Subject: Revision of Criteria for Recognition of Specialty Areas of Dental Practice

American Dental Association policy specifies that specialties should exist to protect the public health and welfare and for no other primary purpose. In this regard, the ADA Council on Dental Education believes that it is in the best interest of the public for dentistry to remain primarily a profession of general practitioners and for the number of recognized specialties to be limited to the minimum necessary to assure the provision of quality clinical care.

Based on this philosophy, the Council proposes that only areas which provide clinical care directly to the patient should be recognized as specialties in dentistry. The Council further proposes that only clinical areas which require unique knowledge and skills beyond those included in the predoctoral curriculum, and possessed by general practitioners and other recognized specialists, be recognized as specialties. (Underscoring emphasis ours)

The American Association of Endodontists takes exception to the Council's position and proposal to restrict specialty recognition solely to special areas of clinical practice. Since recognition now requires advanced training of practitioners, sufficient educational programs, evidence of public and professional needs, evidence that referrals or consultations are sought, evidence of significant numbers of full-time dentists in the area, and evidence of research and scholarship in the area, we feel that restriction to clinical practice alone does a disservice to dentistry. Not only do individual patients require specialized services, but so do groups of patients and the profession itself. Special areas of dental practice are, and ought to continue, to be defined in terms of the scope of research and education in the discipline, as well as the clinical practices. Further, currently recognized, and in our opinion necessary, specialties would be severely compromised by this action -- specialties such as oral pathology whose service component is to the profession and to the public; pedodontics whose services are to a select group of patients within the general population rather than in the nature of treatment of a specific disease entity, or the rendering of a specific treatment modality; and public health dentistry whose "patient" is the population collectively. We fail to see how this will advance either the public welfare or professional progress.

The American Association of Endodontists also takes exception to the necessity of submitting an application for continued accreditation of the specialty to the Council on Dental Education every 10 years in order to determine whether the specialty continues to meet current established requirements for specialty status.
The burden of inquiry rests with the Council, not the sponsoring organization. Under present and proposed Requirements for Recognition of Specialty Areas and National Certifying Boards in Dentistry, the Council reviews and approves definitions of the scope of specialty practice, monitors educational programs through its participation on the Commission on Accreditation, receives detailed annual reports from the Certifying Boards, and monitors informational resources from the various Councils and Bureaus of the ADA.

Should a special area of dental practice fail to meet established criteria in the opinion of the Council, it can elect to review that specialty at any time. Thus, the necessity for a burdensome reassessment of a specialty by either the sponsoring agency or the Council at specified periods of time is unwarranted, in our opinion. If no question of viability of a specialty is forthcoming by the Council, why then resubmit an application for recognition?

We have no other comments on the proposal at this time.

Michael A. Heuer, DDS, MA
Secretary
The following is a description of the composition and terms of the nominating committees for the specialty of Prosthodontics, Periodontics, Orthodontics, Public Health, and Pedodontics.

Federation of Prosthodontic Organizations

Federation: Nominations are solicited from all 20 member organizations by the nominating committee. The nominating committee is composed of members appointed by the President of the Federation, contingent upon approval of the Executive Committee. The nominating committee makes a slate of candidates from the recommendations received from the 20 member organizations. This slate is presented to the House of Delegates who elects the Directors. Nominations may also be made from the floor. Since the nominating committee is an ad-hoc committee appointed by the President, its term is one year, and the number of members serving on the committee may change from year-to-year.

Certifying Board: Nominations are solicited from all 20 member organizations, and the House of Delegates elects Directors from this list.

American Academy of Periodontology

Academy: A seven-member committee, consisting of the President of the Academy; 3 members of the Executive Committee for a staggered three-year term; and three other voting members of the Academy, who are voted in annually by mail ballot and are nominated at the annual session. Nominations for the latter three members may be made from the floor.

Certifying Board: A district set-up of 8 members (one from each district), who are elected by mail ballot by the individual districts to serve a three-year term to make the nominators for Board Directors. The Chairmanship of this nominating committee rotates by district number. For example, the representative from district one is the first chairman, district two is the second chairman, and so on, until after the representative from district eight serves, it starts again with district one.

American Association of Orthodontists

Association: The nominating committee consists of the voting members of the Board of Trustees of the Association. Nominations are made only for the offices of Secretary-Treasurer and Speaker of the House. The Secretary-Treasurer serves for one year, the next year automatically becomes the President-Elect, the next the President. Nominations may be made from the floor. A majority vote of the Board of Trustees is all that is necessary to fill the unexpired term of a vacancy. There are 50 members of the House of Delegates.

