The Formation of Taiwanese Medical Education Facilities during Japanese Rule — From Taiwan Governor-General Medical School to Taihoku Imperial University Medical Department —

TETSUZO SUZUKI*

I. Introduction
II. The Establishment and Development of Taiwan Governor-General Medical School
III. The Foundation of Taihoku Imperial University Medical Department
IV. Trends of Graduates
V. Conclusion

I. Introduction

This paper aims to explore the development process of Taiwanese medical education facilities during Japanese rule from the dimensions of arguments within Taiwan Governor-General, educational courses, and graduates’ trends. So far the studies regarding Taiwanese medical education history during the Japanese ruling period can be largely divided into two categories: first, general writings outlining the evolution and changes from Taiwan Governor-General Medical School to Taihoku Imperial University Medical Department; ¹ second, studies regarding medical talents, including the formation of Taiwanese physicians and social leadership hierarchy and their relationships with politics, society, ² the formation of Taiwanese physicians’ collective identity, ³ and research performance of Taiwanese physicians and their implications on

* The doctoral candidate of Department of History, National Taiwan Normal University.

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Taiwanese medical development. Overall, the cumulative results of the latter is richer; however, most of their contents focus on the study of elite characters, did not fully grasp the trends of Taiwanese medical education institutions’ graduates, and almost do not deal with Taiwanese graduates. Therefore, there is still considerable gap that can be explored deeply about the establishment of Taiwanese medical education institutions and trends of their graduates during the Japanese ruling period.

As for the academic history study of medical education institutions, this has mainly concentrated on the tropical medicine research of various lectures at Taihoku Imperial University Medical Department and their connections with the southward advance policy. All of their arguments are the same as works exploring academic research in literal & political and science & agricultural departments, emphasizing the close relationship between academic research of Taihoku Imperial University Medical Department and politics under the wartime regime, and demonstrating the special role played by Taihoku Imperial University Medical Department as a research institute. However, there are almost no relevant discussions on dimensions of medical education. Of course, Taihoku Imperial University has the special characteristics of focusing on research, and that the number of their teachers on average accounts for more than 60% of the number of students, but it seems inappropriate to ignore its function as an educational agency. Despite the close relationship between research and education, only one-sidedly emphasizing the special characteristics of the school as a research institute, it makes it difficult to grasp its function as an educational agency.

Based on the above research situation and problem awareness, this paper mainly explores the development process of medical education facilities from the perspective of education system history. This study first collated the purpose of establishment,

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5 Yen-chiou Fan, “Diguo Zhengzhi yu Yixue—Riben Zhashi Zongdongyuan xia de Taipei Diguodaxue Yixuebu—,” Graduate Institute of Taiwan History paper 1 (2009).

6 Pi-ling Yeh, Xueshu Xianfeng—Taipei Diguodaxue yu Riben Nanjin Zhengce zhi Yanjiu (Taipei: Dao-xiang Press, 2010).

7 About the studies of using the same viewpoint to explore the establishment course and academic development of various academic departments of Taipei Imperial University, can refer to Li-ling Zheng, Diguodaxue zai Zhimindi de Jianli yu Fazhen—yi Taipei Diguodaxue wei Li (National Taiwan Normal University, Ph.D. dissertation, April 2001).

admission qualifications, length of study, and education courses of various medical educational facilities, as well as the special characteristics of graduates, to demonstrate its education system characteristics, and to clarify its objectives of talent nurturing policy through the course features of various medical educational facilities. Next, in order to evaluate the extent of policy implementation of its talent nurturing policy, this study examined the trends of graduates of various medical education facilities. In addition, relevant studies on “colonial medicine” had pointed out, compared to experimental medicine centered on research, i.e., university education, Taiwan’s medical education was different from those in domestic Japan; it put more emphasis on clinical medicine with practical nature, that is, specialized college education. As a result, most Taiwanese physicians stayed in the practitioner sector to engage in local medical services, while the important duty physician positions in Governor-General Hospital and research positions in Central Research Institute/Department of Health were mostly taken by Japanese physicians who graduated from university; therefore, the Japanese physicians actually controlled the dominating power of Taiwan’s medicine development process. This has been regarded as the characteristic of Japan’s colonial medicine. Thus, this paper attempts to use the Comparative Study Method to compare Taiwan’s medical education facilities with domestic professional medical schools and Imperial University of Medicine in Japan, so as to verify the nature of Taiwan’s medical education facilities, and in the meantime, also to clarify the position of Taiwan’s medical education facilities in the Japanese Empire.

II. The Establishment and Development of Taiwan Governor-General Medical School

1. The particularity of Taiwan Governor-General Medical School

Taiwan Governor-General Medical School (hereinafter referred to as “Taiwan Medical School”) is an official medical education institution established in accordance with the “The Bureaucracy System of Taiwan Governor-General Medical School” issued in March 1899. At that time, Japan’s official public medical schools included two medical universities of the Imperial University (Tokyo and Kyoto) at university

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9Michael Shiyung Liu. Prescribing Colonization: The Role of Medical Practices and Policies in Japan-Ruled Taiwan, 1895-1945. Ann Arbor, Mich.: Association for Asian Studies, 2009, pp.134-139. In this book, experimental medicine is used as an antonym of clinical medicine, it includes academic areas such as bacteriology, microbiology, parasitology, hygiene, anatomy, pathology, physiology, and biochemistry, is substantially corresponded to the so-called basic medicine in this paper.

10Fuhō, No.496.1899/4/9,pp.15-16.
level, and five official High School medical departments (Chiba, Sendai, Okayama, Kanazawa, Nagasaki), as well as three public medical schools (Osaka, Kyoto, Aichi) at specialized college level. The admission qualification for imperial medical universities was a graduate of science discipline from a college, while the admission qualification for official High School medical departments and public medical schools was a graduate from a middle school. All students who graduated from these medical education institutions were exempted from an examination and granted a “Physician Certificate” issued by the central government.11 “Taiwan Medical School” recruited Taiwanese individuals who graduated from public schools and passed an examination. Graduates from the School could obtain a “Medical Profession Certificate” issued by the Taiwan Governor-General.12 In terms of the legal system, all people holding either a “Physician Certificate” or a “Medical Profession Certificate” were physicians and had the right to be a medical practitioner and establish a clinic or hospital, but the biggest difference between them was the effective range: the former was valid in any place controlled by the Japanese Emperor such as Japan, Taiwan, and Korea, while the latter was limited to the area governed by the Taiwan Governor-General.13 Moreover, graduates from “Taiwan Medical School” had no right to be exempted from an examination and granted a “Physician Certificate,” so their physician status was applicable in Taiwan only.

The legal basis of the various High School medical departments is the “Specialized College Act” issued in March 1903. They belong to official medical specialized colleges.14 Comparing a medical specialized College with “Taiwan Medical School” from the system aspect, differences can be found in three major areas: (1) admission qualifications and rights after graduation; (2) period of study and education courses; and (3) tuition and allowance systems.

First, the differences in admission qualifications have been described above. As for the rights after graduation, in addition to the difference in effective range of physician


14Specialized College Act and its related acts have set unified standards of school rules, admission qualifications, teacher qualifications, equipments, etc. for independently developed official public and private specialized schools since early Meiji period. Only those schools achieved the standards and accredited by the Minister of Education can be identified as the “specialized College”. In this sense, the Act can be said a landmark in Japan education history. See Amano Ikuo, *Kindai Nihon Köto kyōiku Kenkyū* (Machida: Tamagawa University Press, 1989), pp.205-208.

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qualification, there is a difference of title. An official medical specialized College graduate can be called a “Bachelor of Medicine of ‘school name,’” for example, an Okayama Medical College graduate can be called “Bachelor of Medicine of Okayama Medical College.”\(^{15}\) For a physician, the biggest value of the title lies in publicity. The “Physician Act” published in May 1906 stipulated that anyone publishing an exaggerated or false physician advertisement shall be punished, and the amendment of the Act in July 1909 further banned all “skills, therapy or experience advertisement” about a physician, but still allowed the advertisement of degree, title, and professional discipline.\(^{16}\) For a physician, the title is the proof of completion of a formal medical school curriculum; it can objectively present the extent of his or her own professional knowledge and skills. However, “Taiwan Medical School” graduates are not entitled to enjoy this title.

Second, with regard to the period of study, “Taiwan Medical School” and official medical specialized college were respectively five years (including one preparatory year, four undergraduate years) and four years, respectively. In terms of curriculum, in An Outline of Taiwan Governor-General Medical School, the author claims that its curriculum arrangement was “slightly more difficult than Japan domestic medical schools, and roughly equivalent to medical specialized Colleges.”\(^{17}\) However, in fact there was a quite substantial gap with medical specialized Colleges. Take the 1910 courses of “Taiwan Medical School” and Chiba Medical College as an example. The preparatory program of “Taiwan Medical School” implemented basic education and had courses of gymnastics three hours per week each semester, ethics two hours per week

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15 A High School medical department is a medical education facility established according to June 1895 “High School Act” (Royal Decree No. 75), its graduate can be called as a “Medical Baccalaureate”. After restructured as a government medical specialized college in accordance with Specialized College Act, a graduate after 1908 of a government medical specialized college can be called a “(school name) Bachelor of Medicine”. As for public medical schools, for example, Kyoto Prefectural College of Medicine, from 1902 its graduate can be called as “Kyoto Medical Baccalaureate”; and from 1909 changed to “Kyoto Medical Specialized College Bachelor of Medicine”. With respect to private medical schools, for example, from 1904 graduates of the Jikeikai Medical Specialized College can be called as “Tokyo Jikei Hospital Medical Specialized College Baccalaureate”; and from 1909 renamed as “Tokyo Jikei Hospital Medical Specialized College Bachelor of Medicine”. See, Okayama Igakusenmongakkō ichiran[from Taishō 1 to Taishō 2](Okayama: Okayama Igakusenmongakkō, 1912), pp.10-15; Kyoto Furitsu Ikadaigaku Ichiran(Kyoto: Kyoto Furitsu Ikadaigaku, 1941), pp.13-18; [Taishō 11] Tokyo Jikeikai Ikadaigaku Tokyo Jikeikaiin Igakusenmongakkō Ichiran,(Tokyo: Tokyo Jikeikai Ikadaigaku, 1922), pp.4-7.

