

CHAPTER-1

HISTORY OF DENTISTRY – 3000 BC -2000 AD

3100-2181 BC

HESI-RE is the earliest dentist known by name. Extraction was the first choice for dental trouble. The coarse diet consumed by the Egyptians was the primary cause of dental diseases. Historical texts show numerous references to toothache, pulpitis, erosion & gingivitis.

900-300 BC

THE MAYAS

Work on teeth was done not for dental maintenance or hygiene, but strictly for ritual, religious purposes, Jade and turquoise stones are implanted in the teeth Speculation is that the Mayans were the first to perform tooth transplantation.

460-377 BC

THE GREEKS

Hippocrates writes about tooth decay and theorizes that dental problems arise from a natural predisposition or inherited

weaknesses. Ancient Greeks use pumice, talc, emery, ground alabaster, coral powder and iron rust as dentifrice, Fingers were used as a tooth brush.

166-201 AD

THE ROMANS

The Etruscans become experts in restorative using gold crowns and fixed bridgework. Full and partial dentures are not uncommon. The Romans have high regard for oral hygiene. They use bones, eggshells and oyster shells mixed with honey to cleanse the teeth.

249 AD

APOLLONIA, the partron Saint of Dentists burned after having her teeth knocked out. Depictions of her are usually shown with forceps.

1452-1527

LEONARDO DA VINCI, depicts the maxillary antrum.

PARACELSUS, a Swiss, greatly expounds upon the pharmacology of drugs available to dentistry. Quinine and ipecacuanha are still in use to day Guttapercha is also still in use for root canal fillings.

1563-1728

The first dental anatomist, BARTO LOMMENO EUSTACHIO, publishes Pamphlet On The Teeth, which covers anatomy and histology of the teeth. PIERRE FAUCHARD, Publishes Teeth, elevates dentistry to new levels. He advocates that instead of patients sitting on the floor, they sit on the chair.

1746-1755

PHILLIP PFAFF

Proposes using softened wax to take impressions of the take impressions of the teeth.

CLAUDE MOUTON

Makes gold crown. He also recommends enameling the gold crown, in order to promote more pleasing aesthetic dentistry.

1764

The key is used by dentist in the American colonies to extract teeth. Some Keys were made by black Smith, who often served as the local dentist.

1771-1775

JOHN HUNTER, British Surgeon names incisors, cuspids, and bicuspid. The silversmith, PAUL REVERS, using previously constructed dental bridgework, identifies dead body based on

finding the bridge in the mouth of deceased. This is the first time dental work is used to identify a person after death.

1790

JOSIAH FLAGG, using the design of Windsor Chair, constructs the first chair, made specifically for dentists.

GEORGE WASHINGTON

was elected president. At the time of his election, he had only one tooth, a lower left bicuspid. George Washington NEVER had wooden teeth. His dentures were manufactured from gold, hippopotamus tusk, and elephant ivory and human teeth.

1792

R.C.SKINNER, establish first in-hospital dental clinic in the United States, for those who cannot afford the fees. He also is firm advocate of preventive dental maintenance's Skinner is considered the father of American dental Literature.

1797-1832

NICOLAS DUBOIS DE CHEMANT

Patents porcelain teeth.

JAMES SNEEL

Invents the first reclining dental chair

1843-1844

SAMUEL. WHITE

A Philadelphia jeweler, opens what would become the largest dental manufacturing company in the world.

1845

Pacifiers of teethes are made from coral and used to expedited eruptions of the teeth in children. There is evidence, they were used earlier.

1846

WILLAM MORTON

Uses ether, a first, and also invents the ether inhaler, at Mass General Hospital.

1866

LUCY BEAMAN HOBBS,

A graduate of the Ohio College of Dental Surgery, becomes the first woman in the world to become a licensed dentist.

1868

New York is the first state, which proposes examination of dental candidates

1868-1872

The first electric dental drill was invented in 1868 by GEORGE F. GREEN, a mechanic of the S.S. White Company. In 1872, the S.S. White Company put the first electric drill on the market. The motor was incorporated directly into the hand piece. The majority of dentists used the foot driven drill because most clinics in the country were not electrified.

1895-1896

G.V. BLACK perfects the formulation for amalgam for dental fillings: 68% silver with small amounts of copper, tin and zinc, Expansion and contraction of fillings can now be controlled.

WILHELM ROENTGEN

Invents the X-RAY. In 1901 he was awarded with the Nobel Prize.
C. DEMUND KELLS Uses the first x-ray in dental practice.

1905-1925

Dr. Alfred Fones of Connecticut, trains his assistant Ms. Irene Newman to do prophylactic work on children. She becomes the first dental hygienist in the world. Dr. Trendley Dean proposes the DMF Index as quantitative means of measuring decay. He extensively studies fluoride and its impact on teeth. The American Society for the promotion of children's Dentistry is founded.

1935

ORTHOGNATHIC SURGERY, WASSMUND

In 1935 established the treatment technique for orthognathic surgery and the year developed into most sophisticated surgery of modern established treatment for entirety.

GRADNER COLTON

Demonstrates the effects of nitrous oxide.

1952

DENTAL IMPLANTS

The present surge in the use of implants was primarily initiated by BRANEMARK in 1952 Who established the relationship between titanium and bone.

HISTORY OF DENTISTRY
CULTURAL HERITAGE OF THE ISLAMIC WORLD

The advent of Islam in the world proved to be momentous in the development of Intellectual and artistic talents flowering into a variety of fields. The so-called Dark Ages, to quote Philip K. Hitti, “held no blackout for the Arabic speaking peoples and Muslim lands. Throughout a large part of that period, the torch of culture and enlightenment was kept aflame from the confines of China in the east, through Western Asia, North Africa and South Western Europe, to the shores of the Atlantic Ocean”.

Since the religion of Islam transcends the national limitations based on geographical and linguistic boundaries, the spirit of Islamic culture likewise, strives to evolve universality in every aspect of its productive activity. Therefore, wherever the Arabs went forth from their peninsula under the banner of Islam, they became the beneficiaries of an collaborators with the peoples whom they conquered; “Turadians and Iranians, Syrians and Armenians, Arabians and Berbers, and a lusians and Sicilians, all were making contributions of greater or less significance to science, philosophy, art and literature”.

It was between the first and the seventh centuries of the Hijra that Islamic culture had its finest flowering in intellectual achievements and works of art as well as the structures of dynamic social organization.

The mid-seventh century, however, may be said to mark the beginning of the end of the great classical age. The loss of Seville (Spain), and the capture of Baghdad by the Mongols, were grave setbacks to its progress. There were cultural movements of great significance but nothing to match the glory of Baghdad or Cordova.

However, great names were to follow in the ninth century Hijra: the Syrian Hambali jurist Ibn Taymiyya, who after Ghazali played a significant role in Muslim revival; the great social historian Ibne Khaldun; and al-Iji and al-Taftazani who produced monumental theological works. It may, thus, be seen that between the middle of the eighth and the early part of the twelfth century, the Arabic speaking peoples held the intellectual supremacy throughout the civilized world.

As Islam spread to distant lands and different climes, Muslim thinkers and scholars, artisans and craftsmen offered their intellectual legacy and scientific lore, and introduced new

techniques and sophistication in crafts seldom known or seen before.

One of the most enduring contributions of Islamic culture was the transmission of learning to the West. The philosophical and metaphysical concepts of Plato and Aristotle, the medical lore of Hippocrates and Galen, the astronomical and mathematical teachings of Ptolemy, all these reached the Christian West mostly through the Arabs. Ibn-e-Rushd and Ibn-e-Sina (Avicenna), al-Kindi and al-Farabi, al-Razi (Rhazes) and al-Sahrawi are only a few among the galaxy that radiated its luster and phenomenal influence in the Abbasid period of the ninth and tenth centuries and later in the twelfth century.

It was not simply a transmission of the ancient Greek learning through translation; it also included a large body of original contributions in the humanities, particularly theology, philology and linguistics; history and socialoty; pure and physical science; algebra and alchemy; and medicine and surgery besides astronomy and opticeis which by no means exhaust therange of studies and research by the Muslim scholars.

In the sphere of literature and art there is widespread testimony to the vitality of the Islamic heritage and its profound impact. Arabic, the language of the Holy Quran became the

vehicle of culture for a whole civilization, creating a new cosmopolitan society on the foundation of Islamic religion and culture in which the various peoples and various cultural elements flourished in a fruitful symbiosis.

While science and technology were dormant in the 8th century A. D. over the greater part of the globe, the Muslims in Arabia started their spectacular intellectual advancement. The first name that comes to mind is that of the scientist Jabir Ibn-Haiyan, the most prominent of the group of scientists/philosophers of the time of Caliph Harun-al-Rashid. He is the author of a book on astrolabes besides his alchemical writings.

Next to Jabir in stature was Yaqub Ibn-Tariq (767-796 A.D.) in Baghdad. He is regarded as the greatest astronomer of his time. He wrote memoirs on sphere and the vision of Kardaja. A circle was divided into 96 parts and the sine of the parts was called Kardaja.

Al-Khwarazmi is graded as the greatest mathematician of the 9th century and one of the greatest of all times. His works surprisingly contain advanced mathematics like analytical solutions of linear and quadratic equations. Another Arab scientist, Al-Kindi, wrote a treatise on geometrical and physiological optics.

In the 11th century, Muslim science reached its pinnacle. One finds such celebrities as Ibn-e-Sina, Ibn Al-Haitham, Al-Biruni and Omar Khayyam besides scores of other luminaries who carried the torch of learning in science and technology.

In the final analysis, Islamic culture, being cosmopolitan in its very nature, manifests itself with equal beauty and resplendence all over the world. The progress of Islam in the Sub-continent over the long span of nearly 1300 years of its arrival has undoubtedly shown this characteristic in every field of its artistic creations. The following pages give the reader a glimpse of the different aspects of the great cultural heritage of Islam, which is the proud possession of Pakistan today.

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MEDICAL SCIENCE AND ISLAMIC HISTORY

Abbasid Caliph Al-Mamun (786-833), a noted poet himself, was a great patron of the arts and sciences. The House of Wisdom or the Institute of Higher Learning, he founded more than twelve centuries ago in Baghdad, which attracted a large number of linguists and scholars from around the world who came in quest of new knowledge.

The scholars, Muslim and non-Muslim, who worked there made impressive contributions to science, medicine, philosophy, mathematics and astronomy. Numerous prized books and manuscripts were translated from Greek, Sanskrit and Latin into Arabic, while Arab researchers, enriched the classic texts with their own critical and erudite commentaries. Books, such as the Aristotle's Metaphysics and Theology as well as Galen's entire collection of medical treatise were rendered into Arabic. Many books were also translated from Arabic into Latin and served to transmit the cumulative knowledge of the East and ancient Greece to Europe. The remarkable feature of the Institute was that, in an era of religious orthodoxy and ecclesiastical intolerance, it placed no restrictions on the intellectual thought processes and permitted

scholars unprecedented freedom to pursue knowledge wherever it took them. Royal and public patronage joined hands to usher in the golden era of Islamic science that was to last for many centuries.

In time, the majestic Islamic metropolises, Baghdad, Cordoba and Damascus, became centers of excellence, acquiring renown for their unrivalled universities and advanced civilization. The writings of two medieval Muslim physicians and philosophers, Ibn Sena (Avicenna, 980-1037) in Central Asia and Ibn Rushd (Averroes, 1126-1198), in Cordoba are often credited with providing the stimulation that helped launch the European renaissance. Both scholars in their treatises emphasized the importance of logic and reason in understanding natural phenomena, rooted in principles established by Aristotle nearly a millennium earlier. Ibn Sena's celebrated work, *The Canon of Medicine*, was translated into Latin and disseminated throughout Europe during the fifteenth and sixteenth centuries and was to serve as the standard medical text for hundreds of years. Spanish-Muslim philosopher, Ibn Rushd, in his dissertations argued that there was no contradiction between logic and science on the one hand and religion on the other, as both had valid claims on rationality.

Perhaps, the last medieval Muslim scholar who made a major contribution of human knowledge was the anthropologist Ibn Khaldun (1332-1395) who's Muqaddamah is recognized as the earliest, landmark study of the rise and fall of human civilizations.

After flourishing for many centuries, the splendid age of Islamic science seems to have ended around the fifteenth century. For a long time, Muslims had kept only sparse contacts with Europeans, believing they had little to learn from them. Momentous developments, such as the Renaissance, Reformation and Industrial Revolution, seem to have passed them by, leaving them behind in many branches of knowledge, including science and technology. In recent times, Muslim scientists working in their own countries have not made for any remarkable discoveries. Out of a total of 787 Nobel Laureates who received the prize since its inception over a century ago, only nine have been Muslims' among these only two, Ahmad Zewail of Egypt and Abdus Salam of Pakistan, were recognized for their contributions to science. However, neither of them worked in his native country. The other seven were Nobel Peace Prize winners or honored for their contributions to literature. (Ref: Saturday, January 6, 2007 daily DAWN by Dr. Syed Amir).

ISLAMIC CONTRIBUTION

Muslim Scientists and Physicians Contributions

1. Hunayn ibn-Ishaq (809-873 AD) and his colleagues translated Greek literature into Arabic.
2. Abu Bakr Muhammad ibn Zakariya al Razi (Rhazes) (841-926 AD) wrote an encyclopedia, work on medicine and surgery.
3. Ibn Sina (Avicenna) (980-1037 AD) wrote famous medical text Canon (Al-Qanoon). Avicenna used an extensive material medica for oral and periodontal diseases and rarely resorted to surgery. Headings in the Canon on gingival disease include “Bleeding gums”, “Fissures of the Gums”, “Ulcers of the Gums”, “Separation of the Gums”, “Recession of the Gums”, “Looseness of the Gums”, and “Epulis”.
4. Abu ‘L-Qasim (836-1013) made outstanding contributions to dentistry and periodontology. He wrote clearly about etiologic role of calculus, deposits and described in detail the technique of scaling the teeth, using a sophisticated set of instruments that he developed. He also wrote in detail

on extraction of teeth, on splinting loose teeth with gold wire, and on filing gross occlusal abnormalities.

5. Mohiuddin Reza Dimashkieh, developed instruments for operative dentistry in 1970-1990. His amalgam carrier, instrument to remove broken files or reamers from root canal system and MRD crown preparation burs are in great use. He is famous for sleeve design crown and bridge preparation.
6. Marwan Abu Ras, developed techniques for root canal system preparation in 1980-1990.

