

Periodontics: The hub around which the rest of dentistry turns

It was a fine September affair in Lexington, Kentucky, that warm, sun-filled day in 1963. The entering dental class of 1967 was beginning its adventure in this marvelous profession of Dentistry. I have many memories of the next 4 years, but none was more dramatic or more prescient than our first lecture in periodontics.

The instructor walked briskly into the lecture hall and drew a small circle on the board. He then drew a much larger circle around the small one. "Gentlemen," he said (there were no women in our class), pointing to the small circle, "this circle represents periodontics, and the large circle is the rest of dentistry. Always remember that periodontics is the hub around which the rest of dentistry turns."

Thus we met our periodontal mentor for the next 4 years and, indeed, for the rest of our careers, Dr Harry M. Bohannon. He and the rest of the faculty worked tirelessly during that time period to insure that we understood and embodied the concept of patient-centered, integrated, comprehensive, sequential dentistry. We did, and it "stuck." It not only stuck, but the annealing fire of time has eloquently confirmed the wisdom of that approach to treating patients. I have been a dental editor for 29 of those 37 years and have written those adjectives countless times. They have never been more correct than they are today.

None of us could have predicted the path that periodontics has taken: the path to undisputed leadership, in many of our opinions, in bringing dentistry to its rightful place among the modern health sciences, borne upon a foundation of evidence-based science. Those of us who practice general attending dentistry owe our present success to a public who is aware of and who value oral health and their natural dentition. Periodontics has given us the knowledge to achieve and maintain optimal oral soft tissue health and continues to yield critical data linking periodontal disease to systemic disease and disorders. Periodontal disease in turn is linked to genetic traits

that strongly predict a patient's likelihood of reacting adversely to periodontal inflammation.

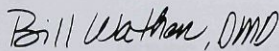
In collaboration with colleagues who study molecular biology, biochemistry, inflammatory and healing responses, genetics, and other basic and medical sciences, periodontal researchers have extracted reliable, or evidence-based, science out of the world literature. In so doing, they have instituted new research on clinical efficacy in numerous applications, the main point of this editorial.

In this issue, the article by Dr Ito et al (page 319) represents one stage in developing information necessary to offer our restorative patients the best chance of a fully successful oral rehabilitation. Just as humans cannot be healthy if they have a diseased mouth, that mouth cannot look and function its best without healthy, properly shaped and placed gingival tissues.

To that end, attending family dentists must be familiar with current evidence and be able to evaluate new evidence related to healthy gingivae. The most beautiful crowns, if surrounded by ugly gums, still result in an unattractive mouth and a failed treatment result.

Thus we continue to publish a wide array of topics, each intricately and uniquely linked to today's growing demands on the attending dentist—the ability to recognize and either manage, refer, or co-manage all conditions that present in our dental practices.

We all have Harry Bohannans in our lives. Part of our professional obligation is to nurture this wonderful discipline so we can pass it on in better shape than we inherited it. Part of the payback to our mentors is discharged when we do that. All of us can salute those in the periodontal discipline for their contributions, both to date and to come.



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