16 Kouseisho Imukyoku, Iseihyakunenshi, The Part of Compilation (Tokyo: Gyosei, Sept. 1976), pp.67-71. In pre-war times except for early Meiji period, the so-called degrees in Japan refer to Doctor of Medicine, Doctor of Laws, Doctor of Engineering, etc.; and titles refer to Bachelor of Medicine, Bachelor of Laws, Bachelor of Engineering, as well as “(school name) Bachelor of Medicine”, etc.; while professional subjects refer to internal medicine, surgery, obstetrics and gynecology, pediatrics, ophthalmology, etc.

17 [Meiji 43] Taiwan Sōtokufu Igakkō Ichiran(Taihoku: Taiwan Sōtokufu Igakkō, 1910), p.68.
each semester, science six hours per week each semester, geography three hours per week each semester, history three hours per week each semester, mathematics six hours per week each semester, and national language six hours per week each semester. The first year of undergraduate also arranged the courses of gymnastics three hours per week each semester, ethics one hour per week each semester, mathematics seven hours per week in the first and second semesters, and six hours per week in the third semester, national language five hours per week in the first semester and three hours per week in the second and third semesters, physics five hours per week in the first and third semesters, and six hours per week in the second semester, chemistry five hours per week in the first and third semesters, and six hours per week in the second semester, and anatomy three hours per week in the first and second semesters and six hours per week in the third semester, still centered around cultivation courses. On the other hand, in the first year of Chiba Medical College there were gymnastics three hours per week each semester, self-cultivation one hour per week each semester, German ten hours per week in the first semester and six hours per week in the second semester, physiology six hours per week in the second semester, and anatomy ten hours per week each semester. The subjects were basically the same with those at “Taiwan Medical School.” The number of hours of the cultivation courses accounted for more than half of all courses; however, the teaching of German is the main difference between the two. Starting in the second year, at Chiba Medical College, in addition to self-cultivation (one hour per week) and German (four hours per week), all courses are professional subjects, while at “Taiwan Medical School,” cultivation courses such as physics (the first semester of the second year, four hours per week), chemistry (the first semester of the second year, five hours per week), gymnastics (second year three hours per week, second semester of third and fourth years two hours per week), and ethics (second semester of second through fourth years, one hour per week) were retained.

In the field of professional subjects, the common point of the two schools was that the first and second grades focused on learning basic medicine, and the third and fourth grades put the emphasis on learning clinical medicine. However, at “Taiwan Medical School” the basic medical subjects included anatomy, physiology, pathology, pharmacology, and public health, and clinical medicine subjects included internal medicine, surgery, ophthalmology, obstetrics, and gynecology. Compared with Chiba Medical College, the professional subjects of “Taiwan Medical School” lacked forensic medicine, dermatology, mildew toxicogenomics, otolaryngology, and psychiatry, and
the number of total hours of basic medical subjects was less than that of Chiba Medical College. In clinical medicine subjects, internal and surgery occupies many hours at both schools, especially at “Taiwan Medical School.”

Third, with regard to tuition and allowance systems, all medical specialized Colleges in domestic Japan collected a certain amount of tuition no matter whether official, public, or private. Taking Chiba Medical College as an example, in the times of its predecessor (The First High School Medicine Department), it collected 25 Yuans per year. After it was restructured as Chiba Medical College, from April 1905 the tuition collected was changed to 30 Yuans and from July 1911 to 40 Yuans. Starting in May 1918 it collected an additional internship fee of 12.50 Yuans in addition to tuition. However, in the case of “Taiwan Medical School,” no tuition was collected until it was restructured as Taiwan Governor-General Medical Specialized College in April 1919, and in order to ensure student resources it even established an allowance system to distribute a food fee of 0.2 Yuan/day and petty cash of 0.05 Yuan/day for each student. After academic year 1905, it opened enrollment to self-financed students, and the ratio of allowance students gradually declined, from 92% (1907), 70% (1910), 51% (1913), to 32% (1916). In 1917 the school changed its policy to recruit only self-financed students on the ground that “students hope to enroll at their own expenses suddenly increased in recent years.” One of the reasons for the increase in self-financed students was that after graduation an allowance student had to “bear the obligation of tasks designated by Taiwan Governor-General for five years,” otherwise he was required to repay all received allowances, and starting October 1905, every allowance student was required to self-report his address to the Governor-General, and as well when moving. In contrast, the self-financed students had no such restrictions, so they could enjoy their freedom.

From the above, one can see the institutional differences between the “Taiwan

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18 [Meiji 43]Taiwan Sōtokufu Igakkō Ichiran, pp.68-71; Chiba Igakusenmongakkō Ichiran[from Meiji 43 to Meiji 44](Chiba: Chiba Igakusenmongakkō, 1910), pp.18-22.
19 Daiichi Kōtōgakkō Igakubu Ichiran[from Meiji 28 to Meiji 29](Chiba: Daiichi Kōtōgakkō Igakubu, 1895), p.33; Chiba Igakusenmongakkō Ichiran[from Meiji 38 to Meiji 39](Chiba: Chiba Igakusenmongakkō, 1905), p.52; Chiba Igakusenmongakkō Ichiran[from Meiji 44 to Meiji 45](Chiba: Chiba Igakusenmongakkō, 1912), p.38; Chiba Igakusenmongakkō Ichiran[from Taishō 7 to Taishō 8](Chiba: Chiba Igakusenmongakkō, 1919), pp. 6, 28-29.
21 Taiwan Sōtokufu Igakusenmongakkō Ichiran(Taihoku: Taiwan Sōtokufu Igakusenmongakkō, 1920), pp.154-155.
22 Taiwan Sōtokufu Igakusenmongakkō Ichiran, p.8.
23 Fuhō, No.554, 1898/7/7, pp.20-21.
24 Fuhō, No.1843, 1905/10/6, p.16.
Medical School” and the Japanese official medical specialized colleges, as well as the particularity of the “Taiwan Medical School.” The background of the establishment of the “Taiwan Medical School” lies in the intent of policies of the Governor-General, as well as the needs of reality. In the early ruling days, in order to improve the health status of this “quotidien land” of Taiwan, the Governor-General had set policy objectives, trying to cultivate Taiwanese physicians’ mastery of Western medicine and to dispatch them to all parts of Taiwan.25 However, the facts are that, at the time when “Taiwan Medical School” was established, the established years of public schools is still shallow, and they even had no secondary general education authority; therefore, it is difficult to set up a medical school with same degree of domestic Japan. So in his school ceremony speech, the first President Yamaguchi Hidetaka pointed out, “In the future we must rectify the education system, so that medical school can be interrelated with other educational facilities, at present temporarily we have to seek speed with changed rules.”26 In summary, the foundation of “Taiwan Medical School” was for achieving the policy objectives of Governor-General, and so it temporarily adopted an informal and quick way to cultivate physicians to engage in field medical treatment.27 Therefore, in terms of education courses, only necessary and minimum basic education were implemented in the preparatory program and first year of formal program, and professional subjects also focused on the training of the most-needed internal and surgical field medical treatments.

In addition, the free tuition and allowance system not only solved the problem of the difficulty of recruiting students in the early years when it had just been founded, but it also implies the intent of the policy of the Governor-General.28 According to statistics, the school had cultivated at least 280 allowance students29 who had to undertake obligations as physicians after graduation; therefore, the Governor-General could implement health and medical policies through these physicians (for example, being

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27[Meiji 43] Taiwan Sōtokufu Igakkō Ichiran, p.68.
28Wen-hsing Wu, Rizhishiqi Taiwan de Shehui Lingdao Jieceng, pp.90-95.
29Which is calculated according to the following: in 1911 for the first time produced four graduates at their own expense, so if all the graduates before are considered as allowance students, then total allowance students is 149 persons. 1911 has 28 allowance graduates, 1912-1914 number unknown, 1915 has 23, 1916 has 18, 1917 has 21, and 1918 has 16. In 1917 suspended the enrollment of allowance student, and among the previously enrolled allowance students at least 25 people graduated between 1919-1921. The total of the above allowance students is 280 persons. See, Taiwan Sōtokufu Igakkō Ichiran(Taihoku: Taiwan Sōtokufu Igakkō, 1917), pp.107-110; Taiwan Sōtokufu Igakuseinmongakkō Ichiran/Taishō 14/(Taihoku: Taiwan Sōtokufu Igakuseinmongakkō, 1925), pp.118-130; Fuhô, No.3215, 1911/4/20, p.57; Fuhô, No.743, 1915/4/30, p.102; Fuhô, No.1003, 1916/5/2, p.2; Fuhô, No.1278, 1917/5/3, p.11; Fuhô, No.1559, 1918/5/15, p.50.
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engaged in preventive practices and sent to places lacking medical facilities to serve as public physicians).  