CHAPTER-2**HISTORY OF DENTISTRY-PRIOR TO PARTITION OF INDIA**

Prior to partition systems of medicine was mostly traditional, in nature. It was also associated with Hindu culture, Ayurveda - science of long life, this system has got origin in Rigveda-which guides the physician (Vaidyas) to cure the disease, Dental problem of minor nature, were treated by this system. Before the advent of Arabs and Western Medicine, Ayurvedic surgeon used to repair the external wounds. There was another system "Siddha" evolved in south India. Spiritual accomplishment or perfection. This system was in different in belief by Ayurveda. In Siddha system the diagnostic technique was careful reading of pulse i.e six pulses, 3 on Rt side and 3 on left side of the patients.

Unani (greek) system developed in Middle East out of Arabs contacts with Greco-Roman Civilization and entered in South Asia with successive waves of Muslim in Values-Unani system was popular by Mughal Emperors, particularly Akbar, (1556-1605) All such systems were also healer of dental problems e. g. Clove oil was used for pain in cavity and such other herbs

were used for reducing mouth swelling. Biomedica or modern medicine was initially started in India for East India Company's employee, and later on for officials of various British administrations. Medical officers were trained and mostly British doctors were invited from U. K. The medical doctor expanded their private practice to public and in middle of 19th century the British Govt. established medical colleges in India to train South Asian doctors, who could supplement the practice of British physician. Hospitals and dispensaries (clinics) were built at district level and in Town. The expansion process was slow till 1930. Dental care was available up to extraction of teeth at such Hospitals by medical men/ doctor and assistant.

The dentalache was relieved by Holymen, by reciting some verses of holy Quran or some Darood. In early days, there were no modern like equipment or instruments. Even in 1956, when I was posted in Quetta, I had Iron dental chair of Rs. 150/ to treat my private patients. I continued to work dentistry at Lahore and Mardan upto 1973 on that Chair. It is hard fact about 250 years ago, dental care was non-existent and operator used to pull out the tooth, with instrument. The PELICAN (1790) an earliest stage instrument was implemented later on 1790, extracting Key was introduced. Craftwork was present in Egyptians culture, shaky and

false teeth were bounded with gold wire during 3000-2500 B.C. and extraction was first choice of dental trouble and earliest dentist was HESI-RE 3100-2181 B.C.

The Ancient Greek (460-377 B.C.) Hippocrates had written some remedy for teeth problem. Pumice was used as powder. Even finger was rubbed after meals. The Roman (166-201 AD) were regular in tooth hygiene and gums and invented some restorative instrument for restoring the teeth, bridge and crown work was created. Bones were used for artificial teeth. Eggshells and other ingredient mixed with honey was used to clean the teeth.

Islamic Dentistry (570-950 AD) Miswak was for cleanliness and scalar was invented to clean tartar- it was horse shoe shaped and some other scraper were used as a part of hygiene care. Dental chair was invented by NICLAS DUBOSIS DE CHEMAN in 1797-1832, it was hydraulic chair. In 1895 G.V. Black worked on Dental cavity and its filling 68% silver amalgum with small amount of copper and tin was used as a filling material and dentistry went on till 1935- advanced surgery was invented. All such information was missing in our part of land wooden chair was used. My father told me story of removal of his tooth by forcep of Blacksmith. It was terrible expression of pain and bleeding for several days. He too has related that Barber used a

scraper “nail remover” to pull out tooth. This is awful story of dentistry before partition of India.

Development of modern Medical and Dental Health services started by establishing of Mayo Hospital, King Edward Medical College, Lahore Calcutta Medical School, Madras Medical School as well.

There were centers for learning dentistry in the form of dental school at Bombay and Calcutta, like Ahmed Dental Clinic Calcutta, where from Mohtarma Miss Fatima Jinnah got the certificate of practice in dentistry. There were certain schools which used to prepare the dental surgeon for LDS examination at par with England. Therefore the de'Montmorency College of Dentistry was an event at Lahore and the candidates used to be primarily the medical graduates for two years course for BDS i.e profession was mostly in the possession of Medical men, Sikh and Hindu community and there was not significant Dental Association activities.

To trace the history of Pakistan Dental Association and the development of Dental Profession we have to pay our respects and regards to many those dedicated, who were dental practitioner without qualification but helped towards the advancement of dentistry with their efforts of pen and professional services and we

marched on among those, I do recognize academic services rendered by late Sh Muhammad Iqbal of Punjab Dental Depot, 26 The Mall, Lahore who was a moving figure in Pakistan Dental Association and started publishing Pakistan Dental Review regularly which was present in almost all the universities of the world. We also pay our regards to dental practitioners Jalal ud Din, I Atta Ullah, M. Daud, Shafiq Ahmed, Ghulam Nabi and such other contemporaries who have been treating the citizens before the partition. These people have neither diploma nor attended any institutional training they learnt the profession by their interest and skill and they have played very useful role in the profession. Almost all have given us their children as competent dental surgeons like Dr. Zulqurnain, Dr Bilal Ahmed, Mr. Ayaz Mahmood, Editor medical news now dental news. Dr Shafiq Ahmed has given us Dr Akhlaq Ahmed, and Ghulam Nabi has given us Dr. Ahmed Hassan all these person played important role in the profession. During the time of partition following were qualified dental surgeons: Dr. Abdul Hafeez, BDS, MBBS, Dr. Latif, Dr. Abdul Haq, BDS, MBBS, Dr. Rashid Irabi BDS, MBBS and there was none elseanywhere in the Pakistan. There was no qualified dental surgeon in NWFP up to 1954 when Dr. Rashid Malik after his graduation was posted first dental surgeon at Peshawar. In Bahawalpur Division Dr. Yousaf Ali was posted in

1956, and in Baluchistan Dr. M. A. Soofi was posted in 1956. At that time practice of dentistry was in the hand of unqualified practitioners or medical men used to practice.

To trace the history of Dental Association of U. K it shall be surprised to know that in 1300 master of barber surgery company was made and it was given a charter of recognition in 1462. Similarly to build up surgeon mostly monks and monastery started teaching from 1536 to 1539.

In our land, at time of Pakistan 1947 Barbers & Smiths were puller of teeth, holymen used to treat with indigenous medium hands. Most of Hospitals used to have set of Forceps for extraction of teeth and compouder or surgeon used to extract the teeth. Even during our training time 1952-56 at de' Montmorency College of Dentistry, Foot Dental Engines were used in conservation department and dental. Extraction was carried out with Iron Syringe, and needle was to be rubbed off.

Dentistry in our country preliminary was a craftsmanship up to 1916. It was not developed as such. It has not been recognized as the subject or the speciality, but after 1920 the ideas struck to certain people to organize the dental education and education was started in Calcutta on purely private basis. In those days health was a provincial subject and thus in 1934 College of

de'Montmorency of Dentistry was established for Medical Graduates by Governor of the Punjab and later on it obtained the position of undergraduate premier Institution of this country. In the year 1927 Governor of Punjab, Sir de'Montmorency became concerned with the dental problems in the province of Punjab laid down the foundation of Punjab Dental Hospital in 1929. It started operating in April 1930. Later, the college was also established in 1934 and was named after the Governor of Punjab, Sir de'Montmorency. Initially de'Montmorency College of Dentistry was engaged in training medical graduates thus providing them dual qualification of MBBS & BDS. Only four MBBS doctors, two Hindus, one Sikh & one Muslim were provided this opportunity. Later, the course became available to intermediate with science and twelve students were admitted in each session till 1947.

- First Principal Dr. Peter Giles - 1934-1936
- Second Principal Dr. C.D. Marshal Day - 1936-1947
- Third Principal Dr. Raymond Gill - 1949-1951
- Fourth Principal Dr. Abdul Haq - 1952-1953
- Fifth Principal Dr. H. R. Shah - 1953-1969
- Sixth Principal Dr. Dr. Haider Tirmizi - 1969-1975
- Seventh Principal Dr. Humayun Akhter - 1975-1976
- Eighth Principal Dr. M. Saleem Cheema- 1976-1991

- Ninth Principal Dr. M. Waheed Sheikh - 1991-1994
 - Tenth Principal Dr. Yaqoob Baig Mirza - 1994-2000
 - Eleventh Principal Dr. Tariq Zaman Ahmed - 2000-
 - Twelveth Principal Dr. Nazia Yazdanie -
-

Dr. R. Ahmed, Dental College & Hospital, 114, Acharya Jagdish Chandra Bose Road Calcutta 700 014, West Bengal

Miss Fatima Jinnah, Sister of Quaid-e-Azam Muhammad Ali Jinnah attended the Ahmed Dental School in Calcutta and after qualifying certificate of examination she started practice in Bombay. Who was Dr. Ahmed, we narrated the historical aspect :

RAFIUDDIN AHMED, D.D.S.

Dr. Rafiuddin Ahmed was born on December 24, 1890, in Bardhanpara, East Bengal, India. He graduated from Aligarh University in 1908. By the next year, he left for the United States by working his passage over. He enrolled in the University of Iowa School of Dentistry, earning his dental degree in 1915. Dr. Ahmed then worked in the Forsyth Dental Infirmary for Children in Boston, Massachusetts, until 1918. In 1919, he returned to India to open a dental practice in Calcutta.

In 1920, Dr. Ahmed founded the First Dental College of India, which was financed by starting the New York Soda Fountain in Calcutta. Dr. Ahmed published the *First Student's Handbook on Operative Dentistry* in 1928. The first Dental College of India affiliated with the State Medical Facility in 1936, and then with the

University of Calcutta in 1949. In that same year, Dr. Ahmed donated his First Dental College of India to the West Bengal government. Dr. Ahmed served as the Principal of the College from 1920 to 1950.

Dr. Ahmed's philosophy was: "Education is the responsibility of the State: but if no one is willing to carry the cross, I will, for as long as I can".

In 1925 Dr. Ahmed established the Bengal Dental Association, which became the forerunner for the Indian Dental Association (which he also organized in 1928). He served three terms as President of the Indian Dental Association from 1945 to 1948.

He also established the *Indian Dental Journal* in 1925 and was its Editor until 1946. He also served on the Editorial Boards for the *Journal of the Canadian Dental Association*, the PFA's *Dental World/Dental Survey*, and other publications.

Dr. Ahmed helped to form the Bengal Dentists Act in 1939. This was the first dental governmental regulation in India and it became the model for the Indian Dental Act passed in 1948. Dr. R. Ahmed was the first elected President of the Indian Dental Council, serving from 1954 to 1958.

Dr. Ahmed was awarded a Fellowship in the International College of Dentists in 1947 and Fellowships in the Royal College of Surgeons of England and the Pierre Fauchard Academy in 1949. In 1964, the Indian government awarded him the Padma Bhushan, a rare and coveted honor never before presented to a dentist. Dr. Ahmed was the first Indian to have achieved such status.

Dr. Ahmed served as a Councillor and Alderman of the Calcutta Corporation from 1932 to 1944. In 1950, he became a Minister in the West Bengal government and was supervisor for the Departments of Agriculture, Community Development, Co-operation, Relief, and Rehabilitation until 1962.

Dr. Ahmed earned many honors and memorial tributes, of which inscription on the ICD Memorial Roll in 1965 was a particularly special tribute. The Indian Dental Association recognized his many contributions to Indian dentistry by establishing the Dr. R. Ahmed Memorial Oration at the 1977 Annual Indian Dental Conference. The Pierre Fauchard Academy dedicated its 1987 quarterly *PFA Journal* in Dr. Ahmed's memory, and the University of Iowa School of Dentistry Alumni Association presented their First Distinguished International Alumnus Award to him in 1989.

Today, Dr. R. Ahmed is remembered as the Nestor and Dean of Dentistry, Dental Education, and the Dental Profession in India. He died on January 18, 1965.

de'MONTMORENCY
COLLEGE OF DENTISTRY, LAHORE-1934

In the year 1927 Governor of Punjab, Sir Montmorency became concerned with the dental problems in the province of Punjab. Thus, the foundation of Punjab Dental Hospital was laid in 1929. It started operating in April 1930. Later, the College was also established in 1934 and was named after the Governor of Punjab Sir Montmorency.

de'Montmorency College of Dentistry, Lahore is one of the oldest and most prestigious centres of dental education and research in the sub-continent. In fact it has been the only dental institution producing graduates for a long time. Dacca and Calcutta did produce licentiate dental surgeons and a number of unauthorised institutions with commercial motives were also engaged in some form of dental education.

At the time of independence it was the only dental centres with limited manpower resources available in terms of teachers, house surgeons and students. The departure of Britishers, Hindus and Sikhs dilapidated the conditions but with the untiring efforts of limited number of staff, the institution started making its leaps forward.

In the early sixties, need for more dental institutions arose and gradually new centres at Peshawar, Hyderabad and Multan started producing dental graduates. They are not only engaged in imparting dental teaching but also providing the dental health cover to large sections of population of their respective areas. Beyond that all these institutions are training dental graduates for the Middle East and the Far East countries.

Initially de'Montmorency College of Dentistry was engaged in training medical graduates thus providing them dual qualification of MBBS & BDS.

Only four MBBS doctors, two Hindus, one Sikh and one Muslim were provided this opportunity. Later, the course became available to intermediate with science and twelve students were admitted in each session, that was thus the state of affairs till 1947.

At the time of partition Dr. Abdul Haq and his colleagues, started building from the foundation laid down by Dr. Marshall Day and Dr. Peter Gilles and since then hundreds of graduates spread in almost every corner of the world have been produced by this esteemed institute. The graduates of this institution have earned the envy of the foreign colleagues as well as the administration of their patients due to their knowledge, devotion, digital dexterity and expertise.

This college is attached with the Punjab Dental Hospital. Both of them are situated at Fort Road Lahore in the vicinity of the historical picturesque Badshahi Mosque and majestic Lahore Fort.

The college provides four years degree course at the end of which students are awarded the degree of Bachelor of Dental Surgery by the University of Punjab.

Apart from this the following training programme are also held in this institution:

- A two year condensed course for the medical graduates to obtain the BDS degree.
- Two years training programme for the MDS degree.
- One year diploma course in the clinical subject.
- Two years dental technicians course.

All the latest and advanced teaching facilities are provided for the training of undergraduate and postgraduate students. The hospital is well equipped and comprises of almost all the disciplines of dentistry while the medical subjects are taught in the King Edward Medical College and Mayo Hospital, Lahore.

The institution has developed and progressed inspite of limited resources and has become an institute of great repute, which stands upto international standards. All this was possible

only due to the selfless, devoted and untiring efforts of Dr. Marshall Day, Dr Peter Gilles, Dr. Abdul Haq and Dr Hassan Raza Shah.

