

The American Dental Society of Anesthesiology: 1953-1978

On February 6, 1954 in Chicago, Illinois a constitution and by-laws were read and approved thereby signaling official beginning of The American Dental Society of Anesthesiology. Article 2 of the Constitution states:

"It shall be the purpose of this Society to associate and affiliate into one organization all of the Doctors of Dental Surgery and Doctors of Dental Medicine, in the United States, its territories and possessions, and Canada who are engaged in the practice of anesthesiology in dentistry, either local or general, or who are especially interested in anesthesiology; to encourage the study of anesthesiology, to foster higher standards of education in the dental schools in the teaching of anesthesiology, and to raise the standards of practice of anesthesiology by providing more and better training programs at the graduate level; and to meet together for the purpose of exchanging information in reporting progress in the field of anesthesiology. It shall be the purpose of this Society to disseminate information and to edit and publish material which will be of interest to members of the dental profession. It shall be the purpose of this Society to protect the interests of its members and in all ways to develop and further the field of anesthesiology, which was introduced to humanity by dentists Horace Wells and William T.G. Morton, in order to elevate the standards in the quality of anesthesia practice in dentistry. Finally, it shall be the purpose of this Society to advance the art and science of anesthesiology as an integral part of the practice of dentistry."

CONCEPTION OF AN IDEAL

Dentists have always been vitally concerned with pain and interested in methods of its alleviation. Dentists are closely allied with the history and development of both general anesthesia and local anesthesia and the American dental literature, from its beginning, reveals the methods dentists have made towards alleviating the suffering of their patients. Societies were formed for bringing together professionals interested in anesthesiology and the control of anxiety and pain. However, only recently did dentists organize on a national basis a purely professional organization to represent the profession of dentistry in the field of anesthesiology. In December, 1952, William B. Kinney wrote to Daniel F. Lynch suggesting a meeting to organize such a society. On January 26, 1952, Dr. Lynch called a meeting in Washington, D.C. for the

purpose of discussing a national society for anesthesiology in dentistry. (Fig. 1). The meeting was held at the offices of Mead, Lynch, Burton, Smith and Mead and those in attendance were Dr. Daniel Lynch, Dr. Marcus H. Burton, Dr. Terry Mead, Dr. John Burns, Dr. Chester Karwanski, Dr. Arnold Schaeffer, and Dr. Robert J. O'Brien.

DR. DANIEL F. LYNCH
DR. CHARLES L. SMITH

TELEPHONE DISTRICT 4540-4541-4542
DR. STERLING V. MEAD
1148 SIXTEENTH STREET NORTHWEST
WASHINGTON, D. C.
ORAL SURGERY

DR. MARCUS H. BURTON
DR. STERLING G. MEAD

January 6, 1952

Dr. William B. Kinney
3148 Flyers Mill Road
Kensington, Maryland

My dear Doctor Kinney:

Your letter of December 12th arrived during the Holiday Season and it is for that reason I did not answer it immediately. I am glad to see that you have been busy and that at last you have gotten a group together that may be able to do something in anesthesia.

I would tentatively suggest that the group get together with me at my office on Monday night, January 26th at 7:30 P.M. We could then discuss the points which are enumerated in your letter of December 12th, and try to arrive at a common understanding.

I would further suggest that we have no one else there, but the local men. I don't think we are ready to talk with Doctors Selding, Cameron or Monheim at this stage.

Please contact your group individually and let me know if Monday, January 26th is convenient.

Sincerely,

Daniel F. Lynch

DW:lec

Figure 1

Dr. Lynch's letter of January 8, 1952 calling for the first meeting on January 26 to plan a nationally representative society of anesthesia for dentistry.

Subsequently, Dr. Lynch contacted interested and recognized authorities in anesthesiology in dentistry recommending additional organizing meetings for the purpose of forming a society. In response, in the winter of 1953, Leonard M. Monheim called for a conference of dental educators and dentists interested in and qualified in anesthesiology to meet in Pittsburgh for the purpose of discussing a national organization. Approximately forty dentists attended the meeting called by Dr. Monheim in Pittsburgh. Discussions there brought about the agreement to meet again to discuss this subject. As a result, on August 30, 1953 a meeting to plan for a national society for anesthesiology in dentistry was held in Cleveland in conjunction with the annual meeting of the American Dental Association.

Among those attending this meeting were Drs. Daniel F. Lynch, William B. Kinney, Morgan L. Allison, Leonard M. Monheim, and J. H. Mervis. Although the group present was small, they decided to proceed with the formation of the society and selected the name The American Dental Society of Anesthesiology. Co-chairman to proceed with the formation of the society were Leonard M. Monheim and Morgan L. Allison. (Fig. 2). Secretary-Treasurer was J. H. Mervis and Chairman of Credentials, William B. Kinney. The group agreed to draw up a constitution and by-laws and to arrange for a meeting in conjunction with the Mid-Winter Meeting in Chicago in February, 1954. At the Chicago meeting, all known interested dentists would be invited to participate in the formation of this society.

AMERICAN DENTAL SOCIETY OF ANESTHESIOLOGY
(PROVISIONAL NAME)
510 WALNUT STREET-CLAIRTON, PA.
(TEMPORARY ADDRESS)

<p>CO-CHAIRMAN L. M. MONHEIM, D.D.S. MORGAN ALLISON, D.D.S.</p>	<p>SECRETARY-TREASURER JAY H. MERVIS, B.S., D.D.S. CREDENTIALS W.B. B. KINNEY, D.D.S.</p>	<p>DECEMBER 1, 1953</p>
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A meeting was held at Cleveland on August 30th in the Cleveland Hotel for the purpose of forming a society for dental anesthesiologists that can be recognized by the A. D. A.

Although the group present was small, it was decided to proceed with the business at hand. After some discussion, a provisional name was decided upon.

No officers were elected as there is no constitution, but the following were decided upon by popular acclaim, viz: Co-chairmen, Leonard M. Monheim of Pittsburgh, Pa. and Morgan Allison of Columbus, Ohio; Secretary-Treasurer, Jay H. Mervis of Clairton, Pa. In consultation with several interested men, it was decided to include a temporary chairman of credentials, William B. Kinney of Ogden, Utah.

With the preceding information you are now aware of everything that has transpired officially.

It was the unanimous opinion of all present that the new organization should insist on the highest standards of professional attainment possible. To attain this goal, it was suggested that the membership be limited to:

1. Graduates of accredited dental schools.
2. Dentists who have a definite interest and knowledge of the use of anesthetic agents.
3. Dentists who have been recommended by fellow practitioners of known ability.
4. Dentists who wish to further the art of anesthesia in dentistry.

After some further discussion the meeting was adjourned.

Your name has been suggested to the secretary for membership in this society. If you are interested in joining this group, please fill in the enclosed form and send any other information you may deem pertinent.

We would like very much to meet in Chicago for the first time in February. Therefore, it is imperative that we receive the filled enclosure at the earliest possible moment so that the committee on credentials may have an opportunity of judging the information.

Yours truly,
Jay H. Mervis B.S., D.D.S.
Secretary-Treasurer

Figure 2

The first letterhead stationery indicating the proposed name of the society, original organizers, and report of the meeting August 30, 1953 in Cleveland during the annual meeting of the American Dental Association.

On February 6, 1954, Dr. Morgan L. Allison, counseled by Dr. Daniel Lynch, served as temporary chairman for the assembled dentists. A constitution and by-laws were read and approved by those attending and officers of the Society were elected. The first officers of the society are: President — Dr. William B. Kinney; President Elect — Dr. Morgan L. Allison; Vice President — Dr. H. M. Stebbins; Secretary-Treasurer — Dr. J. H. Mervis; and the Advisory Board selected were Dr. Daniel F. Lynch, Dr. Edward Thompson, Dr. Sterling Mead, Dr. Fred Henny, Dr.

Leonard Monheim, Dr. Harry M. Selden, Dr. O. M. Dresen, Dr. Harry Archer, and Dr. George Teuscher. Dr. Ralph Towers was elected chairman of membership and credentials. (Fig. 3)

Many dentists had been giving serious thought toward "formalizing" anesthesia and anesthesiology among dentists instead of the haphazard, catch-as-catch-can, loose method of the past. There are a number of dentist-anesthesiologists in hospitals; many have their own clinics; many practice in various offices; and many oral surgeons are devoting a large part of their time to anesthesia or have a nurse anesthetist administering anesthetics under dental supervision to their patients. Some schools have excellent programs to train dentists in anesthesia. Some residency programs have good anesthesia training for the dentist-anesthesiologist. There are numerous societies for the purpose of advancing anesthesiology among dentists. Dentists are using cryotherapy and cryoanesthesia and hypnosis to relieve pain among their patients; infiltration, block, intravenous, inhalation and all related techniques of pneumatology and resuscitation.

To consolidate, evaluate, teach, foster and disseminate such information are some of the purposes of the American Dental Society of Anesthesiology.

We are off to a healthy start.

Because the group needed direction, there was a meeting at the Conrad Hilton Hotel in Chicago on February 6-8, 1954. Dr. Morgan Allison was the temporary Chairman.

A Constitution and By-Laws was read and approved. The officers of your Dental Society of Anesthesiology were elected. They are:

President Dr. William B. Kinney, Ogden, Utah
Vice-President Dr. H. M. Stebbins, Lake Charles, La.
Secretary-Treasurer Dr. Jay Mervis, Clairton, Pennsylvania
President-Elect Dr. Morgan Allison, Columbus, Ohio

Conferences were also held with Dr. Harold Hillenbrand.

Chairmen of various committees were appointed. They are:

Membership and credentials - Dr. Ralph Tower, Denver, Colo.
Editorial Board - Dr. H. M. Stebbins
American Dental College of Anesthesiology - Dr. Peter King, Dayton, Ohio.

The Advisory Board has been almost completed and these have stated their desire to serve:

Doctors Daniel Lynch, Edward Thompson, Sterling Mead, Fred Henny, Leonard Monheim, Harry M. Seldin, Dean O. M. Dresen of Marquette, Harry Archer, George Teuscher.

The Seal which was adopted has as its theme the Second Chapter of Genesis, the 21st and other verses. It represents the FIRST ANESTHETIC given by THE ANESTHESIOLOGIST to Adam when he had his rib removed—from which Eve was created. The phrase "Scientia Omenem Dolorem Vincit" is translated as Science Conquers All Pain. The idea was suggested by Stebbins and the original drawing was by Carolyn Piel of Lake Charles.



There is also the problem of a publication. Efforts are being made to start a Journal. The Newsmonthly will keep you posted.

As in any organization, the problem of dues came up. It was promptly approved that dues should be \$10 yearly.

Figure 3

Newsmonthly Volume I, No. 1, Page 2 reporting formal organization of the American Dental Society of Anesthesiology on February 6, 1954.

Provisions were made in the constitution and by-laws for The American Dental College of Anesthesiology to provide for certification of training and competency in general anesthesia. Dr. John Cotton was elected chairman of the Board of Governors and Dr. Peter King, Secretary of the College.

At this organizational meeting a seal of the Society was adopted. (Fig. 3). The seal represents the first anesthetic given by the first anesthesiologist to Adam when he had his rib removed — from which Eve was created. The phrase "Scientia Omenem Dolorem Vincit" is translated as "Science Conquers All Pain." The idea was suggested by Dr. Stebbins and the original drawing was made by Carolyn Piel of Lake Charles, Louisiana. Directions for a News Monthly were provided and Volume I, No. 1, April 15, 1954 was forwarded to the membership. (Fig. 4). Dates were set for the first annual meeting of the Society to be held in conjunction with the annual meeting of the American Dental Association in Miami, Florida on November 6 and 7, 1954. Thus, The American Dental Society of Anesthesiology was conceived and delivered.

NewsMONTHLY

American Dental Society of Anesthesiology

Vol. I - No. 1

April 15, 1954

Dear Fellow-members:

The year 1954 is in many ways a year of decision for us. We hold the future of anesthesiology in dentistry in the palms of our hands and it is up to us to handle this precious privilege gently, deftly, and surely if we are to succeed in establishing the practice of anesthesiology as a definite recognized specialty in dentistry.

Not since the history-making days of Morton and Wells have dentists shown so much interest in anesthesia and it is up to us to direct this interest to the proper channels so that anesthesiology may achieve its rightful place alongside the other specialties in dentistry. The splendid and sincere response from applicants for membership in our society has exceeded our expectations and we feel that there has been uncovered a wealth of talent which, as a group, has lain dormant for years; only waiting for the proper moment to come to life and assert itself as a force for the betterment of dentistry.