It is also worth mentioning that the supervisory authority of “Taiwan Medical School” was not an education administration authority; rather, the Health Division of the Police Department was in charge of health and medical administration, and this sufficiently proved that “Taiwan Medical School” was indeed closely related to health and medical care policies.

In short, due to the institutional particularity of “Taiwan Medical School,” the rights enjoyed by its graduates (including physician qualification and title) were quite different from those of Japanese medical schools. However, since the late 1910s, this particularity had gradually phased out. The changes of “Taiwan Medical School” after the particularity disappeared will be explored as follows.

2. The development of Taiwan Education Act and the restructuring of Taiwan Governor-General Medical School

After World War I, in response to the new threats posed by the contemporary thought trend of national self-determination and national consciousness of Taiwanese people, in January 1919, based on policy guidelines of assimilationism, the Taiwan Governor-General promulgated the “Taiwan Education Act”. However, the Act stipulated that “the education of Taiwanese people in Taiwan shall be conducted in accordance with this Act” (Article 1). It therefore established the separation of education systems for Japanese and Taiwanese students, and maintained the education segregation of Japanese and Taiwanese.

According to Article 23 of Taiwan Education Act, “A school that implements professional education is a Specialized College,” so Taiwan Governor-General Medical School was reorganized as “Taiwan Governor-General Medicine Specialized College” (hereinafter referred to as “Taiwan Medicine Specialized College”) in April of the same year. In the meantime, the Governor-General additionally formulated “Regulations on

30Public Physicians(Kōi) are those physicians who receive allowance from government and are sent to various place to perform tasks such as infectious disease countermeasures, autopsy, etc., and practice in local area to provide medical services. With regards to the formation process of Public Physician System and its functions, please refer to my article “Taiwansōtokuifu no iyōsēsaku—Taiwan kōi seido no kēse to sono syokuminchitetsūsēkaku,” in Higashiajia kindaishi, 9, 2006, pp.88-114; “Rizhi Chunian Taiwan Weisheng Zhengce zhi Zhankai—yi ‘Gongyi Baogao’ zhi Fenxi wei Zhongxin,” in Bulletin of Historical Research, 37, 2007, pp.143-180.
32Wen-hsing Wu, Rizhi shihgai Taiwan de Shehui Lingdao Jiecing, pp.87.
33Fuhō. No.1738, 1919/1/12, pp.30-31.
34Fuhō, No.1803, 1919/4/10, pp.50.
Taiwan Governor-General Medical Schools” (Governor-General Order No. 57) to stipulate the types of disciplines, period of study, admission qualifications, and education courses of such schools. According to the Regulations, “Taiwan Medicine Specialized College” was required to set a preparatory program and formal program (undergraduate), and the preparatory program would recruit Taiwanese people who had graduated from public schools, the same as in the “Taiwan Medical School” period, but this extended the training period to preparatory program four years and undergraduate four years, for a total of eight years, and the education curriculum also changed. In addition, another significant difference from the “Taiwan Medical School” period is that the school began to charge tuition, for the preparatory program 20 Yuans, and for the undergraduate 25 Yuan per year (in April 1921 this increased to 30 Yuans). Furthermore, graduates of the undergraduate program of “Taiwan Medicine Specialized College” were entitled to have the title of “Taiwan Medical Baccalaureate (Taiwan Igaku Tokugyōshi).” The above provision applied to students enrolled in the preparatory program from April 1919.

Furthermore, in light of the fact that Japanese physicians who worked in official public hospitals and various government agencies frequently changed and supplement operation required a large labor force, so if Japanese physicians could be cultivated in “Taiwan Medical School,” then the shortfall could be made up nearby. So in April 1918, the Governor-General specifically set up a Specialized Department of Medicine (hereinafter referred to as “Medicine Specialized Department”) in “Taiwan Medical School” to recruit Japanese people as medical students. In April of the following year, along with the restructuring of “Taiwan Medical School” into “Taiwan Medicine Specialized College,” the “Medicine Specialized Department” also became one of the disciplines of “Taiwan Medicine Specialized College.” According to the Specialized College Act, this Department enrolled students who had graduated from middle schools. Its purpose was “to apply education to Japanese males who intend to serve as physicians inside and outside the island.” The training program took four years, and tuition was 30 Yuans per year (in April 1921 this was raised to 40 Yuans). After graduation, they were entitled to be called “Taiwan Governor-General Medicine Specialized College

35 Fuhō, No.1820, 1919/4/20, pp.159-162.
36 Fuhō, No.2343, 1921/3/31, p.70.
37 Taiwan Nichinichi Shinpō 6282(1917/12/21), p.3.

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Bachelor of Medicine (Taiwan Sōtokufu Igakusenmongakkō Igakushi)."\(^{42}\) However, in fact Taiwanese students who had graduated from the middle schools in domestic Japan were also allowed to enroll,\(^{43}\) indicating its admission system was very flexible. In addition, in June 1919, the supervisory authority of “Taiwan Medicine Specialized College” was shifted from the Health Division of the Police Bureau to the Educational Affairs Division of the Internal Affairs Bureau.\(^{44}\)

With regard to the education courses of the undergraduate program\(^{45}\) and the “Medicine Specialized Department”\(^{46}\) of “Taiwan Medicine Specialized College,” since the preparatory program of the undergraduate program had been extended, the level of basic education was enhanced, so the ratio of professional subject teaching hours was higher than “Taiwan Medical School.” The education curriculum of the “Medicine Specialized Department” had little difference compared with that of official medical specialized Colleges in domestic Japan.\(^{47}\) If compared with the curriculum of the undergraduate program of “Taiwan Medicine Specialized College,” the basic medicine and clinical medicine trainings of the two were the same in terms of subjects and hours except that cultivation course hours such as German language of the “Medicine Specialized Department” were slightly greater. However, since the preparatory program of the “Taiwan Medicine Specialized College” is less than one year of middle school,\(^{48}\) so its education level is relatively lower.

The important thing is, after it was restructured from “Taiwan Medical School” to “Taiwan Medicine Specialized College,” the education level of the undergraduate program had been enhanced, and because it started to collect tuition and the supervisory authority had been replaced by an education administrative authority, so its education level and school form was already very close to official medical specialized Colleges in domestic Japan. Besides, in order to differentiate itself from “Taiwan Medical School,” the Governor-General granted its graduates the title of “Taiwan Medical Baccalaureate.”

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\(^{43}\) For example, Lin Bo-Yu graduated from Tokyo Sēsoku Middle School in March 1916, in April 1918 he enrolled in first grade of “Taiwan Medical Specialized College” undergraduate program, transferred from third grade of the undergraduate program to third grade of “Taiwan Medical Specialized College” Medical Specialized Department in April 1920, and graduated from the Medical Specialized Department in April 1922. See, Fuhō, No.2115, 1920/5/19, pp.49-50; Taiwan Sōtokoku Igakō Ichiran (Taihoku: Taiwan Sōtokukō Igakkō, 1919), pp.102; Taiwan Sōtokoku Kö bunrui san Vol.4, No.64[03455] (Taihō 11th), collect in Taiwan Historica.

\(^{44}\) Fuhō, Extraordinary, 1919/6/29, pp.1-4.

\(^{45}\) Fuhō, No.1820, 1919/4/20, pp.159-162.

\(^{46}\) Fuhō, No.1528, 1918/4/2, pp.10-13.

\(^{47}\) See, Chiba Igakusenmongakkō Ichiran[from Taishō 7 to Taishō 8], pp.15-19.

\(^{48}\) Taiwan Kyōiku kai, Taiwan Kyōiku Enkakushi (Taihoku: Taiwankyōikukai, 1939), pp.730-737, 770-786.

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However, it should be noted that this title is different from that of graduates of the “Medicine Specialized Department.” Because the biggest difference was whether it was based on the Specialized College Act or not to enroll students with a middle school graduation level, the title and physician qualification after graduation also varied accordingly. Graduates of the “Medicine Specialized Department” were entitled to obtain the “Physician Certificate” awarded by the central government without the need to pass an examination, while the graduates of the undergraduate program had no such right and could only obtain a “Medical Profession Certificate” issued by the Governor-General.