Today it enjoys the status of the most respected institution not only in the country but also in the whole region.

CHAPTER-3**CONDITION OF EDUCATION AT de'MONTMORENCY
COLLEGE OF DENTISTRY FROM 1947 ONWARDS**

When Pakistan was created on 14th of August, 1947 most of the teachers & students from Hindu and Sikh community left for India. There was a great vacuum of both the teachers and students. There was fear of the failure of teaching institution of the sub-continent. Dr. Haider Tirmzi and Dr. B. A. Yazdanie who had graduated immediately before partition, and they were given the assignment of Demonstratorship of the college. Dr. Abbas Haider graduated in 1948 from the Punjab University, he was only one candidate and he too was accommodated as demonstrator.

de'Montmorency College was headed by American scholar. First Principal was Dr. Mitchal and later on Dr. C.D. Marshal Day headed the college. He left Pakistan in July 1947. Dr. Abdul Haq MBBS & BDS was appointed as a Principal. The few students were available in the college, when Dr. Abdul Haq took over, the condition of the education was disappointing he took keen interest to popularize the dental education. I was given admission for BDS class in 1952 by Dr. Abdul Haq, a few

dedicated teachers were in the staff and Dr. Haider Tirmzi being a sports person a swimmer of a competency was given the charge of staff president. They propagated and worked for the college. Since the college had international reputation because it was established in 1934 and it continued.

There were few students who took the initiative to hold a meeting in the Metro-Hotel Lahore in January 1948 then Provincial Minister for Health Govt. of Punjab, Sh. Karamat Ali was invited in this meeting as a chief guest and some few renowned dynamic persons with great push and editors of the news papers like Hameed Nizami, Chief Editor Nawa-e-Waqt, Z. A. Sulehri, Editor Pakistan Times were invited in order to promote dentistry.

It may be remembered that basic subjects like anatomy, physiology, biochemistry; pathology, pharmacology, general medicine and general surgery were taught by the professors and teachers of KEMC for first three years alongwith dental subjects. There used to be the collective supports of both the colleges King Edward Medical College and de'Montmorency College of Dentistry, Lahore and union functions were also collective so in this function. The physician of Quaid-e-Azam, Principal KEMC Prof. Col Illahi Bukhsh was also present in this function and Col.

S. M. K. Malik Secretary Health was also invited. Abbas Haider was sports secretary.

In case of operative dentistry, there used to be Foot dental engines and hydraulic pump dental chair was pushed up and down with Foot, likewise silver amalgam was mixed in mortar with pestle and hardly rubber dam was available. Stainless steel burs were to make the cavities. A few cases were put for root canal therapy and all cavities cases were filled with zinc Oxy Phosphate cement or silver amalgam. Scaling was the only way of gums treatment in this department of the gums surgery was not available. Dr. Hamayun Akhtar was incharge of the operative department The children were treated in the same department, chairs were placed in rows facing the windows for sunlight. The operative department was headed over all by the personality of Dr. H. R. Shah who was a good leader of the profession and teacher in operative dentistry.

Dr. H. R. Shah used to take the practical class of operative dentistry with following words:

Take round bur, then the fissure bur, run it around the cusps into the fissures, then you are take inverted cone bur for use to clear pulpal wall, Rubber dam was shown as part of demonstration by Dr. Ghulam Sibtain, Senior House

Surgeon. Dr. M. Saleem Cheema used to be demonstrator in prosthetic dept. after he had passed BDS, 1952. Later on, he was attached with surgery, and managed to get MDS from Punjab University in 1956 without thesis. Written examination was conducted for MDS, the Chief Examiner was H. R. Shah who was B.A, LDR, LDS. Dr. Shah was son-in-law of a very influential personality Mian Afzal Hussain, Vice Chancellor of Punjab University, who had changed rules of thesis. There was no thesis for MDS Examination for Dr. Muhammad Saleem Cheema, Dr. Haider Tirmzi, Dr. B. A. Yazdanie and later on thesis was essential for Dr. Atta Burkee and Saeed Ahmed Malik and everybody.

In Orthodontic Department, a few lectures were given by Dr. Haider Tirmzi MDS. He used to treat the malformed teeth with removable appliances. Prosthetic department. It was very attractive department, patients were from rich & poor class and pretty girls used to get bridge. Art and science of making false teeth was done. In 1st year teaching was of dental materials, prosthetic laboratory work and then boiling of the flask setting of teeth making of impression and in the final year the students had a quota to make atleast 8 full dentures 16 partial denture. The crown

and crown bridge work as quota to make 4 crowns for everybody. This department was headed by Dr. Ejaz ul Haq, MDS and Dr. B. A. Yazdanie, MDS, Mr. Sutlan Sheikh, Head Dental technician was the triumphant of the dept and we used to share the knowledge of setting of teeth from him. All the denture work was done with flasks over stoves. Mian Muazzam Ali was another senior dental technician.

de'Montmorency College used to have the liaison with King Edward Medical College for basic sciences i.e anatomy, physiology, bio-chemistry, pathology, pharmacology, general medicine and general surgery. The students had to visit the Medical Wards in the evening to prepare the studies for surgery and medical examination. Sports and debates were together with KEMC, dental students were allowed to stay at KEMC Hostel, and there was good cooperation among the medical teachers and students. The Medical Teachers used to attend almost all the functions of the dental college and vice versa. In case of catastrophe like the flood (1953) in the Lady Wellington Hospital the dental students took on themselves the social work, on their part to help the medical students and patients. There was more chance of development of common sense and knowledge of dental science by the teachers, there was respects for teachers in field of

medical science. The students had easy approach to the teachers and used to get benefit out of thoughts and ideas of the teachers for examination. Dr. Shafique, BDS in exodontia department was the marvelous teacher and very fine operator and a good surgeon, with clear cut habit of help and encouragement. He had the value of instructions how to remove the tooth of the patients, students, beside the chair correct headrest of the patient position of operator, application of instruments and direction of force for removal of tooth. With this technique I never used alleviator except in the last molar, and never ever broken the tooth with his technique and I have not seen any case of dry socket in my life. He was enterprising teacher with many varieties of softness, benefits both to the patient and students. Dr. B. A. Yazdanie was corner for students for his professional help. He was very fast runner and was demanded by everybody. He was master of setting of teeth. Number of students were very less and number of girls students were very few. One girl Fehmida was senior to us and two girls, were in our class. Spirit lamp was the source as burner. Teachers used to give notes, books were not available, so the dentistry at that time was entirely different from the present day.

When we, used to show our set up for full denture to Dr. B. A. Yazdanie on first look, would say good, very good, but then this tooth should be here, this should be here, in no time, all over model teeth in wax are out and were asked to set up again. It was most annoying attitude, Dr. Ejaz some time would throw model out of the Window.

Mostly dentistry was practiced by unqualified private practitioners because there was no qualified dental surgeons in Lahore and elsewhere. The barber used to remove the tooth with scalpel, which he used to cut nails of the customers. Blacksmith was the other puller of the teeth with their own forceps. Without anesthesia, no dental chair, patients were sitting on the wooden stool or on ground. Two young man would hold the hands of patients when Blacksmith use to put his forceps. In the tribble area, the removal of tooth was very difficult an elderly person used to tie the painful tooth with wire and wire fixed up with the tree, the patient is standing and the patient is given Chuka a rod having sharp nail and with this push of sharp nail and patient will shake his neck either the tooth is out itself, or it is broken or half of the jaw is out. The dental extraction was the most painful procedure of unqualified person and life threatening procedure in pre-partition days. There were many persons, who willfully pretend to

her Doctor for removal of the teeth. Some of the unlicensed people were acting as the holy man or they used to put many herbal medicine with the result half of the face is washed up by bacterial toxin. In many places a Cow dug was rapped on the face no body knew the content of the dung thus most valuable part of face is chipped of. There was no dental surgeon in NWFP till 1954 and no dental surgeon in Baluchistan till 1956. So there are many evidences that it was awful conditions of the people suffering from toothache, which I had seen physically. Therefore, I hold a debate to profession from which we have received the confidence, knowledge in profit so ought the duty, we endeavour to amend the path and help the suffering nation.

X- Rays department of Punjab Dental Hospital Lahore was in one room, and it was only periafixed X-ray facility of Seimmen Company, the cone was fitted to the metal bulb of light machine, the patients were seated in the dental chair. Perhaps it was only one machine available in the dental department of de'Montmorency College of Dentistry, Dr. Haider Tirmzi was the incharge of the X-Rays.

The discovery of X-Ray by wilhelum Conrad Rontgen in 1895 was a great revolution in the field of medical engineering which has given shape for future diagnosis and later on it acts as a

good quality in health care. If there was a need in case of fracture of jaw then the patient have to be sent to the X-ray department of Mayo Hospital. We used to visit the X-ray department there was no protection wall, the X-ray was great benefit in the diagnosis and treatment. Mr. Salim Sh. Was the X-ray operator he had gone for higher qualification in London thus the quality and liability of the X-Ray unit was efficient.

Now the changes in the modern engineering in the field of X-ray are much of the advanced technologies has come forward for giving detailed information for solution of the problems facing by the patients and dentists. This X-ray unit was the first hand experience of diagnosis to the students and to the teachers.

Teaching of dentistry in those days of 1947-60 was not so forward and it was in the process of advancement but no revolution. Almost all the teaching departments i.e. oral surgery, operative dentistry, orthodontics and prosthetic were not well developed. In exodontia rooms the teeth were removed under local anesthesia. Boiling of instruments was the only source of sterilization and the needle for local anesthesia were sharpened on the stones, as there was account of needles used. General anesthesia was ethyl chloride and chloroform and masks. The higher surgery was at minimal level.

From 1934 to 1947 there were only 11 Muslim students:

1. Dr. Abdul Haq.
2. Dr. Mohammad Hafeez
3. Dr. Abdul Latif.
4. Dr. Rashid Erabie were MBBS & BDS as a condensed two years course. The other Muslims students were :
5. Jamil Ahmed
6. Mohammad Yaqub
7. Mohammad Yasin
8. Mohammad Hussain
9. B. A. Yazdanie
10. Ijaz ul Haq
11. Haider Tirmzi

Before partition, Dr. C. D. Marshal Day was the Principal and Professor of Oral Surgery. There were only three senior teachers, Dr. M. L. Watts, Dr. J. C. Manchanda & Dr. U. S. Malik out of six Demonstrators, only tow Muslims. Dr. C. D. Marshall Day, Professor of Oral Surgery, Dr. J. C. Manchanda Prof. of Operative & Orthodontist, Dr. M. L. Watts (Prosthetics), Dr. Balraj Vacheer, Dr. Bajnath, Dr. Abdul Latif, Dr. Abdul Haq and Dr. Hafeez were Demonstrators.

PROMOTION OF DENTISTRY DURING STUDENT LIFE – HISTORICAL PROSPECTIVE

Dentistry was not a popular science at the time of partition. It was practiced by the medical men or unqualified practitioners or people trained from the private dental training centers / colleges. Medical profession was popular and this branch of medicine was for medical graduates at de'Montmorency College of Dentistry established in 1934 for two years course after MBBS. Later on, it was converted to 4 years course having the degree of bachelor of dental Surgery University of Punjab. The teachers in this Teaching Institute were the graduates of this college. In the beginning there was hardly any person holding a foreign degree in dentistry. The first Muslim Principal was Dr. AbduL Haq, MBBS, BDS. He was replaced by Dr. H. R. Shah, B. A. and LDS (Edin) U. K.

The dental students were trained for basic subjects of medicine and general surgery at the K. E. Medical College for three years. The medical students looked down upon the dental students and so did the public. Dental surgery was practiced by the Chinese at Karachi and by quacks in various parts of the Country. The first choice of the students after F. Sc. was not dentistry but medicine and those who were rejected or not selected

by Medical Colleges alone used to seek admission in dentistry. A dental graduate like the medical graduate is to undergo four professional examinations of the University of the Punjab and the medical graduates spend five years, the additional year is spent on basic subjects of anatomy, biochemistry etc. with the result that medical graduates are fully equipped with the phenomena and comprehensive knowledge regarding each part of human body. The dental graduate or dental students on the other hand, are taught the subject of general anatomy. Thus their knowledge is less detailed and they do not possess the knowledge of the human body. With the result the confidence in the profession automatically lacks.

I was given admission in Dhaka Medical College as a representative of the NWFP Government. Since there was scarcity of the qualified dental surgeon in the country after partition, the Government of NWFP headed by Khan Abdul Qayyum Khan advised me to join dentistry in order to fill up the gap in this area in the province of NWFP. So I was given scholarship by the Govt. Rs. 50/- PM as hostel charges and college fee was submitted by the Govt.

During my student life I found dental students are looked down upon by the medical students and the public is not aware of

the importance of the teeth though dental graduates were trained by the professors of KEMC both in the outdoor and indoor but still the dental students were considered less important than the medical graduates.

To change the distorted image of this profession I started giving lectures on dental care in various schools and colleges and it met with a great response and the press covered all the activities. Gradually the dental science gained popularity and importance. The first thing was the celebration of Dental Health Week in 1954. It was inaugurated by the Chief Justice of Pakistan, Mr. Justice Muhammad Munir and I as the General Secretary of the Student Union, visited Islamia School Sheranwala Gate, Muslim High and Middle school Baghbanpura, Rangmahal Mission High School, and Islamia High School Bhati Gate, Lahore. Similar lectures were given in the Muslim League High School Empress Road, Lahore.

We toured various parts of the Country I took dental students to district Hazara, Rawalpindi where I delivered lectures in the Colleges and schools and discussions were made thus the people were getting awareness and asked many questions regarding dental health. I visited Bahawalpur in 1954. We visited Govt. College Abbotabad, District Police Abbotabad and five high

school of the same area. The press covered all this. During this period the topic was awareness of dental diseases.

During this period there was an essay competition on dental health held in 1955 in which I won the first prize.

The foreign student s delegation: We had the foreign students from India and from Great Britain to Dental College during my Secretary General ship period. Reception was given to these students and importance of dentistry was discussed. No health plan is complete without dental science subject. Mr. Daleep Sing leader of Indian Students also responded and the importance of dentistry was highlighted by the press. During my student life I played a very important role condemning quackery and promoting scientific way of treatment in dentistry.