Our immediate goals have been established for the year and we are moving toward their fulfillment. First and foremost of these is recognition by organized dentistry through the establishment of a separate section of anesthesiology within the American Dental Association. We must all pledge ourselves to the task of contacting every delegate and trustee of the A.D.A. and to apprise these gentlemen of our situation and our desires in order that they may vote in the affirmative when our resolution is brought up before the Board of Trustees and the House of Delegates next November. Second, we are pledged to build a strong, well respected society of dentist-anesthesiologists which can be the spokesman for anesthesiology in dentistry and which will set the high standards necessary for the specialty of anesthesiology to attain its rightful status.

Our relationship with the American Dental Association is to be a friendly and a cordial one. There shall be no conflict of interests between our group and the parent organization of dentistry inasmuch as we shall keep the secretary of the A.D.A. informed of our policies and decisions and seek the advice and counsel of the American Dental Association. The best interests of all shall be served if we act with the approval of the national organization.

Many fine and outstanding men have joined our ranks with no thought of personal aggrandizement but solely for the purpose of elevating the profession. Deans of some of the dental schools have expressed their desires to institute more comprehensive and far-reaching programs in anesthesiology. Encouragement has been offered by prominent members of the medical profession. The opportunity to advance the field of anesthesiology in dentistry is here. It is up to us to take up the cudgel.

As you all know, there is a tremendous amount of effort involved in fashioning a society such as we hope to have. So let's all pitch in and help our officers and editorial staff by a large contribution of ideas and suggestions. It will not only improve our organization but will help us to know each other better. Above all, let's talk up anesthesia in dentistry. It's here to stay so let's help it in every way possible.

Sincerely,

William B. Kinney
William B. Kinney, D.D.S.

Figure 4

Newsmonthly, Volume I, No. 1, Page 1, April 15, 1954.

ARTICLES OF INCORPORATION, AMERICAN DENTAL SOCIETY OF ANESTHESIOLOGY

The Society being successfully launched and standing on its own feet, the officers and Board of Directors recognized early that incorporation was necessary. Therefore, in 1956, proceedings were started for proper incorporation of the Society and this was culminated on the thirteenth day of February, 1957, (Fig. 5), when the articles of incorporation, duly signed and verified, were filed as provided by the general "Not For Profit Corporation Act of Illinois." The Articles of Incorporation were signed by Drs. William Kinney, Harcourt Stebbins and Leonard Monheim. Thus, The American Dental Society of Anesthesiology, Incorporated, became legal and ready to represent organized dentistry in the area of anesthesiology.

COMPONENT SOCIETIES OF THE AMERICAN DENTAL SOCIETY OF ANESTHESIOLOGY

The ADSA announced, through its News Monthly, that charters for component societies of the ADSA

would be issued at the discretion of the Board of Directors and that the Board of Directors was prepared to accept applications for component societies in 1956. Subsequently, the first charter for component status in The American Dental Society of Anesthesiology was granted to the Tri-State Dental Society of Anesthesiology of Pennsylvania. This was followed immediately by acceptance for component societies including New York State Dental Society of Anesthesiology and Maryland Dental Society of Anesthesiology. With the fourth annual meeting of the American Dental Society of Anesthesiology, thirteen fully recognized and accepted component societies were carrying the national theme to their own states. Charters had been granted to component societies in the following states by 1957: Alabama, California, Connecticut, Illinois, Iowa, Maryland, Massachusetts, New Jersey, New York, North Carolina, Ohio, Pennsylvania, and Utah. In the year 1957, component societies were directed to elect delegates for membership in the House of Delegates, ADSA.

Certificate Number. 7545



To all to whom these Presents Shall Come, Greeting:

Whereas, Articles of Incorporation duly signed and verified of

THE AMERICAN DENTAL SOCIETY OF ANESTHESIOLOGY
have been filed in the Office of the Secretary of State on the 13th day of February A.D. 1957 as provided by the "GENERAL NOT FOR PROFIT CORPORATION ACT" of Illinois, approved July 17, 1922 in force January 1, A.D. 1924.

Now Therefore, I, CHARLES F. CARPENTIER, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this Certificate of Incorporation and attach thereto a copy of the Articles of Incorporation of the aforesaid corporation.

In Testimony Whereof, I, Charles F. Carpentier, Secretary of State of the State of Illinois, do, at the City of Springfield, this 13th day of February A.D. 1957 and of the Independence of the United States the one hundred and 81st.

(SEAL)

Charles F. Carpentier
SECRETARY OF STATE

Figure 5

The American Dental Society of Anesthesiology, Incorporated.

On November 8, 1958, the House of Delegates of The American Dental Society of Anesthesiology met for the first time. This was a significant occasion in the history of the Society. Each component society was represented at this meeting by a delegate elected by members of his component society. Each delegate was directed to come prepared with the views of his constituency. Since then the Board of Directors has been the executive body of the ADSA and the House of Delegates has been the legislative group. The organization in 1958 was fully developed, healthy, and a truly national society representing anesthesiology in dentistry in practice, in education, in research, and in public service.

REGIONAL AREAS FOR COMPONENT SOCIETIES

In 1958, the ADSA organized its component societies into eight geographic regions to improve component structure and functions. The eight geographic regions include:

- Region 1 — California, Nevada, Utah, Arizona
- Region 2 — Washington, Oregon, Idaho, Montana, Wyoming
- Region 3 — Iowa, North Dakota, South Dakota, Minnesota, Wisconsin, Michigan
- Region 4 — Oklahoma, Texas, New Mexico, Colorado, Kansas, Nebraska, Arkansas, Missouri
- Region 5 — Alabama, Mississippi, Georgia, Florida, Louisiana
- Region 6 — Kentucky, Illinois, Indiana, Ohio, Tennessee
- Region 7 — North Carolina, South Carolina, Virginia, West Virginia, Washington, D.C.
- Region 8 — New York, Massachusetts, Pennsylvania, Maryland, Delaware, Maine, New Jersey, Connecticut, Vermont, Rhode Island, New Hampshire.

The first Annual Scientific Conference of the Upper Midwest Regional Component of the ADSA, Region 3, was held in Minneapolis on November 9 and 10, 1973. The conference theme was *Current Concepts and Methods for the Control of Apprehension and Pain in Dentistry*.

ANESTHESIA PROGRESS — THE JOURNAL OF THE AMERICAN DENTAL SOCIETY OF ANESTHESIOLOGY

The success of any professional organization is often related to its literature. From the beginning, The American Dental Society of Anesthesiology fostered its publications. True to the purposes of this Society, its *News Monthly* and its *Journals* have been an excellent form for exchanging information and reporting progress in the field of anesthesiology. In addition, it has been aggressively constructive in its interest in improving higher standards of education,

NewsMONTHLY

American Dental Society of Anesthesiology



Bruce L. Douglas, D.D.S.
Editor

VOLUME III — No. 4
April 1, 1956

NEWSMONTHLY GETS "FACE-LIFTING" AS PLANS EMERGE FOR EXPANSION OF EDITORIAL BOARD.....GREAT STRIDES IN A.D.S.A. ACTIVITY EVIDENT AS MEMBERSHIP NUMBERS SWELL.....BOARD OF GOVERNORS OF AMERICAN DENTAL COLLEGE OF ANESTHESIOLOGY CHOSEN AS PLANS DEVELOP FOR FIRST EXAMINATIONS.....BRIGHT PICTURE PAINTED FOR ANNUAL MEETING IN ATLANTIC CITY IN SEPTEMBER.....PRESIDENT APPEALS TO MEMBERSHIP TO BECOME DELEGATES TO A.D.A. TO UPHOLD THE STANDARDS AND RIGHTS OF ANESTHESIOLOGY IN DENTISTRY

This issue of the *Newsmonthly* comprises another step in the direction of editorial progress in the American Dental Society of Anesthesiology. As expansion of the publications of the Society evolves, assistance will be needed from members all over the country. With the ultimate goal of an American Dental Journal of Anesthesiology, cooperation from the membership is essential. It is requested that anyone who is interested in this type of work communicate with the editor at 88-08 Queens Boulevard, Rego Park, New York.

MEMBERSHIP EXPANSION PROGRAM CONTINUES WITH SOCIETY GROWTH

The Secretary and the Chairman of the Membership and Credentials Committee report large numbers of inquiries and applications for membership. The tremendous growth of the A.D.S.A. is indicative of the need for a national society in anesthesiology in dentistry. As this growth continues, the louder our voice will be in national dental affairs. Encourage your associates with an interest in our objectives to apply for membership. Notices in local bulletins, journals, and professional magazines are very important in this respect. Send all requests for applications to the secretary, Dr. Arthur J. Follenius, 111 Lortel Avenue, Staten Island 14, New York.

REMEMBER THE ANNUAL A.D.S.A. MEETING IN ATLANTIC CITY, NEW JERSEY ON SEPTEMBER 29th and 30th, 1956 AT THE AMBASSADOR HOTEL

Figure 6

"FACE-LIFTING" for the *Newsmonthly*. Announcement concerning selection of the Board of Governors of the American Dental College of Anesthesiology.

especially through the encouragement of teaching and research in anesthesiology. It has performed in an unbiased, scientific manner, disseminating information and promoting education and patient care. During the organizational meeting in Chicago in 1954, Dr. Harcourt M. Stebbins of Lake Charles, Louisiana was elected vice president and chairman of the Editorial Board. He was directed by the membership to initiate a *News Monthly* and Volume I, No. 1 of the *News Monthly, American Dental Society of Anesthesiology* was published April 15, 1954. (Fig. 4). Dr. Stebbins remained editor of the *News Monthly* from April 1954 to November 1955. At this time, Dr. Bruce Douglas was selected as editor. Volume I, No. 1 of the *News Monthly* was printed by photolithographic process. The *News Monthly* then was a mimeographed manuscript until April 1956 when it became photo-offset copy. (Fig. 6).

Dr. Douglas announced in Volume III, No. 6, June-July, 1956, membership for the *News Monthly* in the American Association of Dental Editors. The American Association of Dental Editors is a recognized national organization working in close association with the Council on Journalism of the American

Dental Association. This was another milestone for our *News Monthly*.

The publication grew steadily in size and scope and in January, 1957 the *News Monthly* was changed to a printed edition. (Fig. 7 & 8) Scientific material was added to the content starting with the first printed issue and "Letters to the Editor" were included. In the June-July issue, 1957, advertising was included in the *News Monthly* for the first time. In January 1958, the title was changed to the *Journal of the American Dental Society of Anesthesiology*. (Fig. 9, 10, 11). The Journal was enlarged permitting printing of additional scientific material, reports from the Society's fourteen component societies, and increased editorial content.

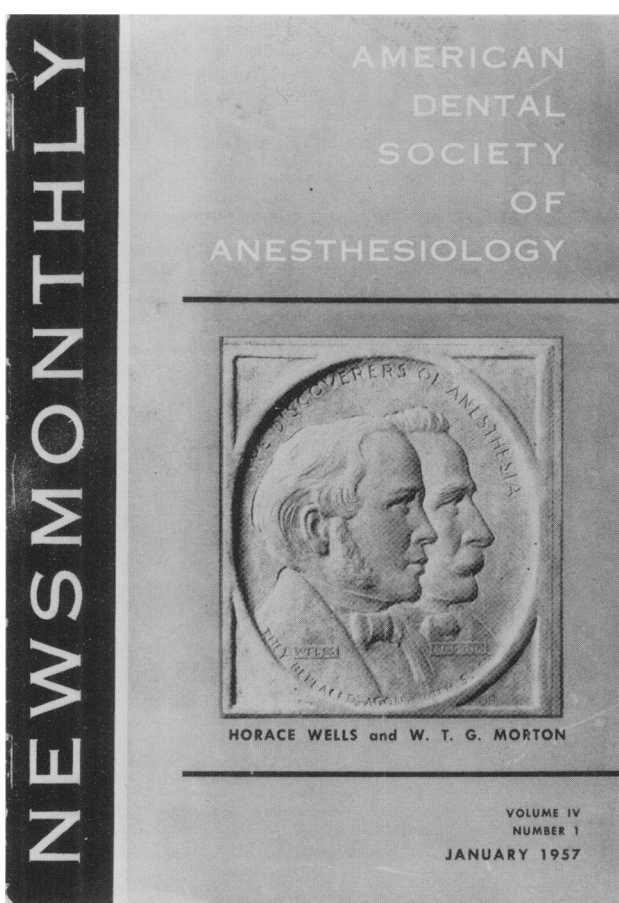


Figure 7

Newsmonthly, first printed edition, January, 1957. A tribute to H. Wells and W.T.G. Morton.