Certifying Board: There are nine Directors, one from each of eight regions, except the Pacific Coast region that has two. The President of the Board solicits from the Speaker of the House recommendations for candidates for directorship, who in turn the President of the Board may place in nomination to the House of Delegates. No nominations may be made from the floor. The Board may place in nomination any one candidate, not necessarily the one recommended by the Speaker of the House. There is only one opening per year.
American Association of Public Health Dentists

Association: The nominating committee is composed of the immediate past president and whoever the immediate past president appoints to the committee. The nominations made by this committee, and any nominations made from the floor, are presented to the General Assembly for election. This system will be changed in the future to provide for election by all members by mail ballot.

Certifying Board: The nominating committee, which is the same as above, submits nominations to the Board, and the Board selects one from the slate, on a yearly basis.

American Association of Pedodontics

Association: The nominating committee consists of the three most recent past presidents of the Association, the most recent acting as the chairman of the committee. Thusly, they each serve three years on the committee. The General Assembly then elects Directors from the slate provided by the above.

Certifying Board: A different procedure, but was not able to get the information.
The AAE was founded in 1943 with the purpose of maintaining a high standard in the practice of endodontics within the dental profession. Its membership has grown from a few dozen to over 2,800 dentists from 30 countries, many of whom are general practitioners with an interest in endodontics. About one-fourth of the members are in the limited practice of endodontics.

The Association assists in establishing local endodontic study clubs of which there are more than two dozen throughout the United States. It also encourages research studies, both clinical and laboratory, among the membership and sponsors the American Board of Endodontics.

A four-day scientific session is held annually and is open to all members and guests. The AAE Education Committee sponsors a pre-meeting course in continuing education held prior to the annual meeting and several additional courses throughout the year. We gather together the most competent men and women in the United States and foreign countries; researchers, teachers, practitioners, to speak on various aspects of endodontics. This extremely worthwhile meeting is a stimulating experience.

Membership in the AAE includes a subscription to the official publication of the organization, the Journal of Endodontics. A comprehensive library of reprints of material related to endodontics, contributed by members, is available at all times.
A.1. FOUNDING DATE AND HISTORICAL DEVELOPMENT
(Indicate the year in which the sponsoring organization was founded and summarize its historical development since that date.)

Despite the celebration of the centennial of dentistry in 1940, with justifiable professional pride in notable accomplishments, root canal therapy remained a controversial clinical procedure based principally on empiricism. There existed a small core of scientific information surrounded by a great diversity of opinions on methods of clinical practice in so far as root canal therapy was concerned. The prevailing view of the dental profession as a whole was that pulpless teeth were foci of infection and that extraction was the treatment of choice. It was this view that led those practitioners who possessed the audacity and fortitude to practice and teach root canal therapy to consider organizing in order to exchange knowledge and disseminate information. Thus it was that three prominent dentists, W. Clyde Davis of Nebraska, John Hospel of Illinois and Louis I Grossman of Philadelphia announced the formation of the American Root Therapy Association, a national organization of those interested in root canal treatment. The first meeting of the association was held on February 25, 1943 in Chicago, Illinois at which the purpose of the organization was discussed and committees on Constitution and By Laws and Program were selected. The first annual session of the association was held February 23-24, 1944 in Chicago, Illinois at which the name American Association of Endodontists was selected, a Constitution and By-Laws adopted, Officers elected and a scientific program consisting of seven papers plus discussion was presented. Fifty-four of the membership of one hundred and ninety-three were present at the first annual session of the association. An annual session was scheduled for February 15-16, 1945 in conjunction with the Midwinter Meeting of the Chicago Dental Society. Due to war-time restrictions on travel and cancellation of the Mid-Winter Meeting the annual session of the association was canceled in 1945. The American Association of Endodontists has held annual session continuously since 1946.

The association began publication of the Journal of Endodontia in 1946 and did so as a quarterly publication until 1949. In 1949 a new medium for publication by the association began with the addition of a section on endodontics in the Journal of Oral Surgery, Oral Medicine and Oral Pathology edited by the association editor and printed by the C.V. Mosby Co. of St. Louis, Missouri. The American Dental Associations Board of Trustees and House of Delegates approved the affiliation of endodontics with the Section on Operative Dentistry for annual sessions of that association. The American Association of Endodontists endorsed the establishment of a specialty board for endodontics and surveyed the dental schools of the United States as to the status and potential for formal advanced education in the discipline. Association membership was 324 in 1949.

The American Association of Endodontists began publication of a Newsletter for its membership in 1951. The Newsletter was published semi-annually or
quarterly from that year until 1975. The association took an active and leading role in the formation of local and regional endodontic Study Clubs and was cognizant of an increase in the number of members who began limiting their practices to endodontics. The American Association of Endodontists was incorporated under the general Not-for-Profit Act of the State of Illinois on April 21, 1955 at which time it published a membership roster of 568.