ACTIVITIES DURING STUDENTS LIFE FOR PROMOTION OF DENTAL HEALTH EDUCATION

I joined de'Montmorency Dental College Lahore in 1952 after doing my F. Sc (pre-medical) from Islamia College, Peshawar. Lahore was a new place for me in all matter because my early and matriculation education had taken place in Sanatan High School and Government High School Haripur Hazara. Both Haripur and Peshawar are backward areas in education status.

There were two colleges in Peshawar in whole of NWFP. Districts Hazara, Mardan, Kohat, Dera Ismail Khan and Bannu had no degree colleges. There was no University at the time of partition in NWFP. University of Peshawar was created in 1950.

The dental students of de'Montmorency College of Dentistry, Lahore have to attend basic subjects like Anatomy, Physiology, Biochemistry, Pathology, Radiology, Pharmacology, General Medicine and surgery in King Edward Medical College, Lahore. King Edward Medical College, Lahore is the premier institution established in 1860 and my education in such established institution was a blessing.

My exposure to the students, staff and teachers of King Edward Medical College and de'Montmorency College of Dentistry, Lahore became vital on the visit of Madir-e-Millat Mohtarma Fatima Jinnah in King Edward Medical College sports day on 20th December 1952 as a Chief Guest. I was very active in Pakistan Movement affairs as a school boy in Haripur and luckily I was appointed as a bodyguard by Pakistan Muslim League Haripur on arrival of Madri-e-Millat on 30 May 1949, she was supposed to

inaugurate Pioneer Girls High School at Haripur. Prior to this there was no girls school.

On hearing of her arrival at King Edward Medical College, Annual Sports Day I composed my sentiments in English poetry. As a first year student I walked into the office of Principal King Edward Medical College, Lahore Prof. Col. Elahi Bakhsh who was tall, full of glamour a great personality and a marked sense of judgment. He said, what is your purpose? I pleaded my case that I wanted to present welcome address in poetry to Madri-e- Millat as I was her bodyguard. He saw me and my typed poem, which I had placed before him. He gave a smile, appreciated me and allowed me to recite. I got this poem printed and read the poem, at annual function of King Edward Medical College, Lahore, it was appreciated by Madri-e-Millat Mohtarma Fatima Jinnah and Professors of both colleges. She also recognized me and asked me if I was the same boy who was shouting slogans at Haripur I said “Yes Madam”. So I became a popular student in my college. I was regular in my studies and I used to come to college on my second hand bicycle. This cycle had no brakes and I used my legs to stop it and I used to give a ride to my friend class fellow Saeed Ahmed Malik who has settled in U. K.

After passing my first professional examination of BDS from Punjab University I was encouraged by my teachers for doing some social work and we had arranged celebration of dental health week 1953. Dr. Hassan Raza Shah was the Principal and Medical Superintendent of the Punjab Dental Hospital, he was elected as a President Pakistan Dental Association and had arranged comprehensive dental exhibition in the lawn of Dental College near Badshahi Mosque and dental posters for education of public were distributed. There was an Essay competition in Urdu and English during dental health week. I got first prize in Urdu and 2nd prize in English. It boosted my courage and I became even more popular among the students.

The Chief Justice of Pakistan Justice Munir was the Chief Guest and this function was attended by the then Secretary Health (English man), Prof. Dr. Shujat Ali, Principal Fatima Jinnah Medical College, staff and students of KE college and others.

During this health week I played a very active role. After 3rd year I started giving lectures to the students of various schools

of Lahore and elsewhere. I delivered lecture on general health and dental public health in Muslim League School, Empress Road, Lahore, Oules Haris High School, Waris Road Lahore. The function of prize distribution at de'Montmorency College of Dentistry was held in 1953 where Abdul Hameed Khan Dasti, Minister for Health was chief guest. Similarly dental health week during the month of Nov. 1954 was celebrated. Then I was General Secretary of the College Students Union. I used to deliver lecture in different part of country and I visited Rawalpindi - Hazara and delivered lectures in Faiz ul Islam High School, government high school Harripur and many such schools were visited by me. I also visited, Abbotabad, Hassan Abdal, where the lectures were given on oral hygiene. Such news were published in the dailies Amroze, Nawa-e-Waqt, Kohistan, Afaq and others at that time, I have got cuttings for record. As a General Secretary I have received the dental student delegates from India and have mutual discussion for promotion of dentistry.

We used to have joint sports and dramas and social activities with King Edward Medical College. I was active in dramatics and advisor for famous drama called "Khala" staged in 1954. I was known debater of English and Urdu of dental college

and represented my college in almost all debates of Lahore and got prizes. We used to have combined sports with medical college and used to pick up most prizes.

I have attended the lecture of Miss Helen Keller the world known deaf and dumb, blind woman. She delivered lecture in KEMC with her companion's translation with stick, she was a great lady.

During my study days at de'Montmorency 1952-56. I had the occasion to meet Sir Zafarullah Khan then Federal Minister who used to visit dental Hospital for having full prosthodontic denture of Dr. Ejaz ul Haq who later on became his son-in-law of Sir Zafarullah Khan, both were belonged to Ahmedi Sect. Later on Sir Zafarullah Khan became judge of International Court of Justice Hague (Holland). He used to visit department of prosthetic to get instructions from Dr. Ejaz and Dr. B. A. Yazdanie. Since I was an active person I used to have conversation with Sir Zafarullah Khan. Similarly I met Khan Abdul Ghaffar Khan redshirt leader of NWFP who used to visit dental hospital for his denture. I have also seen the other high officials and hence my courage to speak

with such people. A very fascinating episode happened during 1955 when Chaudhry Muhammad Ali Prime Minister of Pakistan visited Lahore and wanted to communicate to students and teachers of University about formation of one unit. I was president of dental student union, secretary general all Pakistan science students federation, general secretary Hazara Muslim Students Federation and Chairman of World University services Punjab University and general secretary Old Boys Association Islamia College Peshawar.

So I was invited at Governor House to meet the Prime Minister of Pakistan along with other student leaders of King Edward Medical College, Oriental College, Govt. College etc. and teachers, principals of various colleges and officers of Punjab. Reception was held in the lawn of Governor House Lahore. Shortly before the function, it started to rain and function was shifted to inside of Governor House. At the time of entry of Prime Minister of Pakistan Muhammad Ali in the hall, bugle was blown and he appeared from a door. Luckily I was standing before this door. I introduced myself as President Dental Student's Union, Ch. Muhammad Ali, Prime Minister of Pakistan smiled. Thus I had the honour to accompany the Prime Minister to the audience. I

introduced all the teachers and students leader turn by turn to the Prime Minister. I requested him to be seated for tea, he kindly asked me to sit with him I did so. I started introducing my profession and college and purpose of dental education and explained to the Prime Minister importance of this science. I requested him that dental profession needs protection and equal status like medial profession. In those days dentistry was not regarded as a significant branch of medical science. Though our 3 years education of basic subjects and medical subjects were taught at KEMC but the students of medical college looked down upon us. People regarded dentists as “extractors of teeth” no respect was given, because there was no dental surgeon in Pakistan.

DENTAL HEALTH EDUCATION CAMPAIGN

Students Education on Dental Health

The Central Council of the Pakistan Dental Association has decided to launch a campaign from Monday next, to educate students of Lahore, on dental health. According to a programme chalked out by the Association, party of PDA Members headed by Dr. M. A. Soofi, Secretary, Pakistan Dental Association will pay a visit to the Central Training College on the first day of the

campaign lectures on dental care will be given with the help of movies. Literature will also be distributed. Next on the list is Dayal Singh College. Dr. Soofi has appealed to the students to attend the lectures in large numbers.

Dental Health Week – Essay competition Winners

The following students have been awarded prizes in the essay competition held in connection with the Dental Health Week: Colleges: Miss Hafiza Naz (Islamia College for Women); Mr. M. A. Soofi (Dental College); and Mr. Murtaza Hussain Malik (Government College, Montgomery). Schools: Mr. Mohammad Usman (of Dally District Nawabshah); Mr. Mohammad Akhtar (Model High School, Lahore); and Razia Begum (Sacred Heart School, Lahore) 1953.

Dental Health Week inaugurated by Mr. Justice Muhammad Munir, Chief Justice of Pakistan.

DENTAL HEALTH WEEK

At that time of partition the qualified Dental Surgeons were Dr. J. C. Manchande, Dr. U. S. Malik, Dr. M. L. Watts, Balraj Vachher, Dr. C.D. Mrshal Day and S. K. Shoree left for Bharat and were very few left in Pakistan like Dr Abdul Haq, Prof. Dr. B. A. Yazdanie, Dr. Haider Tirmizi graduated in 1946, they were

demonstrators in 1947 whereas Dr. Abbass Haider was the only graduate as a single student in 1948 and become demonstrator. The existing staff at de' Montmorency College of Dentistry was Dr. Abdul Haq BDS, MBBS, Principal, Dr. H. R. Shah LDS, RCS (Edin) came from Army to civil side Dr Ejaz Ul Haq, Dr Hamayyun Akhtar (1953) (Operative), Dr Shafiq Ahmed, Dr Yazdanie and Dr Haider Tirmizi as demonstrators.

In October 1949 Dr. H. R. Shah LDS, RCS convened a meeting of practicing dental surgeons at Lahore in the clinic of Dr. Jalal ud Din Dental Practitioner, Mall Road, Lahore. Later on, meeting used to held at Lorang Hotel near Lion Art Press, The Mall and Standard Hotel near Regal Cinema where Miss Angila used to dance and tea was served for 5 Annas including dance. The meeting used to be attended by Dr. B. A. Yazdanie, Dr. Abdul Haq, Dr. Hamayoun and Mr. S. M. Iqbal, Dr. Shah and unqualified practitioner as executive members. Later on Dr. Abu Hyder Sajedur Rahman and Dr. Fakhar uz Zaman from East Pakistan graduates of 1955 were also made the member of executive of Pakistan Dental Association. There was Rs.5/ monthly subscription for PDA. This organization was comprising of qualified and unqualified dentists of Lahore. Mr. S. M. Iqbal was most active organizer having the knowledge and ethic of

journalism. He attracted the youngster to come forward for the activity of the organization and it was his fascinating style that we the youngster as a student joined the organization as special member and became workers thus Dental Health Week organized in 1954 and it was very big show at the lawn of Punjab Dental Hospital, all the departments of de'Montmorency College of Dentistry exhibited their material, equipment, models and it was attended by Col. S. M. K. Malik who was Inspector General of Jail and Health Govt. of Punjab and the then Chief Justice, Justice Munir was chief guest. Detail of Dental Health Week and message from Miss Fatima Jinnah is as under published in daily Pakistan Times: -

Miss Fatima Jinnah has, in a message for the Dental Health Week, stressed the importance of dental hygiene. "No health programme is complete that does not include the dental phase".

The Dental Health Week will be observed by the Pakistan Dental Association from November 14 to 20, 1954. An exhibition will be held at the Punjab Dental Hospital where cinema shows have also been arranged for November 15 and 16. The week will be inaugurated at the Punjab Dental Hospital by the Chief Justice of Pakistan, Mr Mohammad Munir, on November 14 at 3.30 PM.

Indian Students entertained

Members of the Indian students goodwill mission were entertained to a coffee party by the Punjab Muslim Students Federation on Sunday. Welcoming the delegation, Mr. M. A. Soofi, General Secretary of the Federation expressed the hope that mutual visits by delegations would foster friendly ties between the people of the two countries.

Mr. Dulip Singh, speaking on behalf of the visiting students expressed his thanks for the warm reception accorded to them during their visit to Pakistan. Members of Lahore college unions and workers of the Federation were also present at the function.

CHAPTER-4**CREATION AND DEVELOPMENT OF DENTISTRY IN
BALUCHISTAN**

Baluchistan was at one time governed by the agent to Governor General and it was known as British Baluchistan and rest of the states like Kallat, Lesbella – were the sovereignty of the Nawabs. After the dismemberment of the four provinces into one unit West Pakistan Province, Quetta and Kallat were demarked in two divisions governed by the Commissioner and the Districts were administered through Deputy Commissioners.

Till 1956, there was no specific qualified dental surgeon in any District Hospital in the whole of Baluchistan, Sandeman (Civil) Hospital Quetta was the biggest and central administered Hospital having the physicians, surgeon, pathology, radiology, children speciality, gynecology, ENT had no system for diagnosis or treatment of oral health problems of the people of Baluchistan.

One unqualified dentist used to visit the Civil Hospital, and in the Town there were three or four technicians who were functioning as denture makers or pullers of teeth. General

Surgeon used to do some aspect of surgery on the head and neck and some of the dental aid was sought from the CMH Dental Section headed by a rank of Captain or Maj. Yaseen Shah. There was no system to evaluate ORAL surgical need of the population and there was no system to have their treatment plan or any other procedure as there was no record of the disease or treatment available.

I was posted as the first ever Dental Surgeon for Quetta Kallat Divisions at Sandemon (Civil) Hospital Quetta on 23.11.1956. On my taking over, I found there is civil surgeon Dr. M. A. Durani, who was Eye Specialist and was very good at administration, there was Dr. M. M. Hussaini physician and his junior Dr. Ghulam Muhammad, on surgical side Dr. Akbar Khan was very friendly and I was accorded a warm welcome and found very helpful attitude from all of them and from all the departments. Everybody was happy at least someone has come with new knowledge to help the patients both in reducing etiological factor of a dental diseases and surgical procedures including the restoration and maintenance of the other procedures.

During my student life, I was neither interested in continuing dentistry nor in becoming specialist and my interest in

dentistry was not deep rooted. However, I was getting patient from all the professionals, my examination was considered good, intelligent. However as a student I never tried to stand first in professional examination. Once I got 1st position, in medicine and third position in 3rd profession and never-ever got gold or silver medal in academic or clinical side, though I was active in debates and extra curricula activities like writing of articles etc. giving lectures in the schools.

On reaching Civil Hospital, I had to see the conditions of the people, their need and budget of the hospital. I started my work on an ordinary chair with my own examination instruments and the news of my good work spread in the city like wildfire, that a young competent, smart dental surgeon has been posted at this hospital and he is helpful to the patients. So the individuals, groups of people, men and women started visiting the hospital. I found many other people at an acute stage of Alveolar abscess, pulpitis and chronic diseases involving the oral cavity and systemically general diseases. Many of the people had the periodontal disease with heavy plaque and calculus deposits, many had dental caries, occlusal trauma, periapical bad environment and other lesion like syphilitic lesion, osteomyelitis of jaw of very

advanced nature. The children from 5 to 10 years were having different disease, hyperplasia of gums, ulceration and what not.

