

A Brief History of Stomatology

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Otorhinolaryngology and stomatology have areas of confluence linked to the blurring of territorial boundaries. For those interested in the history of ENT, that of stomatology cannot leave one indifferent. This specialty of oral medicine claiming its medical affiliation, has had a run-in with dental surgeons whose manifestations of independence date back to the 19th century. The history of stomatology is thus intertwined with that of odontology, one does not go without the other.

A royal decree of 1768 organized the profession of surgeon and in particular the College of Surgery of Paris. This edict distinguished specialists or "experts" such as dentists, oculists, bone re-kneaders, lithotomists. After two years with a master in surgery or an expert in the same specialty in Paris, or three years in the provinces, they had to be accepted into the College of Surgery with proof of internship. The edict specified the conditions of the examinations, theoretical and practical. "*He had to take an oath in the hands of the first surgeon of the king. It also set out the penalties incurred in the event that the **expert dentist** went beyond his specialty* ." Only surgeons who had completed the full studies could claim to be **dental surgeons** (1) (2) (3).

In January 2011, a decree , specified by an order published in the Official Journal of April 14, 2011, created the **DESCO** (Diplôme d'Études Spécialisées de Chirurgie Orale) accessible to interns in dentistry and interns in medicine. After the national ranking tests for access to the 3rd cycle of medical studies in 2011, future interns found a choice in the surgical specialty of 12 cities offering the DES in Oral Surgery but no offer to medical interns for the DES in stomatology; it had therefore disappeared.

Between these two dates, dental studies experienced upheavals that were difficult to understand without knowledge of certain keys.

The fundamental question

Is dental training a vocational school?

or should it be considered a labeled medical specialty?

The design of specialties by medical authorities

In the 19th century

Specialities were frowned upon by the leading encyclopedists who did not accept being overrun by colleagues who were recognized as more competent.

While it was in France that we found the first children's hospital from the beginning of the 19th century, hospitals specializing in dermatology, psychiatry, a "central office" set up at the Hôtel-Dieu throughout the 19th century to direct hospitalizations according to illnesses, and the first specialized establishment for ear diseases with the Institution des sourds-muets and Itard, the encyclopaedic conception of medical officials blocked attempts at official organization of

teaching of specialties. The first ENT specialists had to go to Austria or Germany to perfect their knowledge (4).

In the first half of the 20th century

The medical world was hostile to compulsory specialty certificates which risked reducing the potential scope of activity of doctors in general medicine.

As soon as the laws of the 1880s authorizing professional unions were published, doctors created their own. By grouping together in the Confederation of Medical Unions of France in 1929, medical unionism became a privileged interlocutor of official bodies, particularly for reforms concerning medical studies. Concerning specialties, this CFMS was torn between specialists who wanted a diploma recognizing their competence with respect to their clientele and general practitioners who did not accept the limitation of their competence, which would have resulted from compulsory specialty diplomas. The union accepted qualification without certification. This refusal was considered by the CMSF as a preliminary to any discussion. This situation continued until the creation of the CES after the war.

These two very firm positions, encyclopedist in the 19th century and anti-certification later, explain the successive failures of projects concerning a medical dental specialty officially recognized by medical faculties for almost a century and a half.

From 1791 to 1794, a succession of decrees and laws

- abolished corporations, medical faculties and schools of surgery,
- declared for every citizen the freedom to exercise professions and trades,
- created three health schools to train the doctors, surgeons and health officers that the nation needed for its armies, by merging medicine and surgery.

The law of 19 Ventôse year XI (March 10, 1803)

It ended the revolutionary cycle of upheavals concerning medicine by reorganizing the entire profession: **no one could now practice medicine or surgery without a diploma.** It would not be abolished until 1892 by the second major law on the organization of medicine.

This law of Ventôse year XI established schools of medicine. The distinction was abolished between doctors and surgeons, while distinguishing the doctorate in medicine and the doctorate in surgery, a distinction which would disappear in 1892. Medicine now had two levels:

- that of doctors, from medical schools whose title gave the right to practice medicine and surgery throughout the territory;
- that of health officers, practicing a restricted medicine after shorter studies. Until 1855, health officers were received by medical juries in the departments. The health officer could only practice within the limits of the department where he had been received.

The doctorate in medicine or surgery was obtained after four years of study, and a thesis in French or Latin.

This law of Ventôse year XI caused a lot of ink to flow in the 19th century among dentists. Indeed, it only mentioned doctors of medicine, health officers and midwives. It ignored the various "experts" of the old regime: dentists and oculists in particular. Several dentists were prosecuted by fellow dentists "graduated doctors" before local correctional police courts for practicing

dentistry without a diploma, who brought civil action, on the pretext that " *if the law of Ventôse did not mention dentists, the spirit of this law implied it*". Faced with the leniency of certain courts, the attorney general appealed to the Court of Cassation.

In February 1827, the Court of Cassation , by adopting the legislation on surgical practice of the old regime, decided that the law which referred to "old regime" surgeons could not apply to "expert dentists" which it ignored and rejected the appeal of the attorney general.

In the following years, several contradictory judgments encouraged dentists-doctors or surgeons to pursue people practicing dentistry without a diploma, invoking the spirit of the Ventôse law not respected. But they were dismissed.

In a chronicle of the *Annals of Public Hygiene and Legal Medicine* of 1846 entitled *On the Profession of Dentistry* (2), the author pointed out that if the Ventôse law did not mention dentists or oculists, it was not through forgetfulness but " *to eliminate all the anomalies of the old legislation, and to bring the art of healing back to a unity of practice that the interest of public health demanded*". The author ended by writing " *that we cannot abandon the practice of the art of dentistry to the first ignorant person who wants to engage in it; if we think that it would perhaps be rigorous to require a doctor's or health officer's diploma for this profession, we could at least request special examinations, as prescribed by the ordinance of 1768; this question is of the utmost importance; we must hope that it will be resolved by the new law that is being prepared on the practice of medicine*". The author placed all his hopes in the Salvandy project.