The American Board of Endodontics was organized in 1955 and incorporated in Illinois on July 30, 1956. At the time there were forty-one dental schools in the United States of which ten reported having endodontic departments. The American Board of Endodontics filed an application for recognition as a special area of dental practice with the Council on Dental Education of the American Dental Association in 1957 following action by that associations House of Delegates lifting a moratorium on the recognition of specialty groups in dentistry. The first International Conference on Endodontics was held in Philadelphia, Pennsylvania that same year. In 1958 the House of Delegates of the American Dental Association reimposed a moratorium of one year on the recognition of new specialty boards. The American Association of Endodontists initiated the process of standardization of root canal instruments and materials in 1958 which was to lead to cooperative efforts with the International Association for Dental Research, the American Dental Association and national as well as international standards organizations over the next three decades. The American Dental Association sponsored a Conference on Areas for Dental Practice in 1960 at which the American Association of Endodontists was a participant and the following year the American Board of Endodontics submitted a new application for specialty recognition to the Council on Dental Education which was turned down by the Council Committee on Dental Specialties on September 6, 1961.

The February 3-5, 1961 annual session of the Association was the last to held in conjunction with the Midwinter Meeting of the Chicago Dental Society. Annual sessions in future years were to be scheduled in April at sites to be selected.

In 1962 the membership roster of the American Association of Endodontists listed 766 members. A section on endodontics was added to the examinations given by the National Board of Dental Examiners, The U.S. Army Institute for Dental Research initiated a Registry of Periopial Pathology and the American Dental Association published and distributed a lay brochure entitled "Your Teeth Can Be Saved" prepared by the American Association of Endodontics. The Association adopted its present organizational seal and logo and the American Board of Endodontics submitted a new application for recognition to the Council on Dental Education. The following year, 1963, was a significant year for endodontics and the American Association of Endodontists. The Council on Dental Education recommended that endodontics be recognized as a special area of dental practice following earlier approval by the Board of Trustees of the American Dental Association.
The issue was considered by the House of Delegates in October in Atlantic City, New Jersey. Following an all day hearing before a Reference Committee which approved recognition, Resolution 35 was sent to the House of Delegates. The House of Delegates voted in favor of recognizing endodontics as a special area of dental practice. At the time of the resolution that endodontics be a special area of dentistry membership in the Association was 842 and the Library Committee had issued a catalog listing of 1000 reprints of articles from the periodic literature available to members. Application for approval of the American Board of Endodontics was filed with the American Dental Associations Council on Dental Education which approved it and submitted it to the House of Delegates which met in San Francisco, California. On November 11, 1964 the House of Delegates unanimously approved the American Board of Endodontics as the National examining board in the discipline. Thus endodontics took its place among the other recognized special areas of dental practice.

The American Board of Endodontics held its first examinations of 127 qualified candidates on April 29, 1965 in Detroit, Michigan. A second examination of 140 qualified candidates was held in May in Memphis, Tennessee. By agreement with the Council on Dental Education a limited number of qualified individuals were granted diplomate status without examination and for a ten year period of time (until December 31, 1974) applicants who did not meet the formal educational requirements, but did in fact devote their practices exclusively or primarily to endodontics for a period of not less than ten years, could be accepted for examination. The American Association of Endodontists and the Fund for Dental Education sponsored a three-day Conference on the Teaching of Endodontics at the University of Michigan in April 1965 attended by representatives from fifty dental schools in the United States and Canada. The following year the Association began sponsorship of annual Dental Student Endodontic Awards for senior dental students, a program which continues today. The American Association of Endodontists Endowment and Memorial Foundation was incorporated in State of Illinois in 1966. This year the House of delegates of The American Dental Association approved a resolution submitted by The American Association of Endodontists amending their By-Laws to include endodontics as a special section of the annual session scientific program.

The American Association of Endodontists celebrated its Twenty-fifth Anniversary as an organization in 1967 with publication of The American Association of Endodontists: A History 1943–1968 and an annual session in New York, New York. In 1968 there were twenty-seven chairmen of endodontic departments and one hundred and twenty-seven endodontic teachers in the nations dental schools as well as sixteen dental schools and six federal services or hospitals offering advanced education and/or graduate programs in endodontics. The American Dental Association Dental Research Information Center reported 193 endodontic research projects being conducted by 183 investigators located in facilities at the dental schools, The U.S. Navy, The Veterans Administration and The National Institute of Dental Research.
Dental Research. Membership in the American Association of Endodontists rose to over 1000 including the new category of student members which was added in 1966. The Fourth International Conference on Endodontics was held in Philadelphia, Pennsylvania on April 1-3, 1968 preceding the annual session of the Association.
This is the story of the American Association of Endodontists. It is the story of how a small group of dentists, practitioners and educators, sent out invitations to their colleagues to form an organization in which they could share their common experiences and interests and how they did so even as the atomic age was born in a squash court in Chicago and a world war was being waged around the globe in December 1942. The fact that they were successful and they did meet in Chicago in February 1943 to found the American Association of Endodontists and the fact that today that organization is internationally recognized, as is the discipline it represents, are why there is a story to be told.