In May 1957, the editor, was advised by Dr. Donald Washburn, Head of the Library and Indexing Service of the American Dental Association, that the *News Monthly* was to be included in the literature perused each month for listing in the *Quarterly Cumulative Dental Index*. This meant that articles in the *News Monthly* were to be listed under appropriate headings for the purpose of future reference. In August 1957, a new feature of the *News Monthly* was initiated when Lyon P. Strean, D.D.S., Ph.D.,

wrote "Anesthesia Abstracts From the Scientific Literature" as a regular feature of the *News Monthly*.

Dr. Douglas accepted appointment of the Fulbright Exchange Professorship in Oral Surgery and Anesthesiology in Okayama, Japan for 1959 to 1961. In 1961, Dr. J. D. Whisenand became editor and served through January 1965. Again, Dr. Bruce Douglas resumed editorial duties of the Journal between January 1965 and September 1965. At this time Dr. Norman Trieger was elected editor; a post he continues to enjoy to the present day.

Under Dr. Trieger's guidance, the Journal was expanded. In 1966 at the suggestion of the editor and with the approval of the Board of Directors, the name was changed to *Anesthesia Progress, The Journal of the American Dental Society of Anesthesiology*. (Fig. 12) Further conceptual growth of the Society, led to a revised format and the identification of the "Total Concept of Pain Control in Dentistry." (Fig. 13). A revitalized *Newsletter* to the membership was published, with Dr. Joseph Osterloh as editor, until January 1972, (Fig. 14), when Dr. Herbert C. Berquist was appointed editor at the untimely death of Dr. Osterloh. (Fig. 15).

With the publication of the 25 year issue, *Anesthesia Progress* again enlarged to a new format. It has

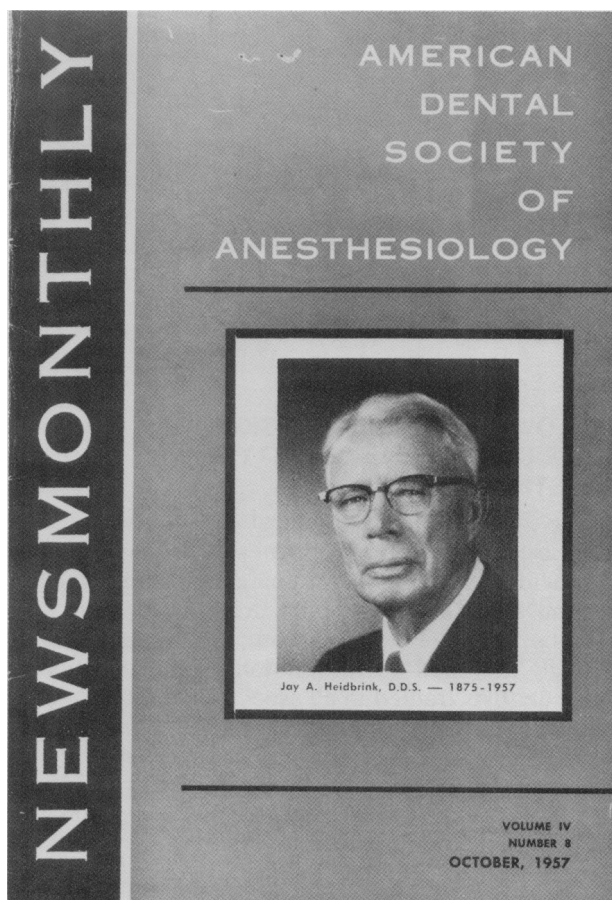


Figure 8

Newsmonthly. A tribute, in memoriam, to Jay A. Heidbrink, D.D.S., October 1957.

gained in stature and is now listed and abstracted by national and international services. It is also available in microfilm form.

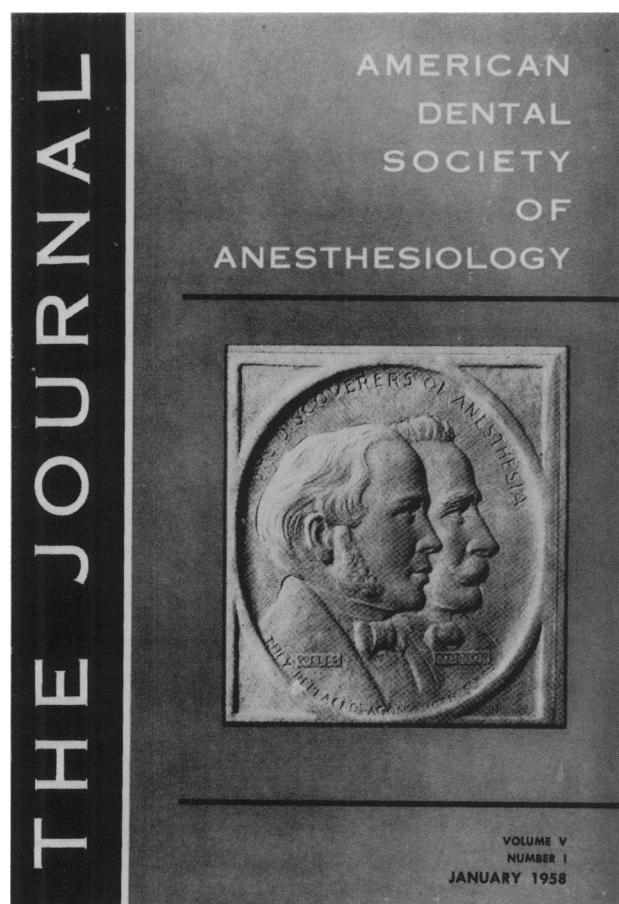


Figure 9

The *Journal of the American Dental Society of Anesthesiology*. The first issue of the Journal appeared in January, 1958 as Volume V, No. 1.

FELLOWSHIP IN ANESTHESIOLOGY, AMERICAN DENTAL SOCIETY OF ANESTHESIOLOGY

The Fellowship in General Anesthesia of The American Dental Society of Anesthesiology functions to provide certification of training and competence in general anesthesia for dental procedures. (Fig. 16). Members of the Society from the beginning felt strongly the need for recognition and certification of those dentists trained in all aspects of anesthesiology. This was originally established as The American Dental College of Anesthesiology, an affiliate of The American Dental Society of Anesthesiology. In 1954, Dr. E. Peter King was appointed Secretary and Dr. John Cotton, Chairman of the Board of Governors of The American Dental College of Anesthesiology. Another member of this Board was Dr. William Kinney.

A charter was drawn up for the American Dental College of Anesthesiology including an introduction,

the purposes, membership qualifications, methods for application and examination, and certification. Plans were made for examination for admission to the American Dental College of Anesthesiology to be held in conjunction with the annual meeting of the ADSA in Atlantic City, 1956. Actually, examinations were held, but because of technicalities and procedural problems, the examinations were voted null and void. Numerous factors then played a part in postponing additional activities of the Board of Governors of the American Dental College of Anesthesiology and subsequently, the College itself was rescinded by the action of The American Dental Society of Anesthesiology, Inc.

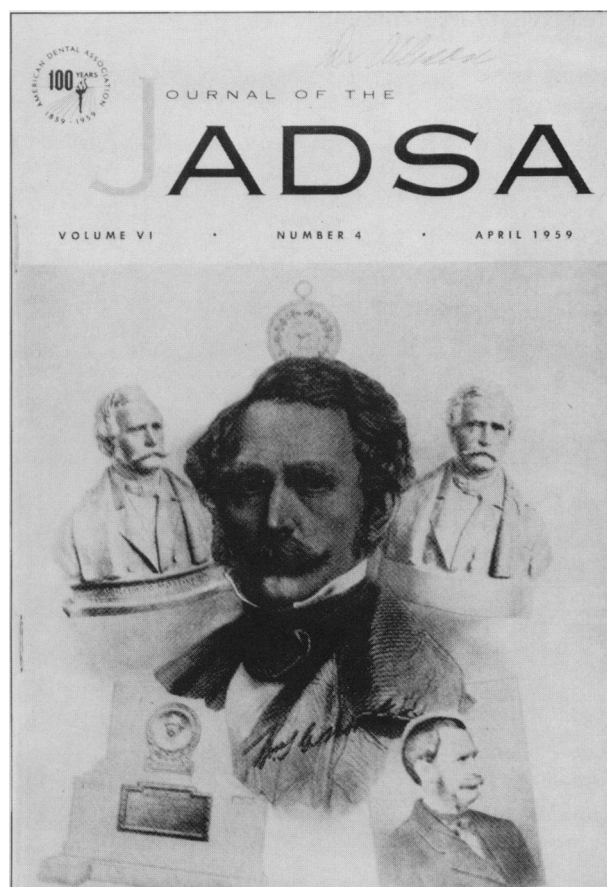


Figure 10

A change in the format of the Journal, 1959.

The need for proper recognition persisted and an alternate method for approaching the problem was found in establishing a means for certifying qualified dentists as "Fellow in General Anesthesia," American Dental Society of Anesthesiology. This was brought into being by the House of Delegates of the ADSA in 1964 by establishing a special category of membership. Dr. Joseph Osterloh was the driving force making it all possible. At the annual meeting of the ADSA in 1965, the Board of Directors interviewed and passed three members, each to be Fellow in General Anesthesia of the ADSA. Scientific interviews have been conducted at each annual meeting since 1965.

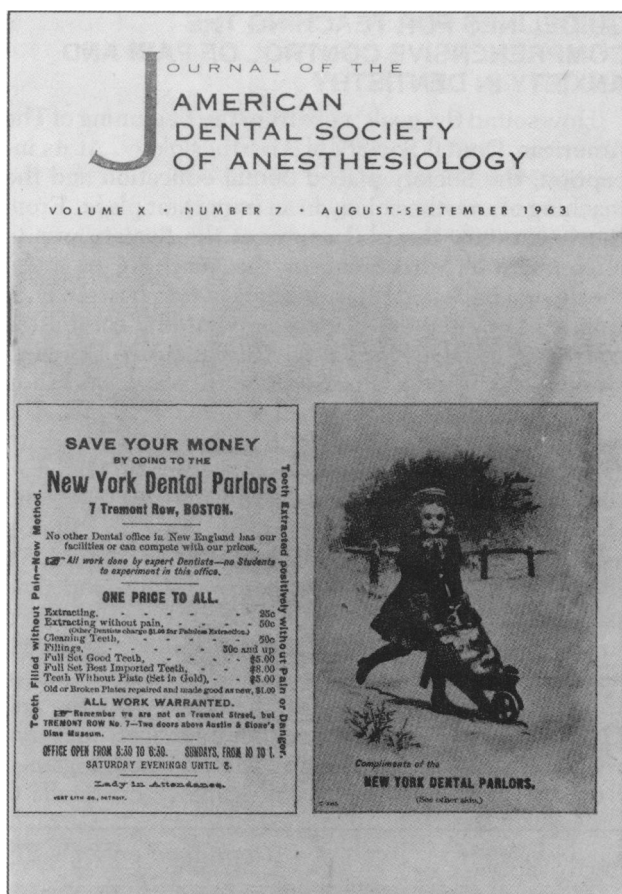


Figure 11

A change in the format of the Journal, 1963.

In 1968, the Board of Directors established the first line of business annually to be regular meetings of the Committee on Fellowship in General Anesthesia. In 1969 the Board reconfirmed the oral scientific interview as a requirement for Fellowship in General Anesthesia. In 1971 the Board of Directors established a specific scientific examination as a requirement for Fellowship in General Anesthesia to be initiated in 1975. All of these policies were approved by the House of Delegates and duly published in its official Journal. The Board has approved the formulation of a written examination to become part of the evaluation of each candidate for Fellowship.

The realization of the "Fellowship" has been a major impetus for increased membership and activity during the past five years.