With regard to this institutional difference, the Taiwanese students of “Taiwan Medicine Specialized College” petitioned the Taiwan Governor-General, expressing that they hoped the preparatory program could be upgraded to a middle school.\textsuperscript{49} Since the education system stipulated by the “Taiwan Education Act” could not meet Taiwanese education requirements, and even some open-minded Japanese also considered it to be inappropriate,\textsuperscript{50} therefore, the Governor-General advertised the “inland extension doctrine (Naichi Enchō Shugi)” to stress that they would take popularization of education and improvement of Taiwanese culture as top priority. In February 1922 the Governor-General also promulgated the new “Taiwan Education Act”. The first Article of this Act provided that “the education in Taiwan shall be conducted in accordance with this Act.”\textsuperscript{51} Different from the old Act, its provisions not only covered the education system with Japanese students included, and also explicitly specified the cancellation of isolation of education facilities of Japanese and Taiwanese students in and above middle schools (except Normal Schools), so in the sense of the so-called “study together,” this Act really marks an epoch of education history in Taiwan. Subsequently, education facilities in and above middle schools had been referred to the Japanese domestic system to add or restructure, and middle schools around the whole island gradually increased accordingly.\textsuperscript{52}

With respect to specialized education, Article 10 of new Taiwan Education Act stipulated “specialized education shall be based on Specialized College Act,” accordingly, since April 1922 “Taiwan Medicine Specialized College” was formally restructured as a medical Specialized College which could recruit both Japanese and

\textsuperscript{49}Yichikisha, “Taihoku Isen Yoka no Shōkaku Undō,” in \textit{Taiwan Sēnen} 4:2(Feb. 1921), p.60. 
\textsuperscript{50}Wen-hsing Wu, \textit{Rizhishiqi Taiwan de Shehui Lingdao Jiecheng}, p.88. 
\textsuperscript{51}Fuhō, No.2583, 1922/2/15, pp.27-28. 
\textsuperscript{52}Wen-hsing Wu, \textit{Rizhishiqi Taiwan de Shehui Lingdao Jiecheng}, p.88.
Taiwanese graduates of middle schools. According to “Regulations on Taiwan Governor-General Medicine Specialized College” (Governor-General Order No. 87) released in the same month, first, the school’s admission requirements, length of study, tuition, and special grant after graduation were all the same as the previous “Medicine Specialized Department” (but tuition was raised to 60 Yuans since April 1931); second, existing students of the “Medicine Specialized Department” directly transferred into the school as its students; and third, the original preparatory program and undergraduate program stopped recruiting new students, and the existing not-yet-graduated students continued their study in accordance with the previous provisions (below will refer the discipline according to Governor-General Order No. 57 as “Taiwan Medicine Specialized College” undergraduate program, and the discipline according to Governor-General Order No. 87 as “New Medicine Specialized Department”).

Article 8 of Specialized College Act explicitly stipulated that “the period of study, disciplines, subjects and their levels of government-established Specialized Colleges” shall be specified by the Minister of Education. Based on this Act, all subjects and their levels of government-established medical Specialized Colleges were based on the standards specified in “Regulations on Government-established Medicine Specialized College” issued by the Ministry of Education, so there was almost no difference in education courses of all government-established medicine specialized colleges.

With regard to the New Medicine Specialized Department of “Taiwan Medicine Specialized College,” Article 11 of new Taiwan Education Act stipulated that the Taiwan Governor shall exercise duties of the Minister of Education on his behalf, so he could arrange its education courses. Compared to the curriculum of the previous “Medicine Specialized Department,” which was different from the curriculum of government-established medicine specialized colleges in domestic Japan, the education curriculum of the new Medicine Specialized Department of “Taiwan Medicine Specialized College” was organized and arranged in accordance with “Regulations on Government-established Medicine Specialized College,” so, in general, there were not many differences from that of government-established medicine specialized colleges in domestic Japan. Its biggest special feature was that in the subjects of pathology and

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53 Fuhō, No.2631, 1922/4/18, pp.78-79.
54 Fuhō, Extraordinary, 1922/4/1, pp.4-5.
55 Fuhō, No.1180, 1931/2/21, p.72.

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hygiene it included parasitology, medical entomology, and tropical hygiene. Parasitology and medical entomology were taught in the first grade, each occupying one-half hour of 34 class hours per week, while both tropical hygiene and general hygiene and their experimental courses were taught in the fourth grade, occupying 3 hours of 29.5 class hours per week.  

The education purpose of this course was to nurture human resources for engaging in the research and development of tropical medicine, and the Tropical Medicine Specializing Division set by “Taiwan Medical School” in June 1918 also had the same goal. “Taiwan Medical School” Principal Horiuchi Tsuguo had once expressed a policy intention of setting this program based on the geographical condition that “Taiwan is the relay station between China and Nanyang (Southeast Asia), and the disease distribution or various health status of China and Nanyang is almost the same with Taiwan, Taiwan is just like a model of these regions,” therefore, “it is a good place appropriate for tropical medicine research”. Coupled with the fact that there had been “recently quite a lot of requests from Nanyang or China, asking for recruiting physicians for them,” therefore, it was necessary to nurture talents mastering in tropical medicine that also could be applied to internal and surgical medicine, so that these talents “can freely exercise medical activities in China or Nanyang.”

Since April 1919, the Tropical Medicine Specializing Division inherited “Taiwan Medicine Specialized College” and commenced its operation. Until it was abolished in April 1936, the admission qualification of this Division was “a physician or a person qualified to receive a physician’s certificate,” and the period of study was one year. With respect to the curriculum, in order to achieve the above purposes, it highlighted tropical places and tropical medicine-related subjects such as tropical disease medicine, parasitology, tropical hygiene, pathogenic microbiology, immunology and serology, colonial health system, foreign language (selecting one or two from English, German, Chinese, and Malay), etc. A title of “Bachelor of Tropical Medicine” would be additionally granted to the graduates of this Division provided that the graduate held a “Physician Certificate” issued by the central government or a title of “Taiwan Medical Baccalaureate” to strengthen his authority of mastery in tropical

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57 Fuhō, Extraordinary, 1922/4/1, pp.4-5.
58 Fuhō, No.3507, 1925/4/29, p.117.
59 Fuhō, No.1583, 1918/6/11, pp.32-36.
63 Fuhō, No.2143, 1920/6/24, p.57.
From the above it can be determined that, based on background factors including the contemporary trend after the World War I, strong education system reform requests of Taiwanese, as well as the need to cultivate Japanese physicians in Taiwan, the school in question had evolved from the original “Taiwan Medical School” to the undergraduate program of “Taiwan Medicine Specialized College,” then to the “Medicine Specialized Department,” and finally was restructured as the New Medicine Specialized Department of “Taiwan Medicine Specialized College,” its particularity in system and school form had gradually disappeared and tended toward homogenization with medicine Specialized Colleges in domestic Japan. Moreover, as the new Taiwan Education Act had paved the path between the educational systems of Taiwan and Japan, the New Medicine Specialized Department of “Taiwan Medicine Specialized College” subsequently closely bridged with the education system in domestic Japan, thus greatly promoted student exchanges between Taiwan and Japan.

III. The Foundation of Taihoku Imperial University Medical Department

1. Multi-facet functionality of Taihoku Imperial University Medical Department

Taihoku Imperial University was founded in March 1928, set up as two departments, namely literal & political and science & agricultural, and started teaching in May of the same year. 64 According to relevant documents for founding the University drafted by the Governor-General, the reasons for the establishment of the school are based on: (1) with the improvement of the knowledge-learning intention of Taiwan people, the number of students studying abroad in Japanese universities has been significantly increased, but “they only saw the dark side of Japan, or were affected by adverse thinking, and may pose a danger of becoming an obstacle for Japan’s ruling in Taiwan”; (2) students of the first graduating class of Taihoku high schools established in 1922 would graduate in 1928, it was necessary to set up a university in Taiwan to accept them; and (3) to establish a university in southern tip (Taiwan) of the Japanese Empire, to promote academic studies of humanities and natural science in East Asia and Southeast Asia, and to contribute their achievements to the society, which could be helpful to the southbound development of the Japanese people. 65

64Taihoku Tēkoku daigaku Ichiran[Shōwa 18] (Taihoku: Taihoku Tēkoku daigaku, 1944), pp.2-5.

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During the planning period of setting up Taihoku Imperial University, it had been discussed whether to set a medical department, but its implementation was delayed due to financial issues. After finalized the founding plan of the Medical Department in September 1934, planning professor candidates, new school buildings, and expansion of the affiliated hospital were carried out in sequence. The Medical Department was formally set up in January 1936 (Royal Decree No. 318), and it began teaching in April of the same year. According to this founding plan, the purpose of setting up Taihoku Imperial University Medical Department was to integrate the original various independent agencies of medical research, medical education, and medical treatment, etc., and to further enhance their functions.

At that time medical research institutes included “Taiwan Medicine Specialized College” and Health Department of the Central Research Institute, the latter of which had conducted much research. The Governor-General, however, thought that based on the extent of current equipment and organization, the Health Department of the Central Research Institute had difficulty in obtaining a satisfactory outcome for medical research involving comprehensive levels, while “Taiwan Medicine Specialized College” “although conducts teaching and medical research at the same time, but it is only a medically Specialized College.” Therefore, in order to advance medical research, especially in tropical medicine, it was necessary to set up a medical department having authoritative organization and adequate equipment at Taihoku Imperial University.

At that time the Japanese academic world had formed a hierarchical structure with imperial universities sitting at the top. The central research institutes or medically Specialized Colleges whose official position and remuneration were lower than imperial university professors often found it difficult to hire authoritative scholars. Besides,

66Fuhō, No.2580, 1936/1/8, p.4.
67Kōbunraishū, No.58: Shōwa 9th, Vol.10, 2A-012-00, Rui: 01857100.
68From May 1927, “Taiwan Medical Specialized Collige” was renamed as “Taiwan Governor-General Taihoku Medical Specialized College”, in this article the so-called “Taiwan Medical Specialized School” also includes Taiwan Governor-General Taihoku Medical Specialized College.
69Central Research Institute is the comprehensive research agency of Taiwan Governor-General, it was set up in August 1921 and under which established Department of Agriculture, Department of Forestry, Department of Industry, and Department of Health. About the organizational structure and its results of the Department of Health, can refer to Yu-wen Lai. “Rizhishiqi Taiwan de Weisheng Yanjiu—yi Taiwanzongdufu Zhongyang yanjiusuo Weishengbu Weiili”(MA thesis, Graduate Institute of History of National Central University, 1999).
70Kōbunraishū, No.58: Shōwa 9, Vol.10, 2A-012-00, Rui: 01857100. In April 1939 Central Research Institute Health Department was reorganized as Taiphoku Imperial University Affiliated Tropical Medicine Institute.
71In terms of remuneration and ranks, for the rank, professors of Taihoku Imperial University can rise to first class of decree-appointment officer(Chokuninkan), while technicians of Central Research Institute and professors of “Taiwan Medical Specialized School” in principle can only rise up to third class of © 2013 The Middle Ground Journal Number 7, Fall 2013 See Submission Guidelines page for the journal's not-for-profit educational open-access policy
before the World War II in Japan only imperial universities had adopted a lecture system (Kōzasē); each lecture was composed of a professor, an associate professor, and one to three assistants, so they could organizationally dedicate themselves to a research topic, thus ensuring the key elements of being an authoritative scholar.