The April 1844 law on the patent

The patent was created in France with the law of March 1791 by the Constituent Assembly. The purpose of the patent was then to tax a presumed income according to the work tool. In 1844, the law completely reorganized this tax. Before its passage in the Chamber of Deputies, it provided for exemption for certain professions, including doctors, surgeons, health officers, midwives, oculists, dentists, which officially recognized these professions (5). The deputy Jean-Baptiste Bouillaud, the doctor whose name remains attached to the links between acute articular rheumatism and heart disease, had the list reduced to doctors, health officers, midwives and veterinarians. Dentists were no longer included. Bouillaud had requested that " *the article of the law be consistent with the terms of the law of the year XI*" which did not mention dentists. He did not want to open the Pandora's box of boundaries between the fields of activity of doctors and those of medical auxiliaries. The patent in fact created two categories of dentists: on the one hand, non-licensed dentists (doctors or health officers), and on the other hand, licensed dentists, who were not doctors but were recognized. This distinction would be important when the 1892 law was applied. As for non- doctor and non-licensed dentists, they mainly included charlatans.

The Salvandy reform of 1847

Count Narcisse-Achille de Salvandy, Minister of Public Education , presented a draft reform of the medical profession in early 1847. The discussions focused mainly on the future of the health officer (6). Should he be maintained? In his draft of February 1847, the minister did not dwell on dentists " *whom the law can maintain with sufficient precautions and wise reservations*". In May 1847, the draft law provided that " *aspirants to the dentist's certificate must have completed an internship awarded after four years with a regularly established dentist or two years of study either in a preparatory school or in a faculty. Two years of internship count as one year of study. In all cases, they must undergo two special examinations*".

The bill also specified that " *no one may practice the profession of dentist unless he is a doctor of medicine or has a special certificate issued by a school or faculty .*" The debates in the Chamber of Peers continued throughout 1847. In January 1848, the minister defended his bill before the Chamber of Deputies. But the revolution of February 1848 sent this law to join the museum of lost opportunities, allowing many dental establishments to develop in France.

Unconstrained dentistry in the 19th century

The decision of the Court of Cassation of February 1827, by deciding that dentists did not belong to any of the three professions of doctor, surgeon or health officer, contributed to encouraging the "illegal installations" of individuals proclaiming themselves dentists. The *General Bulletin of Medical and Surgical Therapeutics* of 1846 explained that, since this decision of the Court of Cassation, " *everyone was free to become a dentist. This abuse, which had been rare until then, has grown considerably in recent years. There were dozens of people in Paris who, without any medical qualification, had opened dentists' offices where they called clients with great fanfare of advertisements and leaflets.*" The abuses were so notorious that in 1853 (7), the Paris police prefect was led to send a circular to the Paris police commissioners and the mayors of the surrounding communes to " *oppose any individual, taking the title of dental operator, engaging in tooth extraction, using chloroform, and engaging in any surgical or medical practice. If the administration, in the presence of case law in this regard, does not allow the requirement of proof of a health officer's or doctor's diploma, it can prohibit those who have no diploma from administering remedies or preparations whose clumsily applied use can lead to serious accidents. I will mention chloroform and etherization .*"

In 1871, Amédée Dechambre returned to the legal aspect of the dental profession in the *Gazette médicale* (8). The founding director of this journal noted that, " *in the current state of the legislation, a dentist's office can be opened without the requirement of a diploma; but dental practice should be exclusively manual; abstain from any medical treatment, any surgical operation. Outside of these limits, what remains? Cleaning, filing, fitting teeth, perhaps extracting them, constructing prosthetic devices... However, between the various means to be used in dental practice, those of the medical field and those of the manual field, there are often connections that would make it very difficult and very inconvenient for the patient to share the field between the doctor and the expert*". Dechambre concluded by writing that the dentist should be given " *all the scope of his profession but subjected to special tests, as was done for midwives.*"

This "lawless" situation could not leave doctors specializing in dental art or "dentist-doctors" indifferent. Also, the most dynamic of these doctors grouped together to pursue non-qualified dentists.

Birth of stomatology

When did this medical specialty of dentistry come into being? The name was created in 1868 by Doctor Edmond Andrieu, a dental surgeon and dentist at the Hospice des Enfants-assistés et de la Maternité with his *Traité complet de stomatologie* (9). He explained in the foreword why he had created the term stomatology. " *We designate under the name of stomatology the part of the medical art which includes the study of the mouth and its diseases, and under that of stomatologist the doctor who devotes himself specially to this study*", and who, from then on, would replace that of dentist. Logically, we can describe as "stomatologists" dentists claiming their attachment to the medical profession, either for the time as doctors of medicine or as health officers specializing in dentistry. Later, we will see dentists claiming the dental doctorate,

such as Chactas Hulin of Paris during his presidency of the Dental Section of the Higher Council of the Order of Physicians under Vichy.

It was a particularly active dentist, Joseph Audibran, who created the *Société de Chirurgie Dentaire de Paris* in May 1845 with around sixty fellow dentists "provided with a diploma", that is to say, doctors or health officers. The official aim was to defend these qualified dentists and to prosecute "maroon dentists" (according to Audibran's expression) who were not qualified, to allow the profession to maintain its honorability. They chose four dentists practicing in Paris, including a foreigner, to prosecute them before the criminal court for harm caused to qualified dentists, that is to say doctors (doctors or health officers) by arguing that they were contravening the law of Ventôse year XI. Audibran received encouragement from Dean Orfila and the great surgeons of the time such as Roux and Velpeau (10). For Roux, " *no one should practice the art of dentistry if he does not have the title of doctor, or at least that of health officer, and that consequently, dentists with these diplomas are necessarily part of the medical profession*". Velpeau went further: " *The art of dentistry is an essential part of medicine.... To practice this art, it is essential to be a doctor or surgeon*".