SECTION ON ANESTHESIOLOGY, THE COUNCIL ON SCIENTIFIC SESSIONS, THE AMERICAN DENTAL ASSOCIATION 1955

The first organized political action of The American Dental Society of Anesthesiology occurred in 1954 when its members encouraged state dental societies to ask for a separate section of anesthesiology as a part of the Council on Scientific Sessions, American Dental

Association. The first states to indicate their approval of a separate section on anesthesiology were Louisiana and Utah, who, as early as April 1954 approved through their state societies, a resolution asking for a separate section for Anesthesiology within the ADA. By the time of the opening of the House of Delegates of the ADA for business in 1954, seventeen states had submitted resolutions supporting a separate section on anesthesiology. Many members of the ADSA spoke before the reference committee and before the House of Delegates of the ADA in support of a separate section. The resolution was approved by the reference committee and returned to the House of Delegates during the 1954 meeting in Miami. The House of Delegates of the ADA effected establishment of the Section on Anesthesiology in San Francisco at the 1955 annual session of the American Dental Association. Therefore, Chapter 13 of the by-laws of the American Dental Association was amended in 1955 creating a Section on Anesthesiology, the twelfth section of the Scientific Section of the American Dental Association.

Dentistry has made a determined effort to avoid overfragmentation of dental practice and it was significant that the House of Delegates of the American Dental Association recognized anesthesiology and oral surgery (which has been one section) to be separate

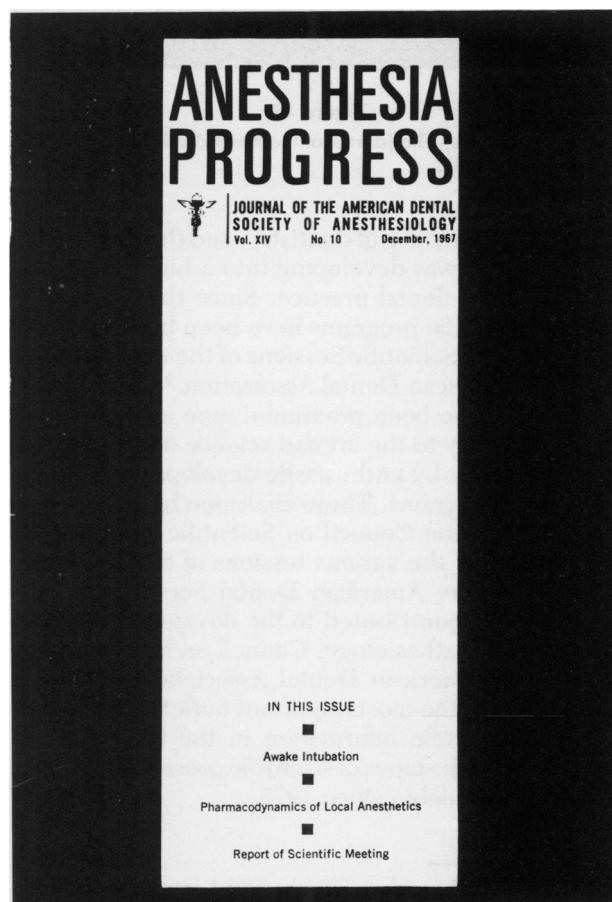


Figure 12

Anesthesia Progress, The Journal of the American Dental Society of Anesthesiology, 1967.

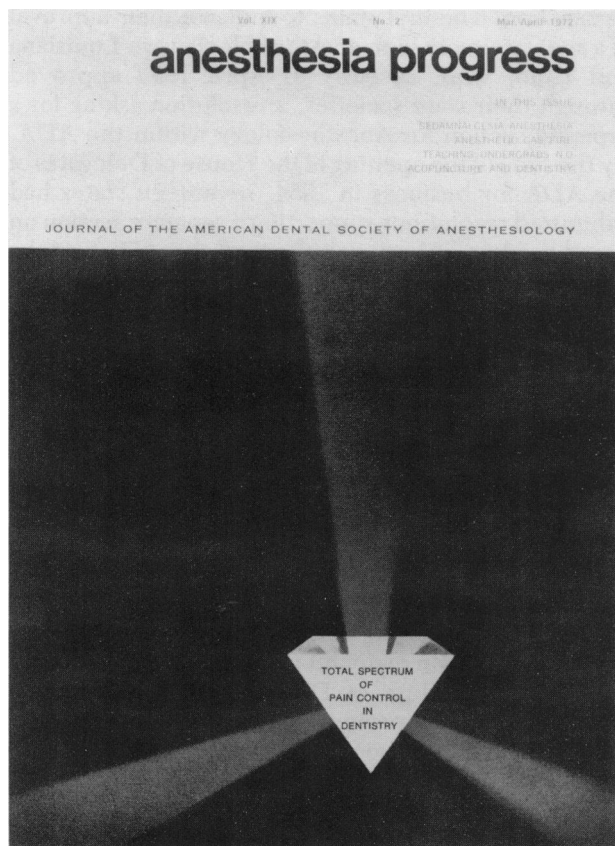


Figure 13

Anesthesia Progress, The Journal of the American Dental Society of Anesthesiology, 1972.

aspects of the practice of dentistry, and that the field of anesthesiology was developing into a highly sophisticated aspect of dental practice. Since that time, outstanding scientific programs have been held as part of the Council on Scientific Sessions of the regular meeting of the American Dental Association.* Chairmen of this section have been prominent men and have contributed notably to the art and science of anesthesiology in dentistry by enthusiastic development of comprehensive programs. These chairmen have served as consultants to the Council on Scientific Sessions and they preside at the various sessions of the essay program. Thus The American Dental Society of Anesthesiology has contributed to the development of the Section on Anesthesiology, Council on Scientific Sessions of the American Dental Association which has become one of the most important outlets for dissemination of scientific information in the field of anesthesiology. Audio tapes of scientific presentations have been made available since 1975.

*For example, in November 1976, the ADSA cosponsored the program entitled "Symposium on Pain and Acupuncture" which featured Drs. John Bonica, Ronald Melzack, Peter Teng, William Greenfield, Daniel Laskin, Milton Jaffe, Andrew Tolas, Lee Getter and Ralph Swenson.

GUIDELINES FOR TEACHING THE COMPREHENSIVE CONTROL OF PAIN AND ANXIETY IN DENTISTRY

How sound the goals were from the beginning of The American Dental Society of Anesthesiology. At its inception, the Society placed dental education and the teaching of anesthesiology in an important place. From the beginning, the philosophy of the Society was to encourage improvement in the teaching of anesthesiology both to dental students and to post-D.D.S. trainees. In 1962 the Society appointed a committee consisting of Drs. Morgan L. Allison, Bruce Douglas, Daniel Laskin and Elaine Steubner to plan a workshop on the teaching of pain control to dental students. The workshop was supported by the American Fund for Dental Education, The Novocol Chemical Manufacturing Company, the Cook-Waite Laboratories, and the Proctor and Gamble Company. Also, the Illinois and New York Component Societies of the ADSA made grants which facilitated housing of the workshop participants. The entire proceedings were published in the *Journal of Dental Education*, Volume 28, 1964, and reprints of the articles were made available to all of the Schools of Dentistry in the United States and Canada. (Fig. 17). Forty-three dental schools sent representatives to the workshop. The knowledge gained from the workshop and its influence on curricula of

(Continued on Page 21)



NEWSLETTER

VOLUME 1, NUMBER 1 - MAY, 1970

1970 ANNUAL MEETING HAS RECORD ATTENDANCE

The Annual Meeting held in February in Chicago had a record attendance of more than five hundred persons. Presiding Officer Daniel F. Lynch of Washington, D.C., announced the implementation of many of the Society's objectives during his administration, among which were the establishment of official liaison with the American Society of Anesthesiologists, the initiation of positive plans to hold an official conference to Develop Guidelines for Teaching Comprehensive Pain Control in Dentistry to be held at The Ohio State University later this year in conjunction with the American Association of Dental Schools and the Council on Education of the American Dental Association under the Chairmanship of ADSA Vice-President William R. Wallace, and the finalization of plans for the circularization of surveys of the dental profession's use of analgesia and anesthesia, of the training facilities available to graduate dentists in this area of practice, and of the undergraduate curricula in the field of Pain Control and Anesthesiology in the dental schools of the United States.

The following were officially seated as delegates or alternates with voting privileges at the session of the House of Delegates: Herbert Berquist, Carter S. Hjelte, Norman Trieger, California; William Staples, Florida; Robert Griffiths, Irwin Lebow, Illinois; Joseph P. Cappucco, Maryland; Milton Jaffe, New York; David Wesley, Minnesota; Orville Russell, Walter Maslowski, Ohio; Irwin Goldstein, Arnold Dragon, Pennsylvania; and Carl Wagner, Washington.

1970-71 COMMITTEE CHAIRMEN

President Wayne Hiatt has announced more than one hundred appointments to perform the varied work of the Society for the coming year.

Committee Chairmen appointed include the following:
 Advisory Board, Dr. William Greenfield, N.Y.
 Editorial Board, Dr. Norman Trieger, Calif.
 Membership & Credentials, Dr. Wm. B. Kinney, Calif.
 Constitution & Bylaws, Dr. C. Wm. Vize, Indiana
 Advanced & Continuing Education, Dr. Wm. R. Wallace, Ohio
 Dental Schools, Dr. Darryl Pirok, Illinois
 Foundations & Grants, Dr. Milton Jaffe, N.Y.
 Research, Dr. Donald Giddon, Mass.
 Ethics, Dr. P. Earle Williams, Texas
 Legislation & Health Care Problems, Dr. I. Lawrence Kerr, N.Y.
 International Affairs in Anesthesiology, Dr. Neils B. Jorgensen, Calif.
 Public & Professional Relations, Dr. Harold Panuska, Minn.
 Auxiliary Comm. on Membership (Canada) Dr. Robert Locke
 Auxiliary Comm. on Membership (Extra-Continental U.S.) Dr. Rafael Aponte, Jr., Puerto Rico
 Liaison with A.D.A., A.S.A., & A.S.O.S. - Dr. Daniel F. Lynch, Washington, D.C.

Figure 14

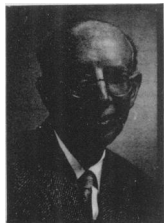


NEWSLETTER

VOLUME 5, NUMBER 9 — SEPTEMBER 1974

DENTAL PAIN CONTROL PIONEER DIES AT AGE 80 IN LOS ANGELES

Dental pain control pioneer Niels B. Jorgensen, D.D.S., died August 15, 1974 at his home in Los Angeles.



For 32 years prior to his death, Dr. Jorgensen has been on the faculty at Loma Linda University, first as an Associate Professor in the School of Medicine. When the School of Dentistry opened in 1963, he joined the dental faculty as Professor and Chairman of the Department of Oral Surgery. Though he retired in 1969, Dr. Jorgensen remained active in the dental school as Emeritus Professor of Oral Surgery, continuing to teach students his pain control methods.

After completing pre-medicine studies in his native Denmark in 1919, Dr. Jorgensen came to the United States where he earned his doctor of dental surgery degree in 1923 from the University of California School of Dentistry.

When he joined the Department of Stomatology at Loma Linda University in 1942, he began his studies in sedation for pain and anxiety control. His first studies related to nerve blocks in the neck and skull. He was the first to use the technique of intravenous sedation in combination with local anesthesia in dentistry to control the patient's fear and pain of dental procedures.

Dr. Jorgensen published his clinical techniques of pain control in several textbooks and also produced training films for teaching students his techniques of pain and anxiety control. His 1970 film, "The Infra-orbital, Posterior Superior Alveolar and Palatine Nerve Blocks," won the coveted French award, *Diploma d'Honneur*.

The American Dental Society of Anesthesiology, in 1960, presented the Heidbrink Award to Dr. Jorgensen. The Heidbrink Award is the highest honor that the Society can present to a person who has made a major contribution in the field of pain control in dentistry. Dr. Jorgensen has been a guest speaker on numerous A.D.S.A. programs and has served on the A.D.S.A. Advisory Board for many years.

A memorial fund has been set up at the Loma Linda University School of Dentistry in Dr. Jorgensen's name. The use of this special fund will be determined by the pain control faculty of the Department of Oral Surgery, with the approval of the Jorgensen family. Checks may be made payable to Loma Linda University, and designated for the Jorgensen Memorial fund.

