibility of service, scope of coverage, and cost-effectiveness, ranked in the top tiers of oral health care systems in the world.

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