The lawyer for one of the dentists being prosecuted argued that the complaint was linked to jealousy of his client's success in practice, and that the law of Ventose year XI only applied to real surgeons and not to dental surgeons. As evidence, another lawyer put the laughs on his side by explaining: " *Great and true surgeons have always disdained to pull teeth. Address yourself to Mr. Velpeau, to Mr. Malgaigne, and present your jaw, and you will see how you will be received.*"

According to Audibran, the legal proceedings against these non-qualified dentists who tarnished the honorability of the profession had happy results. Convicted in the first instance for practicing without a diploma, these dentists " *almost all prepared to study, in order to acquire the knowledge necessary to be able to be examined and obtain the diploma which alone could authorize them to continue practicing the profession of dentist. This is what the body of prosecuting dentists wanted.*"

But the appeal judgments also condemned non-qualified dentists. Only one went as far as the Supreme Court, a foreigner of Dutch origin, Benjamin Cohen, who had adopted the anglicizing pseudonym of William Rogers to pass himself off as a London practitioner when he had no diploma. Settled in Paris in 1836, he claimed to have invented platinum amalgam, "osanaur" dentures made of hippopotamus ivory "maintained by the sole action of atmospheric pressure", and did not hesitate to use the press to advertise himself through dithyrambic articles or the employment of sandwich men then called "poster-lackeys " .

The Court of Cassation confirmed again in 1846 the position taken by its 1827 judgment by acquitting Rogers. Audibran's disappointment was immense. In his book on the *Foundation of the Paris Dental Surgery Society* , we can read a chapter entitled *Deplorable effects produced by the two rulings rendered by the Court of Cassation, relating to the profession of dentist* : " *Since the first ruling, among the new dentists there were gallant women, individuals who had previously worked in all sorts of professions, and even those convicted of fraud. Now, after the second ruling recently rendered, we must expect to see the introduction of prostitutes and perhaps freed convicts, because from now on all reprobate people can find refuge in the practice of the profession of dentist... And can we not rightly exclaim: Schemers of all nations! English especially, so skilled in charlatanism! Run to Paris, come and take the title of Dentist, and if you*

are prosecuted for practicing this profession without a diploma, be sure of impunity, because the Supreme Court authorizes you to do so!!!"

In his book on the *Foundation of the Paris Dental Surgery Society*, Audibran takes up the history of this fight, continued during the 1860s by Andrieu with the various ministries, legislative bodies and the Senate. In a petition of 1877, Andrieu even went so far as to request a compulsory doctorate to practice dentistry.

Paris Stomatology Society was created. To be a member, one had to have a French medical diploma or a foreign diploma recognized as equivalent by the Society.

The split

The supervision of the Faculty of Medicine seemed very burdensome to some dentists. The law on freedom of higher education of July 1875 would allow the opening of "free dental schools", on the occasion of the creation of a dentists' union favored by the *National Union of Trade Union Chambers of Commerce and Industry*. This UNCI was created in 1860 to defend the interests of licensed artisans and merchants, in particular against fraud, defend patents, and settle conflicts within the various professions. In 1878, the president of the UNCI thought that it would be useful to create a "dental art union" given the presence within the *National Union* of 94 members practicing the profession of dentist. At the beginning of **1879**, a first "committee of Dental Art" was formed with 15 members (representing all categories of a very heterogeneous profession: doctors, health officers, licensed dentists, mechanics) to represent the newly founded *Chambre Syndicale de l'Art dentaire* (11). Dr. Andrieu, elected president, immediately raised the problem of regulating dental art, which immediately triggered a disagreement because some members were fiercely opposed to any regulation and wanted freedom of practice. It was from this period that the opposition of two conceptions of learning dental art dates, a branch of medicine or a professional school, with the very rapid creation of two unions:

- there Pro-doctor **dental union society**, headed by Edmond Andrieu,
- **THE Circle of Dentists of Paris.**

For the **Société syndicale odontologique**, then in the majority, the establishment of regulations constituted the priority project of the reforms; dentistry being considered as a branch of medicine, the training of the dentist should be sanctioned by the diploma of doctor of medicine. The creation of a dental school would be considered second. It would depend on the faculty of medicine and would be financed and managed by the State.

For the **Cercle des dentistes de Paris**, headed by Emmanuel Lecaudey and Charles Godon, the essential objective was to establish a free professional school, where state supervision was totally excluded. The diploma awarded would be: "Dental surgeon of the Professional Dental School of Paris". As early as December 1879, this *Cercle des dentistes de Paris* presented its project to found a *professional school of surgery and dental prosthetics* in Paris as well as a clinic in a "dental hospital attached to the School" and launched a permanent national subscription among dentists, the medical world and the public.

This is how the first two private Parisian dental schools were created in France:

- the free dental **school and hospital of Paris** in 1880 (first located on rue Richer, and later on rue de Latour d'Auvergne, to become the future Montrouge faculty)

- the dental **school of France** established within the **Odontological Institute of France** in 1884 (located first on rue de l'Abbaye then rue Garancière).

The creation of these two schools would bring about the complete transformation of the dental profession in France. It reawakened the university administration.