FELLOWSHIP INTERVIEWS TO BE EXTENDED TWO DAYS IN LAS VEGAS

Due to the large number of applications received for the Fellowship interviews in Las Vegas, two additional days have been added for the scientific interviews. The scientific interviews for a Fellowship in General Anesthesia will be held in Las Vegas October 7, 8, 9, 10, 11, and in Washington, D.C. on November 6, 7, 8. September 15, 1974 will be the cut-off date on which completed applications must be on file at the Secretary's office if one requests the scientific interview for either the Las Vegas or Washington, D.C. meeting.

To be eligible for the Fellowship in General Anesthesia you must have completed a one year training program in general anesthesia that is approved by the Board of Directors of the American Dental Society of Anesthesiology. For information regarding the Fellowship in General Anesthesia, contact the Secretary, Dr. J. D. Wisenand, P.O. Box 2297, Iowa City, Iowa 52240.

A.D.A. COUNCIL ON DENTAL MATERIALS AND DEVICES TO SET STANDARDS ON NITROUS OXIDE-OXYGEN SEDATION MACHINES

At its May 1974 meeting, the American Dental Association, Council on Dental Materials and Devices included nitrous oxide-oxygen machines and devices in the Acceptance Program.

The Council has established the effective date for classification of these machines and devices on August 1975. After that date, classification of a product, by the Council, will be required before promotion or exhibiting through American Dental Association media.

A company seeking qualification of its product under the classification system will be required to comply with general guidelines for submission of a product, as well as with specific guidelines for the device.

The August issue of the *Journal of the American Dental Association* has published the report and recommendations of the Council on Dental Materials and Devices and the product specifications and other general information for the classification of nitrous oxide-oxygen sedation machines.

Figure 15

dental schools has been far reaching as can be judged by three additional conferences on pain control held as a direct result of the influences of the first workshop.

The Second Pain Control Conference sponsored by the ADSA was held at The Ohio State University in June 1965. The Second Pain Control Conference was supported by the Astra Pharmaceutical Products, Incorporated.

The proceedings of this conference were distributed to every dental school in the Country with the sincere desire of improving dental education. Concepts developed by this conference were those of the teachers of anesthesiology in dentistry and this active participation of teachers contributes greatly to the value of the Second Pain Control Conference and to its impact on dental education. The response was good and undoubtedly undercurrents of influence created by these proceedings are still stirring the minds and hearts of dentists and dental educators. However, few thoughts and feelings were put into action until The American Dental Society of Anesthesiology pushed forward for another pain control conference.

Officers and members of the Board of Directors of The American Dental Society of Anesthesiology, initiated a drive for a third conference on the teaching of pain control and patient management for dental students and post-D.D.S. trainees. Wisely the

members of the ADSA consulted with the American Dental Association, the American Association of Dental Schools, the American Association of Dental Examiners, and the American Society of Oral Surgeons. Gradually interest and support for the third conference was developed and significantly the Council on Dental Education of the American Dental Association in conjunction with the American Association of Dental Schools developed this conference and published the proceedings as the **GUIDELINES FOR TEACHING THE COMPREHENSIVE CONTROL OF PAIN AND ANXIETY IN DENTISTRY**, May 1971. (Fig. 17). The conference was held at the College of Dentistry, The Ohio State University and supported by The American Dental Society of Anesthesiology. These guidelines have been supplied to dental educators in all the schools of the United States and Canada and are having a profound influence in the development of curriculum changes which will improve dental education and improve services of practicing dentists to the public. The American Dental Society of Anesthesiology is proud of its part in sponsoring these conferences on the control of pain and anxiety in dentistry and is proud of the understanding and progressive action taken by organized dentistry in this area.

A fourth Workshop was held in Chicago on April 24-25, 1977, specifically oriented toward the "Teaching of Pain & Anxiety Control in Continuing Education Programs." This was an outgrowth of earlier efforts to define and identify the most appropriate educational opportunities for practicing dentists to receive training in the various techniques of *conscious* sedation. (Training in general anesthesia had been previously well defined and accepted — requiring at least one year of formal graduate education in a hospital program.)

THE HEIDBRINK AWARD

Jay A. Heidbrink, D.D.S., internationally known for his contributions to the art and science of anesthesiology, was honored at the ADSA's first annual scientific session on November 7, 1954 in Miami, Florida.

"In recognition of his tremendous service to humanity in the field of anesthesia and related therapy, . . . in recognition of his splendid services in helping to conquer pain . . . And to his exceptional contribution to anesthesiology by designing anesthesia apparatuses and a safety index system to help safeguard the lives of our patients," the Scroll of Merit and Achievement from The American Dental Society of Anesthesiology was bestowed. Recognition of many of Dr. Heidbrink's accomplishments was related by First Vice President Harcourt Stebbins following which he presented Dr. Heidbrink with the scroll. Dr. Heidbrink's reminiscences and dis-

AMERICAN DENTAL SOCIETY OF ANESTHESIOLOGY

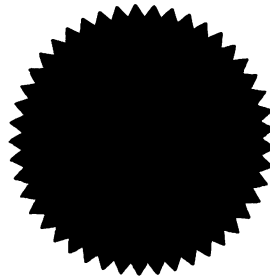
FOUNDED 1953

TO WHOM ALL THESE PRESENTS MAY COME—GREETING
BE IT KNOWN THAT BY VIRTUE OF AUTHORITY VESTED IN THEM
THE BOARD OF DIRECTORS HEREBY DESIGNATES

William Rea Wallace

AS A FELLOW IN GENERAL ANESTHESIA OF THIS SOCIETY,
THESE LETTERS BEING THEIR TESTIMONIAL THAT HE HAS
DEMONSTRATED ADEQUATE BACKGROUND AND TRAINING IN
GENERAL ANESTHESIA FOR DENTAL PROCEDURES.

Dated, this 1st day of October, 1966



Joseph P. Osterloh
PRESIDENT
Richard J. Weaver
SECRETARY

Figure 16

Certification of Fellow in Anesthesia, the ADSA was initiated in 1965.

cussions with us were published in *News Monthly* of the American Dental Society of Anesthesiology in 1957 and will be remembered always.

Realizing the value of recognition of accomplishments in anesthesiology by and for dentists, the Heidbrink Company graciously endowed The American Dental Society of Anesthesiology for the purpose of recognizing other dentists, "In recogni-

tion of years of service and accomplishment in the field of anesthesiology in dentistry." The ADSA has established a committee on the Heidbrink Award and presents to the Board of Directors for its approval names to be recognized and to receive this award for their accomplishments. The Board of Directors then selects the name or names deemed worthy and submits them to the House of Delegates of the ADSA who elects the recipients. (Fig. 18).

RECIPIENTS OF THE HEIDBRINK AWARD

- 1954 — Jay A. Heidbrink, D.D.S. and Charles K. Teeter, D.D.S.
- 1955 — Edward C. Thompson, D.D.S.
- 1956 — Daniel F. Lynch, D.D.S.
- 1957 — Leonard M. Monheim, D.D.S.
- 1958 — William B. Kinney, D.D.S. and Sterling V. Mead, D.D.S.
- 1959 — Harry Seldin, D.D.S.
- 1960 — Neils Jorgensen, D.D.S.
- 1961 — B. H. Harms, D.D.S.
- 1962 — Mendel Neven, D.D.S. (Posthumously) and Cloyd C. Schultz, D.D.S.
- 1963 — Morgan L. Allison, D.D.S.
- 1966 — Morris Fierstein, D.D.S.
- 1968 — S. L. Drummond-Jackson, L.D.S.
- 1969 — Hillel Feldman, D.D.S. (Posthumously)
- 1970 — W. Harry Archer, D.D.S.
- 1971 — Edward J. Driscoll, D.D.S.
- 1972 — Joseph P. Osterloh, D.D.S. (Posthumously)
- 1973 — Frederick W. Clement, M.D.
- 1974 — Charles Coakley, M.D. and Seymour Alpert, M.D.
- 1975 — Frances F. Foldes, M.D. and Donald Stubbs, M.D.
- 1976 — William Greenfield, D.D.S.
- 1977 — Frank M. McCarthy, M.D., D.D.S.
- 1978 — N. Wayne Hiatt, D.D.S.
- 1979 — Norman Trieger, D.M.D., M.D.

In our Journal of October 1957, we sadly presented to our membership that "The American Dental Society of Anesthesiology grieves with the scientific world the death, on August 11, 1957, of Jay A. Heidbrink D.D.S. Dr. Heidbrink was a dear friend of the ADSA and a great contributor to the relief of human pain The ADSA is proud to have been close to Dr. Heidbrink's heart. It is proud to have awarded him our first achievement award in Miami Beach, Florida, 1954, and to have subsequently named the award after him" (Fig. 8).

TEACHING AND RESEARCH IN ANESTHESIOLOGY

"Anesthesiology is not purely a clinical field. It depends upon basic research for further development. Much of this research can be done most effectively as the clinician and the laboratory scientist work together. The greater part of progress in anesthesia has come from laboratories in which the basic scientist has worked hand in hand with the practicing anesthesiologist Anesthesia research studies have been conducted in the Department of Anesthesia in the University of Pittsburgh School of Dentistry, and in the Department of Oral Surgery and Anesthesia at The Ohio State University College of Dentistry, which is a healthy sign for the future; but this must become a more common practice in American Dental Schools." This reference to re-

search in anesthesiology in the *Journal of The American Dental Society of Anesthesiology* in 1958 indicates the continuing promise of the ADSA that research and teaching in anesthesiology is essential and that the Society will pursue these goals. Research in anesthesiology is continuing many colleges of dentistry in the United States.

A significant development concerned with teaching and research in anesthesiology and dentistry occurred with funding of a "TEACHER TRAINING RESEARCH GRANT IN ANESTHESIOLOGY" to the College of Dentistry, The Ohio State University from the National Institutes of Dental Research, National Institutes of Health in 1970. This four year teacher training grant is designed to qualify the postdoctoral fellow (dentist) in clinical anesthesiology, train him in research methodology, train him to be teacher, and provide the opportunity for him to acquire a Doctor of Philosophy Degree in Pharmacology. The purpose of this training program is to develop highly trained and competent dentists-anesthesiologists and researchers for full time academic careers in dentistry to teach in our colleges and hospitals.

Directly related to teaching and research in anesthesiology in our colleges are the two autonomous divisions of anesthesiology at the School of Dentistry, University of Pittsburgh and the College of Dentistry, The Ohio State University. In 1950, Leonard Monheim D.D.S., became the first chairman of the first autonomous Department of Anes-

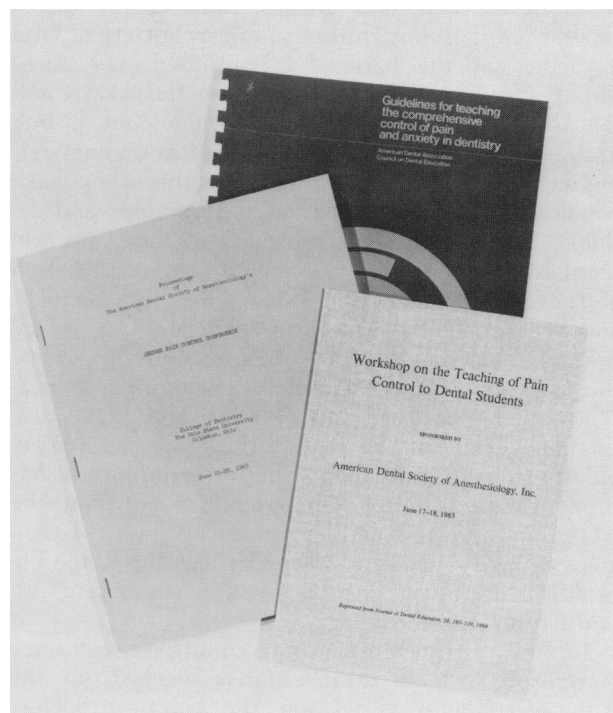


Figure 17

Proceedings from conferences on Control of Anxiety and Pain sponsored by the ADSA and the *Guidelines for Teaching Comprehensive Control of Pain and Anxiety in Dentistry*, published by the ADSA.

esthesiology in a dental college in the United States. In 1971, Dr. Morgan L. Allison became chairman of the autonomous Section of Anesthesiology, College of Dentistry, The Ohio State University. It is our hope that soon all other colleges of dentistry in the United States will recognize the need and value of separate and autonomous sections (or departments) of anesthesiology and will establish properly staffed and budgeted sections for the purpose of improving teaching and research in anesthesiology in dentistry.