I arranged to purchase the equipment, medicine to plan necessary treatment for some of the population. I used to see initially 60 to 80 patients daily with periodontal conditions shaky teeth and if someone required extensive treatment. I used to admit him in the Hospital. My diagnoses was very quick a based on my experience and patients were having mild, moderate and advance type of gingival problem, with full pathology and advancement. There was no system to find out scientifically, etiology of specific factor, like bacterial growth, gram positive and gram negative for detecting infection the local and systemic environment which have contributed to the patients disease. Culture sensitivity test was not available so the diagnosis was on my will and quick action. There was hardly any broad spectrum antibiotic available at that time. Sulfadiazine APC was the only choice for swelling or for post operative care. Penciline injection was available and this injection was a good source of specific relief to the patient.

I was very quick in surgical procedure in removal of the teeth and we have been doing scaling, dressing and restorative procedure in some of the cases wherever it was the necessity.

There was no record system, however, I trained ward boys and dental technicians to help me in sterilization of the instruments and maintenance of record. We got a good many cases which were published in various journals like Pakistan Dental Review and Medicos.

I arranged the clinical meetings of medical people, Dr. Zafar Hayat, Physician at that time now president PMDC, Medical Superintendent Dr. A. H. Chaudhry, Dr. Abdul Aziz, Deputy Director and other presided the clinical meetings. It was a good interaction between the medical people and personnel through these clinical meetings message of dentistry was spread to the medical men like acromegaly i.e. inter-dental separation i.e. migration of teeth, hyperplasia of gums during pregnancy and they were convinced that dentistry is a part of medical science. This message has given boost to the dental profession and thus I established dental section on a very important and standard line to deal with the patients i.e. examination, evaluation, extraction, restorative treatment and surgical manipulation. Almost all patients were happy and the message of the dentistry spread far and wide and I used to get the patients from all walk of life rich and poor, men and women and children.

It is interesting that the Commandant Staff College Col. Abdul Hameed Khan and his wife were my patient in my youth days and I had performed extraction of the wife of Commandant Staff College (later on General) under general anesthesia in CMH. Commissioner, M. Masood and M. H. Soofi, Kallat & Quetta divisions and their families were my patients. I. G. Police of Pakistan, Justice S. A. Mahmood and his wife were treated and cured at the dental clinic Sandeman (civil) hospital Quetta. Among the other politicians Makhdoom Talibul Moula stalwart of PPP from Sind, Mir Murad and Jaffar Khan Jamali from Baluchistan, Khan of Kalat family, Principal, Commissioners, Deputy Commissioners, Abdul Samad Achakzai, all were my patients and they appreciated my services.

During my stay at Quetta in 1956-61, it was an important city of West Pakistan, it was neat and clean and it had no lofty buildings due to fear of earthquake. The earthquake hit this area in 1932 perhaps, whole of Quetta was demolished, countless deaths were reported, many children were orphaned, many women became widows and heavy loss of human being by frighten earthquake. Quetta has got few places which attract outsiders and it is a good source of income as part of tourism. Quetta is rich with fruits and its climate, is very healthy except during the cold period

when Qandhari winds blow, it becomes very cold. Some of the area of Baluchistan mostly closed down for 3 months due to snow fall. People are kept at home and they eat “Landhi and Larary” and no movement can take place because roads are closed due to heavy snow. There was no arrangements to remove the snow, therefore, during the said period life of some villages become still for agriculture production and source of water is underground Karaz. There is no canal system, snow, heavy rains provide a source of water.

The Kalat division is far away from Quetta, about 250 miles. Dr. H. R. Shah, Principal de'Montmorency College of Dentistry, Lahore visited Quetta in 1958, he had his friend Dr. A. M. Jaffar at Quetta who was a renowned physician and a very good person. Dr. Shah and Dr. Jaffar were together at Eden. (U. K.) I took Dr. H. R. Shah to Kalat via Mustang on Jeep provided by Deputy Commissioner, Quetta, in order to open up second dental clinic at Divisional headquarter Kalat. Dr. Shah was progressive, dynamic and thus we took this adventurism by road, it was barren - on the way, no water could be. On reaching Kalat through Hills and stones on both sides, we could not recognize each other, our faces were covered with the dust through the wind of the area and we were shivering with cold wind. We met some

of the people and Dr. Siddiqui a Physician Civil Surgeon and it was decided that dental clinic may be opened, as there was no facility of dentistry for the people of Kalat. On our recommendation, the dental clinic was sanctioned by Dr. M. A. Durani, Deputy Director, Health and Dr. Mushtaq, (Lord) BDS was posted as a first dental surgeon of Kalat Division. This was the second dental surgery clinic at Baluchistan.

In such young age, being posted in that region, I have to see diseases of such pathological and advanced nature in early life of profession, my all other interests vanished except rescue the unfortunate human from the clutches of the dreadful diseases. It may be added that in those days (1956) house job for all dental graduate was not essential therefore, I could not do my house job whatever I did it was my own initiative, interest and confidence. And this has resulted to stand with the patients in different position. I have come cross many such different cases of civilian population and from the military areas of Quetta. Lt. General Wajid Ali Burki, as Federal Health Minister in Ayub Khan Government, at his visit at Civil Hospital, Quetta (1958-59) and he visited dental surgery department at Civil Hospital Quetta he saw my surgery and was impressed by modern equipment and

management on his appreciation I dare to place my articles on dentistry which was published in Pakistan Dental Review Lahore. Health Minister appreciated my writings before the Commissioner Fareed ulllah Shah, Civil Surgeon Doctor M. A. Durrani and Physician M. M. Hussaini. The Minister too also encouraged me for writing and such useful papers in future.

He described me in another public meeting of village aid function that I have met today “a young dental surgeon M. A. Soofi with small degree BDS but with versatile brain, keen and vigorous at research writings and is working very hard for welfare of the patients. He too appreciated my power of writings and collection of interesting patients with different ailments. He too has seen photographs of such cases in my Album. Of course the photographs and research was at my own cost as a fashion of interest. He too expressed such views in his other engagements at Quetta.

Remarks of General Wajid Ali Burki, Minister for Health of Pakistan very encouraging for me who said “a genius doctor was, not less than a decoration and ultimately such people wedded

themselves into accounts of treasure of advancement in research/service and thus they engaged themselves in this war of writing. Due to this encouragement in my such early age of profession, I made school dental health surveys of English medium school and Urdu medium schools and had analytical results, these results and research were included in my dissertation 1970 University of Dundee Scotland for my diploma in Public Health Dentistry and the remarks of the examiner on this dissertation on my original work were that “this is addition to international literature”. People elsewhere in other continents started interest in my articles and investigation and requests for reprints and were received from all over the world like: -

- **Dental Health in Pakistan-** appeared in Pakistan Dent. Rev. 18-30-36 an. 1968. Perodontic Department of Dental College, Seoul National University, 111 Songong dong Choon KU, Seoul Korea.
- **The Tooth and the Eye-** Appeared in Pakistan Dent. Review. Vol. 18 pages 73-75, April, 1968, Universidade Federal do espirito santo (Brasil), 6500 Wissahickon Avenue Philadelphia, Pennsylvania, 19119, USA. 523 Waldon Building Little Rock, Arkansas and School of Dentistry, University of Southern

California, 925 West 34th Street Los Angeles, California, 90007.

- **Culture and Sensitivity Tests for an Antibiotics in Periodontal Disease-** Appeared in Pakistan Dental Rev. Vol. 18 (3) Pg. 103-106, 1968, Smith Kline and French I.A.C. 300 Laurentian boulevard Montreal 9, Quebec.

After my Nikah ceremony on June 3, 1961 at Quetta I was transferred to Mayo Hospital Lahore in August, 1961 as incharge of dental clinic in outdoor and my wife Dr. Mrs. Iqbal Soofi MBBS was kept at civil hospital Quetta. She was woman medical officer looking after the female patients in out door from 100 to 120 daily also – indoor patients in female, medical, surgical, gynae and children wards. She was also teaching the students of Aminud Din Medical School Quetta, and she was also girls' hostel Superintendent. Her transfer to Lahore was difficult, I had to visit Quetta to see her, to meet my old friends and to watch the development in dental health.

Dr. Abdur Rauf Shah, Dental Surgeon from Bahawalpur was posted at my place Quetta 1961 and he remained there till his retirement. Dr. Rauf Shah was a gentle person, and smooth worker he could not do much of expansion except when Bolan

Medical College was created, dentistry was included as a part of Medical College Quetta.

Dr. M. A. Soofi a pioneer Dental Surgeon Quetta/Kalat Region

Quetta : 23 Nov-1956 to Aug-1961.

Prior to my posting at Sandeman (Civil) Hospital Quetta by the then West Pakistan Government Health Department, Lahore, there was no qualified dental surgeon in Baluchistan. Dentistry was not known in any corner of this area and no facility of dental care was available in any government hospital. There were few quacks practicing in the market at Quetta and some elsewhere in Kalat. These were dangerous men and had spoiled many cases by ill treatment. On my arrival at Quetta I dreamed of setting up a dental clinic with open eyes on the modern lines with the hope to serve the common people and children of this region. Because many people were trapped in many advance diseases of oral cavity and there was no separate healing centre at any place except Combined Medical Hospital (CMH) had a dental unit and chair under the supervision of Captain or Major of Medical Core. Since there was no dental care centre with hospital to treat these patients so I started the health education programme in English and Urdu Medium Schools and to Government College Quetta and started

writing of articles on dental health care in urdu and had a chance to broadcast from Radio Pakistan, Quetta in 1958. I had addressed the citizens as well, educating them about scientific methods of treatment because dental healing system was carried out by faith healers or unqualified practitioners and unqualified hakeems.

On the basis of education, the region of Quetta / Kalat (Baluchistan) was very backward and most of the area had been governed by the British and called British Baluchistan. Whereas the states of Kalat, Mikran, Khuzdar, Lasbela and others were governed by the cultural system of Sardari Nizam, there was no education system in any state and Sardars could not afford to educate the people due to fear of being challenged by them. Each Sardar owned his domain and whatever he said, was the last word, he used to have separate jail thus education could not develop in these states and these areas were most backward areas in all field of life.

Setting of dental section at Sandiman (Civil) Hospital was a new challenge in that system, Civil surgeon, was the head of the Hospital or Institution. In this hospital, all specialities of medicine,

surgery, gynecology and children – Medical Laboratory & X-Ray were available except dental surgery. Thus this hospital became teaching hospital for Ameen ud Din Medical School Quetta to create Licentiate Doctors in Medicine. Almost all the higher qualified staff of this hospital was teaching the students. Prof. Dr. Baligher Rehan MRCP was professor of Medicine and Principal of Ameen ud Din Medical School, Quetta.

After my arrival at the hospital 23.11.1956, I had convinced the administrator (Civil Surgeon) of Hospital that dentistry is very essential in this part of land and people have got suffering from various oral cavity diseases. So as similar difficulties was felt for the cases of harelip and cleft palate, cleft palate was a congenital defect. Even all the medical staff needed Dental Care.

I used to arrange the scientific session (Clinical Meeting) in Civil Hospital, Quetta each month in order to attract the medical and dental doctors of Ameen ud Din Medical School, for better learning. Luckily Dr. Zafar Hayat was posted here as a physician, after his return from London with MRCP. He was a sharp and intelligent physician and sweet mannered friend, later on he

became Professor and Principal Nishtar Medical College Multan and lastly, he was elected President PMDC. During that Quetta period he used to encourage me a lot, his letter is being written to me dated 31.05.2003 produced here:

“I am glad to have your letter and your ambitious plans to write the history of Dentistry in Pakistan. I know of your pursuits in the world of literature and various publications in the discipline of Dentistry. Your career in Pakistan Dental Association was always vibrant. I can send you some of the information available with PMDC”.

There was another letter from Prof. Dr. Zafar Hayat, where he mentioned my topic of discussion in 1958, he remembered my days of past at Civil Hospital Quetta after about 40 years. This speciality of dentistry was absent in this part of land till my posting on 23.11.1956 as the first ever Dental Surgeon of Quetta/Kalat Regions by the then Govt of West Pakistan.

I became Secretary of this scientific medical committee of the Sandeman (Civil) Hospital Quetta. When I presented my research survey report, and other matters, I was given budget by

the Civil Surgeon for purchase of dental equipment and I purchased the instruments from Lahore and installed them in a room, on medical ward side, thus the dental clinic was set up during 1956-58 in a small room with modern equipment's and services to patients were started in a befitting way.

I became an active member of Pakistan Medical Association Baluchistan and in other social activities and was a teacher in Dental Health for students of Amin ud Din Medical School. I had received various advance cases of dental diseases and many cases of deformities and destruction. I dealt with many maxillo-facial cases, fracture problem of jawbones and thus my professional skill was very much highlighted and appreciated by Medical doctors and patents. Each person of Quetta had an access to the first dental clinic of Baluchistan, though he / she may have to stand in long row, I had courage to treat as many as cases 80 to 100 in a day and provided services to the people of Baluchistan at large. Due to my personal interest in profession every civil officer was my patient, the dental clinic became popular center for providing dental care to army officers as well. I used to visit CMH for treatment, for example the wife of Commandant Staff College Quetta, Brig. Abdul Hameed who later on become General was my

patient. Many dignitaries Sardar / like Mir Jaffar Khan Jamali, Makhdoom Talibul Maoula, divisional commissioner Kalat & Quetta. Mr. M. Masood, Mr. M. H. Sufi and their families were my patients and all the Tribes Sardar and Nawabs were attracted to the hospital for their treatment. So there was great name in Dentistry and development of Dentistry in Baluchistan through my services. I have been dealing with such cases like “Ludwings Angina”, Oral Cancer and Syphilic Lesions and others published in “Pakistna Dental Review”.