The most surprising "growth industry" in America in the past fifty years is the non-profit organization whose product is neither goods, services or regulation but rather changed human beings. They, including the American Association of Endodontists, are the agents of human change who have given a sense of community and purpose to Americans who no longer live in small communities or societies but in doing so they themselves have become the American community, existing individuals to advise and perform. Non-profit institutions with volunteers as their workforce are central to American society, and its most distinguishing feature. This is the story of one of them.
For nearly the past five decades, there has been a time of great transition and change, a process of steady evolution. Dental practice and the dental profession have undergone rapid and profound changes in this period that they have experienced in the preceding century during which the profession came into being. Advances in dental technology, the formation of the NIH and the NIDR, and the explosion of the base of knowledge in health sciences, the reformation and expansion of the educational system, and the building of new facilities for education and patient care and the dramatic change in the demographics of dental disease are all testimony to this rapid evolution of the profession.

The rise of the special areas of dental practice and small special focus areas to influential national and international organizations, among them the American Association of Endodontists, is also a phenomenon of this period and has not been documented nor has their influence on the community related events which have taken place. The story of the American Association of Endodontists seeks to rectify this oversight.

The story of the American Association of Endodontists is the story of the evolution of an organization and its affiliates, the American Board of Endodontics and the Research and Education Foundation, as they responded to changes in American society and the dental profession over the past fifty years. It is the story of an organization with a central mission, evolved from a simple forum for exchange of information, through an agency for education of the profession, a catalyst for research initiatives,
a formulator of educational policies, the developer of an educational system for specialists in its area of interest to an advocate for endodontists and endodontics to the profession and the public. Throughout its evolution, its performance in meeting the goals and objectives, articulated and implied, that it set for itself and its constituents provides an important source of information for all similar organizations. But first and foremost the story of the American Association of Endodontists is the story of the people who made it all possible and are making it possible today. These people are the membership who is its community and the study clubs and societies who provide grassroots involvement, the volunteers who performed the tasks of the American Association of Endodontists, the American Board of Endodontics and the Research and Education Foundation, the leaders who provided the vision and will to see it happen and the staff who made it possible by effective management of its affairs. This book is about all of them and is written for all of them.
American Association of Endodontics  
211 E. Chicago Avenue  
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Michael A. Heuer  
December 7, 1992

This is the story of the American Association of Endodontists. It is the story of how a small group of dentists, practitioners and educators, sent out invitations to their colleagues to form an organization in which they could share their common experiences and interests and how they did so even as the atomic age was born in a squash court in Chicago and a world war was being waged around the globe in December 1942. The fact that they were successful and they did meet in Chicago on February 1943 to found the American Association of Endodontists and the fact that today that organization is internationally recognized, as is the discipline it represents, are stories that need to be told.

The most resounding "growth industry" in America in the past fifty years is the non-profit organization whose product is neither goods, services or regulation but rather changed human beings. They, including the American Association of Endodontists, are the agents of human change who have given a sense of community and purpose to Americans who no longer live in small communities or societies and in doing so they themselves have become the American community assisting individuals to advise and perform. Non-profit institutions with volunteers as their work-force are central to American society and its most distinguishing feature. This is the story of one of them.

For dentistry the past five decades have been a time of great transition and change, a process still underway. Dental practice and dental institutions have undergone more rapid and profound changes in this period than they had experienced in the proceeding century during which the profession came into being. Advances in dental technology, the founding of the NIH and the NIDR and the explosion of the base of knowledge in health sciences, the reformation and expansion of the educational systems and the building of new facilities for education and patient care and the dramatic change in the demographics of dental disease are all testimony to this rapid evolution of the profession. The rise of the special areas of dental practice from small special focus groups to influential national and international organizations, among them the American Association of Endodontists, is also a phenomenon of this period and this has not been documented nor has their influence on the commonly related events which have taken place. The story of the American Association of Endodontists seeks to rectify this oversight.

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developer of an educational system for specialists in its area of interest to an advocate for endodontists and endodontics to the profession and the public. Throughout its evolution its performance in meeting the goals and objectives, articulated and implied, that it set for itself and its constituencies provides an important source of information for all similar organizations. But first and foremost the story of the American Association of Endodontists is the story of the people who made it all possible and are making it possible today. Those people are the membership who is its community and the study clubs and local societies who provide grass roots involvement, the volunteers who performed the tasks of the American Association of Endodontists, the American Board of Endodontics and the Research and Education Foundation, the leaders who provided the vision and will to see it happen and the staff who made it possible by effective management of its affairs. This book is about all of them and is written for all of them.
PART A - SPONSORING ORGANIZATION

American Association of Endodontists

Reference: Requirements for Recognition of Dental Specialties and National Certifying Boards for Dental Specialties, "Introduction," page 1

"In order for an area to be recognized as a specialty, it must be represented by a sponsoring organization whose membership is reflective of the special area of dental practice and recognized by the profession at large for its contribution to the art and science of the discipline."