The Fort project of 1881

In May 1880, the services of the Minister of Public Instruction, Jules Ferry, asked the dean of the Faculty of Medicine of Paris " *whether it was necessary to require all dentists to have acquired through examinations, at least through those of health officer, the right to practice medicine and whether it was appropriate to impose on future dentists a professional internship which would result in an internship validation examination.*"

A commission was formed of three professors and two surgeons, including Le Fort, who was very involved in teaching at the Faculty. This future professor of surgical clinics understood the importance of specialization (12). The "Le Fort commission" studied the file and concluded that dentistry required two to three years of training with a practitioner. If they were required to have a medical doctor's degree, which some representatives of dentists were demanding, "*we are giving them a sort of superiority over ordinary doctors.*" If we require a health officer's degree, we will increase the number of these doctors, while we must gradually move towards their disappearance. We can also create "*free schools that issue dental surgeon's certificates after two years of study, as one has existed in Paris for two years.*" In fact, the commission rejected any compulsory medical diploma for dentists, and proposed the creation of a *dentist's diploma* . The commission could not accept a private diploma alongside an official title. She proposed a "special dentist's diploma" after two years of courses at a medical school or faculty, with an internship in a surgical department, and two years of internship at a dental school or with a dentist.

The "Le Fort reform" provided that " *doctors of medicine and health officers who wish to be able to add that of dentist to their title, will only be required to complete two years of special training, and will not have to undergo any other examination than the practical test*" . It reflected the commission's thinking that the doctor, despite the general nature of the practice, could not practice dentistry without having had special training. It rejected the term "dental surgeon" in order to emphasize the ban on performing surgical operations.

This reform project, published in the *Gazette Hebdomadaire de médecine et de chirurgie* in September 1881, was presented by Amédée Dechambre, a very influential figure at the time. He criticized the requirement for doctors to have special training. " *It is difficult to understand that a doctor who can remove both jaws does not have the right to treat teeth. The report notes that the technique of dental art is not taught in medical schools and faculties. What is not taught in dental art? Is it the surgical part? We are wrong: diseases of the mouth are part of the program for professors of surgery. Is it the manual part, prosthetics? In fact, many country doctors are called upon to provide dental care. It is therefore up to all practitioners to learn how to treat teeth...*" Dechambre showed himself to be the equal of a strong encyclopedist current and in fact hostile to specialties. The Le Fort project was adopted by the Paris Faculty of Medicine in June 1882. And yet, it undermined the universal nature of the medical doctor's degree and called into question the practice of medical specialties, starting with surgery. This was the only time that the Paris Faculty of Medicine was called upon to give its opinion on dental training.

Émile Magitot rebelled against this project and demanded that, in order to obtain the qualification of dentist, he first have to obtain the right to practice medicine from a faculty of medicine or a secondary school (13). This doctor, the son of a dentist and a member of the Société de Chirurgie de Paris and the Académie de Médecine, became interested in pathology and oral surgery very early on. He strongly insisted on the catastrophic state of the practice of dentistry in France, both in the private sector and in hospitals. He played an important role in the defense of stomatology.

After the government project submitted to the Chambers, another project emanating from the parliamentary initiative was presented three years later. These two projects, merged in 1889, submitted to the Chamber and the Senate in 1890, were at the origin of the law promulgated on November 30, 1892.

The law of November 1892

It is sometimes called the Brouardel law, dean of the faculty of medicine, its rapporteur before the legislative authorities. After the law of Ventôse year XI, it was the second major law on the organization of medicine in France. It abolished the health office and regulated the practice of medicine, the profession of dentist and the profession of midwife. **It created the diploma of dental surgeon (1).**

Art. 2. - No one may practice the profession of dentist unless he holds a diploma of doctor of medicine or dental surgeon. The diploma of dental surgeon will be issued following examinations taken before a State higher medical education establishment.

Unlike doctors, dentists were not required to have a baccalaureate (it was necessary to wait for a decree of January 1909 to make the certificate compulsory and increase the number of years of study from 3 to 5 years). In this case, they had to pass an entrance exam to the school. The title of dentist that had been retained by the deputies was replaced by that of dental surgeon at the request of the Senate. It was important not to show inferiority compared to certain foreign colleagues, particularly Americans who had the title "surgeon-dentist". They thus regained a title lost with ordinance 1768. As a transitional measure, health officers received previously will have the right to practice medicine and dentistry throughout the territory of the Republic.

This law specified that " Dentists will be subject to all the obligations imposed by law on doctors of medicine. A regulation, deliberated by the Higher Council of Public Education, will determine the conditions under which a dentist, who benefits from the transitional provisions, will be able to obtain the diploma of dental surgeon. The right to practice dentistry is maintained for any dentist who can prove that he is registered in the patent roll on January 1, 1892."

Thus, all dentists who had taken out a license before the publication of this law were able to continue to practice without taking an exam. As for the "non-licensed dentists" who had not been able to benefit from the transitional measures, they were going to establish themselves as "dental mechanics".

The two Dental Schools founded previously were recognized as being of public utility and considered by the State as preparatory schools where students do a three-year internship, before their exams before the Faculty which confers on them the title of Dental Surgeon, allowing applicants to put on their business card, after their name: *dental surgeon of the Faculty of Medicine of Paris* .

After the law that established the domain of the dental surgeon, additional decrees, notably in July 1893 and December 1894, determined the conditions of registration in schools, those of the examinations, specified the legal situation of the dental schools which had the delegation of teaching. The decree of July 25, 1893 indicated: "*Studies for the diploma of dental surgeon last three years. For the first registration, candidates must produce the baccalaureate or the certificate of primary studies .*"

From then on, the Faculty of Medicine controlled the studies of dental surgeons and the issuing of diplomas. The new law allowed any medical doctor to open a dental practice, without any competence checks.

Some dentists, apostles of freedom of education, rebelled against this law, such as Charles Godon. This dentist, one of the most ardent defenders of this freedom for dental schools, professor at the Paris Dental School, published a pamphlet in 1893 entitled "*Should the practice of the profession of dentist remain free in France?*". In fact, this law of 1892 had been considered by Brouardel as having to be completed later. Jean-Marie R  dier found it "hasty". Its vagueness made it possible to circumvent it, as recounted in the Report on the professional program of dental mechanics, published by the *dental mechanics union* in 1922 (14). "*During a period from 1892 to 1911 when only three years of preparation were required from students, equipped with a secondary school certificate and where it was intended to teach them, on the one hand, dental prosthesis, dental surgery and, in addition, studies, or rather general data, on anatomy, pathology, physiology... A direct competition ensued, against the dentists, called stomatologists, who, specialized in the dental art, argued that the dental surgeon diploma granted too much, in relation to such limited studies, or rather in such a short period of time to be profitable. Many students predestined to study medicine, pharmacy and even teaching, took advantage of this to go, with weapons and baggage, to dental schools, so welcoming and so benevolent to those who failed their baccalaureate*".

