



## Pediatric Dentistry—The Third Generation

It is December, not just any December, but the last December of a millennium. It is a time to look ahead, but also a time to pause and take stock of what has past. For Pediatric Dentistry, it is not the end of a millennium but the end of the first century of dental care for children. The development of dentistry for children during the 20<sup>th</sup> century is recorded in "The American Academy of Pedodontics: Its First 32 Years," by Ralph L. Ireland, 1979, and "American Academy of Pediatric Dentistry: Five Decades of Excellence," 1997. Excerpts from those documents tell a fascinating story.

*The early years*—During the early part of the century, dentistry for children was neglected just as were other pediatric health care measures. Children were considered unmanageable and their teeth unrestoreable, so primary teeth often were simply extracted. The first practitioner to limit practice to the treatment of children was a female dentist, M. Evangeline Jordan of Los Angeles. She was soon followed by a few male colleagues in Chicago, New Orleans, Kansas City, and Denver, who also limited their practices.

*The 1920's*—In 1921, there was an attempt to organize a society of children's dentists called the "American Pedodontic Society", however, the efforts failed due to a lack of interest. Finally, in 1927 the "American Society for the Promotion of Dentistry for Children" was formed, and it was subsequently renamed the "American Society of Dentistry for Children" (ASDC).

*The 1930's*—A college committee of the ASDC investigated curricula in dental schools and found that the majority of dental schools provided little didactic or clinical instruction in dentistry for children.

*The 1940's*—In January 1941, when the ADA Council on Dental Education published a list of subjects that were expected to be taught in dental schools, dentistry for children was completely

omitted. In response, representatives from the ASDC met with the Council which subsequently announced that pedodontics should be included in the curriculum of all dental schools. Pedodontics as a discipline was finally added to dental school curricula 101 years after the first dental school opened in Baltimore in 1840.

In 1940, the ASDC appointed a temporary board to prepare plans for certification of specialists. The temporary board became known as the American Board of Pedodontics and was approved by the ADA Council on Dental Education in 1948.

By the late 1940's, individuals sought to apply the scientific method to procedures performed on children. Leaders called for a study club to gather scientific evidence in order to establish guidelines for treating children. The club was to be called the American Academy of Pedodontics and in 1947 it was incorporated "to achieve by mutual study and cooperative activities, a high ethical standard of practice, teaching and research in the art and science of dentistry for children." The first Board of Directors of the corporation included Walter McBride, Detroit, Michigan; Maury Massler, Chicago, Illinois; John Brauer, Seattle, Washington; Kenneth Easlick, Ann Arbor, Michigan; Ruth Martin, St. Louis, Missouri; Ralph Ireland, Lincoln, Nebraska; and Sandy MacGregor, Toronto, Canada. One year later, the first annual meeting of the Academy was held at Northwestern University School of Dentistry in Chicago. It was arranged by George Teuscher, then chairman of the program committee and currently Editor of the ASDC Journal of Dentistry for Children.

*The 1950's*—Since the Academy was to be a small study club involved in scientific pursuit, expansion of the membership was discouraged. Members debated whether or not to limit membership to a small select few and by 1959 there were only 91 members of the

Academy, although more than 1,000 pedodontists were eligible for membership.

*The 1960's*—Since so many pedodontists were interested in belonging to a specialty organization, the "American Association of Pedodontics" was established in 1961. It subsequently disbanded, and its members joined the Academy. Upon merging of both organizations, membership in the Academy jumped from 110 to 601 in just a few years. With increasing numbers of scientific papers presented at the annual meetings of the Academy, authors began to submit their papers for publication in the Journal of Dentistry for Children, and it subsequently became the official publication of the Academy. At the same time, the ASDC relinquished sponsorship of the American Board of Pedodontics to the Academy.

*The 1970's*—As the organization matured, there were efforts both to establish the Academy's own journal, and to change the name of the specialty. Finally, in 1978 **Pediatric Dentistry** was established as the Academy's journal and in 1984 pedodontics was replaced by **pediatric dentistry** as the name of the specialty. The organization was renamed the American Academy of Pediatric Dentistry.

*The 1980's*—In 1980 the Academy began its first major public relations effort by contracting with an advertising agency to develop a national and local public awareness campaign funded by a members' dues assessment. Visibility of the specialty increased nationwide as a result of a 22 city media tour and national media coverage.

The first "Guidelines for the Elective Use of Conscious Sedation, Deep Sedation and General Anesthesia in Pediatric Patients" were developed in 1985. Merle Hunter retired after 18 years of service and John Bogert replaced her as Executive Director. The Board of Trustees had its first strategic planning session which resulted in the mission statement, "The

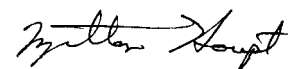
American Academy of Pediatric Dentistry is dedicated to improving and maintaining the oral health of infants, children, adolescents and persons with special health care needs." The organization grew exponentially. Attendance at annual sessions jumped from 30 members in 1950 to more than 1,000 in 1989 (2,300 including non-member guests).

*The 1990's*—A five-year process resulted in the continued recognition by the American Dental Association of pediatric dentistry as a specialty. In 1991, a Child Advocate position and in 1997 a Congressional Liaison position were developed to establish a lobbying pres-

ence in Washington. Regionalization was achieved with six trustee districts defined. The Academy became allied with the American Academy of Pediatrics to stimulate cooperation between pediatric dentistry and pediatric medicine.

As the 1990's close, the specialty thrives with record demand for services and record applications to postdoctoral training programs. The Academy is strong with 4,470 members representing almost 95% of all eligible pediatric dentists. This number also includes 391 foreign members from 50 different countries around the world.

A generation usually lasts 30 years and the past century represents three generations. As I review the list of the founding directors of our organization, I am humbled to see the name of my own professor of pediatric dentistry. He represents the generation of founding fathers, my colleagues and I represent the next generation, and our students represent the third generation of pediatric dentists. We stand on the shoulders of visionaries who preceded us, and we continue their selfless labor to improve the health of children everywhere.



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