A.1. FOUNDING DATE AND HISTORICAL DEVELOPMENT

[Indicate the year in which the sponsoring organization was founded and summarize its historical development since that date.]

Despite the celebration of the centennial of dentistry in 1940 with justifiable professional pride in noteworthy accomplishments, root canal therapy remained a controversial clinical procedure based principally on empiricism. The prevailing view of the dental profession as a whole was that pulpless teeth were foci of infection and that extraction was the treatment of choice. It was this view that led those practitioners who possessed the audacity and fortitude to practice and teach root canal therapy to consider organizing in order to exchange knowledge and disseminate information. Thus three prominent dentists, W. Clyde Davis of Nebraska, John Hespers of Illinois and Louis I. Grossman of Philadelphia announced the formation of the American Root Therapy Association, a national organization of those interested in root canal treatment. The first meeting of that Association was held on February 25, 1943 in Chicago, Illinois. The first Annual Session of the Association was held in Chicago, Illinois in 1944 at which the name American Association of Endodontists was selected. A Constitution and Bylaws were adopted, officers were elected and a scientific program consisting of seven papers plus discussion was presented. Fifty-four of a membership of one hundred and ninety-three were present at the first Annual Session of the Association. The Annual Session of the Association was canceled in 1945 due to war-time restrictions on travel. The American Association of Endodontists has held annual sessions continuously since 1946.

The American Association of Endodontists published a Newsletter from 1951 to 1975. The Association took an active and leading role in the formation of local and regional Endodontic Study Clubs and was cognizant of an increase in the number of members who began limiting their practices to Endodontics. The American Association of Endodontists was incorporated under the general Not-for-Profit Act of the State of Illinois on April 21, 1955 at which time the members numbered 568. The American Board of Endodontics was organized in 1955 and incorporated in Illinois on July 30, 1956. A strong impetus was given Endodontics with the First International Conference on Endodontics in 1956. These International Conferences have continued approximately every five years since 1956.

Continues growth in need and popularity for Endodontic knowledge and treatment resulted in a membership increase to 766 by 1962. The American Dental Association published and distributed a lay brochure entitled "Your Teeth Can Be Saved" prepared by the American Association of Endodontists. A section of Endodontics was added to the examination of the National Board of Dental Examiners. The United States Army Institute for Dental Research initiated a Registry of Periapical Pathology.

The ADA House of Delegates voted to recognize Endodontics as a special area of dental practice in 1963. The House of Delegates unanimously approved the American Board of Endodontics as the National Examining Board in the discipline in November 1964. The American Board of Endodontics held its first examination of 127 qualified candidates on April 29, 1965 in Detroit, Michigan. A second examination of 140 qualified candidates was held in May in Memphis, Tennessee. Thus Endodontics took its place among the other recognized special areas of dental practice.

Significant activities continued into the mid-1960s to foster the development of the specialty. The American Association of Endodontists and the Fund for Dental Education sponsored a three-day Conference on the Teaching of Endodontics at the University of Michigan in April 1965 attended by representatives from fifty dental schools in the United States and Canada. The following year the Association began sponsorship of annual Dental Student Endodontic Awards for senior dental students, a program which continues today. The American Association of Endodontists Endowment and Memorial Foundation was incorporated in State of Illinois in 1966. Also in 1966, the House of Delegates of The American Dental Association approved a resolution submitted by The American Association of Endodontists amending the ADA Bylaws to include Endodontics as a section of the annual session scientific program.

attendance record of 498 members and 53 non-members. The Association hired its first employee, an Assistant to the Secretary, in its twenty-fifth year. In 1968 there were twenty-seven chairman of Endodontic departments and one hundred twenty-seven Endodontic teachers in the Nation’s dental schools as well as sixteen dental schools and six federal services or hospitals offering advanced education and/or graduate programs in Endodontics. The American Dental Association Dental Research Information Center reported 193 Endodontic research projects being conducted by 183 investigators located in facilities at dental schools, The U.S. Navy, The Veterans Administration and The National Institute of Dental Research. Membership in the American Association of Endodontists rose to over 1000 including a new category of Student members which was added in 1966. There were 308 Diplomates of the American Board of Endodontics in 1968.

The next decade of the Association was initiated by the sponsorship of two major conferences, the 1969 Conference on Advanced Education held in Chicago which resulted in the preparation of Guidelines for Advanced Education in Endodontics and the 1970 Conference on the Biology of the Human Dental Pulp held in September in Memphis, Tennessee and attended by 344 registrants. The proceedings of the Conference on the Biology of the Human Dental Pulp were published in 1973. By 1971 the Endodontic Section of the American Association of Dental Schools was organized and began meeting in conjunction with the annual session of the American Association of Endodontists as well as at the annual session of the American Association of Dental Schools. In 1972, a group of Association members, plus non-member scientists with an interest in pulp research, formed a Pulp Biology Group which was accepted as a Section of the American Association for Dental Research.