Table 1  The Comparison of Medicine Departments of Imperial Universities(1941)

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*1 : The year of establishing Medicine Department of Tokyo University  
*2 : Pharmacology, Pharmacy production, Visceral medicines chemistry, and Medicine Analytical chemistry  
*3 : Pharmacy production, Medicine analytical chemistry, Organic pharmacy, Inorganic pharmacy, and Pharmacognosy  

petition-appointed officer (Sōninkan), however, one (only one in each agency) of the technicians or professors to artificially can rise up to second class of decree-appointment officer; as for remuneration, the highest annual salary of Taipei Imperial University professors is 6,700 Yuar, the decree-appointment officer technician of Central Research Institute is 6,000 Yuar and petition-appointed officer technician is 4,500 Yuar, the decree-appointment officer professor of “Taiwan Medical Specialized School” is 5,200 Yuar and petition-appointed officer professor is 4,500 Yuar. See, Taiwan Sōtoku, oyobi Shozokukan Shokainuru[Shōwa 4] (Taihoku: Taiwanjīō Hakkōjo), pp.2-6, 243.
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When Taihoku Imperial University Medical Department commenced teaching activities, in order to meet required courses for first year students, it set seven basic medical lectures, and gradually increased to 24 lectures until January 1939 (see Table 1). According to the viewpoint of the Governor-General, the arrangement of lectures “substantially follows existing practices of a medical department of imperial university,” but parasitology is a lecture having Taiwan characteristics, and many researches of other lectures also take tropical and subtropical regions as an exploring target; therefore, the characteristics of tropical medicine and hygiene research “should have a lot of contributions to the Empire’s southbound policy.”

The aforementioned studies concerning Taihoku Imperial University all try to verify whether the Governor-General had carried through such an intention, and explored the special position of Taihoku Imperial University and its role in the Japanese Empire. However, the Imperial University was not only a research agency of highest authority, but also an education agency. It is worth noting that for the Medical Department of the Imperial University, its affiliated hospital always had been providing medical treatment to the general public; therefore, it was also a medical agency.

According to Table 1, in addition to parasitology, lectures of the Taihoku Imperial University Medical Department were largely the same as other medical departments of imperial universities, and the types and quantity of lectures established in all medical departments of imperial universities also had few differences. Since the lectures not only had a research function, they also included an education function; therefore, the structure of lectures clearly presents the education curriculum similarity among imperial universities.

2. Taihoku Imperial University as a medical education agency

The minimum duration at school in Taihoku Imperial University Medical Department was four years; the maximum was eight years. Students in first and second grades learned courses of theory and practice of basic medicine including anatomy, physiology, pathology, bacteriology, pharmacology, and parasitology, as well as theory of the internal medicine department and the surgery department. In third and fourth grades, they learned clinical medicine theory of the internal medicine department, the

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72 Fuhō, No.2580, 1936/1/8, p.4.
73 Fuhō, No.2877, 1937/1/10, pp.11; Fuhō, No.3183, 1938/1/19, pp.31; Fuhō, No.3472, 1938/12/30, p.105.
surgery department, the otorhinolaryngology department, the ophthalmology department, the obstetrics and gynecology department, and the pediatrics department, as well as clinical handouts of all departments. In basic medicine, subjects having more hours including anatomy, pathology, and physiology; in clinical medicine, subjects having more hours are internal medicine and surgery. Courses and hours in other medical departments of imperial universities were roughly the same. Taking the Tōhoku Imperial University Medical Department as an example, in the total 7,618 hours, basic medicine and clinical medicine respectively occupied 2,598 hours (34.1%), 4,994 hours (65.5%); Among the courses, six of them occupied more hours, respectively were anatomy 650 hours (8.5%), pathology 528 hours (6.9%), physiology 366 hours (4.8%), internal medicine 1,071 hours (14.0%), surgery 1,066 hours (13.9%), and obstetrics and gynecology 810 hours (10.6%). The above-mentioned six courses occupy 58.7% of total hours.

The special features of the curriculum of Taihoku Imperial University Medical Department were subjects “parasitology and internship,” “hygiene, tropical hygiene, and internships,” and “internal medicine, tropical infectious diseases, and clinical lectures.” “Parasitology and internship” was in the first term and second term of second grade, two hours per week; “hygiene, tropical hygiene, and internships” was in the first term and second term of fourth grade, two hours per week; “internal medicine, tropical infectious diseases, and clinical lectures” was taught from second grade through fourth grade, in first term of second grade, three hours per week, and from then on six hours per week.

But while tropical infectious diseases and tropical hygiene were respectively one part of internal medicine and hygiene, parasitology was an independent subject and its hours of study were not many compared to other subjects of basic medicine and clinical medicine.

It is worth noting that parasitology was not a special academic field of Taihoku

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75 Fuhō, No.2580, 1936/1/8, pp.4-5.  
77 Taihoku Tēkokudaigaku Ichiran[Shōwa 16], pp.90-92.  
78 Fuhō, No.2580, 1936/1/8, pp.4-5.

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Imperial University. Before the establishment of the Taihoku Imperial University Medical Department, other organizations had already established a full-time parasitology professor, such as Microbiology Second Lecture of Keijō Imperial University Medical Department, Institute of Infectious Diseases in Tokyo Imperial University, and Keiōgijuku University Medical Department.\(^7\) Reflecting on the curriculum, the microbiological discipline of the Keijō Imperial University Medical Department contained parasitology and parasitology internship training.\(^8\) In addition, the curriculum of the Kyūshū Imperial University Medical Department also included parasitology and parasitology internship.\(^9\) However, the same as the Taihoku Imperial University Medical Department, the importance of parasitology in the curriculum was relatively low.

“In view of popularity of local physicians and health status, it is temporarily necessary to retain education of medically Specialized College level,”\(^\text{10}\) so in April 1936 the “Taiwan Medicine Specialized College” was restructured as the Taihoku Imperial University Medicine Specialized Department (hereinafter referred to as the Taihoku University Medicine Specialized Department) when the Taihoku Imperial University Medical Department was established.\(^\text{11}\) However, beyond the tuition being increased to 80 Yuaus, the admission qualification and education courses almost had not changed since the times of “Taiwan Medicine Specialized College” New Medicine Specialized Department.\(^\text{12}\) Nevertheless, if compared with the Taihoku Imperial University Medical Department, then its establishment purpose, admission qualification, education courses, tuition, teacher quality, and title entitled after graduation were all different.

The purpose of establishing Taihoku Imperial University aimed to “teach academic theory required by the country and its applications, and deeply explore its knowledge.” The admission qualification of its Medical Department was for science graduates of high schools. On the other hand, the purpose of establishing Taihoku University Medicine Specialized Department was “to provide necessary education to male students interested in serving as physicians inside and outside the island.” Its admission qualification was for middle school graduates. Tuitions of the “Taihoku University Medicine Specialized Department” and the Taihoku Imperial University Medical

\(^7\)Kōbunruishū, No.60: Shōwa 11, Vol.50, 2A-012-00, Rui: 01993100.
\(^8\)Keijō Tēkokudaigaku Ichiran[Shōwa 16th], p.91.
\(^9\)Kyūshū Tēkokudaigaku Ichiran[Shōwa 16th], p.180.
\(^10\)Kōbunruishū, No.59: Shōwa 10th, Vol.45, 2A-012-00, Rui: 01938100.

