Editorial

19th Congress of the International Association for Paediatric Dentistry

A fter graduating from dental school, I practiced in a small office with my window overlooking a park ing lot. My professional perspective was quite parochial since my exposure to organized dentistry was quite limited. Since my mentor encouraged me to attend professional meetings, I joined various associations including the American Society of Dentistry for Children (ASDC) and our American Academy of Pediatric Dentistry (AAPD). Thus, my eyes opened to a broader view of dentistry.

In the United States, there has been a long history of organized activities dealing with dentistry for children. Seventy-six years ago, in 1927, general practitioners and pediatric dentists established the ASDC to promote the oral health and general welfare of children. When AAPD formed in 1947, it involved only trained specialists, primarily residents of the United States. As it expanded, the AAPD promoted international membership and now has members from 55 nations. In 2002, the ASDC merged with the AAPD and a new affiliate category of AAPD membership was developed to allow general practitioners and others interested in dentistry for children to become members of the organization.

During the 1950s, various individuals attempted to develop an international association similar to the ASDC. Leaders of both the ASDC and AAPD-Samuel Harris, Kenneth Easlick, Paul Starkey, Manuel Album, Theodore Levitas and many others-lobbied for a new international association. In a preamble to a proposed constitution, Harris wrote that the purpose of member societies would be, "to improve all of the activities involved in dentistry for children and to advance and spread the knowledge and performance in this field of service." In 1969, the International Association of Dentistry for Children (IADC) was initiated with 270 members. IADC held biannual meetings around the world and slowly grew so by 2001, it had over 800 members from 37 nations. IADC started the International Journal of Paediatric Dentistry in 1990, now a prestigious journal of pediatric dentistry. In 1991, IADC changed its name to the International Association for Pediatric Dentistry (IAPD), and it now represents more than 15,000 practitioners throughout the world whose primary professional interest is the practice of dentistry for children. (A fascinating 10-part history of the IAPD appears in *International Journal of Paediatric Dentistry*. 1994-1997.) Many members are general practitioners who have limited their practice to caring for children, whereas others are specialty trained in 2- or 3-year programs. It is surprising to note that some foreign cities have a better pediatric dentistpopulation ratio than do some comparable cities in the United States.

I joined the IAPD in 1985 and since then have attended biannual meetings in Toronto, Göteborg, Buenos Aires, London, and Paris. At the opening session of each meeting, I am always moved by the parade of flags representing member nations. Beyond the excitement of discovering a new city, I always find it a great experience to attend IAPD meetings. They provide an opportunity to discuss mutual concerns and discover novel solutions for problems of practice. Presentations are always of high caliber and interest level. Many opportunities to develop warm friendships with international colleagues present themselves both in formal and informal settings.

The next meeting of the IAPD is the 19th Congress to be held in New Orleans, October 15-19, 2003. The AAPD will be hosting the meeting and an excellent program is planned covering the broad areas of trauma, behavior management, dental materials, restorative dentistry, orthodontics, prevention, and treatment of special patients. (Program details and registration information appear on pages 200-209 of this issue.) I encourage you to attend this meeting and expand your professional perspective. New Orleans will be a special treat!

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