The Pakistan Dental Association Lahore has nominated me as a Convenir of Quetta/ Kalat Division. Meanwhile Radio Pakistan started its broadcasting from Quetta. Mr. K. J. Ali was station director and Nasir ud Din Nasir was Deputy Director - a scholarly person, who later on did D. Lit and become religious scholar and I used to give talk on the radio on dental care. I had the honour to serve Pakistan Railways employees in the Railway Hospital Quetta for dental diseases. On my arrival at Civil Hospital Quetta the news spread like wild fire in both division. There was chief nurse of Railway Hospital; she visited my surgery at Civil Hospital with dental problem soon after my arrival in Nov. 1956. I examined her and told her, you need general anesthesia for

removal of your wisdom tooth and there is no arrangement at this Hospital as yet. Yes, she said “Sir if you could come to our Railway Hospital, we will arrange anesthesia. I was very enthusiastic I agreed and I walked to Railway Hospital from my residence. I removed the tooth under general anesthesia that was my first operation and achievement, after my graduation BDS from de’Montmorency College of Dentistry Punjab University-1956. I did not serve as a House Surgeon at Lahore, after finishing my surgical task on that day I started walking to my residence. On my departure the attendant of Nurse gave me Rs. 10/- as my fee, I refused to accept but she insisted to take Rs. 10/- again and again. At that time value of Rs. 10/- was very high. I saw Rs. 10/- for first time and note of Rupess in my pocket four times till reaching my clinic. In these days my official pay was Rs. 250/- + Rs. 48/- as month salary.

Dr. M. Ibrahim MBBS, later on reknown Radiologist had constructed some shops at Liaquat Road, Quetta. During his posting at Quetta, he was selected for higher studies from Civil Hospital Quetta and was my senior colleague, his son Prof. Dr. Haq Nawaz was medical student at that time. In his shop a medical practitioner Dr. Haqui was practicing he was a genius, very nice, sympathetic. He advised me to start dental practice at

evening, So I started my private clinic following his advice and he gave me a room. I purchased a steel iron dental chair “field dental chair” costing Rs. 158/- only. One of my friend Sh. Mukhtar Ahmed photographer of Soil Conservation Department who was my patient and became good friend donated me a flexible table lamp which I fixed on the wall and Tin of dalda was used as spittoon. Sterilization was done through boiling system so I started my practice in that small shop with simple equipment. I used to charge fee of Rs. 5/- my fee at that time. All the dignitaries of that area mentioned above were treated in the steel chair by me. One of them, Makhdoom Talibul Maoula was a very great person he gave me Rs. 10/- fee at that time, it was most astonishing. So this made the dental profession a popular in that region and I was given tremendous respect by lady doctors, doctors, Medical Superintendent, police officers, civil officers, army officers, citizens high or low each person knew me. Iranian Counselor Aga Afsaryab Nawai was also my patient and I used to speak with him little Persian. However, I was not very well at Persian, for one patient I received Rs. 5/- as my fee I used to enjoy Lal Kabab as I was doing body building exercises and patients was sufficient, it was difficult to spend Rs. 5/- each evening.

Visiting Macchh Jail as Dental Surgeon

Macchh Jail is very big Jail of Pakistan in Baluchistan. Prisoners in this jail are very dangerous dacoits & killers. When I enter in the office of Superintendent Jail I asked him kindly take out all the people in ground those who have teeth problem. He said “what you are talking young boy”? they are very dangerous prisoners, you have to see them in their cell with two or three officials. I was young and was doing bodybuilding at that time I had confidence in me and I examined and treated the prisoners without any problem. On my persistent, he asked caretaker to take the prisoners in the ground. I saw the each prisoner he was very dangerous having high height, stout body with red eyes. I used normal psychology, firstly I judged his language he was pashtoon then easily I spoke in pashtoo and treated him with no fear. One who was from a Persian speaking area, I spoke Persian for him. The pashtoon prisoner patient said “you are pashtoon, my brother, there shall be no pain and asked me “you remove tooth without anesthesia”. I told him it will be painful but I could not convince him and ultimately I removed his tooth without anesthesia. On such performance “Jail Superintendent” astonished how this young boy could deal with such dangerous prisoners I told him, they only

need love and if you treat them with love, they will behave well.
All prisoners are treated by me very friendly.

JOURNEY OF DENTISTRY IN BALUCHISTAN

Baluchistan, before partition of sub-continent, was governed by an Agent to Governor General of India and there was hardly any process of upliftment of both rural and urban areas. Thus Baluchistan remained economically, socially and educationally backward as compared to the other provinces of Indian Civil Administration.

During 1956, formation of one Unit took place and thereby many changes took place administratively. Through such changes it acquired little increasing momentum in socio-economic life. Firstly, the population which was being governed by rule of Sardars, started understanding of law of government and general standard of living started rising, yet it was lower. There was also change in the outlook of life of the people of Baluchistan. As a result, education spread partly and multiplication of contacts, with the rest of the civilization of the country improved the condition. As such, many officers from Punjab and NWFP and Sind were posted through West Pakistan and lastly there were some political

awareness and changes in Baluchistan having an area of 134638 sq. miles.

The health department of West Pakistan started accelerating preventive and curative treatment of the population on the soil of this land. There was some amenities at Sandemon (Civil) Hospital Quetta in the sphere of general health the rest of the province was different because the people of these areas were unaware of sense of health care. Till Nov. 1956 there was no Dentist in this part of land. Quacks and Religious Elder, Barbers and Blacksmiths used to pull out painful teeth. The Medical Doctor used to provide first hand treatment. CMH Quetta had a Dental Centre for Army Officers only.

Since then Dentistry is in the evolutionary stage in the province of Baluchistan. Baluchistan was given the status of a Province only 22 years ago. At present it consists of six Divisions and 18 districts. It is the biggest province by area of Pakistan. The language in the vast area is known as Baluchi, which contains many words of Persian. Other languages are Pushto and Brohi. Most of the people speaking Persian.

The West Pakistan Government has appointed then a Dental Graduate Dr. M. A. Soofi, who took over on 23.11.1956 as a part

of service in Dentistry for Quetta/Kalat Divisions. Dr. Soofi with his youth and dynamicity established a service clinic in the Wing of Medical Ward and organized his impressive office of dental Surgeon at Sandemon (Civil) Hospital Quetta / Kalat with his dedication accomplished his goals through medical literature. He, by virtue of social welfare qualities was encouraged for the advancement of dental science by the Civil Surgeons. Dr. M. A. Durani, Dr. Zafar Hayat, Syed Darbar Ali Shah and other officials soon became Secretary of Clinical Meeting of Sandemon (Civil) Hospital Quetta and presented their papers and thus introduced the dental profession to the Medical Superintendent. Due to his educational organization and habit of updating, Dr. Soofi published first paper in 1958 and made many surveys. His skill made him the most popular dental surgeon of his age.

He remained as most effective and popular Dental Surgeon till his Nikah on 3rd June, 1961 with Dr. Mrs. Iqbal Soofi. After five years of incorporation academic publications he handed over the well established Dental Section to Dr. Abdur Rauf Shah now Head of Dental Department of Bolan Medical College. Dr. Soofi was also practicing as Dentist and was popular through the two Divisions as an outstanding Dental Surgeon, literary figure and a social Youngman with research aptitude.

Prof. Dr. H. R. Shah, the late Principal, de'Montmorency College of Dentistry visited Quetta in 1960. Dr. Soofi and Dr. Shah traveled to Kalat to ascertain the possibility of opening a Dental Clinic. The West Pakistan Government under the advice of Dr. Shah appointed Dr. Mushtaq Ch. (Late) Dental Surgeon at Kalat and another Dental Clinic at Turbat was started. It is a famous saying that once you are in Quetta, you like to serve again after being posted outside.

Dr. Soofi was posted again at Quetta Division alongwith his wife as a Dental Surgeon, Sibi/Ziarat on August 1, 1964. Honouring his position, building was constructed by PWD Department privately and funds were obtained from Red Cross Society, Sibi and thus Sibi too had Dr. Soofi as a first Dental Surgeon.

On the basis of dedication and publications, Dr. Soofi was selected as a British Council Scholar, 1965-66 for London University for periodontology. He became pioneer periodontist Pakistan as well.

Dr. S. Rauf Shah was his nobility and modest personality carried on arranging further development in dental science, by his constant contribution as member of PMDC and first teacher of Bolan

Medical College. He too, with his zeal started BDS classes and organized Dental Association and has got funds of Rs. 7.5 million for construction of Dental Hospital in the Sandemon (Civil) Hospital, Quetta.

Once can't think a Dental Clinic, pioneered by Dr. Soofi in one room in 1956, will be developed into Hospital in 1989-90. Dr. Soofi served as Lecturer (Part time) in Amin ud Din Medical School Quetta in Dentistry in 1990.

It is a miracle and surprising road of dentistry in Baluchistan. It could be a dream, that a dental surgeon appointed at the biggest area in 1956, will retire as Principal of College of Community Medicine, Lahore. A Bank of Jaws and teeth started in 1956 had victory over the body. Dental cement found its way to cement future of many dental graduates of Baluchistan.

The prime land remained concern of Dr. Soofi, because of his dedication love for patients and he claims that Baluchistan and his patients are his research tools and laboratory. He loves Baluchistan because last days' of Quaid-e-Azam were spent here. At this occasion we welcome Prof. Soofi the pioneer of Dentistry in this province as a speaker.

It may be recalled that he was Chairman of 4th International Dental Conference, Regent International College of Dentists and President Pakistan Dental Association, Lahore and Internationally known Research Scholar, which proudly he owes due to his interest and initiative as a Dental Surgeon.

Ref: Medical Herald, Ps.3-4, Sept. 1-14, 1992.

Expansion of Dentistry in Baluchistan in 1964

Quetta has got attraction, it is a common saying that one who had remained in Quetta for a period of a year always has desire for reposting again in Baluchistan and it so happened to us that my wife was transferred to Institute of Hygiene and Preventive Medicine, Lahore as demonstrator in Department of Nutrition and diabetics in beginning of 1962 she remained there in Nutrition Dept headed by Prof. Alvi a very kind hearted, affectionate teacher and officer. But after taking-over Institute by Prof. Dr. Nazir Ahmed as a Dean, he transferred all the lady doctors from the Institute. So there was no option except to accept the post of WMO at rural health centre Chabb District Attock which was offered by Director Health Services Punjab. Some of the period was passed on long medical leave, and thus we both opted for

Baluchistan in 1964. In order to be posted together at one station as part of Services and General rules “that husband and wife should be accommodated at one station”.

On reaching Baluchistan in August, 1964, we called at the office of Dr. M. A. Durani Deputy Director, Health Services who was my first boss in the civil hospital Quetta 1956-1961 and was much impressed by my work, conduct and efficiency. Since there was no vacancy of a Dental Surgeon at Quetta or Kalat, so Dr. Durani posted us at Civil Hospital Ziarat / Sibi. Thus the new post of dental surgeon was created at civil hospital Ziarat/ Sibi and we were asked to go to Ziarat and enjoy the season.

Ziarat is an attractive place. It is 76 miles from Quetta at 8200 Ft above the Sea level. On the way, while ascending to Ziarat, we witnessed the vastness of this valley. It was pleasant, fresh air, on way, we found many hills. The women and children were working on the road side, we saw the women carrying water in pitchers and it was a very panoramic view of the whole of Ziarat. We found juniper trees, some of them as old as 5000 years with challenging heights and it was presenting a picture of paradise.

We were very excited to reach at Ziarat, two rooms house of women medical officer was allotted to us nearby the Residency where Quaid-e-Azam Muhammad Ali Jinnah Governor General of Pakistan spent his last days as part of treatment. This Residency was the summer headquarter of Quetta, it was built by Sir Robert Sandeman in 1860. There is shrine of Hazrat Abdul Hakeem known as Kharwari Baba, many people visit the tomb of this famous person. We husband and wife and two children Bilal and Rabia started visiting the residency enjoying its structure and green grossy lawn. We used to seen Balcony where father of the nation Quaid-e-Azam Muhammad Ali Jinnah used to sit and during his illness, Liaquat Ali Khan the Prime Minister, Raja Ghazanfer Ali Khan, Ch. Muhammad Ali and many others visited him.

Quaid e Azam was under treatment and care of very senior, competent, devotee team of doctors comprising of Prof. Dr. Col. Elahi Bukhsh, Principal KEMC a Physician, Dr. Riaz Ali Shah, Chest and Tuberculoses specialist, Mayo Hospital, Dr. S. S. Alam Radiologist and Dr. Ghulam Ahmed, Pathologist of Mayo

Hospital and Miss Fatima Jinnah who was looking after the ailing brother, she was a dentist and had the interaction with doctors.

Arriving Ziarat Quaid-e-Azam was examined by Dr. Siddique and Dr. Mahmood Pathologist of Quetta, who did whatever Quaid-e-Azam asked. But they were not competent to go further for investigation and treatment thus this team of the doctors were invited to Quetta from Lahore who reached here by train. All these doctors were my teachers at KEMC and Dr. S. S. Alam was practicing as Radiologist at the clinic of Col Elahi Bukhsh, where I practice dental surgery since 1971 and we used to talk about Quaid-e-Azam and his stay at Ziarat.

There was no sanctioned dental clinic or budget available at Ziarat Civil Hospital so I have been examining the cases at the operation theatre of the Ziarat Civil Hospital and started health education programme to the schools of nearby villages, and to the public when we shifted the office alongwith the offices of Deputy Commissioner winter headquarter Sibi. I managed to acquire place for dental clinic two rooms and construction was carried out by PWD Executive Engineer Mr. Mir as a social contributor and

Deputy Commissioner Azeem Khan allocated 5000 rupees from the Red Cross funds. Thus a dental clinic at Sibi was established in 1965 and we started getting patients from all villages and health education was given to educational schools.

I had done health education at Quetta, lectures were arranged in School and Colleges and it gave a boost to the dental profession in that region and I conducted dental epidemiological survey of two schools, Western and Islamia High School Quetta to detect dental diseases during my stay at Quetta 1956-61, summary of this survey is as under: -

SUMMARY OF FINDINGS OF SURVEY OF TWO SCHOOLS

A self-sponsored clinical dental survey of 1507 children and young adults of Eastern and European styled educational institutions in the Quetta, West Pakistan, is reported. The results show the prevalence of periodontal disease and give information on oral hygiene standards. A comparative study of two different patterns of schools and the dietary habits is carried out. The hard and fibrous diet is reported to produce better dental health. The

prevalence of periodontal disease is over 99% among the population examined.

Dental fluorosis is widespread in inhabitants of Quetta. However, dental decay was noted in cases having fluorosis. No clinical signs of skeletal fluorosis were seen. No case of ulcerative gingivitis or congenital deformity or benign or malignant growth have been seen; although such ailments have been seen in a dental clinic attached to Civil Hospital (Quetta), there is less dental decay in the local population, i.e. poor and lower middle class as compared to high and upper middle class, has been observed.

About 78% of the poor and lower middle class had natural feeding against 65% of the rich and upper middle class. The lower middle class enjoys good (general) health as compared to the higher group.