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Department were 80 Yuans and 120 Yuans per year, respectively. With respect to education curriculum, the curriculum of the Medicine Specialized Department included cultivation subjects such as self-cultivation, foreign languages, chemistry, gymnastics, etc. Class hours in first and second grade were respectively 11 hours, 6.5 hours, and 5.5 hours for both third and fourth grades. All the subjects at the Taihoku Imperial University Medical Department were professional subjects; this was because enrolled students had learned cultivation subjects such as foreign languages in high school (or in a university preparatory program). Therefore, compared to the Taihoku University Medicine Specialized Department, the Taihoku Imperial University Medical Department had more hours about theory, experiment of basic medicine, clinical medicine, and clinical handouts. In terms of faculty members, many teachers (mostly associate professors) of the Taihoku Imperial University Medical Department also were professors in the Taipei University Medicine Specialized Department, while most Medical Department Professors did not teach in the Taipei University Medicine Specialized Department.\(^85\)

It is obvious that there were differences of professional knowledge and skills between the Taihoku Imperial University Medical Department and the Taipei University Medicine Specialized Department. Although graduates of both could receive a “Physician Certificate” issued by the central government by virtue of their diploma, and also be recognized as physicians, after graduation the former was called a “Bachelor of Medicine,”\(^86\) while the latter was called a “Bachelor of Medicine of Taihoku Imperial University Medicine Specialized Department.”\(^87\) Thus, physician identity was quite different. This difference was very important for professional physicians. As mentioned earlier, the title was one of self-promotion material, and was regarded as an indicator representing a physician’s professional knowledge and skills. Moreover, when Taiwan was ruled by Japan, Japan had gradually formed a hierarchical structure of physician groups in domestic Japan; remuneration and social prestige were determined according to the order of “M.D. ⇒ University graduate physician ⇒ medically Specialized College graduate physician ⇒ physician passed exam ⇒ previous practitioner.” With Japanese physicians coming to Taiwan and the development of medical education

\(^{85}\) Taihoku Tōkoku Daigaku Ichiran[Shōwa 18], pp.30, 104-109, 133-149, 213-215.
\(^{86}\) Fuhō, No.2580, 1936/1/8, pp.4-5. In addition to the graduates of various Imperial University Medical Department, the graduates of official public or private medical universities established according to Royal Decree No. 388 of December 1918 are all entitled to the title “Bachelor of Medicine(Igakushi),” See, Gakusei Gojūnenshi(Tokyo: Monbushō, 1922), pp.364-366.
facilities, this hierarchical structure was also gradually formed in Taiwan. The implementation of a double-layer (Taihoku Imperial University Medical Department and Taipei University Medicine Specialized Department) medical education system further intensified the border and tension between physician groups.

IV. Trends of Graduates

Here are summarized the number of 1902-1945 graduates of various medical education facilities as in Table 2. According to the table, until 1945, graduates totaled 2,817, among which the number of graduates of “Taiwan Medical School” and “Taiwan Medicine Specialized College” undergraduate programs is 772 (hereinafter referred to as “undergraduate program”); the number of graduates of “Taiwan Medicine Specialized College,” the “Medicine Specialized Department,” the New Medicine Specialized Department, and the Taihoku University Medicine Specialized Department is 1,776 (hereinafter referred to as “Disciplines according to Specialized College Act”); and the number of graduates of the Taihoku Imperial University Medical Department is 269. Therefore, it can be seen that during the Japanese ruling period Taiwan’s medical

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88 Amano Ikuo, *Gakureki no Shakaishi—Kyōiku to Nihon no Kindai* (Tokyo: Sinchōsha, 1992), 239-242. “Previously Practiced Physicians” refer to those who have practiced as physicians since Edo period and granted “Physician Certificate” without examination by the government after Meiji Restoration; “Exam-passed Physicians” refer to those who passed the “Medical Skills Practicing Exam” organized in early Meiji period. About the entry requirements of “Medical Skills Practicing Exam”, have no educational qualification requirement and no age limit, as long as has studied medicine for more than three years, everyone can apply for. The Exam was abolished in September 1916. Taking the physician structure in 1917 as an example, in that year Japan has a total of 46,060 physicians, among them, university graduates have 4,119 persons, accounting for 9%; graduates of Medical Specialized Schools have 16,747 persons, accounting for 36%; “Exam-passed Physicians” have 17,912 persons, accounting for 38%; “Previously Practiced Physicians” has 6,526 persons, accounting for 14%. See Koseishō Imukyoku, *Iseihyakunenshi*, The Part of Compilation, pp.572-573. With regards to the formation process of hierarchical structure of Taiwan’s physician group, please refer to my article: Suzuki Tetsuzo, “Nihon no Taiwan Tōchizenki ni okeru Ishishakai no Közōtekitokusishitsu,” in *Tōkunihon no tenkai to Taiwān*, ed., Hiyama Yukio. (Tokyo: Sōsendō, 2011), 337-382.

89 Although the graduates of Taihoku Imperial University Medical Department and the graduates of Taihoku Imperial University Medical Specialized Department have the same alma mater, but between the two does not appear to have joint alumni awareness. After the founding of “Taiwan Medical School”, the Alumni Association (Kōyūkai) taking students and graduates of the School as main members was established, and then inherited by “Taiwan Medical Specialized School”. And after the establishment of Taihoku Imperial University Medical Department and Taihoku Imperial University Medical Specialized Department, the Alumni Association was expanded to the “kōfu Association (kōfukukai)” which can be joined by the students of two sides. However, in contrast to that students of Taihoku Imperial University Medical Specialized Department were usually jointed as members since enrollment, none of Taihoku Imperial University Medical Department joined the Association. People at that time said that one of the reasons is that the side of Medical Department held an attitude “seems contempting toward Medical Specialized School.” See. Shimokawa Hachio, “Namnēkai Tōnēkai Gappē Mondai ni tsuite,” in *Namnēkai Sūritsu Yonjyussyonen Kinenshi*(Tokyo: Namnēkai Honbu, 1969), pp.139-149.

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education facilities were mostly concentrated in the “undergraduate program” and “Disciplines according to Specialized College Act” with education level lower than university. In addition, according to the table, from 1926 graduates of “Disciplines according to Specialized College Act” dramatically increased and thereafter maintain a relative majority; in 1931 it trained 212 graduates, apparently because Taiwanese graduates suddenly increased. The direct cause which results in increased Taiwanese graduates is derived from two measures of Governor-General.

Table 2  An outline of graduates of each Taiwan medical facilities

<table>
<thead>
<tr>
<th>The year of graduation</th>
<th>Undergraduate program</th>
<th>Disciplines according to Specialized College Act</th>
<th>The year of graduation</th>
<th>Undergraduate program</th>
<th>Disciplines according to Specialized College Act</th>
<th>The Department of Medicine of Taichu Imperial University</th>
</tr>
</thead>
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<tr>
<td></td>
<td></td>
<td>Japanese</td>
<td>Taiwanese</td>
<td>SUM</td>
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<tr>
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<td>41</td>
<td></td>
<td></td>
<td></td>
<td>1943</td>
<td>40</td>
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<tr>
<td>1921</td>
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<td>1944</td>
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<td>SUM</td>
<td>772</td>
</tr>
<tr>
<td>1924</td>
<td>33</td>
<td>22</td>
<td>1</td>
<td>23</td>
<td>SUM</td>
<td>772</td>
</tr>
</tbody>
</table>

First, this incorporates students who completed the first grade of the “Taiwan Medicine Specialized College” undergraduate program into the first grade of the “Taiwan Medicine Specialized College” New Medicine Specialized Department. According to regulations, both middle school graduates and those who passed Specialized College admission test were qualified for being admitted to the “Taiwan Medicine Specialized College” New Medicine Specialized Department. In May 1921,

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the Governor-General promulgated “Admission Test Procedure for Specialized Colleges” to stipulate qualification for taking the test, as well as examination subjects and their levels. Article 8 of the Procedure provided that the Governor-General could specify academic ability above middle school graduation.90 In April 1922, based on the Decree, the Governor-General specified that those who completed the “Taiwan Medicine Specialized College” four-year preparatory program and completed the first grade of the undergraduate program had academic ability above middle school graduation.91 Based on this, those who completed the “Taiwan Medicine Specialized College” four-year preparatory program and completed the first grade of the undergraduate program were incorporated into the first grade of the “Taiwan Medicine Specialized College” New Medicine Specialized Department.92

Second, was an upgrade measure for “Taiwan Medicine Specialized College” undergraduate program graduates who were not entitled to the “Taiwan Medical Baccalaureate” title because they had not completed the four-year preparatory program, or “Taiwan Medical School” graduates. In March 1924, the Governor-General promulgated “Regulation on Recognizing Taiwan Medical Baccalaureate,” which stipulated that graduates who meet the above circumstances may based on a graduation degree of “Taiwan Medicine Specialized College” undergraduate program may take examinations of subjects of national language, mathematics, physics, chemistry, a foreign language (German or English), and a basic medicine or clinical medicine paper, and be awarded the Taiwan Medical Baccalaureate title if they passed the examination.93 The same month, he further specified those who passed the examination as having academic ability above middle school graduates.94 Subsequently, people who passed the examination obtained the admission qualification of “Taiwan Medicine Specialized College” New Medicine Specialized Department; moreover, they were treated as a special case and incorporated into the second term of the fourth grade of the “Taiwan Medicine Specialized College” New Medicine Specialized Department, and could graduate after short-term attendance.95 They then could obtain a “Physician Certificate” issued by the central government and were entitled to the title of “Taiwan

90 Fuhō, No.2373, 1921/5/10, p.36.
91 Fuhō, No.2624, 1922/4/8, p.29.
93 Fuhō, No.3179, 1924/3/7, p.13.

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Governor-General Medicine Specialized College Bachelor of Medicine.” The Taiwan Medical Baccalaureate recognition test was held annually from May 1925 to April 1930, and up to 367 people enrolled and graduated from the “Taiwan Medicine Specialized College” New Medicine Specialized Department” through this path. In other words, among the 772 “undergraduate program” graduates shown in Table 2, about half had successfully improved their qualification; in contrast, among the 977 Taiwanese graduates of “Disciplines according to Specialized College Act,” after deducting 367 physicians enrolled in the “Taiwan Medicine Specialized College” New Medicine Specialized Department, it can be seen that the actual number of those who had physician qualification and served in the society is 610.

