EDITORIAL

Pedodontia — Pedodontics — Pediatric Dentistry

The push toward specialization in dentistry began in 1938 when representatives of various dental organizations attended a conference in St. Louis to discuss specialization. Although there were dentists who were limiting their practice at that time, and no doubt were considered specialists, there was little or no control over such practices. Since there were few postdoctoral training programs at that time, most of these dentists were self-taught or trained via the apprenticeship route.

Approximately 10 years prior to that meeting a group of pedodontists in the Detroit, Michigan, area reorganized the American Society for the Promotion of Dentistry for Children into the American Society of Dentistry for Children. Then, about 1948, another group was organized within ASDC, the American Academy of Pedodontics, an organization devoted to research in dentistry for children. Membership in the new Academy, organized as a study club, was limited to those who had maintained a pedodontics practice for five years. Initially, the Academy was limited to 100 members. Then, in 1961 it was recognized that the ceiling on membership was an obvious source of poor professional relations among pedodontists in the United States and Canada. Following the lifting of the membership restriction, there was a dramatic increase in membership and today there are approximately 2,600 members of the Academy and an additional 1,200 nonmember dentists who limit their practice to children.

In recent years, an increasing number of our members have referred to themselves as pediatric dentists. A survey conducted by Dr. David Nash determined that in dental schools today there are 30 departments of pediatric dentistry, 2 departments of dentistry for children, 2 departments of oral pediatrics, 1 department of developmental dentistry, and 1 department of growth and development. As recently as 20 years ago there were a few departments of pedodontia. Thus, there has been and continues to be inconsistency among our members regarding the name of our specialty and the same inconsistency holds true in university teaching programs.

At the 1977 annual session of the American Academy of Pedodontics at Bal Harbour, Florida, the

Academy membership spent considerable time debating the question of whether our name should remain the American Academy of Pedodontics, or whether it should be changed to the American Academy of Pediatric Dentistry. The membership finally approved the use of both terms, pedodontics and pediatric dentistry. The current Board of Directors of the American Academy of Pedodontics is recommending a bylaws change to change officially the name of our organization to the American Academy of Pediatric Dentistry. This matter will be presented to the membership for vote at the Annual Meeting in May, 1984. It is felt that the designation "pediatric dentistry" helps redefine traditional pedodontics in conceptually broader terms and emphasizes pedodontists' additional areas of expertise.

In 1961 your editor published an article in the Journal of the American Dental Association entitled, "Looking ahead in pedodontics." At that time dental caries was the number one problem facing dentists who treated children. The article emphasized that interest in dentistry for children would continue to rise and be reflected in changes in undergraduate. graduate, and postgraduate education. It stated that, "Pedodontists will assume more responsibility for minor tooth movement and orthodontic preventive procedures. Preventive procedures to control dental caries and inflammatory changes in the gingival and supporting tissues will be accepted widely. Research in pedodontics already encompasses almost all aspects of dentistry. There is a pressing need for expanded clinical research, particularly in such subjects as child behavior, oral habits, and the reaction of teeth to traumatic injury and periodontal disease."

These predictions have come true, and today the dentist who limits his practice to children does accept wide responsibility for providing dental care and guidance of the orofacial complex. I predict that the membership will agree that it is time for our Academy to be recognized as the American Academy of Pediatric Dentistry.

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