Rich and upper middle class has used the toothbrush- male 69.65% and female 91.01% - whereas poor and lower middle class- male 33.07% and female 31.94% has used the toothbrush, still the D.M.F. is significantly higher in the rich and upper middle

class despite the fact that 20% of the poor lower middle class has not used anything.

Similarly, O.H.I. is higher in the rich and upper middle class in the various age groups as compared to the poor and lower middle class. However, there is no marked difference in the calculus index of both the classes but the debris index is higher in the rich and upper middle class.

The periodontal index also represents the higher score in higher and upper middle class in the male group from 10-14 and in the female group from 20-30 years of age group. The other age group does not represent any other significant differences. This survey have contents of my dissertation University of Dundee 1970.

BRITISH COUNCIL SCHOLAR

The British Council announced one scholar ship for advancement in medicine and dentistry and it was publicized in

both wings of Pakistan. I applied there were several other candidates from the medical and dental side, however, I was selected having credit of publications on different aspects of oral cavity and according to the standard merit of British Council I was given scholarship in the field of Periodontology to benefit my countrymen who are suffering from gums diseases.

As a British Council Scholar (1965-66) spent one year at Eastman Dental Clinic at British Post-graduate Dental Institute, University of London, framed my mind for treatment and diagnosis of a vital and sparking problem of Pakistan “Periodontal diseases” and research in bacteriology. Due to proper training and exercises in a clinical surgery at London University, styled my career as a Periodontist successfully. Perhaps I stand as a unique, so far in my country is concerned. This was neither my hope nor I planned for it. This is second incident, that I gained/ new knowledge in periodontal surgery and confirmation stands with my experience style, skill and gallantry hope.

An incident is not opponent of hope. Hope is mechanism and that actually keeps a person alive for dreaming and planning.

Thus my ideas made my future for preventive discipline and I am engaged here with many articles and a book on Dental Public Health 2001 for postgraduate. A chapter on Dental Public Health by me is included in Community Medicine book for MBBS, written by Illyas and Ansari.

Development of Dentistry at Mayo Hospital Lahore,**1961-1964**

After my Nikah ceremony with Dr. Iqbal Jehan Qureshi, WMO Civil Hospital Quetta, I was transferred to Lahore by the Health Directorate of West Pakistan.

I was posted at Mayo Hospital Lahore in Aug. 1961 as Incharge of Dental Surgery Mayo Hospital Lahore. Besides my clinical services, I started dental health education and I started giving lectures on care of teeth to various schools and colleges. Mr. A. G. Butt was principal at Central Training College and I delivered detailed lectures to the teachers to show its importance on healthy teeth and gums. Similarly a lecture was arranged on the importance of dental health at Diyal Sing College. Over and above started dental health education in the city of Lahore as a part of the campaign supported by the central council of Pakistan Dental Association. This was adopted to overcome lack of dental surgeons and in this way dental committee was formed comprising Maj. Qaiser Ali Khan as a Convener he was DG Social works. Mr. Zafar Umer, Raja Khursheed Alam Advocate Bilal Ashraf and Dr. M. A. Soofi. During this campaign my lectures were covered by daily Kohistan 23.3.1963 and other dailies which mentioned the reason for most dental disorders is the ignorance of population

regarding how to clean the teeth and which medium is to be used to clean the teeth and not knowing about seriousness of dental diseases and how they can effect general health problems like oral cancers can erupt in those cases who are smokers and betal chewers. In one interview I suggested that people should get through teeth checked up regularly at least after six months and visit the Dental hospital/ dental clinic Mayo Hospital so that the disease should be controlled. During my stay at Mayo Hospital, I managed to organize the dental clinic outdoors and looked after the indoor patients and spread Public Dental Health campaign on Radio, Print Media and public. I became very popular dental surgeon and wrote articles.

CHAPTER-5**ORIGIN OF PAKISTAN DENTAL ASSOCIATION (PDA)**

Mr. S. M. Iqbal of Punjab Dental Depot was active and also started publishing Pakistan Dental Review at 24-The Mall, Lahore and with him, were the editors i.e. A. Wilson Mitchell, S. Eckbelle, J. R. Gill, J. B. Sproull, Gosta Lindblom, M. Abdul Haq, William Alan Grainger and Richard. H. Roydhouse. This magazine was distributed in all the Universities of the World and was used by students, doctors and teachers. It was great contribution of Sheikh Iqbal for promotion of the dental profession. For a very long time till the death of Dr. H. R. Shah in 1969 the Dental Association had three members from unqualified practitioners and three members from qualified practitioners. After the sad demise of Dr. H. R. Shah, Dr. Haider Tirmizi became the Principal of de'Montmorency College of Dentistry, Lahore became the President. Dr. Tirmizi was distinguished teacher and orthodontics specialist and was staff president of Dental Students Union during 1954-56 when I was General Secretary and President respectively and he had the experience of student activities in dentistry and well knowledge to build up the dental science. Later on Dr. Latif Ch., Dr. Hafiz

Ghulam Rasool, Railway and Dr. Ahmed Hassan, private practitioner and myself was became the General Secretary PDA 1967-1968 and president Pakistan Dental Association 1970-71. When Dr. Muhammad Saleem Cheema became Secretary and he proposed the job of Secretary to be a qualified dental surgeon previously Mr. S. M. Iqbal was doing this job and he was retired.

Dr. H. R. Shah had the qualities to develop the profession and the sections at Multan, Hyderabad and Peshawar were established due to his efforts. He was very keen in expanding the dental position in Baluchistan as well. He visited Quetta in 1958 and had traveled with me to Kallat Division for establishment of dental clinic at Kallat. He was all the time coordinating and upgrading dental profession and extended such needs to graduates. He started postgraduate master degrees in the college of Punjab University and he presented the master degrees to, Prof. Dr. M. Saleem Cheema, (1956), Haider Tirmizi, (1957) without thesis only on examination, Dr Ghulam Sibtain (1958), Dr. Saeed Ahmed Malik (1961), Prof. Dr. B. A. Yazdanie, (1962), Col. Muhammad Hussain, (1963), Col. Atta Barki (1963) respectively were given with small writing. He had notable intention and had contacts with the high ups. Prior to partition, Dr Baij Nath, had

passed MDS 1942, in Prosthetics, Dr. Ijaz ul Haq did MDS 1947, in Prosthetics, Dr. K. L. Shori, Passed MDS 1946 in operative dentistry. Dr. Bulray Vacher, passed 1944 in Orthodontics.

FORMATION OF PDA CENTRE

There was a national conference of dental surgeons at Armed Forces Institute of Dentistry Rawalpindi in 1983 I was a coordinator of conference. Since there was no national Dental Association, it was at Lahore and Karachi and I wrote following letters to leaders of Dental Profession prior to this conference to frame and creation of national association. I declared at Rawalpindi that I shall not contest the election of Pakistan Dental Association President Centre, so due to this decision at Rawalpindi, that the Karachi PDA Branch was asked to conduct election on Pakistan basis, thus Karachi Branch has taken share of dignity to organize the election on Pakistan basis, besides this it has contributed a large by holding many international conferences, head of states were invited at Karachi. The Karachi Branch too had the credit to publish the JOPDAK which is a great academic service but still there is need of many things. Here is my letter written to all leaders of Dental Profession for uniting the profession at one platform.

Dated March 14, 1983

My dear doctor

“I take this opportunity to advocate the cause of unification of the Pakistan Dental Association for creating its centre. This is out of my patriotism and desire that our representative body should be represented by all the regions so with this sincere belief I put forward suggestion that out of the many factors to be discussed at Rawalpindi Conference, we should foster our relations for the purpose of self-awareness and new ideas for practicing our customs, ethics and honourable dealing under the umbrella of Pakistan Dental Association without any prejudice or risk of danger for attacking any personality.

I, therefore, suggest that the group leaders of all the provinces should pool their resources to emerge central body of the Pakistan Dental Association.

This is a basic problem for me, which so far is not in balance. I have tried that a branch of N.W.F.P. should be created so that unity and resources should form a national integrated body. However, we can ask the interested persons for cohesive pattern to

constitute a branch at N.W.F.P. which shall make up Pakistan level branches of the Association.

The branches at Karachi and Punjab—Lahore are already practical and they are adopting specific objectives representing large number of population of the dentists and their policies have been found much for the professional interests. Similarly the newly evolved branch at Rawalpindi—Islamabad comprising of the Azad Kashmir has created a lead in unifying the profession and has come out as an effective branch. With efforts of our senior colleague Dr. Rashid A Malik, Dr M Z K Niazi, Dr. Abdul Qadir and Dr Arshad Mahmood Malik. Similarly branch at Quetta has emerged under the efforts of Dr. Farrukh Ejaz and we hope that this shall advance in their mission and influence the dental brotherhood.

I am, therefore, of the opinion that the Presidents of all the branches may get together for considering the possibilities of growing up a centre which shall be meaningful and more effective comparatively for our organization and it shall be more collaborative system for solving the problems of the dentists in the

country. We have many problems. They can only be solved if we are possessing national platform and which can exploit the talents and can solve the prevailing problems of dentists of the country. Much of the problems are (i) the menace of the quackery and (ii) unemployment for new graduates, (iii) problems for setting up of new clinics, (iv) non-availability of the modern technology and knowledge about the new machines. (v) Much of the problems exist for education, both at undergraduate level and postgraduate level and uniformity of the profession at all levels. There is a much of the calculus on the dental profession which needs proper instrumentation and removal of such deposits deposits. We have to adopt our cultural tradition and love for country and for its development. Therefore, for these objectives I seek your help for strengthening my idea that when we are here at Rawalpindi, we should evolve some measures to be unified and I feel Brig. Ata ur Rehman Khan, Dean Dental Faculty, College of Physicians & Surgeons Pakistan is capable to give us a lead and help our profession because of his past services for uplifting the profession and organizing the International Conference of dental surgeons of Pakistan” 1983 - The letters were sent to

- Dr. Rashid A. Malik, the than President, Rawalpindi — Islamabad Branch.
- Dr. Farrukh Ejaz, the than President, Quetta Branch.

- Dr. Atta ur Rehman, the than Dean Dental Faculty, College of Physician & Surgeons Pakistan.
- Dr. Ahmed Iqbal, the than Dean Dental Faculty, Peshawar.
- Dr. Khalid Mansoor
- Dr. Ijaz Aqeel, Dr. Mervyn Hossein

So, on this letter Central Council of Pakistan Dental Association, came into being. After the election of 1984 Karachi. In my letter dated 17.06.1986 I narrated that the elections are over of Central Council of Pakistan Dental Association but there are certain problems faced to our dental profession which needs attention of PDA like quackery, unemployment of dentist, unequal status and facilities, for postgraduate learning and effective under graduate education and production of the teachers in the field of research. So I have striving hard for uplift of profession and the Dental Association. The constitution of Pakistan Dental Association Lahore was framed in 1960 and the association was registered with Registration No. 6-LR 1960 of the Pakistan Dental Association. Ist Pakistan Dental Convention 27-28th February 1972 was held under Lahore Branch.

Prior to this Conference 1983 the Karachi branch held Ist Pakistan International Dental Congress 17-19 Sept. 1981 in which

I have read the paper “Oral Bacteriological Findings, Sensitivity and Resistance to Antibiotics”. And after the conference at Rawalpindi there was Second Sind Dental Conference Karachi 29-30 March 1984. Dr. Mervyn Hossein was clinical secretary and I have read the paper. I have represented the Dental Association in Pakistan Medical and Dental Council as representative of Govt. of Punjab and NWFP for about 7 years. I always persuaded the cause of Dental Profession at every important meeting with high ups in this manner.

We had the dental health programme at Lahore in 1973 and we have been working for promotion of the teachers in various branches.

The delivery of quality of the oral health care given to the public at private level and Government level needs to be specified by the Pakistan Dental Association in the dental association's meetings. There is need to emphasis the importance of dental health profession among the medical doctors and public so that the right of practice should be given in the hands of those who are qualified and these qualified persons have got right of operation and prescribing the medicine. The qualified persons have the right to relieve the pain of sufferer. Medicine / Dentistry is the other

Medical branches of health profession or a branch of medical profession. There is great responsibility on the shoulder of dental surgeons and there is need that dental surgeons should be skillful and honest in dealing the profession. So the high standard of profession should continue in education so that we may compete globally. There is need for social and health education services to be carried out by the member of the Pakistan Dental Association and there is need of community, survey may be carried out along with the relieve to community.

There is much important factor that is a scarcity of the teachers in the teaching institutions both in the private sector and public sector. With the result the standard of dental education at graduate level cannot be remarkable. There are many Pakistani dentists abroad, who had obtained postgraduate qualification and there are many in Pakistan with postgraduate qualification, these personnel should be provided the opportunity to act as teacher. This is very important job for the association. For example de'Montmorency College of Dentistry is a premier institution of the country. In this almameter there are one regular Professor who is Principal having highest qualification of PhD—Prof. of Prosthodontics and another Prof. of Oral Surgery - In Multan so there is perhaps one Prof. working in both public institutions, a few

Associate Professor have been promoted on contract as professor. Similar situation at Hyderabad, Bolan and Peshawar, the position is the same i.e. lacking of the professors. And same situation is in the private sector, for example, the retired persons are made head of the Private Dental Colleges. The Pakistan Dental Association, Lahore under my presidentship 1973-1996 had pooled the resource to create the professorial jobs and courses in order to absorb the qualified people who are available at home or who are back from abroad.

REGISTRATION ACT IN DENTAL SURGERY

The aim of the registration stand that “responsibility of Dental Practice, should be assumed only by those with full training and having knowledge of technology of this science”. The un-registration of un-qualified Dentists leads to more and more spread of quackery, lesser chance of practice to qualified doctors and several harms to the patients. The registration act may be enforced with a forming of a sub-committee for the purpose of giving a registration to the un-qualified persons after the examinations of stay in practice, their education and their standard of treatment to the patients. In England this act came into being in 1879, with these words I conclude my speech and hope if they are implemented, they shall serve the purpose of dentistry.

I once again thank to every member of the profession, their families and friends for coming over here to make the function a success. I am highly grateful to Dr. Amir Muhammad Khan, who has very kindly accepted this invitation on behalf of the Dental Association for this evening.

THE DENTISTS ACT, 1921 (11 & 12 Geo. V Cap. 21)
(Passed 28th July, 1921)

An Act to amend the Dentists Act, 1878, and the provisions of the Medical Act, 1886, amending that Act.

Be it enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows: -

3. Right of certain persons to be admitted to register –

(1) The Board shall admit to the dentists register kept under the principal Act.