Although all dentists who had taken out a license before the publication of this law could continue to practice without taking an examination, the law had nevertheless imposed a restriction on their practice. "*These dentists will only have the right to practice anesthesia with the assistance of a doctor or a health officer.*"

This 1892 law could not satisfy dentists who found themselves competing with health officers without any obligation of suitable training or with those who wanted to keep the freedom to freely organize the profession. It constituted a time bomb that exploded in 1968. Moreover, if the 1892 law took up the idea of the Le Fort report of 1881 of creating a dentist's diploma, it removed any notion of obligation of special training for doctors.

Some dentists eventually accepted this new law, such as Charles Godon who had vigorously fought it. He changed his behavior in a few years, even going so far as to write a medical thesis in 1900 on the *Evolution of Dental Art* (15). In it, he told the story of the *Dental School of Paris* created in 1880, of which he had become the director. For him, the law of 1892 was the *Charter of the dental surgeon* ; he accepted this law because it is the law, *Dura lex, sed lex* he wrote. It was the hand extended to dentists. In 1900, alongside the *Dental School of Paris* and the *Odontotechnical School* , there were three other dental schools in France that opened during the 90s, the *Practical Dental School* in Paris in 1892 created by a dissident of the *Dental School of Paris* , a school in Bordeaux in 1895 and in Lyon in 1898. This was the beginning of the golden age of stomatology.

The Golden Age of Dentistry

Some dentists could not accept this law of 1892 because they saw themselves competing with dentists who had trained in three years, with only a certificate of studies as their only baggage. In addition, the counterpart of this law was to refuse the officialization of a teaching of stomatology by the faculty. They had to create their own paid but non-obligatory teaching, losing the chance to see a dual official medical and dental training for certain specialists.

The law recognized doctors of medicine as having the right to practice dentistry without any training or prior supervision. Some took advantage of this; they were happy to call themselves "doctor-dentist". Others called themselves *stomatologists* following Andrieu's idea. They found themselves within the *Paris Stomatology Society* created in 1888, at the initiative of Émile Magitot. " *The official purpose of this society is the scientific study of diseases of the mouth, the dental apparatus and their annexes*". The founders of the *Society of Stomatology* " *place beyond all dispute that stomatology is an integral part of medicine, and that it requires, in order to be practiced with authority, scientific instruction as varied and as complete as other medical specialties. However, since the practice of medicine in France is not free, they invoke the application of common law, that is to say the practice of stomatology by doctors.*"

In 1894, Magitot launched the *Revue de stomatologie* , whose first editor-in-chief was Ludger Cruet. In 1897, Dean Paul Camille Brouardel obtained from the Ministry of Public Instruction a study mission on the operation of dental schools abroad for a young doctor, Paul Gires, the year after he defended his thesis on a subject of stomatology. After a stay of more than two years in the USA from where he returned with a university degree in dentistry, Gires wrote a report published in 1900 and later took on responsibilities in the specialty;

In 1909, stomatologists opened a school in Paris, in an apartment on rue Dauphine, called *the French School of Stomatology* , directed first by Ludger Cruet, then by Paul Gires from 1920.

In 1920, the Faculty of Medicine of Paris created a position of "lecturer" in stomatology. The teaching of Parisian stomatologists was well structured while the training of some dentists was contested.

In the provinces, the newly created free faculty of medicine in Lille recruited Jean-Marie Rédier in 1877 to teach external pathology and stomatology. This military doctor, who had had to interrupt his preparation for the competitive examination for the Val de Grâce agrégation for health reasons, was interested in stomatology. He organized a course and a clinic on diseases of the mouth and teeth, and published several publications in this field, including a summary of stomatology.

For dentists: "*The situation of stomatologists was predominant despite their numerical weakness. Possession of a doctorate does not subject them, as is the case for dental surgeons, to strict therapeutic limits. Hospital services become their exclusive domain, service in the Armed Forces entrusts care and prosthetics only to stomatologists*" (16).

But the situation of mechanics with regard to the dentist's diploma was to set the powder alight and poison relations with dental surgeons.

Dental Mechanics

Some dental mechanics had been able to benefit from facilities to obtain the diploma of health officer, in the middle of the 19th century, giving them access to the title of dentist. The *Report on the professional program of dental mechanics, published by the dental mechanics union in 1922* is particularly eloquent on the situation of the different categories of dental professionals (14).

As soon as the 1892 law was published, dentists *"who were unable to benefit from the 1892 patent, sought to set up their own businesses and it was only around this time that we saw the creation of custom prosthesis laboratories"*. This is how a former jeweller, *"ingenious and with a great work ethic, set up a business where he would soon employ around thirty dental mechanics in Paris. From this moment on, this other profession seemed to take shape and would no longer have to deal directly with the public clientele; prosthetists seemed to lose more and more contact, to the great satisfaction of the Syndicate of Dental Surgeons which, for its part, led a violent campaign against those who broke the law on dentistry and as this law did not clearly and in detail stipulate the conditions of prosthesis, both were included in a particular interest"*.