The purpose of the measures taken by the Governor-General was to solve the situation that “undergraduate program” graduates were not prepared to serve in domestic Japan, Kwantung Leased Territory, Korea, and other overseas regions because they could not obtain a “Physician Certificate” issued by the central government. However, an overall observation can find the trends of graduates of “undergraduate program” and “Disciplines according to Specialized College Act” (see Table 3), no matter what year, up to 90% of “undergraduate program” graduates stayed in Taiwan, and a majority practiced in local areas and provided medical services to the community. In other words, for physicians who graduated from the “undergraduate program,” the main reason for obtaining graduation qualification of “Disciplines according to Specialized College Act” was not wishing to serve in other areas of the Japanese Empire or overseas, but rather improving their social status as a physician as well as Taiwanese society’s trust by virtue of higher educational background.

In addition, according to Table 2, the number of graduates in 1941 and 1945 are relatively larger; this is because two classes of graduates graduated in the same year. In 1941, graduates include graduates in March and December. Under the context of a tense

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96 Taiwan Sōtokufu Taihoku Igaku Senmongakkō Ichiran[from Shōwa 6 to Shōwa 8](Taihoku: Taiwan Sōtokufu Taihoku Igaku Senmongakkō, 1933), pp.12; Fuhō, No.3519, 1925/5/15, p.43; Fuhō, No.967, 1930/5/24, pp.95-96.
98 For example, Kanto Governor-General in principle only recognizes those who hold “Physician Certificate” issued by the central government as physicians, and only gives a specific practicing region and deadline for graduates of “Undergraduate Program”, which is the so-called qualification of “region-limited practitioner”. See, Meiji Yonjōgōnen Taishō ōgannen Taiwan Sōtokufu Kōhouraisan, Vol.4, No.17[05450].
99 Taiwan Nichinchichi Shinpō 10782(1930/4/23), pp.4; Taiwan Kyōiku, Taiwan Kyōiku Enkakushi, p.936.
100 Calculated by using the number of physicians of the item to divided the total number of physicians after deducted those who died. Hereinafter the same.
international situation and a strengthening wartime regime, Royal Decree No. 924 promulgated in October 1941 attempted to shorten the study period or in-school period of higher education facilities, so students could graduate earlier to engage in various production activities. In the same month, based on the Decree, the Governor-General shortened the in-school period of all departments of Taihoku Imperial University and the study period of all Specialized Colleges and industrial Specialized Colleges by three months. From April 1942, it even implemented measures to shorten the period to six months. Therefore, students originally scheduled to graduate in March 1942 had an early graduation in December 1941. Similarly, the 1945 graduation includes graduates in September and October. The October graduates mainly include the October 1942 enrollment of the Taihoku Imperial University Medical Department and the April 1943 enrollment of the Taipei University Medicine Specialized Department. Their study periods were three years and two and a half years, respectively. This can be described as special measures taken in expectation that the government of the Republic of China would receive various agencies along with the defeat of Japan in the Second World War.

102 Fuhō, No.4325, 1941/10/28, p.124.
103 Fuhō, No.4374, 1941/12/24, p.105; Taiwan Sōtoku kanpō, No.221, 1942/12/27, p.101; Taiwan Sōtoku kanpō, No.295, 1943/12/25, p.138; Taiwan Sōtoku kanpō, No.940, 1945/4/1, p.1.
According to Table 3, about 70% of graduates of “Disciplines according to Specialized College Act” stayed in Taiwan. Summed with graduates of the “undergraduate program” in Taiwan, the total is 639 persons in 1925, 972 in 1933, and 1,224 in 1939. Respectively this accounts for 42.7% (total number of physicians 1,494, below the same) of the total number of physicians, 55.6% (1,747), 56.6% (2,159) in each year. Therefore, it can be seen that, putting aside whether the number of physicians was adequate in Taiwan at that time, as physician nurturing agencies the “undergraduate program” and “Disciplines according to Specialized College Act” had considerable importance for Taiwan’s medical supply system.

However, it is worth noting that, among the graduates of the “undergraduate

106For example, at the end of 1923, the number of physicians in domestic Japan, Taiwan, and Korea are respectively 43,028, 1,465, and 6,471, and population undertaken by a physician are respectively 1,359, 2,657, and 2,763. See, Chōsen Naichi Tawan Hikaku Tokkō Yōran (Kējō: Chōsen Sōtokufu, 1925), no page number.
program” and “Disciplines according to Specialized College Act,” respectively has 10% and 30% not living in Taiwan. Particularly among graduates of “Disciplines according to Specialized College Act,” about 20% lived in Japan. The majority of them were Japanese, working in hospitals or opening a clinic.\footnote{According to Table 3, in 1939 among the graduates of “Disciplines According to Specialized College Act”, 168 lived in domestic Japan, while in November 1938 at least 133 Japanese graduates lived in domestic Japan. See, “Kainmēbo,” in Nammēkai Kaihō 10:3,(Taihoku: Nammēkai, 1938), pp.13-17.} In other words, while most of the physicians nurtured by the “undergraduate program” returned to Taiwan’s social services, physicians nurtured by “Disciplines according to Specialized College Act” may not be part of the medical supply system in Taiwan. As a matter of fact, considering factors such as hometown and kinship, the likelihood of Japanese students staying in Taiwan after graduation was relatively low.

### Table 4 The movement of Japanese graduates of "Disciplines according to Specialized College Act" (December 1937)

<table>
<thead>
<tr>
<th>The year of graduate</th>
<th>Practitioner</th>
<th>Employed Doctor</th>
<th>Staff of Medical School</th>
<th>Administration</th>
<th>Army</th>
<th>Campaigner</th>
<th>Private Company</th>
<th>Unclear</th>
<th>Dead</th>
<th>SUM</th>
</tr>
</thead>
<tbody>
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<td>1922</td>
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<td>1</td>
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<td>2</td>
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<td>3</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1924</td>
<td>9</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
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<td>2</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>1926</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>3</td>
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<td>4</td>
<td>2</td>
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<td>3</td>
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<td>6</td>
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<td>3</td>
<td>1</td>
<td>39</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| SUM                  | 53           | 124             | 16                     | 20            | 62   | 37         | 17               | 82     | 42   | 453  |


In addition, according to Table 3, the service ratio (serving in a hospital or medical-service related institution, not opening a clinic) of graduates from “Disciplines according to Specialized College Act” is relatively higher. Through first half of the 20th century, graduates of Japanese universities or medically specialized colleges had gradually formed a tendency of delaying opening a clinic on their own until they had accumulated enough clinical experience for some time at an affiliated hospital of their alma maters after graduation.\footnote{Ikai Shuhei, Byōin no Seiki no Riron(Tokyo: Yūhikaku, 2010), pp.97-126.} The trends of graduates from “Disciplines according to

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Specialized College Act” are in line with this trend. Table 4 shows the career path situation of Japanese graduates graduated in December 1937 from “Disciplines according to Specialized College Act.” From this table, it can be seen, after the incident in September 18, 1931, when Japanese military operations expanded, as well as under the background of war breaking out in mid-July 1937, service or set-off ratio of graduates in army and navy agencies (such as the army and navy hospitals, etc.) is quite high. This is also the tendency of working in various hospitals to accumulate clinical techniques after graduation and before opening their own business. Specifically, most graduates from “Disciplines according to Specialized College Act” stayed in Taiwan Governor-General Hospitals and the Japan Red Cross Society Taiwan Branch Hospitals to accumulate clinical experience. Governor-General Hospitals provided graduates premises for exploring medical techniques and in the meantime ensured the personnel were working in the grass-roots of the medical supply system, so it is revealed that there was a reciprocal relationship between the Governor-General and graduates from “Disciplines according to Specialized College Act.”

For example, Governor-General Hospitals were the core organization which embodied the medical supply policy of the Governor-General. As of 1914, 12 were set up in all important areas. Their staff was composed of physician-officer-in-chief, physician officer, and complement physician officer. The management level of physician-officer-in-chief and physician officer positions were mainly served by physicians graduated from domestic Japanese universities, while graduates of medically-specialized colleges served as complement physician officers. Before the mid-1920s, the Governor-General recruited physicians graduated from Japanese official public or private medically-specialized colleges to serve as complement physician officers; thereafter, the number of graduates from “Disciplines according to Specialized College Act” gradually increased; therefore, it actively used graduates of the Disciplines to serve as complement physician officers. By doing so, the Governor-General was able to rapidly dispatch appropriate physicians to understaffed hospitals.

From 1920 to 1928, the Tropical Medicine Specializing Division set up for nurturing talent going to Southern China(Nanshi) & South China Sea(Nanyo) nurtured a
total of 23 graduates (including one Japanese and 22 Taiwanese). Most opened their own clinics in Taiwan (see Table 3). In terms of scale of graduates and career path, in general this attempt cannot be called a big success, but still had a few success stories, such as graduate Okane Daishun. Since graduating from the “Taiwan Medicine Specialized College” New Medicine Specialized Department in April 1923, Okane then enrolled in the Tropical Medicine Specializing Division and graduated in March of the following year. In April 1925 Okane went abroad far to South China Sea, served in the private Tawau Hospital in the British colony Borneo for two years. In November 1932, he was assigned to Kaohsiung State Police Physician, and then was transferred to Kaohsiung State Harbor to serve as Quarantine Division Chief of Port Affairs, Department of the State in January 1936. When the Tropical Medicine Specializing Division was just set up, Horiuchi once said that the Division would recruit graduates of domestic Japan medically-specialized colleges and “Taiwan Medical School” Medicine Specialized Department as students to make them learn tropical medicine, and set its recruiting target mainly Japanese physicians. He attempted to nurture talent like Okane, but in fact almost no Japanese physicians volunteered to enroll.

