International Oral Surgery

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As Secretary-General of the International Association of Oral Surgeons it was a great pleasure for me to receive the application from the Japanese Society of Oral Surgeons to become affiliated to the International Association. I feel very strongly that the time has now come when, in order to further the development of our specialty in individual countries, it is necessary for us all to cooperate together. In the following I will try to outline visions on international oral surgery, and tell you something about the organisation, scope and work of the International Association of Oral Surgeons.

At one time the amount of knowledge was so limited and the development of new knowledge so slow that the education of one's youth was sufficient for a lifetime. In the future the challenge for the professions will be to cover an immensely increased amount of basic knowledge and to keep up with an exponential expansion. To meet this challenge further specialization and an extended continuing education will be needed.

Among the conditions affecting continuing education of general practitioners are that their number is large, that their standards and conditions are fairly similar within the same country, that they usually prefer to use their own language, and that it is possible to get teachers from the same country. Therefore continuing education of general dental practitioners will be on a national or regional level.

Specialists, teachers and research workers, however, will be relatively few in number within their special fields in each country. In principle they should aim for the highest qualifications available. Being the authorities in their own countries, the continuing education of these categories must therefore be on an international level, so that they, within their fields, continuously can attain the highest level of knowledge available in the world.

Trade is considered to be equally as important as production. Production of any goods is of little value if it cannot be distributed. The same is true in our professions; the distribution of new scientific progress is just as important as its development. It is alarming how slow scientific progress throughout the world may cross barriers created by language, tradition and political systems. This may be especially true between large countries where the resources within each country are of such an extent that the professions may feel they are self-supporting. Practitioners from smaller countries are less likely to become scientifically isolated. They are forced to seek knowledge from sources in other countries.

International channels for the distribution of scientific progress and communication between specialists within the various fields will therefore have to be created. To operate these channels international specialist organisations must be formed. These international organisations will in the future be responsible for an increasing part of the continuing education of the specialists.

This need for international cooperation was the background for the formation of the International Association of Oral Surgeons in 1965. Since then the organisation of the International Association has been well established with more than 1100 Fellows from 49 countries. At present 15 national Associations of Societies of oral surgeons are affiliated to the International Association, representing 19 countries.

National Association of Oral Surgeons
Affiliated to I. A. O. S.

CANADA  GREAT BRITAIN  ISRAEL
USA  NORWAY  AUSTRALIA
MEXICO  DENMARK  NEW ZEALAND
CUBA  FINLAND  JAPAN*
BRAZIL  SWEDEN  PHILIPPINES*
VENEZUELA  FRANCE  SOUTH AFRICA*
ARGENTINA  HOLLAND
HUNGARY
SPAIN
WEST GERMANY*

*Applying for affiliation

Four other national societies are at present seeking affiliation: these are from Japan, West Germany, South Africa and the Philippines. Each of the affiliated associations have a representative serving on the Council.

To facilitate international communication within the various medical and dental specialties it is an advantage if the specialties in the various countries are equally defined. The importance of this demand is well illustrated by the present status of oral surgery, where the scope ranges from dento-alveolar surgery in some countries to maxillo-facial surgery, including plastic surgery and treatment of malignancies of the head and neck in other countries. As a result of this difference in scope it may be difficult to get oral surgeons from various countries to cooperate as one body. Relevant information to oral surgeons may be distributed through channels of other specialties and overlapping will continuously cause friction between oral surgeons and other specialists, such as oto-rhino-laryngologists and plastic surgeons. An international definition of the specialty of oral surgery should therefore be formulated.

During the International Conference on Oral Surgery held in Copenhagen in 1965, the General Assembly adopted the following definition of oral surgery:

"Oral Surgery is that part of dental surgery which deals with the diagnosis, the surgical and adjunctive treatment of the diseases, injuries, defects of the human jaws and associated structures".