The big issue was the right of dental technicians to take impressions and fit prostheses, which infuriated dental surgeons. *"A series of trials took place throughout France. Unfortunately, most of those prosecuted allowed themselves to practice extractions and even treatment and convictions were handed down, leaving in the minds of the public, and even of the judges, a confusion in the illegal practice of dental prosthetics. However, a fairly resounding trial took place in 1907, which would completely re-examine the question. What was most curious was the testimony from the greatest luminaries of the medical and dental world who came to declare that taking impressions posed no danger, when practiced by a skilled mechanic with a few years of experience. This was the tone of the stomatologists' bell. On the other hand, the civil party, in the person of the Syndicate of Dental Surgeons, requested a pure and simple conviction. After a brilliant plea by Me Ducos de la Haille, the Court condemned the offender, not on the basis of taking impressions, but on the diagnosis established by him, and consequently, of having exceeded his right to the legal practice of medicine. From that day on, it was a nameless rivalry that was declared between doctors-stomatologists and dental surgeons."*

A number of dental technicians benefited from the transitional measures to take the dental surgeon exams. *"In 1910, there was still concern about the lack of experience and especially the lack of education noted in all these newly promoted students, education acquired through evening classes, or whose passage to certain university preparation schools, left them with only a very basic baggage of general knowledge. Suspicions even arose about a number of exams passed by fraud. In short, the stomatologists had an easy time ironizing the dental surgeons, who graduated at 19 and 20 years old. Following complaints and for social reasons, the latter requested the requirement of the higher primary education certificate and five years of dental studies including two years of internship at the beginning and specially reserved for dental prosthetics. During this time, the custom laboratories had increased enormously and the three-year regime for students was the cause, to a large extent, of their lack of practice, which required that their work be done by dental mechanics with recognized professional skills. In this last batch there were over nine hundred registrations of pupils in the schools. If this was not to the public's advantage, at least it was to the schools' advantage."*

In 1933, the French Confederation of Medical Unions (CFSM) discussed a bill on medical auxiliaries, including dental technicians, which provided that they could practice their art (taking impressions; fitting and fitting dental prosthesis appliances) without a medical prescription whenever a medical-surgical intervention was not necessary. This bill was withdrawn due to opposition in the Chamber of Deputies. For the CFSM, *"the right for dental technicians to take impressions, fit and fit dental prosthesis appliances was a clear encroachment on the profession of dentist and a step backwards from what is currently happening, from a legal point of view"* (17).

The Milan and Rio bill

The 1892 law did not satisfy either dentists or stomatologists. Its vagueness had allowed abuses concerning the training of certain dentists. For Brouardel, this 1892 law was only provisional in nature concerning dentists. A revision was necessary. In 1930, a bill by senators François Milan and Alphonse Rio proposed to impose a doctor's diploma in order to have the right to practice dentistry. This bill abolished the dental surgeon's diploma, which some dentists deplored. Others hoped to be able to obtain the title of doctor retroactively. The opinion of the CFSM was first sought. At the request of the representative of the stomatologists' union, Dr. Herpin, the CFSM accepted most of the project but rejected the transitional measures which envisaged allowing dentists to obtain the degree of doctor of medicine according to a regulation to be determined by the Higher Council of Public Education. But the medical unions opposed access to the doctorate in medicine for dental surgeons (18).

For Alexandre Herpin, "*there is one consideration that takes precedence over everything, which is the fact of bringing into the medical framework a specialty that currently produces 500 practitioners per year. There is no reason for this specialty to continue to evolve among empiricists, because we are obliged to consider that it is empiricists who currently practice it*" (19). On the other hand, the representative of the stomatologists drew attention to the fact that dentists were going to request that the baccalaureate be required to enroll in a dental school; "*this would perhaps bring us back to the dental doctorate.*"

The government asked the National Academy of Medicine (ANM) for its opinion on the senators' project, in particular article 2 which stated: "*No one may practice the profession of dentist unless they hold a medical degree*". The dental surgeon's degree was abolished. For the ANM, "*the problems of oral pathology currently require extensive medical knowledge, anatomo-pathological, bacteriological, etc. These problems may also require real surgical interventions; therefore they cannot remain outside the framework of medical or surgical pathology for much longer. Furthermore, technical or manual questions, which are of real importance in dentistry, appear to be able to be resolved, in the same way as for other medical specialties, such as radiology.*" After a long discussion during 1931, it was proposed not to modify this draft article 2. But it was not necessary to harm dental surgeons who had already qualified or were in training. As a transitional measure, the ANM proposed that "*these dental surgeons could obtain the honorary title of doctor after having defended a thesis under conditions of a regulation deliberated by the Higher Council of Public Instruction.*" For one of the members of the ANM: "*the most serious criticism that can be made of the Milan-Rio law is that it makes no mention of the additional studies that should be imposed on doctors of medicine wishing to specialize in dentistry*". Officially imposing dental training after the doctorate would have been an implicit recognition of medical specialties, which was not yet in the air at the time (20). One of the consequences of the ANM discussions was the requirement of the baccalaureate for admission to dental schools for the start of the 1935 school year (decree of July 19, 1932). But this discussion prompted the government to withdraw this bill.

The prophecy of Marcel Béliard

The 1892 law, like the Milan and Rio bill, created a gap between dentists and stomatologists. But some stomatologists were not satisfied with this situation. The CFSM, a group of medical unions, had been founded in 1929 on the occasion of the creation of social insurance that would change the lives of doctors. Its founding president was Dean Balthazard, who wrote in the first issue of the CSMF journal, *Le Médecin français*: "*Unionism currently represents the most considerable force for ensuring the triumph of medical demands.*" The president of the stomatologists' union, Dr. Marcel Béliard, a stomatologist at Paris hospitals, spoke in March

1933 before the CFSM's teaching committee, which was studying the thorny subject of specialty certificates (21). The secretary of the CFSM made the *following preliminary statement*: " *The State Diploma of Doctor of Medicine preserves for all those who possess it the absolute and incontestable right to practice the entire medical art in accordance with the law of November 30, 1892 on the Practice of Medicine.* " This *preliminary statement* clearly defined the scope of the discussions. The CFSM was torn between specialists who wanted to be recognized as such, if only with respect to their clientele, and general practitioners who refused compulsory specialty certificates that would have restricted their field of activity. Béliard insisted on the " *mandatory nature that the certificate of oral-dental specialty should have in consideration of the interests of patients and because of a memorandum of understanding concluded with Odontologists, in the presence of the Minister of National Education, with a view to achieving unity in the dental profession.* "

But the Commission only accepted the non-obligatory Certificate, which only included the "qualification" of the specialist and gave him the exclusive right to use the title of " *qualified specialist* ". " *The request for qualification must be made to the Faculties of Medicine or full-service Schools, which will only be able to decide after the Confederation has given its opinion certifying the status of specialist*".