On the other hand, most of the Taiwanese physicians graduated from the Tropical Medicine Specializing Division practiced in Taiwan. They not only vigorously applied tropical medical knowledge taught in the Division to clinical treatment, this graduation status was also an important experience for physicians. For example, in April 1926, the Taiwan Daily News reported that Taiwanese physician Wu Ze-Ming (graduated in March 1922) opened Zeren hospital in Taipei and in June 1929 Yang Tsang-Ku (graduated in March 1927) renamed his Cang Shou Hospital operated in Taipei to Ren Shou Tang Hospital. In these two reports both emphasized that the physician holds the title of “Bachelor of Tropical Medicine.” In addition, there is a case that set foot on the road of medical research after studying in Tropical Medicine Specializing Division. For example, Chen Xin-bin in March 1920 graduated from the “Taiwan Medicine Specialized College” undergraduate program, then immediately enrolled in the Tropical Medicine Specializing Division, and after he graduated in March of the following year, he was “committed to have more achievement” and so went to Tokyo to study in the Tokyo Imperial University Medical Department Obstetrics and Gynecology Department.

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112 Ota Hishu, Shin Taiwan wo Shihaisuru Jinbutsu to Sangyōshi(Taihoku: Taiwan Hyōronsha, 1940), p.501.
114 Taiwan Nichinichi Shinpō 9335(1926/5/1), p.4.
115 Taiwan Nichinichi Shinpō 10466(1929/6/8), p.4.
for three months. He then returned to Taiwan to open a clinic. In July 1924, in order to “explore the leading edges of medicine,” he went back again to Tokyo, to pursue Physiology and Internal Medicine in the Tokyo Imperial University Medical Department. He received an M.D. degree from Tokyo Imperial University in October 1929. In 1930 he founded Xin Bin Hospital in Taichung. It was said that his main interest is to “indulge in medical research.”116 From the above it is revealed that for Taiwanese physicians the Tropical Medicine Specializing Division was a field for exploring academics and also a means for improving education and experience backgrounds.

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(Number) 1) The number of graduates in 1940 is 75, but 5 students’ information is lack of this source. 2) "Other" includes those dead and unknown.
(Source) "Sotsugyōshō meibo", in Tōnō, 12(1945), pp.55-59.

Finally, reviewing the career path status of graduates of the Taihoku Imperial University Medical Department, in terms of the August 1941 class, among the 77 graduates of the Taihoku Imperial University Medical Department, 54 people stayed in Taiwan, three served as government officials, 50 worked in schools, one served as a military physician or commissioned military physician; of the 23 who left the island,

two served as government officials, one worked as company and bank staff, 17 served as military physicians or commissioned military physicians, one enrolled in military service, one remained undecided, and one died. Among the graduates who stayed in Taiwan, most served as school staff. This is because after graduation they not only could work in the University Affiliated Hospitals to accumulate clinical experience, and also could engage in academic research in various Lectures. The statistics in Table 5 show the number of graduates belonging to various Lectures in the Taihoku Imperial University Medical Department before February 1945. According to the table, it can be seen that the graduates have the tendency of preferring clinical lectures such as internal medicine, surgery, obstetrics, pediatrics, etc. To the contrary, basic medical lectures such as anatomy, pathology, hygiene, bacteriology, parasitology, etc., are less preferred, showing that most graduates held the ambition of engaging in clinical medicine.

However, due to the urgent military situation, before February 1945 at least 73 graduates were assigned to Southeast Asia battlefields to serve as military physicians or as a member belonging to military staff. This resulted in various clinical lectures facing the problem of a lack of staff. Until 1945, Taipei was attacked by air raid, and in May of the same year, the Taihoku Imperial University Medical Department had to transfer most of its research, education, diagnosis, and treatment activities to Dasi. Thus, not only were many graduates’ school years were shortened, this also caused a deficiency in clinical lecture personnel due to not yet having accumulated enough clinical or research experience after graduation and being sent to the battlefield. As a result, Taihoku Imperial University Medical Department found it difficult to conduct its research, education, diagnosis, and treatment functions to the maximum extent.

V. Conclusions

Through the Comparative Study Method this paper examined the similarities and differences between the medical education system in Taiwan during the Japanese ruling period and medical education facilities of domestic Japan, highlighting the institutional particularity of “Taiwan Medical School.”

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The admission qualification, length of study, courses, and allowance system of “Taiwan Medical School” were never seen in domestic Japan medical education facilities; therefore, the school can be said to have been educational facilities targeting on expanding Taiwan’s medical agencies and improving Taiwan’s health status by rapidly cultivating Taiwanese physicians. After the 1910s, the institutional particularity of “Taiwan Medical School” gradually disappeared, especially after it was restructured as the “Taiwan Medicine Specialized College” New Medicine Specialized Department. After that, its admission qualification, length of study, curriculum, and special treatment of graduates was generally equivalent to domestic Japanese specialized colleges. This means that the “Taiwan Medicine Specialized College” New Medicine Specialized Department was different from “Taiwan Medical School.” It was incorporated into the hierarchical medical education system jointly constituted by medical departments of imperial universities, official public and private medical universities, and specialized medical schools in the Japanese Empire to play its function as a government medically-specialized college. Thus, as shown by the fact that among the graduates of the “Taiwan Medicine Specialized College” New Medicine Specialized Department, more than 30% were involved in Japan’s domestic activities, the role played by the “Taiwan Medicine Specialized College” New Medicine Specialized Department may not be directly in correlation with enriching the medical education facilities in Taiwanese medical agencies.

The admission qualification, length of study, curriculum, special treatment of graduates, and lecture structure of Taihoku Imperial University Medical Department established in 1936 were much the same as medical departments of imperial universities in domestic Japan and Korea. In terms of curriculum, among Taiwanese medical education facilities, the curriculum of “Disciplines according to Specialized College Act” covered subjects such as parasitology, medical entomology, and tropical hygiene. Taihoku Imperial University Medical Department had set a Parasitology Lecture and its courses also included parasitology, tropical hygiene, and tropical infectious diseases, though they were non-priority subjects in the whole curriculum. As for basic medicine, it put more emphasis on subjects such as anatomy, pathology, and physiology; while in clinical medicine, the emphasis was on internal medicine, surgery, and obstetrics and gynecology. It is worth noting that, whether in a medically-specialized college or in universities, the teaching hours of clinical medicine ranked first, thus we can see that its main goal of education was in nurturing clinicians. This also can be proven by the fact that the diploma was equivalent to the qualification of physician, and most graduates of
medical education institutions aimed their work at clinical medicine.

The strange thing is that, since the Governor-General had the authority of arranging the curricula under the “Disciplines according to Specialized College Act,” why was its curriculum still much the same as domestic Japanese medically-specialized colleges? One of the reasons is that the “Physician Certificate” obtained by virtue of diploma of “Disciplines according to Specialized College Act” was valid anywhere in the Japanese Empire, so the professional knowledge and skills of students after graduation must be more than the standards (for example, “Regulations on Government-established Medicine Specialized College”) set by the central government. Based on this, therefore, naturally the number of hours of specific subjects can not significantly increased or decreased, or it would arrange a curriculum below the established standards. Besides, Taihoku Imperial University Medical Department graduates also were entitled to obtain the “Physician Certificate.” It, of course, must meet these standards. Comparing the courses of the Taihoku Imperial University Medical Department and the Taipei University Medicine Specialized Department, it can be seen that in the field of basic medicine and clinical medicine the former has more teaching hours, so it can be inferred that the graduates of the former have richer professional knowledge and skills than the latter. Therefore, the institutional difference is made by highlighting physician identities respectively with “Bachelor of Medicine” and “Bachelor of Medicine of Taihoku Imperial University Affiliated Medical Specialized Department.”

Title is very important for physicians, not only because the title is one of the means of advertisement, but also because the title represents educational background, while educational background represents the extent of their professional knowledge and skills, and is even the indicator of remuneration and social prestige. That “undergraduate program” graduates actively obtained the graduation qualification of “Taiwan Medicine Specialized College” New Medicine Specialized Department was based on this reality. As shown in the existing research, Taiwanese physicians belonged to the social leadership level of Taiwan, and held much influence. Therefore, with the practices of Taiwanese physicians, the penetration of the educational background doctrine order in Taiwanese society was further promoted.

Finally, reviewing relevant discussions of Japanese “colonial medicine” as shown in the beginning of this paper, previous studies have pointed out that Taiwanese physicians were excluded from senior positions of duty physicians in Governor-General Hospitals, and researchers in the Health Department of the Central Research Institute.
These duties were occupied by Japanese physicians who had graduated from universities, who therefore grasped the dominating power of the medicine development process in Taiwan at that time. Taiwanese medical education facilities emphasized clinical medicine; this is one of the main reasons causing the above phenomenon. However, as described in this paper, from the viewpoint of the education curriculum, both the Taihoku Imperial University Medical Department and medically-specialized colleges held nurturing clinicians to be an important issue, and these graduates also had the tendency of committing to clinical medicine, so the contrasting model of university education (experimental medicine) and medically-specialized education (clinical medicine) cannot directly explain the main reason causing this phenomenon. To appropriately explain this issue, we must at least investigate the experiences for serving as senior positions, duty physicians in the Governor-General Hospitals, and researchers in the Health Department of the Central Research Institute, and determine the necessary conditions for holding these positions (such as academic background, M.D., interpersonal relations, and famous scholars), thereby to analyze after all why Taiwanese physicians were excluded from the above positions from the structural issues. Limited by the length of this paper, this subject will be left to future studies to explore.