ANESTHESIA RESEARCH FOUNDATION OF THE ADSA

In 1966, stimulated by Dr. Harry Sultz, the Board of Directors of the ADSA established the ANESTHESIA RESEARCH FOUNDATION OF THE ADSA, INCORPORATED (New York State). This research foundation has been placed under the guidance of Dr. Harry Sultz with the firm of Racklin and Racklin of Buffalo, New York as legal advisors. In 1967 officers for the Anesthesia Research Foundation of the ADSA, were elected: President — William Greenfield; Vice President — Daniel Lynch; Secretary — Harry Sultz; Treasurer — Jay D. Whisenand.

LIAISON WITH OTHER ORGANIZATIONS

The official policy of The American Dental Society of Anesthesiology since its inception was to establish communications with other organizations for the exchange of knowledge and the improvement of understanding between these groups. Early on the ADSA established liaison with the American Society of Oral Surgeons and this liaison has continued ever since. This particular relationship between the ADSA and the ASOS has been of inestimable value contributing to the development of the ADSA and to understanding between the two groups. Together they have wielded a strong influence on the opinions and actions of the House of Delegates of the American Dental Association, the Council on Dental Education of the American Dental Association, the Councils and Sections of the American Association of Dental Schools, and on the American Society of Anesthesiologists. Many good influences on dental education have resulted from this liaison. The ADSA also established official liaison with the American Society of Anesthesiologists. This liaison committee has brought about better understanding between the ADSA and the ASA and has improved their relationships in many areas and, in particular, has helped to establish improved hospital residency programs for dentists in anesthesiology.

In 1963, a tripartite liaison committee was formed composed of one representative each from the American Dental Association, the American Society of Oral Surgeons, and the American Dental Society of Anesthesiology. This committee was officially endorsed by all three organizations and has functioned since that time to the great advantage of all these

organizations and in particular in the area of improving dental education in anesthesiology. Through the functions of the tripartite liaison committee, the ADSA became fully recognized and accepted as the national representative organization for anesthesiology in dentistry. It was largely through the efforts of this tripartite committee that the third Conference on the Control of Pain and Anxiety in Dentistry, was convened and formed the basis for the American Dental Association's publication *Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry*.

In February, 1973, the Board of Directors of the ADSA submitted a request to the American Dental Association recommending the appointment of an ad hoc committee composed of representatives of the Council on Dental Education, the ADA, the ADSA, the ASOS, and the American Association of Dental Schools. The ADA did form this ad hoc committee and the Council on Dental Education of the American Dental Association subsequently presented a workshop held January 10 and 11, 1974 in the ADA headquarters in Chicago. In addition to the ad hoc committee representation, an advisor from The American Society of Anesthesiology was invited and did participate in this workshop. Recommendations for improvement of educational programs for training of dentists in anesthesia and hospital programs were developed.

ANALGESIA SOCIETIES

Great interest has been shown in the use of specific modalities for control of anxiety and pain in dentistry including obtaining conscious sedation or altered state of consciousness by using inhalation sedation, intravenous sedation, acupuncture, and other techniques. The revival of interest in nitrous oxide inhalation sedation in particular has demonstrated a strong, healthy growth and several well-organized ethical societies have developed. These societies include the National Analgesia Society (formerly Rocky Mountain Analgesia Society), the American Analgesia Society, and the Southern Analgesia Society. These societies have performed an excellent service in dental education in the field of the control of anxiety and pain in dentistry. The ADSA has recognized their accomplishments and has maintained liaison with these organizations. Many of their members are also members of the ADSA. The ad hoc committee of the ADSA in its reports to the Society in 1973 recommended:

- . . . 2. Sections to be established in the ADSA as follows:
 - a. Inhalation sedation
 - b. Acupuncture
 - c. Fellowship
 - d. General topics.

For the past 3 years, the annual scientific program of the ADSA has identified and featured special sections related to general anesthesia for the Fellows and nitrous oxide inhalation sedation for those interested

in this modality. **Anesthesia Progress** has reserved space for a special interest section related to nitrous oxide.

RESIDENCE PROGRAMS AND AWARDS

In 1963 the Society established an essay contest for dental students. During 1964, dental students in all the colleges in the United States were encouraged to write and submit essays relating to the control of anxiety and pain in dentistry. The first award was presented in 1964 to Dr. Richard Tresslar of Columbia University. In 1966 the ADSA authorized a recognition program for senior dental students. Certificates of recognition as "the outstanding student in the field of anesthesiology" and a one year membership in the Society is awarded to a senior dental student (selected by a faculty committee) in each college in the country. These certificates of recognition have been given annually since 1966. In addition, several state component societies complement this ADSA recognition with an additional gift from the state society.

In 1970 the ADSA established an award for the best research paper by a dental student relative to the control of anxiety and pain in dentistry. Papers are submitted to the ADSA for evaluation and the winners of the ADSA Student Research Award are provided

with an expense paid trip to the annual meeting in Chicago. The papers may be presented by the student at the annual meeting and are published in *Anesthesia Progress*. In this manner, the ADSA emphasized its interest in dental student education and in the curricula of our dental schools. The ADSA hopes that this encouragement will further advance the development of anesthesiology in our dental schools.

SELF EVALUATION

Social and political changes are influencing professional practice. Professional Standards Review Organizations (PSRO) and other types of evaluation of professional practice are part of our daily lives. Within the dental profession, the leader in PSRO procedures and in self evaluation programs has been the American Society of Oral Surgeons. However, many of the leaders in these programs are also members of The American Dental Society of Anesthesiology. A vital and perhaps the most pertinent part of dental practice within the purview of professional review and self evaluation is anesthesiology. The ADSA is keeping close watch on the development of these programs. The California Society of Oral Surgeons has done outstanding work programming for establishing standards and upgrading practice of anesthesiology in dentistry.

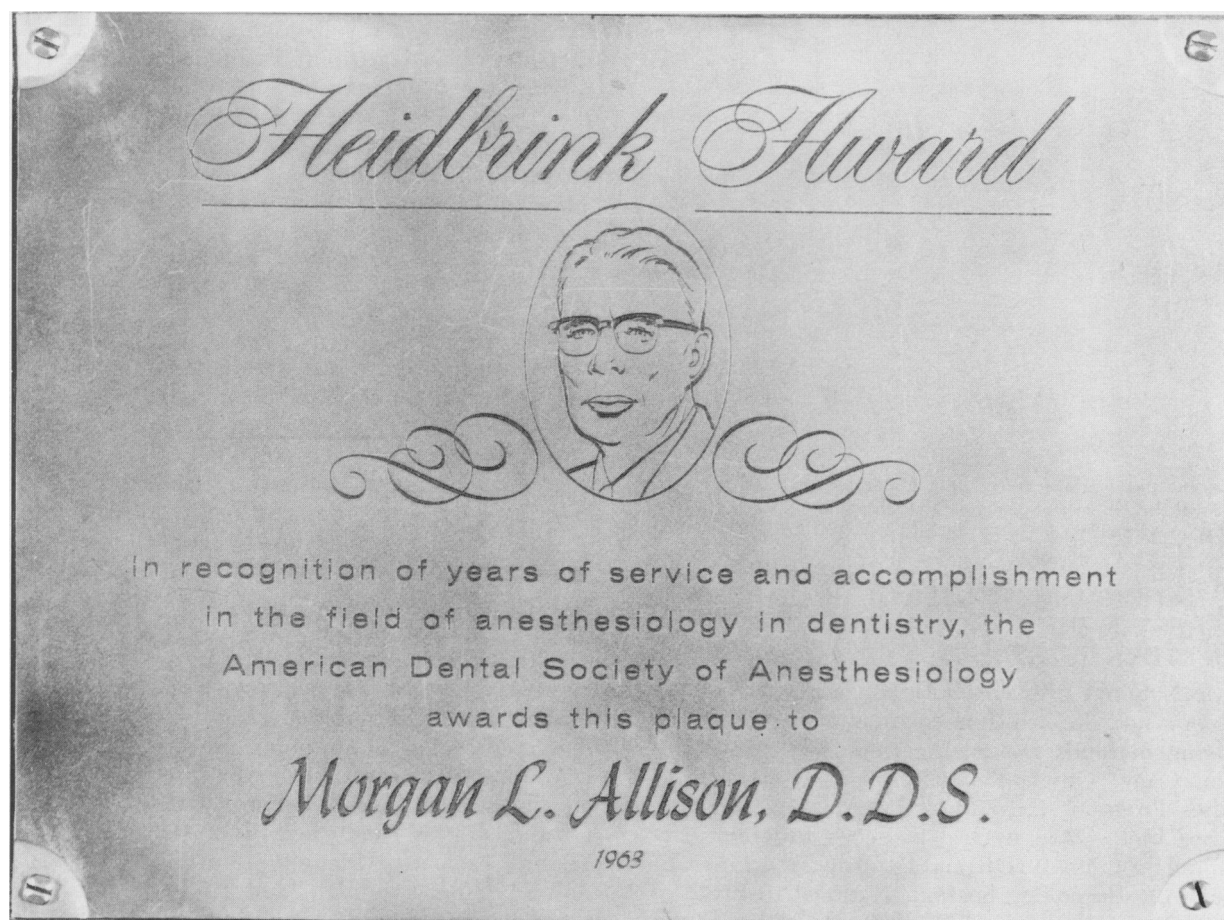


Figure 18
The Heidbrink Award. (See text).

Their self evaluation manual for office anesthesia is a model for all organizations in dentistry and all practitioners in dentistry to examine seriously. It has been accepted by the ASOS and made a mandatory requirement of membership as of 1978. The Southern California group has been effective in the field of outpatient anesthesia including their anesthesia committee questionnaire on mortality and morbidity and their anesthesia symposia on current challenges in outpatient general anesthesia in oral surgery offices. These are outstanding contributions to dentistry and in particular to anesthesiology in dentistry. (Fig. 19). The ADSA is considering techniques for developing office self evaluation programs for its members and means of implementing these programs. State components have been encouraged to develop similar self-evaluation programs.

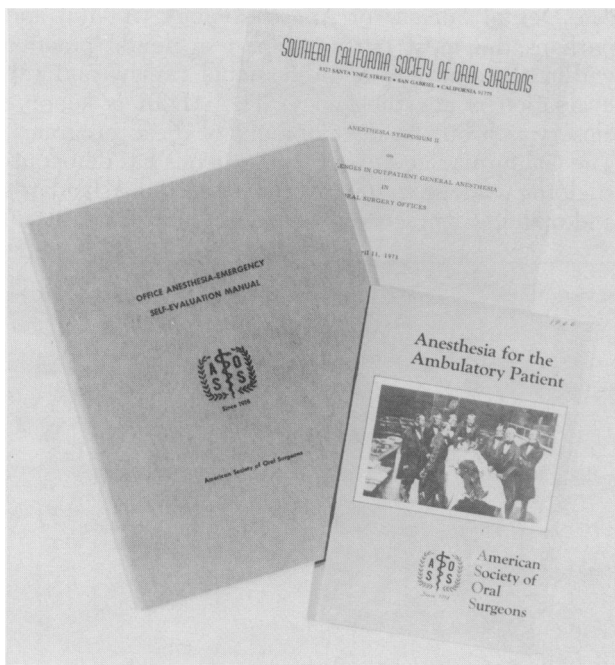


Figure 19

Significant publications concerning general anesthesia for oral surgery by the American Society of Oral Surgeons and by the Southern California Society of Oral Surgeons.

