EDITORIAL

Happy Birthday JOMI!

This journal began publication 30 years ago with two issues in its first year. Editor Emeritus William R. Laney's first editorial announced the launch of the journal, and his second editorial commented on a newspaper article in which Ann Landers, the columnist, responded to a reader who submitted a question on dental implants. Ann Landers consulted with a "prominent dental school dean" who described dental implants as providing 5 years of support for dental prostheses. At that time, the 5-year expectation was based upon the Harvard/NIH consensus conference on dental implants. Also at that time, osseointegration had been described but was not yet well appreciated. Dr Laney's editorial described the need for better understanding of dental implants, which demands a clear appreciation of the science behind the implants that clinicians use in treatment of their patients. The time when implant performance could be summarized in one sentence had passed; the era of modern, data-based implant performance had arrived.

With this editorial, Dr Laney identified the future of JOMI. This is not a journal with a 30,000-foot-high overview; instead, it is a journal that assesses implant dentistry at the microstructure level. The journal was created to identify scientific research and translational clinical applications derived from these investigations. The journal began with clear intent, and I am sure you will agree that it has lived up to this vision.

Today, the journal is published every other month along with additional "supplemental" issues that appear almost every year. The supplements tend to be focused on a specific theme, while the regularly scheduled publications provide research under the topics of "Implant Science" and "Clinical Applications." These bimonthly issues of the journal present the breadth and the depth of the primary investigations that are ongoing throughout the world. In addition, the reader benefits from secondary research that combines information from primary research to assimilate (synthesize) information into a more compelling appreciation of the topic at hand. The secondary research is presented in the form of systematic reviews with meta-analyses, which then lead to clinical recommendations derived directly from the data or indirectly from consensus interpretations of the data.

In its 30 years, JOMI has laid the groundwork for general acceptance of the concept of osseointegration throughout dentistry. The first decade of the journal provided glimpses into the future with the promise of improved implant survival for all bone types, shortened healing periods, identification of less invasive grafting techniques and materials, better definition of loading protocols, and myriad of other scientific and technical advances.

Today, we utilize technology that we might not have envisioned three decades ago. Three-dimensional imaging is almost ubiquitous. Affordability of cone beam computerized tomography has made this technology available to most clinicians. Not only can we now visualize the body in three dimensions, but we also are able to make use of this knowledge to create surgical guides and to provide real-time surgical guidance. No matter where we travel, dental meetings are not complete without some discussion of implant dentistry. The dental implant provider industry has grown remarkably during the same timeframe.

With this much progress in a 30-year span, we probably should start to wonder where the next 30 years will take us. Will true biologic substitutes be available at an affordable price in the year 2045? Do we envision a point where a mixture of cells—today, we would be thinking of stem cells, but the future may change this—is delivered to a deficient anatomical area, allowing the tissues that were missing from that area to regrow? Maybe the description of a "mixture of cells" might be too limiting; perhaps the answer to the consequences of tooth and tissue loss will come in some form that we are not even considering today. Of course, the development of a method of intervention that will re-create anatomical structures is valuable only if patients can maintain the re-created structures. This statement circles back to the notion that patients must be committed to the maintenance of the technically ingenious devices that are provided to them. When a third dentition is established, it would be gratifying to know that traditional dental disease will not befall that third dentition.

When I entered dental school 41 years ago, the dean stood up and told the students that we had chosen the wrong career path. His statement was based upon the notion that a dental caries vaccine and a periodontal disease vaccine were on the near horizon. His statement was somewhat apologetic because we had all worked very hard to gain admission to dental school and his discouraging news seemed to make dentistry a dead-end profession.

Today, we continue to wait for these vaccines. As we wait, we should probably gain an appreciation that when we can prevent dental disease, we have actually done exactly what the goal of dentistry has always been, and that is to make dental care delivery unnecessary.

This is somewhat akin to what has happened in a few different areas of medicine. An example that comes to mind is the near total elimination of polio as a disease entity. I imagine that when the polio vaccine was developed, there were some physicians who feared that their careers would end when polio disappeared. Although there may have been a few physicians who were so entrenched in the treatment of this disease that its virtual eradication did indeed eliminate the need for those physicians, most of those polio specialists simply transitioned to a different area of expertise.

When the cure comes to dentistry, as it surely will at some point, perhaps before JOMI reaches 60, I hope that dentistry will celebrate this success. When this journal is not needed, that means that the battle against edentulism will have been won. Won't that be great?

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