It is evident that the basis for the specialty of oral surgery is the presence of the teeth and associated structures, as well as the articulating function of the jaws. If these structures and this function were not present it would hardly be justified with a surgical specialty in these regions. The dental basis for oral surgery includes dento-alveolar surgery, surgical treatment of the temporo-mandibular joint, facial injuries and deformities where the dentition and
articulation are involved, preprosthetic surgery, etc. Plastic surgery of the facial soft tissues
does not necessarily require a dental background. Even if dental structures are involved in
malignancies, dental considerations in treating these conditions are not of prime importance.
In some countries it is felt that the definition of oral surgery should include the term Maxillo-
Facial. To this Sir Terence Ward from Great Britain comments that the field of maxillo-facial
surgery is an extension of many disciplines and we could have specialities of “plastic and
maxillo-facial surgery”, “oto-rhinology and maxillo-facial surgery”, “ophthalmic and maxillo-fa-
cial surgery”, “general and maxillo-facial surgery” and “oral and maxillo-facial surgery”.

A definition of a specialty will, of course, never satisfy everyone. However, acceptance of
an international definition should not prevent an oral surgeon qualified to work beyond this
scope to do so, if it is accepted on the local plane. Furthermore, it will always be necessary
for an oral surgeon to cooperate with various other surgical specialists in fields bordering on
proper oral surgery.

The International Association has formed a committee under the Chairmanship of its president,
Professor Macalister, to investigate the problems of terminology of our specialty. This committee
will report to the next International Conference in Sydney.

In order to participate on an equal basis and benefit from an international communication,
it would be advantageous if specialists in oral surgery all over the world had the same back-
ground. The requirements to become a specialist in oral surgery should in the future be the
same. This is another task for the international association to encourage.

The training of oral surgeons throughout the world was discussed at an international workshop
in connection with the International Conference in Madrid in 1974. Representatives from 16
countries discussed training programmes during 4 whole days and agreed finally on a common
report. Such a report is, of course, a compromise, and will probably not satisfy any of the
individual countries. However, such an international dialogue will undoubtedly influence future
training programmes in the various countries. This work on a common training programme
should be continued all the time. At present an international committee chaired by Professor
Bramley from England is continuing the work which will be presented for further discussion
at the Sydney Conference.

There can be no doubt that the formation of the International Association of Oral Surgeons
has made a tremendous impact on the specialty of oral surgery throughout the world. The
task has been first of all to increase communication between oral surgeons. This should start
on the national level. Officers from the International Association have therefore acted as
consultants to various groups or countries on organising national oral surgical associations or
societies.

It is necessary that all qualified scientific material on oral surgery from all over the world
be easily accessible. Too often valuable papers are actually wasted, because they have been
published in a general dental journal, which either does not reach oral surgeons in other
countries, or is written in a language not understood outside that particular country. The
International Association has therefore initiated the International Journal of Oral Surgery,
which has an international board of well-known oral surgeons.
The most important activities of the I. A. O. S. are, of course, the international conferences, where Fellows meet personally. Since these conferences were started many oral surgeons have made acquaintances and friendships with oral surgeons from other countries. Before this we hardly knew each other. Oral surgeons from different countries do have common interests—perhaps even more than oral surgeons and their other dental colleagues within the same country.

The Sixth International Conference on Oral Surgery will be held in Sydney in May next year. The Australian Organising Committee is working very hard to make this Conference a success. There will be 2 symposia on the programme with world-known participants who will discuss “Preprosthetic surgery” and “Trauma of the facial skeleton”. In addition there will be short lectures and a film programme to cover the recent developments in the field of oral and maxillo-facial surgery. The social programme will include a reception at the Opera House, a Banquet, golf tournaments, etc.

At the Sydney Conference the Japanese Society of Oral Surgeons will be affiliated to the International Association. This official recognition of the Japanese Society of Oral Surgeons is being welcomed by oral surgeons from all over the world. It would be wonderful if a large group of Japanese oral surgeons could therefore be present at the Conference.

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