In 1973 the Executive Secretary position was upgraded to Executive Director. In September 1973, the American Association of Endodontists held a Long Range Planning Workshop entitled "Our Association Tomorrow" in Chicago, Illinois. The House of Delegates of the American Dental Association approved the Commission on Dental Accreditation in 1973 and the American Association of Endodontists formally requested the formation of an Advisory Committee on Endodontics to assist the Commission in 1974. Endodontics was the first of the Dental Specialties to request an advisory committee and the others followed suit shortly thereafter. The Association assisted the Commission in the development and adoption of new Guidelines for Advanced Education in Endodontics. A Workshop for Directors of Advanced Education Programs was sponsored by the Association in Chicago in February, 1975 which led to a revision of the Guidelines for Advanced Education in Endodontics adopted in 1976. The Endowment and Memorial Foundation sponsored a Conference on Inflammation in Monterey, California in September, 1976. Proceedings of this Conference were subsequently published by the Association.
The first issue of the Journal of Endodontics was published by the American Dental Association in 1975. In that same year the American Dental Association took action to recognize the American Association of Endodontists as the official sponsor of the American Board of Endodontics.

In 1978 the Board of Directors adopted a motion to relocate the Central Office of the Association from Atlanta, Georgia to the American Dental Association Building in 1980. The following year (1979) a search was initiated for a new executive director resulting in the hiring of Mrs. Irma S. Kudo in October. Also in 1979 the Endowment and Memorial Foundation sponsored a Conference on Drug Therapy in Chicago and later published by the Association.

A significant point in the history of the Association occurred in the early 1980s. The Association consisted of 2,634 members, 90% of which limited their practice to Endodontics, (2,167 Active, 51 Affiliate, 60 Life, 21 Retired, 7 Honorary, 1 Associate, 319 Student) in the United States and throughout the world. There were 479 Active Diplomates of the American Board of Endodontics. The Central Office was relocated to the American Dental Association building in Chicago, Illinois. The Constitution and Bylaws were rewritten to include the office of the Executive Director as well as to define the role of the Executive Committee in the management of Association affairs. The Third Edition of the Glossary of Terms Used in Endodontics was published and the Endowment and Memorial Foundation began its Grants-in-Aid program for endodontic research. The Association sponsored a Symposium on Accreditation Review and Critique of the Process in cooperation with the Commission on Dental Accreditation. The following year (1981) saw publication of Guidelines for Pre-doctoral Education in Endodontics in the Journal of Dental Education (October). This project was initiated by the Association Education Committee and the Endodontic Section of the American Association of Dental Schools in 1978. The Association sponsored a workshop for advanced education directors in March 1981 and subsequently published the results of this conference. Specifications for Endodontic Filling Materials (American National Standards Institute MD 156.57) were adopted in 1981 following the adoption of specifications for Endodontic Instruments (MD 156.28) in 1976. These actions came about as the result of over twenty years of activity by the Association in concert with manufacturers of endodontic supplies.

In 1982, the Association held a conference of its leadership, past and present, to address issues raised by the American Dental Association's forthcoming report on the Future of Dentistry. This resulted in a publication, "The American Association of Endodontists Response to the Future of Dentistry", forwarded to the American Dental Association and to all interested parties.
Williams & Wilkins Co. of Baltimore, Maryland was contracted to publish the Journal of Endodontics beginning in January 1983. At that time member subscribers totaled 2809 and non-member subscribers totaled 2879. An internal newsletter for Active members, the Communiqué, began semi-annual publication in 1983.

The Governance of the Association underwent a major restructuring in 1983 with organization of the Board of Directors into five reference areas: Association Affairs, Membership, Membership Services, Communication/Publication, and Education/Development. Caucus meetings of delegates and alternates to the American Dental Association’s House of Delegates who were members of the American Association of Endodontists were introduced.

The following year (1984) the Association initiated a Public Awareness Program. The Association adopted criteria for the recognition of state “affiliate” organizations in Endodontics, co-sponsored an International Conference with the Pulp Biology Group of the International Association for Dental Research in Charlotte, North Carolina and a Conference on the Application of Basic Science to Pulpal Pain in New York, New York. The Endowment and Memorial Foundation sponsored an International Conference on Oral Trauma in Dallas, Texas in 1984.

Additional significant membership and organizational changes occurred in 1985. The Association adopted a Bylaws change that required all future Active members of the Association to be in the limited practice/teaching of Endodontics. A resolution was adopted by the General Assembly in 1986 that spelled a plan for state affiliate organizations and restructured the process for nomination and election of Directors and Officers of the Association. In addition a resolution was passed to make the office of Editor an appointed rather than elective position. Association membership was organized into six districts representing the states of the United States, the District of Columbia, the Commonwealth of Puerto Rico and the Federal Dental Services.