THE NATIONAL INSTITUTES OF HEALTH: INTEREST IN THE CONTROL OF ANXIETY AND PAIN IN DENTISTRY

The National Institute of Health are aware of the problems and the health needs of our public and are studying methods for solving these problems. Dr. Aaron Ganz, Chief, Pain Control and Behavioral Studies Program, Extramural Programs NIDR (formerly Chief, General Oral Sciences Program, Extramural Programs NIDR) and Dr. Edward J. Driscoll, Chief, Anesthesiology Section, National Institute of Dental Research, had followed the activities of the ADSA, the ASA, and the ADA in their programs in anesthesiology relating to anxiety and pain control over

the years. They were well aware of the four conferences on the Control of Pain and Anxiety in Dentistry sponsored by The American Dental Society of Anesthesiology, of the 1966 conference on Anesthesia for the Ambulatory Patient conducted by the American Society of Oral Surgeons, and of the actions concerning anesthesiology of the House of Delegates of the ADSA, the ASOS, and the ADA. In response to this need, they formed the Ad Hoc Committee I on Research and Faculty Training in Pain Control in Dentistry, which met in May 1970 and February 1971. The Ad Hoc Committee II on Research and Faculty Training in Pain Control in Dentistry met in February 1972 and re-affirmed the conclusions and recommendations of the parent committee. Their recommendations led directly to the National Institutes of Health recognizing the need and creating the mechanism for establishing research training programs for developing dentists-anesthesiologists, highly trained in anesthesiology, in research, and in teaching and oriented towards full time academic careers in dentistry. These highly trained and skillful dentists- anesthesiologists will contribute directly to the improvement of curriculum and teaching in our dental colleges and help alleviate deficits in research in the control of anxiety and pain. They will be qualified to correct inadequacies in undergraduate instruction and training in our dental schools to bring beneficial results to the public. The actions of the ADSA have contributed significantly to the recognition of the problem by the NIDR and development of their philosophy towards the control of anxiety and pain in dentistry. Dr. Aaron Ganz was made an Honorary member of the ADSA in 1975 for his primary role in advancing research in dental anesthesiology.

CONCLUSIONS

Histories never quite divulge the personal sacrifices, intricacies of policy planning, sweat and pain during progress, the joys of accomplishment, or the close personal relationships involving respect and trust that founders of organizations experience. The discoverers of general anesthesia all had tragic experiences directly relating to their involvement in its development. Likewise, there were many serious problems, great stresses, and some tragedies directly related to the development of the American Dental Society of Anesthesiology. Nevertheless, the American Dental Society of Anesthesiology has developed into a significantly good and important organization contributing to dental education and to public welfare. Many people were directly involved in the development of general anesthesia in dentistry beginning with Wells and Morton and later Jay Heidbrink, Bruno Harms, Charles K. Teeter, Leonard Monheim, Sterling Mead, Harry Seldin, Hillel Feldman, and Harry Archer. Many physicians contributed significantly to anesthesiology for dentistry including E. I. McKesson, F. W. Clement, John S. Lundy, George J. Thomas, J. J. Jacoby,

Seymour Alpert, Charles Coakley, Frances Foldes and Donald Stubbs. Founding members of the American Dental Society of Anesthesiology included dentists William Kinney, Daniel Lynch, Leonard Monheim, Morgan L. Allison, Jay Mervis, Edward Thompson, Ralph F. Towers, Harcourt Stebbins, Peter King, John Cotton, Harry Sultz, Bruce Douglas, Joseph Osterloh, Cloyd Schultz, C. William Vise.

These men guided the development of the ADSA through the important early years. While most of them had idealistic ideas concerning teaching, research, and practice of anesthesiology, their success in establishing and developing the Society depended upon these men being practical, honest, and determined in the pursuit of their goals. In this manner they were able to obtain the ear of the American Dental Association, the American Association of Dental Schools, and the American Society of Oral Surgeons. They were able to enlist aid from the American Society of Anesthesiologists. Discouragement and heartbreak were overcome by optimism, confidence, and a positive feeling of accomplishment. The motivation of the founders, their sacrifices, their pains and satisfactions may be forgotten in the light of the accomplishments of the American Dental Society of Anesthesiology today. The Board voted in 1975 to established the "Osterloh Memorial Fellowship Lecture," as a mark of special recognition for the outstanding contributions of Dr. Joseph P. Osterloh Jr. It also approved the dedication of the 1978 Annual Scientific meeting and the 25th year issue of **Anesthesia Progress** to honor another of our founders and achievers, Dr. Daniel F. Lynch.

In 1977, the Board accepted the invitation of Loma Linda University, College of Dentistry to establish a permanent archive for the ADSA within the newly created "Niels B. Jorgensen Memorial Library." Thus, our records of individual efforts and collective achievements will be available for reference and future use.

It is important to realize that the maturity of the ADSA today and the potential for realizing our very ambitious goals in the near future have their sturdy foundations locked in the accomplishments of the many leaders of the ADSA from 1953 through 1978.

Morgan L. Allison, D.D.S.†

Regents Professor

Director, Section on Anesthesiology, College of Dentistry

Director of Clinical Division of Dentistry, University Hospital

The Ohio State University

William B. Kinney, D.D.S., M.H.A.††

Professor, Oral Medicine

Director of Anesthesia and Pain Control

College of Dental Medicine

Medical University of South Carolina

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The ADSA: Ten Years of Progress

Peter H. Jacobsohn, DDS

President, ADSA
Mequon, Wisconsin

The year 1988 marks the 35th anniversary of the American Dental Society of Anesthesiology (ADSA). In 1978, the 25th anniversary was commemorated with a special issue of *Anesthesia Progress*. The issue was dedicated to Dr. Daniel F. Lynch, one of the founders of the ADSA, and gave a detailed history of the

Society's first 25 years. This paper provides a ten-year (1978–1988) update on the growth and development of the ADSA. The last ten years have brought about many changes which reflect the continually expanding activities of the ADSA.

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ANNUAL SCIENTIFIC MEETING

In 1978 the ADSA broke the long-standing tradition of holding its annual scientific meeting every February at the Conrad Hilton Hotel, in conjunction with the Chicago Dental Society's midwinter meeting. That year the ADSA meeting moved to the new Hyatt Regency Chicago, being one of the first scientific meetings to be held there. A long-standing relationship with Hyatt Regency hotels began then and still continues today.

In 1981 the annual meeting was expanded from one to three days. More speakers were included on the program and a complications conference was added.

Another milestone was added in 1982 in the development of the annual meeting. For the first time the meeting was held in a site other than Chicago. The Board of Directors, after many lengthy discussions, decided that the ADSA annual meeting could stand on its own merits and no longer needed a coat-tail relationship with the Chicago Dental Society's midwinter meeting. Furthermore, changing sites would make the meeting more accessible to members throughout the country. For the Board, the 1982 meeting was an experiment which proved to be correct. It was held in New York City and was a great success in every respect. This change in sites was accompanied by a change in seasons. A meeting that was traditionally held in winter was changed to spring. And since 1982, the scientific meeting has been held in many different cities:

1983—San Francisco—dedicated to Dr. Morgan Allison.
1984—Boston
1985—Washington, D.C.
1986—Chicago
1987—San Diego
1988—Cherry Hill, N.J.—dedicated to Dr. Ed Driscoll.

Future meeting sites include:

1989—San Francisco
1990—Orlando
1991—Washington, D.C.—in conjunction with the International Federation of Dental Anesthesiology Societies (IFDAS), and the 6th International Dental Congress on Modern Pain Control. ADSA will be the host society for this international meeting.
1992—San Antonio
1993—Toronto
1994—Denver
1995—Chicago
1996—Boston

In 1983 exhibitors were invited to participate for the first time. All subsequent meetings have been well stocked with exhibits from a wide variety of drug and equipment manufacturers.

In 1986, under the leadership of program chairman Dr. Lee Getter, a series of subscription-only mini-clinics were added to the scientific meeting. They became an instant success and have been included in all succeeding years under the direction of Drs. Michael Higgins and Peter Johnson.

In 1980 the Board decided to include a Jorgensen Memorial Lecture to honor that great pioneer in the field of dental anesthesiology. A lecture has been sponsored in alternate years by the Jorgensen Memorial Library in Loma Linda, California, and is given by a speaker chosen by the library.

The year 1987 brought about the addition of a scientific abstract session under the direction of Dr. Raymond Dionne. Astra Pharmaceuticals presents the Astra Anesthesia Research Award and a \$1,000 honorarium to the best clinician.

The scientific session has also included several interesting departures from the normal schedule. The Boston meeting afforded a rare opportunity to visit the Ether Dome at Massachusetts General Hospital. Within the Ether Dome, attendees listened to an outstanding presentation on the history of anesthesia by Dr. Homer Ash.

Social aspects of the annual session have not been neglected. The 1980's added an organized spouse's program to each meeting. The best tours and cultural events, researched well in advance of the meeting, are offered to attendees on a reservation basis.

Lastly, a number of dedicated program chairmen have given freely of their time and talents to produce scientific programs that have no equal in our profession:

1978—Dr. Louis Mercuri
1979—Dr. Joel Weaver
1980—Dr. Joel Weaver
1981—Dr. Morton Rosenberg
1982—Dr. Morton Rosenberg
1983—Dr. Morton Rosenberg
1984—Dr. Morton Rosenberg
1985—Dr. Lee Getter
1986—Dr. Lee Getter
1987—Drs. Peter Johnson and Michael Higgins
1988—Drs. Peter Johnson and Michael Higgins

The annual meeting has undergone significant changes in the past ten years and continues to grow in stature every year.

CENTRAL OFFICE AND EXECUTIVE DIRECTOR

1980 was a milestone year for the ADSA. Until 1980, Mrs. Kathleen Rotello had ably served as ADSA administrative assistant for 11 years. When she decided to relinquish her position to pursue other interests, the

ADSA decided to retain the services of an Executive Director. Mrs. Rotello's dedication was recognized at the 1980 annual session, where she was presented with a life-time affiliate ADSA membership.

In March of 1980, the firm of Bishop & Goulding, Inc. [in 1981, Bishop & Goulding became Goulding Associates] took over the responsibilities of the ADSA central office. Peter Goulding, with 30 years of experience on the American Dental Association (ADA) staff, became the ADSA Executive Director. The central office was moved from Iowa City to the ADA building in Chicago, Illinois. From his first day as executive director, Mr. Goulding became an integral part of ADSA activities. He brought the ADSA into the computer age. The entire membership roster was put on computer, and membership services were thereby greatly improved.

In 1986 the ADSA awarded Honorary Member status to Mr. Goulding for extraordinary service to the society.

INTERNATIONAL FEDERATION OF DENTAL ANESTHESIOLOGY SOCIETIES

In 1979, the Second International Dental Congress on Modern Pain Control was held in London. Dr. Harold Panuska, then ADSA president, attended as the ADSA delegate. At the Congress he met with the presidents of anesthesia societies from all over the world, and it was there that the concept of an international anesthesiology federation was born.

Over the next three years, with input from all the participants, a constitution for the international organization was developed and approved. The Japanese Dental Society of Anesthesiology was to host the Third International Dental Congress on Modern Pain Control in October, 1982 in Tokyo. At this meeting, the International Federation of Dental Anesthesiology Societies (IFDAS) became an official organization. A charter was signed by all the original founding member societies, which included anesthesia organizations from Japan, New Zealand, Italy, France, England, Australia, Ireland, and the United States. This represented a membership of about 10,000 individuals. The ADSA delegates to the 1982 meeting were Dr. Thomas Quinn, ADSA President; Dr. Norman Trieger; and Dr. Peter Jacobsohn. The first IFDAS officers were elected at that meeting. They included Dr. Yasuya Kubota, President (Japan); Dr. Luigi Baldinelli, President-Elect (Italy); Dr. Peter Sykes, Secretary General (United Kingdom); Dr. Peter Jacobsohn, Treasurer (USA); and Dr. David Harris, Editor (Ireland).

Subsequent meetings of the IFDAS have been held every three years in conjunction with the Congress on Modern Pain Control. The Fourth Congress was held in

Bologna, Italy in 1985 and the fifth took place in Canberra, Australia in 1988. The next Congress and Federation meeting will be hosted by ADSA in 1991 in Washington, D.C. Dr. Peter Jacobsohn of the U.S. will become IFDAS President at that time.

FELLOWSHIP

The Fellowship in General Anesthesia of the ADSA provides certification of training in general anesthesia for dental procedures. This special category of membership was established in 1964 under the leadership of Dr. Joseph Osterloh.

Ten years ago there were 1,058 Fellows in General Anesthesia of the ADSA. In 1988 the total number of Fellows stands at 1,309.

There are Fellows practicing in 48 states, the District of Columbia, Canada, and several foreign countries. The designation of ADSA Fellow is coveted by many dentists with at least one year of graduate training in anesthesiology. In recent years many of the states that adopted anesthesia regulations have included the Fellowship as part of their requirement for obtaining an anesthesia permit. In 1985, the ADSA revised the criteria of eligibility for the fellowship examination to allow eligibility for part-time participants in anesthesiology programs.