A few weeks later, the CFSM Board of Directors returned to this burning issue of specialties. The surgeons' representative was the only one, along with the stomatologist, to defend the mandatory certificate. The stomatologists' representative stated that he wanted to try to convince the Board of Directors to create a mandatory specialty certificate to sanction stomatological and oral dental studies.

He recalled the protocol (known as the Monzie protocol, Minister of National Education) signed at the beginning of March between stomatologists and dental surgeons to achieve the unity of the profession with the integration of dentistry into medical studies but under the condition of obtaining a state certificate guaranteeing the technical abilities of the future specialist. This was the *sine qua non condition* of the agreement.

The representative of stomatology insisted on the creation of such a certificate for his specialty, "different from all others", and literally implored the support of the CSMF board of directors. " *Do other specialists than us have to fight against the threat of the development of an organized corporation, doubling their specialty, overwhelming it by the number and whose members are likely to seek an autonomous development, outside the medical framework? Are these not contingencies that must be taken into account, for what concerns our Specialty exclusively, and deserve exceptional measures? From then on, the principle accepted, why would we refuse to the practitioners of the dental art to achieve their unity, when their qualified representatives have signed, all together, a general agreement to achieve this goal, thus demonstrating an exceptional good will. Our specialty must not be the refuge of incapacities or physical declines. It is worth more than that ! Do I need to tell you, Gentlemen, the painful situation that is today reserved for the dental profession, practiced on the one hand by dental surgeons, many of whom have no secondary education, no general knowledge, no medical knowledge, and on the other hand by doctors, a large number of whom have not made the effort to acquire the technical knowledge essential to the correct exercise of our specialty! Of these so numerous Brothers who do not count for any Union.*

A reform is available to you, Gentlemen, to free the dental profession from the anarchy that is tearing it apart. I implore you to observe the interest that there is for all of us in its realization.

Failing to promote the rise of the dental surgeon, failing to study the problem posed before you in a broad spirit of independence, the planned reform will perhaps be postponed forever... Then the Odontologists, rejected by the doctors who will have distinguished neither their good will nor their sacrifices, will resume their freedom of action. They will throw themselves back to the pursuit of the autonomy of the dental art to seek a doctorate in dental surgery whose threat we have avoided and whose risk would become greater than ever. Thus the notion of a hypothetical danger would lead to a formidable solution: the creation of a special doctorate. Now, where would the legislator stop on this path towards the fragmentation of the diploma that we have always defended and that we want to be one and indivisible, like medicine itself ?

To conclude, I ask you, Gentlemen, to admit that an exceptional measure can be retained, establishing the principle of a compulsory State Certificate, supplementing the Doctorate in medicine, for the sole practice of the oral-dental specialty".

Could you ignore that this solution is somewhat unexpected and would you be making light of our doctrine by scorning an acquisition that we should all rejoice in fraternally, together? But then what would have been the use of the efforts of the dental doctors, efforts that have been pursued tirelessly for forty years?

The plea of the representative of the Stomatologists was not heard. The board of directors of the CFSM issued the following statement: " *The board of directors of the Confederation of French Medical Unions, relying on the previous votes of both the National Federation and the Union of Medical Unions of France, declares itself once again resolutely opposed to any dismemberment of the Doctorate in Medicine diploma in the form of a State Certificate of Specialties.*"

This position must have infuriated the representative of the stomatologists all the more since the "Minister of National Education had told him that he wanted to undertake a reform of medical studies (under construction for several years), in agreement with the union and to rely on the union's proposals. It would be unacceptable to refuse such an offer, as friendly as it was unusual" (22). He recalled " *the tenacious action of the dental surgeons with a view to obtaining a modification to the law*".

This unique opportunity to bring together dentists and stomatologists to form a medical oral-dental specialty had been rejected by the main medical union.

The invention of the dentist

The position of the CFSM did not allow the implementation of the "Monzie protocol" of 1933 creating a merger of the dental professions that had found common ground, another project was again put into operation and resulted after two years of discussions between the respective unions in an agreement in September 1936, discussed at the CFSM in December. The bill imposed a doctorate in medicine on future dentists. For the secretary of the CFSM, " *this will be an outlet for 7 to 8,000 doctors. This is very important* ". For several years, the CFSM had been drawing attention to the "medical plethora" and led a " *campaign intended to curb the excessive enthusiasm that pushes the younger generations, insufficiently informed, towards a medical career* ", encouraging some of its representatives to go and take the message to high schools (23). As Béliard explained, the project aimed " *to place in the hands of Doctors of Medicine alone the practice of dental art that dental surgeons hold for the most part today, by a singular privilege that comes to them from the law of 1892, which allows them to compete with doctors for the prophylaxis and treatment of diseases of an important region of the human body* ." A memorandum of understanding was signed between the two medical and dental

confederations. For the transitional period, it was planned that " *dental surgeons and dentists retain the rights that they hold from the law of November 30, 1892, from the law of July 26, 1935 ... They will be able to replace the title dental surgeons with that of doctor-dentist appearing without disjunction immediately after the patronymic name.*" (24)

The project was approved by the CFSM general assembly in December. It was the last attempt to develop a joint project by dental surgeons and stomatologists to harmonize the dental profession.