The Association acted in concert with endodontic organizations throughout the world, many of which were inspired by the example of the American Association of Endodontists and whose membership held Active or Associate members as the American Association of Endodontists, to form a new organization the International Federation of Endodontic Associations (IFEA). The organizational meeting and founding of IFEA took place in Boston, Massachusetts, in April 1986 with the American Association of Endodontists acting as a sponsor and Secretariat. The year 1986 also saw the Association approve the publication of the document Quality Assurance Guidelines in Endodontics. Initiated in 1987, District Caucus Meetings and Reference Committee Hearings are held in conjunction with the annual session of the Association. The Public Awareness Program was reconfirmed by the membership and adopted as a continuing program of the Association. As a professional service,
a copy of an audio tape "Endodontic Flare-ups" produced by the Association was distributed to all its members as well as to 75,000 members of the American Dental Association. A second tape "Profound Pulpal Anesthesia" was produced in 1988 for distribution to referring dentists by AAE members. The Association produces 7 pamphlets and distributes 200,000 copies of them each year to the public and/or professional free of charge or at cost. The Endowment and Memorial Foundation sponsored a Conference on Controversies in Dentistry in Chicago, Illinois in October 1987.

Looking forward to its fiftieth anniversary as an association in 1993, the American Association of Endodontists conducted a Strategic Planning Workshop in March 1988 to consider options for the next five years and beyond. The principles of this strategic plan were adopted by the Board of Directors in April, 1988. The Association is working with the International Federation of Endodontic Associations in planning a World Congress on Endodontics to be held in Mexico City in January, 1990. The Association's fiftieth anniversary annual session is scheduled for Chicago, Illinois in April 1993.

At present, the Association has 3435 members (2714 Active, 209 Associate, 150 Life, 92 Retired, 6 Honorary, 251 Student and 13 Disabled) and there are 612 Diplomates of the American Board of Endodontics. Journal subscribers total 3217 members and 2133 non-members subscribers world wide. The 1988 Annual Session of the Association held in Anaheim, California had 930 members and 191 non-member dentist registrants in attendance. The Central Office in Chicago, Illinois has an Executive Director and six full time employees.

The American Association of Endodontists has fostered the development, teaching and practice of Endodontics since its origin. The Association has been a positive force and extremely active sponsoring and/or co-sponsoring a multitude of conferences, workshops and symposia for the advancement of the science and practice of Endodontics. Thus, in forty-five years the Association has grown from the dreams of its founders to an internationally recognized professional organization that has and will continue to make significant contributions to dentistry.
Drs. Edward M. Joseph, Chairman
Task Force for the Recertification
of Endodontists
21 East Chicago Ave.
Chicago, Ill. 60611

Dear Ed:

The following data is the information that you
requested relative to the history of the Journal of Endod-
ontics, for the purpose of completing the application for
recognition to the AHA.

The first journal of endodontics was published
by the American Association of Endodontists (AAE) under
the name, Journal of Endodontics, in March 1946. The time
was three years after the organizational meeting which met
in Chicago in 1943. The journal was printed by McCorm-
ich and Henderson, Inc., 411 S. Wells St., Chicago, Illinois. It
was published quarterly—March, June, September and Dec-
ember—with an annual subscription rate of two dollars;
single copies 50 cents. The size (5 1/2 x 8 1/4 in.) and content
was small, 12-17 pages. The first issue, 12 pages, had the
following table of contents: Editorial...Page 1; The American
Association of Endodontists, Soesa J. Grossman...Page 2;
Objectives of the American Association of Endodontists,
Edgar D. Coolidge...Page 3; The Bacteriologic Aspects of the
Fulness Tooth, Robert G. Kesel...Page 7.

The first editor of the Journal was Balint Oniban,
M.D., D.D.S., School of Dentistry, Soryoka University; Chicago. He
was appointed as editor by Soesa J. Grossman, Philadelphia;
Chairman, Publication Committee. Dr. Oniban served as
editor only for one year. He was succeeded by Dr. J.
Henry Kaiser, who served as editor from 1947 to 1951,
exclusive. Starting with the year 1947 the editor became
an elected officer of the AHE Board of Directors for a three year period subject to reelection for another period of three years.

The Journal of Endodontics, considered by the membership as its own journal, had a short life span. The last issue, volume three, number 4, terminated on October 1948 after publishing a total of 12 issues.

Since the membership of our organization was limited (324 members in 1949), very few manuscripts were submitted for publication to the Journal of Endodontics. Moreover, most authors would rather have their papers published in a journal with a wider circulation. In order to overcome the embarrassment for lack of quality papers, and to obtain reader readership for the authors, the Executive Committee of the AHE decided that our membership would be better served if we could have a separate section on endodontics edited by our own editor, by joining with another journal. This was accomplished by joining with the Oral Surgery, Oral Medicine and Oral Pathology Journal (Triple O) published by Mosby, St. Louis, Missouri. This journal had a circulation of about 3000. The number is based on recall and could not be confirmed by Mosby. A contract was signed with Mosby in 1949 and the Journal of Endodontics ceased to exist as an independent journal.