The Fellowship program continues to enjoy a great deal of success. The Fellowship Committee, which is responsible for examining candidates, has functioned under the able leadership of the following chairmen:

Dr. Harold Panuska—1978-79
Dr. Milton Jaffe—1979-81
Dr. Ted Jastak—1981-87
Dr. John Yagiela—1987-present

PUBLICATIONS

The last ten years brought about several changes in the society's publications.

In 1980, the ADSA Newsletter was renamed the ADSA *Pulse* and it became a bimonthly publication alternating with *Anesthesia Progress*. In 1985 Dr. Robert Campbell succeeded Dr. Herbert Berquist as editor of *Pulse*. Dr. Berquist served as editor of the Newsletter and *Pulse* for 15 years.

In 1983 Dr. Ray Dionne was appointed guest editor of *Anesthesia Progress* when its previous editor, Dr. Norman Trieger, became ADSA President. Dr. Trieger had served as editor of *Anesthesia Progress* for 20 years.

Dr. Dionne became editor of *Anesthesia Progress* in 1985. In 1987, Elsevier became the new publisher of *Anesthesia Progress*. The combined efforts of Dr. Dionne and Elsevier have produced a journal with a new look and consistently excellent content.

In 1987, the ADSA published a new promotional brochure designed to acquaint new members and prospective members with the goals and objectives of the organization and with its many programs and involvements. The brochure, titled "ADSA: Past Progress, Future Goals," was designed to be updated periodically.

CONTINUING EDUCATION PROGRAMS

In 1984, under the guidance of Dr. James Phero, the Committee on Advanced and Continuing Education started work on the concept of continuing education resort refresher courses on anesthesia and sedation. The first of these courses was held in October, 1985 in Honolulu, Hawaii. Subsequent courses have been held in Captiva Island, Key West, and Sanibel Island, all of Florida, and in Monterey, California. Additional courses are planned for Park City, Utah, and Williamsburg, Virginia. They have been extremely popular, as is evidenced by their continually increasing enrollment. These courses are also available on videotape for those unable to attend.

A Continuing Education Award for Anesthesia in Dentistry was established in 1985. Twenty hours in anesthesia continuing education programs, which meets the requirements of Part III of the ADA Guidelines over a two-year period, qualifies one for the award.

ANESTHESIOLOGY—A SPECIALTY OF DENTISTRY

Throughout the history of dental anesthesia, the legacy of two dentists, Horace Wells and William Morton, has been in jeopardy. Anesthesiology in dentistry could be given the status of an endangered species. There have been numerous attempts by the medical profession to regulate or control the use of anesthesia in dentistry. Even within the profession of dentistry there have been roadblocks to the growth and progress of dental anesthesiology.

The ADSA, in its role of spokesman and protector of anesthesiology in dentistry, has observed with considerable concern the increasingly tenuous grasp of dentistry on anesthesiology. In the last ten years, opportunities for dentists to train in medical anesthesiology programs have diminished. In spite of a seemingly harmonious relationship between dentistry and medical anesthesia, many

residency positions once held by dentists are no longer available to the profession.

The ADSA, realizing that dentistry cannot become totally dependent on the medical profession to train dentists in anesthesiology, has initiated measures to ensure that the profession maintains control over training dentists in anesthesiology and that these training opportunities will be expanded. This initiative includes the development of a specialty for anesthesiology within dentistry; the development of an American Dental Board of Anesthesiology (ADBA) for certification of specialists; ADSA support for a number of two-year anesthesia residencies for dentists; and a cosponsorship with the ADA for an invitational workshop on Anesthesia and Sedation, already held in this past March.

An earnest discussion of the need for a specialty of anesthesiology within dentistry began in the late 1970's. The Board of Directors created a committee to look into the feasibility of applying to the ADA for specialty status, and the creation of a certifying board in 1981. In 1982 the ADBA was formed with its first slate of officers, including Dr. Daniel Laskin as the first President. Other Board members included Drs. Frank McCarthy, Robert Campbell, James Phero, Morton Rosenberg, and Joel Weaver. Dr. Norman Trieger was added to the Board in 1987. The Board was incorporated in 1983 and the first meeting of the new Board was in October, 1984. Currently the ADBA is working with an educational testing service to develop a certifying examination. The ADSA, under the guidance of Dr. Norman Trieger, is preparing an application for specialty status to be submitted to the ADA. The application will be completed and submitted in 1990.

In 1984 the ADSA began to support several two-year anesthesia residencies for dentists. To date there are two-year residencies at Medical College of Virginia, Loma Linda, Ohio State, Montefiore Medical Center, and University of Pittsburgh, all funded by the Anesthesia Research Foundation (ARF) of the ADSA.

In 1984 the ADSA proposed a joint ADA/ADSA invitational workshop on sedation and anesthesia. The workshop convened in March, 1989 at the ADA headquarters in Chicago. Invited participants included representatives from the dental schools, specialty organizations, chief of dental services and program directors, and other organizations within the community of interest. The workshop focused on ways to expand opportunities for dentists to obtain training in anesthesia and sedation at the predoctoral, advanced, and continuing education levels.

The purpose of all these efforts is to preserve the right of dentists to train in and practice with all the modalities of anesthesia. To do less will result in the gradual erosion of that right and the eventual loss of the legacy of Wells and Morton.

COMPONENT SOCIETIES

In 1988, the ADSA has 3,100 members as well as 21 state and regional components. This represents a jump of about 400 members in ten years and the addition of eight state and two regional components.

Vermont was approved as a component society in 1978 and Colorado and Virginia became component societies in 1980. In 1982 New Hampshire and Wisconsin were added. Oregon became a component in 1984 and more recently, West Virginia was approved in 1987.

In 1981 the ADSA Board approved the concept of regional component societies. The regional society consists of a core state component society with inclusion of ADSA members in contiguous states without societies. The concept allows members in states with smaller ADSA memberships to become active on a regional level. In 1982 two regional societies were formed. A regional society with Minnesota as the core state includes North and South Dakota, Montana, and Nebraska. Colorado became the core state for the regional society serving Arizona, Kansas, New Mexico, Utah, and Wyoming.

ADSA ANESTHESIA RESEARCH FOUNDATION

The 1980's brought about expanded functions for the Anesthesia Research Foundation (ARF). In 1980 the ARF Board determined that resources of the foundation should be used to fund grants. Applications were welcomed and several projects were subsequently funded.

In 1982 the ARF established a research award in dental anesthesiology which allowed both undergraduate and postgraduate students to be eligible to apply. The award includes a \$1000 cash award and the opportunity for the recipient to present his/her paper at the annual scientific meeting. The ARF also sponsors an annual Student Essay Award, with a \$500 first prize and an equal opportunity for the student to present the winning prize paper at the annual scientific meeting. In 1984 the Student Essay Award was renamed the "Dr. Daniel F. Lynch Essay Award," to honor Dr. Lynch, founding member and past-president of the ADSA.

In 1985 the ARF Board broadened the statement of purpose for ARF to include the support of education as well as research activities. Legal approval of this change allowed ARF to begin supporting a variety of educational endeavors. Currently ARF is supporting:

1. Five two-year anesthesiology residencies for dentists
2. The Neils B. Jorgensen Memorial Library, Loma Linda, California; which houses the Society's archives
3. Publication of a text on dental anesthesiology and sedation to be used in dental schools and continuing education courses

4. Publication of the booklet, "ADSA: Past Progress, Future Goals," for new as well as prospective members of the ADSA
5. Development of curriculum guidelines for teaching conscious sedation
6. Yearly continuing education courses in sedation and general anesthesia
7. The joint ADSA/ADA, March 1989 Workshop on dental education in anesthesia

The 1980's have brought about tremendous changes in the responsibilities of the ARF. It has become an integral participant in many of the most important society activities.

HEIDBRINK AWARD, HONORARY AND EMERITUS MEMBERSHIPS

The ADSA's most prestigious awards are the Heidbrink Award and the Honorary and Emeritus membership awards. The recipients have been:

Heidbrink Award

- 1978—N. Wayne Hiatt, DDS
- 1979—Norman Trieger, DMD, MD
- 1980—Milton Jaffe, DDS, MA
- 1981—William R. Wallace, DDS
- 1982—Adrian Hubbell, DDS, Harold W. Krogh, DDS (Posthumous)
- 1983—Daniel M. Laskin, DDS, MS
- 1984—John J. Bonica, MD, DSc
- 1985—I. Lawrence Kerr, DDS
- 1986—Sylvan M. Shane, DDS
- 1987—Thomas W. Jones, DDS, Thomas W. Quinn, DMD
- 1988—G.A.E. Gow-Gates, DDS

Emeritus Membership

- 1984—Dr. Ed Driscoll, Dr. Morgan Allison
- 1985—Dr. Milton Jaffe
- 1987—Dr. I. Lawrence Kerr

Honorary Membership

- 1986—Mr. Peter Goulding
- 1988—Dr. James Saddoris

ADA GUIDELINES AND POLICY STATEMENT

A series of four workshops held in the 1960's and 1970's that were initiated through and largely sponsored by the ADSA resulted in a document adopted by the ADA known as the *Guidelines for Teaching the Comprehen-*

sive Control of Pain and Anxiety in Dentistry. These *Guidelines* were distributed to all dental schools in the U.S. and Canada, and have been influential in aiding educators in formulating curricula for teaching pain and anxiety control to dental students (Part I), at the advanced education level (Part II), and in a continuing education program (Part III).

The 1980's brought about revisions in all three parts of *Guidelines*. The ADSA, in conjunction with the ADA Council on Dental Education, played a major role in this endeavor. Parts I and III were revised in 1985. The revisions emphasized the documentation of clinical experience acquired in predoctoral and continuing education courses in pain control and the assessment of competency upon completion of such instruction. The definitions of conscious sedation and general anesthesia were updated. Deep sedation and general anesthesia were equated in regard to the level of advanced training considered necessary.

Part II was revised in 1987 to include a clarification of purpose for the *Guidelines* and their relation to advanced training in various specialties which require training in dental anesthesiology.

In 1985 the ADSA cooperated with the ADA in developing an ADA policy statement on "The Use of Conscious Sedation, Deep Sedation, and General Anesthesia in Dentistry." This was the first policy statement of its kind ever adopted by the ADA. The policy statement addresses the educational requirements for dentists using conscious and deep sedation and general anesthesia. The statement refers to the *Guidelines* as a basis for structuring training programs. It stresses the "remarkable safety record in the use of sedative and anesthetic drugs in the dental office by appropriately trained individuals" and "strongly supports the right of qualified dentists to use these modalities for the management of dental patients." In addition, the policy statement focuses on risk management responsibilities; it endorses the area of state regulation of dentists' use of conscious sedation, deep sedation, and general anesthesia, and it calls for expansion of basic and clinical research in pain and anxiety control.

ADVISORY BOARD

In 1984 the historic first meeting of the ADSA Advisory Board took place in Chicago. Present at the first meeting were Advisory Board members Drs. William Greenfield, Jess Hayden Jr., Milton Jaffe, Daniel Laskin, and John Waller. Dr. Norman Trierger, ADSA President; Dr. Peter Jacobsohn, Secretary-Treasurer; and Mr. Peter Goulding, Executive Director also participated.

The Advisory Board, chaired by the immediate past-president, is composed mainly of past-presidents of the society and representatives of the American Society of Anesthesiologists. It functions in an advisory capacity to the Board of Directors of ADSA. Matters of concern regarding present as well as future policies and plans of the Society are brought before the Advisory Board for comment. The recommendations of the Advisory Board are then referred back to the Board of Directors.

In 1987, the second Advisory Board meeting was held in Chicago and a commitment for the Advisory Board to meet regularly every two to three years was made.

The Advisory Board has been actively involved in discussions regarding *Guidelines* revisions, specialty application, liaison with ASA, the 1991 IFDAS Congress to be hosted by ADSA, and the March 1989 ADA/ADSA joint workshop.

CONCLUSION

A history of any organization is, by nature, a compilation of facts, figures, dates, and times placed neatly in some semblance of order. It does not truly reveal the devotion, dedication, selflessness, and untiring efforts of the individuals whose contributions made it a reality. The ADSA has been truly blessed with a wealth of such individuals in the past and at present. They have assured the health and well-being of this important organization.

If the past is an indicator of the future, then when the next ten-year ADSA history is written, it too will contain chapters relating the growth of the organization's existing programs, and the addition of many new ones.