Other more worrying subjects were going to drive out this project all the more easily since the war period was going to inaugurate the "descent into hell" of stomatology.

The descent into hell of stomatology

The law of November 17, 1941 organized the practice of the dental profession (JO of December 6, 1941) and created, with the *Higher Council of the Order of Physicians* , a *Dental Section of the Higher Council of the Order* , and with each Departmental Council of the Order of Physicians, a *Dental Section of the Council of the Order*.

She appointed Dr. Chactas Hulin of Paris, doctor of medicine, dental surgeon, president of the Dental Section of the Higher Council of the Order of Physicians. Among the members was Dr. Béliard, stomatologist of the Paris Hospitals.

The commemoration of the fiftieth anniversary of the creation of the title of dental surgeon celebrated in Paris during the solemn session of November 28, 1942, was marked by a resounding speech by Hulin. He advocated new legislation based on the independence of the dental profession with the creation of a doctorate in Dental Surgery awarded by a Dental Faculty. The intentions were clearly expressed. They could be realized after May 1968.

In the meantime, stomatology was being organized in Paris, which welcomed Michel Dechaume in 1927. A former intern and anatomy assistant in Lyon, he had just been eligible for the surgical aggregation. He began a brilliant hospital-university career by obtaining the diploma from the *Paris School of Stomatology* in 1928. Accepted into the stomatology competition of the Paris Hospitals in 1929, he held the position of lecturer in 1941 before becoming the first Parisian professor of stomatology clinic in 1946.

In the provinces, the Bordeaux Faculty of Medicine founded a chair of stomatology in 1932, the first in France. Chairs of stomatological clinics were also created in Paris, Lille, Lyon, Nancy and Nantes in 1946.

In Paris, the *French School of Stomatology* was attached to the Faculty of Medicine of Paris in 1944. The holder of the chair had only one stomatology consultation at the Pitié called "clinique de stomatologie". He obtained with difficulty the construction of a real "clinic" called *Institut de stomatologie* , for the practical training of stomatologists with hospitalization, the beginning of the works of which began in 1960.

The Certificate of Special Studies (CES) in Stomatology was created in 1949. The seriousness of the training, both theoretical and practical, in two years, was recognized for producing renowned dentists. Interns were not exempted from it, while interns in other disciplines benefited from equivalence (except also for radiology and anesthesia).

In 1953, the *Paris Society of Stomatology*, created in 1888, which became *the French Society of Stomatology in 1953*, took a new step by becoming *the French Society of Stomatology and Maxillofacial Surgery*.

Dentists did not remain inactive. Dental education was integrated into official education with the creation of the National Schools of Dental Surgery (ENCD) in 1965, with publicly funded education. Private or municipal institutions and institutes of medical schools that prepared students for the dental surgeon diploma could be established as ENCDs. From then on, agreements could link these schools with the Regional Hospital Centers to transform the "dental clinics" into dental consultation and care services. These national schools would quickly disappear with the creation of dental surgery faculties after 1968. This year 1968 would be considered emblematic by dental surgeons because the training system would integrate universities, in the same way as medical faculties.

After 1968

This period saw the deterioration of relations between stomatologists and dentists with the creation of the UER of odontology, which became UFR and then dental faculties.

Odontology is freed from the supervision of stomatology. In university hospitals with dental faculties, dental care centers are entrusted to dentists from the dental faculty. There is a gradual desertion of dentists from the stomatology departments that contributed to the training of stomatology interns. The state diploma of doctor of dental surgery replaces the state diploma of dental surgeon from the 1972-1973 academic year.

The first so-called exercise theses were defended in 1973 for all students completing their 5th year. A great many dental surgeons who had previously graduated would like to become "doctors" and would prepare their thesis and defend it upon returning to the faculty. The unlimited freedom of prescription granted to dental surgeons in 1972 would lead the faculty to strengthen the teaching of pharmacology and therapeutics.

The 1984 reform of medical studies eliminated the *Certificate of Special Studies (CES) in Stomatology*. Surgical specialties (including Stomatology) must go through the "qualifying internship" with the *Diploma of Specialized Studies (DES) in Stomatology*.

For their part, in 1989, dentists obtained the creation of a non-qualifying *Advanced Studies Diploma in Oral Surgery (DESCB) (decree of August 2, 1989)*.





At the same time, perhaps as a reaction, in 1988, in addition to the *DES in stomatology*, stomatologists obtained a *Diploma of Complementary Specialized Studies (DESC) in Maxillofacial Surgery and Stomatology*, passing through the DES in general surgery. According to those responsible for the specialty, this is "the path of excellence" in stomatology. This path will be favored by successive generations of interns, even if the duration of studies is longer (6 years compared to 4 years), to such an extent that recruitment for the DES has inexorably declined (the last student to hold the DES in stomatology, in Paris, was in 2003). The same was true in the other faculties. By moving up the surgical path, the specialty moved away from the dental base on which it rested, even if "dental art" officially gave way in 2009 to *oral medicine* with the ISO 1942: 2009 standard proposed by the French Dental Association (ADF) and published in December 2009.

Conclusion

This story leads to a first reflection. The defenders of stomatology, who can be dated back to the creation of the *Société de Chirurgie Dentaire de Parisiens* in May 1845 for quality *dental art*, fought for a century and a half to obtain a medicalization of *dental art*. The successors, equally imbued with excellent dental medicine, found themselves confronted with dentists of very variable levels. On several occasions, the projects of an acceptable *modus vivendi*, if not a merger between the two professions, were blocked by obstacles of all kinds, ranging from the revolution of 1848 which did not allow the promulgation of the Salvandy law, to the blocking of the CFSM in the 1930s.

The recent creation of DESCO is the first link between the two concepts of teaching oral medicine, so desired by some for over a century.

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