Starting in 1949, a monthly copy of the "Triple O" Journal was mailed to each AHE member. The cost of the annual subscription to the Journal was included in the annual dues membership of the AHE. This Journal with its endodontic section served as the official organ of the AHE for a period of 25 years (1949-1974). The editors were as follows: T. Henry Kasser (1949-51), Victor Dietsch (1952-58), Warren Hedman (1959-63), JB Bender (1966-67) and Keith Gregory (1971-74).

During this time enteral we began to receive
numerous manuscripts of quality with a back-log of papers which suggested that we were ready for publishing an independent monthly journal. We also established an Editorial Board with a Scientific Advisory Panel and Advisor. Policy and guidelines were also established which helped to eliminate personal bias and nepotism from accepting papers for publication.

Around 1969 the membership and the Executive Committee began to express a desire for having an independent journal. In addition, pressure was beginning to build up for the need of more pages which we could not get from Moosby. In 1970, President Warren Hedman charged our editor, Worth Gregory, with the task of corresponding with several publishers to determine the cost of publishing our own journal. Several publishers were contacted—Williams & Wilkins and the only company that showed interest to quote financial estimates. Mr. Boetz, managing editor of the ADA informed Dr. Gregory that the ADA was definitely not interested at that time. These estimates were submitted to the Executive Committee of the AAE in 1971. They decided it was not financially feasible for the AAE to have its own journal at that time. In the interim, Moosby, anxious to keep us in the "fold," agreed to increase the number of pages to 100 in 1973, Mr. Boetz informed the Long Range Planning Committee that the ADA would be willing to publish a Journal of Endodontics for the AAE provided the ADA would underwrite a minimal number of paid subscriptions. The Executive Committee agreed to this proposal and the contract was signed by Mr. Harvey Sarner, the AAE's attorney, Mr. Boetz, and Dr. Worth Gregory, the editor for our journal.

The contract, drawn by Mr. Sarner, specified that all revenues from advertising would belong to the ADA, claiming that the ADA did not anticipate any revenue from advertising in the first few years.
The Journal of Endodontics, as it is known today, is owned and controlled by the AAE. The first issue was published in January 1975 by the ADA with 40 pages (8 1/2 x 11 inches) per year. The editor was Dr. Worth Gregory.

By the end of 1976 the Journal increased its content to 480 pages with a total circulation of 8,478; comprised of 1,984 AAE subscribers and 2,664 non-member subscribers. The circulation continued to increase as did the prestige of our Journal; by 1981 the total circulation was 5,837, with 2,687 AAE subscribers and 3,150 non-member subscribers.

After a couple of years, around 1977, the ADA began placing advertisements in our Journal. As the advertisements increased in number, the AAE became dissatisfied with the current arrangement because they had no control as to what products could be advertised, e.g., no products. Furthermore, we needed more pages to take care of the news items of our Association, letters to the editor, editorials, and an increase in papers that were received for publications. The Editorial Board was of the opinion that the Journal needed an average of 50 pages per month (600 pages annually) to fulfill its expanded needs. At this point the AAE became more dissatisfied as did our editor.

The Executive Committee empowered the Editor, Dr. J. F. Rardin, to seek competitive bids in 1982. The best contract was offered by Williams & Wilkins. The ADA was invited to submit a bid but declined.

A five-year contract was signed in 1982 with Williams & Wilkins to begin publishing the Journal in January 1983 offering 12 monthly publications, 600 pages with an average of 50 pages a month. The size was similar to the previous ADA publication. In addition they offered the AAE a royalty on the advertisements.

The royalties for the first five years of the contract...
amounted to a total of $120,000, starting with $20,000 for the year 1983, with consecutive progressive increments of $2000 a year, including 1987, which reached a total of $28,000. This is income that we never would have received under the APA contract. As a result of this arrangement by our editor and adviser, the membership subscription cost of the journal has not been increased. As a matter of interest, our annual subscription rate is the lowest of all the specialties journals.

A new contract was signed in 1987 with Williams & Wilkins for a three year period with a two year option for renewal. This new contract started in January 1988 with an increase in annual pages from 600 to 650 pages.

The circulation has also increased since 1983: AAE subscribers 2876, non-subscribers 1643, total subscribers 4519. For the year 1987: AAE subscribers 3378, non-subscribers 2492, total subscribers 5870.

In view of the increased demands on the editor, the Board of Directors has seen fit to have an appointed editor for three years with an annual salary rather than raise an elected officer volunteering his time and the resources of his School or Office.

If you need any more or more detailed information please let me know. Although this assignment was not an easy task, I did enjoy gathering the facts.

Respectfully submitted

[Signature]