(a) any person who makes an application in that behalf within the interim period and satisfies the Board that he –

- (i) is of good personal character; and
- (ii) was for any five of the seven years immediately preceding the commencement of this Act engaged as his principal means of livelihood in the practice of dentistry in the British Islands, or was admitted to membership of the Incorporated Dental Society not less than one year

- before the commencement of this Act; and
 - (iii) had attained the age of twenty-three years before the commencement of this Act; and
 - (b) any person who makes an application in that behalf within the interim period and satisfies the Board that he –
 - (i) is of good personal character; and
 - (ii) was for any five of the seven years immediately preceding the commencement of this Act engaged as his principal means of livelihood in the occupation of a dental mechanic in the British Islands ; and
 - (iii) had attained the age of twenty-three years before the commencement of this Act; and who within ten years from that date passes the prescribed examination in dentistry.
- (2) Any person who satisfies the Board that he was at the commencement of this Act engaged as his principal means of livelihood in the practice of dentistry in the British Islands, and within two years from the commencement of this Act passes the prescribed examination in dentistry, shall, for the purposes of this section, be treated as having been engaged for five of the seven years immediately preceding the commencement of this Act in the practice of dentistry in the British Islands as his principal means of livelihood.

- (3) Any person who is a duly registered pharmaceutical chemist or duly registered chemist and druggist shall, if he proves to the satisfaction of the Board that he had immediately before the commencement of this Act a substantial practice as a dentist and that his practice included all usual dental operations, be treated for the purposes of this section as having been engaged for any five of the seven years immediately preceding the commencement of this Act in the practice of dentistry in the British Islands as his principal means of livelihood.
 - (4) The Board may, on such conditions as they may consider proper, dispense in the case of any person with any of the requirements prescribed by this section, other than requirements as to character or age, if they are satisfied that that person is unable to satisfy those requirements by reason of having served in His Majesty's forces, or of having been engaged during the war in some work of national importance, and that it will not be prejudicial to the public interest to dispense with those requirements.
 - (5) Regulations may be made under this Act for prescribing the manner in which applications under this section are to be made, and generally for carrying this section into effect.
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THE DENTISTS ACT, 1923 (13 & 14 Geo. V. Cap. 36)
(Passed 2nd August, 1923)

An Act to amend the Dentists Act, 1921.

Be it enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows: -

1. **Extension of s. 3 of Dentists Act, 1921.** Section three of the Dentists Act, 1921 (which confers on certain persons the right to be admitted to the dentists register), shall be extended so as to require the Dental Board to admit to the dentists register any person who -

- (1) makes an application in that behalf within six months from the commencement of this Act or, in the case of any person as respects whom the Board are satisfied that there were valid reasons for the failure to make an application within the said period of six months, within such further period not exceeding six months as the Board may allow; and
- (2) satisfies the Board that he –
 - (a) is of good personal character; and
 - (b) had, before the date of the eleventh day of November, nineteen hundred and twenty-one, attained the age of twenty-one years; and
 - (c) served during the late war in His Majesty's forces; and

- (d) was at the date aforesaid engaged, as his principal means of livelihood, in the practice of dentistry in the British Islands; and
- (3) within such period, not being less than two years from the commencement of this Act, as the Board may allow, passes the prescribed examination.

2. **Short title.** This Act may be cited as the Dentists Act, 1923, and this Act and the Dentists Acts, 1878 and 1921, may be cited together as the Dentists Acts, 1878 to 1923.

It will be interesting that in United Kingdom a Committee of House of Commons was appointed as early as 1832 to enquire into the state of Medical Profession and in particular to study the question of a general registration of Practitioners and to determine the nature and extent of unqualified Practitioners. The first Dental Act was passed in 1878 and later on the Dental Acts of 1921 and 1923 did not debar the unqualified dentists from practicing dentistry, but were regularized and admitted to the dentists register copy attached Appendix I.

Further I quote from Legal Aspects of dental Practice – THE DENTISTS ACT, page 11, regarding admission to the dentists register for the unqualified dental practitioners.

The Register

Whilst the 1921 Act went much further than previous enactments in protecting the general public by excluding all but registered dentists from the practice of dentistry, the real interest in the Act

was the means by which the register was compiled. There was no insistence that the dentist had necessarily to hold a license or any other qualification awarded by a teaching establishment, but that simply he had to comply with one of the two following requirements: -

“Any person of good personal character, being over twenty three years of age, and who for five of the seven years preceding the Act was engaged as his principal means of livelihood in the practice of dentistry in the British Islands, or was admitted to membership of the Incorporated Dental Society not less than one year preceding the Act”.

(The Incorporated Dental Society was unregistered under the 1878 Act, and was a society of unqualified persons practicing dentistry). Similar conditions for registration were offered to dental mechanics and pharmaceutical chemists, whose professional work included a substantial amount of dental practice.

The register was thus opened to those who, although without a qualification in dentistry, had been practicing dentistry in a professional capacity. No definite time was laid down within which registration had to be made, and in the light of the following statute, the Dentists Act 1923, as much as two years was accepted.

Moreover, according to the recommendation of the World Health Organization, report no. 298, published in 1965 “ORGANIZATION OF DENTAL PUBLIC HEALTH SERVICES”.

CHAPTER-9**HISTORICAL BACKGROUND OF POSTGRADUATE
EDUCATION AND INTRODUCTION OF MCPS & FCPS IN
DENTISTRY****Objectives of Post-Graduate Teaching**

The ultimate objective of Postgraduate education is to create prominence in the intellectual world of dentistry and also to create liberal imagination and philosophical thoughts for creative work for promotion of health, prevention of disease and prolonging of life. The training programme of such training should be provoked with ideas, for fulfilment of service to the humanity, and that can only be achieved if there are plenty of teachers available with their splendid experience for explicit ideas for unique relevance of research and awareness of complexities of the science and technology in the world of today. With such an idea the university training has been introduced for applying such freedom of thought. The opening of the chapter of College of Physicians and Surgeons, Pakistan, is the meaningful way for such classic study. Historically, when I wrote a letter to your Excellency on 7th December 1978 and was called in by the College

on 29th July 1979 where I have provided extensive evidences for starting the course of Fellowship in Dentistry including Community Dentistry. My view point was appreciated by your honour and by the members of this august body and now the College, under your capable traditional leadership have invited applications from the Dentists of this country for registration for the course of Member of General Dentistry. This has created concern among Dentists because our understanding was different. Decisively the existing pattern of examination and restrictions introduced by the members of such committee has not come out in the shape of good policy and it has not provided opportunity to those who wanted to seek the education from this Institution.

Sir, Dentists are handful people in Pakistan. They need more compassionate sympathy as compared to any other community. Their request should be fulfilled if there is trend of continuing the education by the College. Originally we wanted that most of the Dentists should become fellow in dentistry including the community dentistry at par with the FCPS and MCPS or other subjects. If we look into the curriculum of MCPS from the College syllabus we feel that more restrictions on this Diploma, and it is of a general advanced dentistry, whereas on the medical side administration of Diploma is being managed as a Postgraduate

speciality, therefore, we need Postgraduate Diploma in the sub-speciality of dentistry and fellowship at par with FCPS or at par with Royal College of Surgeons of England which is clear from my slides.

Sir, the College has got great kindness to accept the challenge of providing educational opportunities to the Dentists, whose so far fate has been ceased from all sides. The youngster apparently look older and older are definitely in advanced age. Today the majority of Dentists in this country is without Postgraduate advanced knowledge and it is increasing demand tht this branch may be provided facilities of having the opportunity of this 'adult education' at least at par with medical speciality. I may be allowed to transit fundamental demand of this profession which is entirely an academic request, that the teachers on the dental side are needed in this country. It stands with the ability of the College to recognize the curriculum at par with Royal College of Surgeons and relax the present restriction in order to fulfil the challenge of education in the field of dentistry.

I may also invite your attention that in the past Diploma holders on the medical side, specially Public Health have been exempted from the primary examination of FCPS, therefore, this

exemption should also be applied to this society of dentistry. We also compel for our educational affairs than general Dental Surgeons because this theme does not hold as the problems solving scheme. This needs improvement for better performance.

The objective of narrating this story is that members of PDA should know the history. However, we have participated in the affairs of Association and contributed a lot in development of Dental Profession. Even when I was not president, but as a Public Dental Health specialist contributed a lot.

Address of Prof. Dr. M. A. Soofi to College Council under the Presidentship of Lt Gen Wajid Ali Barki, Health Minister Government of Pakistan at Karachi.

The College of Physician and Surgeon Pakistan Karachi needs to be appreciated, that it has initiated Oral Health Programme in the college for examination. The college has started MGDS examination in the beginning and later on MCPS, and FCSP in the various subjects of Dentistry. It was my efforts as a President of Pakistan Dental Association Lahore Branch from 1978 to 1983, that I represented case of conduction of the examination in various branches of dentistry at par with medical and had the honour to address the college council first at head office Karachi, Lt. Gen. Wajid Ali Barki, the president of the college chaired the council meeting and again I had invited the president CPSP at

Lahore in Pakistan Dental Association meeting against MGDS that we dentists of PDA don't need MGDS but we need FCPS because we lack the professors. The College of Physician and Surgeon Pakistan was convinced and was great help to start the examination of dentistry because we need to produce specialist & professors. Here I produce, how the CPSP agreed to conduct the examination—my letters and address to college council are reproduced.

CORRESPONDENCE WITH COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN, 7TH CENTRAL STREET, KARACHI.

LETTER TO COLLEGE (Gist)	REPLY OF COLLEGE (Gist)
<p><u>07.12.1978</u></p> <p>Your college stands unexcelled, in imparting post-graduate training and research in the field of medicine and allied sciences, and this is a sufficient proof of organizers as devotees of the College. It has a glorious recent past, and a bountiful future can be predicted but the College lacks a special joy of a great science or a special branch of a medicine, a fine subject of Dentistry.</p> <p>I wonder how it has been ignored or not</p>	

properly appreciated? Perhaps our own cold response might be a sad factor or non-availability of prospectus of various courses pertaining to Dentistry may apparently be another cause.

Since I am a passionate believer in professional triumphant, I would, therefore, request to combine the knowledge and views on Medicine and Dentistry for our directions and dedications of service to humanity. How the College of Physicians and Surgeons take up the dentistry problem at its neck? The philosophy is simple. Select an executive head of oral health and to achieve the enterprise. There are diploma holders in Dentistry, exempt them from primary examination like MPH, DPD (FSD) and nearly justice of harmony may be pronounced to those who are meaningful in research and have long standing with keen interest for profession and contribution, leaving aside status of any nature. This should be taken from the history.

Therefore, I as President of the Pakistan Dental Association, Lahore Branch, request you, to kindly exert your kindness towards Dentists for MCPS, FCPS (Dental) like Community Medicine (Community Dentistry).

I assure for all types of cooperation for

<p>syllabus or any type of need for the curriculum.</p>	
<p>11.06.1979 : The Secretary, CPSP</p> <p>Thank you for your letter No. F. 10-30/78-CPS/1089, dt. 2.5.1979 for inviting me in a meeting of the College to be held on the 7th July, 1979 at Peshawar. Certainly I shall submit my beliefs regarding admission of Dentists and Public Health Dentists in an August Body.</p> <p>And to my knowledge, the Royal College of Surgeons, England, Edinbrough and many other places in U.K admit Dentists for FDSRCS at par with FRCS and now Royal College of Surgeons, England, has started a Diploma in Dental Public Health (DDPHRCS).</p> <p>Since the college is admitting medical graduates for all the specialities, I and my association and its members are obliged to ask for including Dentists into the College for Community Dentistry as well as Surgical side. Community Dentistry is a branch of medicine.</p> <p>Dentists are members of Medical team in each hospital and also members of Medical and Dental Council and important persons to deal with tissue and structure of the body at least head and neck:</p> <p>Dental graduates having postgraduate degree with long standing in the profession,</p>	<p>No. F10-30/78-CPS/1898 dt: 23.07.1979.</p> <p>Ref: letter dated 11.06.1979.</p> <p>The college is thankful to you for your personal appearance before the college council on 7th July, 1979. After having gone into the matter and after hering your exposition, it has been decided in principle that Dentistry can be introduced in our College examinations at the level of MCPS and FCPS. This will require some time and study by the College of the present training facilities existing</p>

<p>research, publication and services, status and position may be enlisted as Fellows, alike medical fellows.</p> <p>Dentists with less standing but having diploma in any field of Dentistry from a Foreign University and publication, may be, in the first instance, included as Fellows after this the new entry should be with Examination (as Part I free like Medical Diploma Holders and candidates should later on be examined in Part II).</p> <p>Young graduates may be included for MCPS and FCPS Examinations as Medical Graduates.</p> <p>A committee of 7 experienced dentists, fellows of ICD, teachers of various institutions, be formulated to examine this aspect of suggestion, curriculum and discipline and such Committee should be headed by the President of the College of Physicians and Surgeons Pakistan.</p> <p>I hope these suggestions shall be given proper and sympathetic consideration.</p>	<p>in the Dental Colleges. Action will soon be taken to study the feasibility of such a course.</p>
<p><u>18.07.1979</u></p> <p>Ref. To my personal submission on 7.7.1979 in an August Council held under your culminated chairmanship in the magnificent Building at Karachi. According to my submission Dentistry has got two faces:</p> <p>Preventive (Community Dentistry)</p>	<p>No. F. 10-30/78-CPS/3012 dt: 11.08.1979.</p> <p>Your letter dated 18th July, 1979 addressed to the President of the College of</p>

<p>Curative (Clinical Dentistry)</p> <p>Teaching and examination of Diploma of FCPS (Community Dentistry) be at the Postgraduate Institute of Hygiene and Preventive Medicine, Lahore as the Institute is recognized for FCPS Community Medicine. There is hardly need to explain except a word can be mentioned that the Institute has added a Department of Dental Public Health, headed by an Associate Professor and is functioning after 1975. This department is also a guide for Master Degree (MDS) in Preventive Dentistry of the University of the Punjab. It is also ready to train the graduates for diploma course of one academic year in Public Dentistry. However, the Punjab University has so far not cleared the curriculum forwarded by the Dean, Institute of Hygiene and Preventive Medicine, Lahore. So the Department in Dental Public Health of College of Physicians and Surgeons Pakistan can be started immediately at the Institute of Hygiene and Preventive Medicine, Lahore. Curriculum of Royal College of Surgeons, England is attached.</p> <p>If the college accepts preventive dentistry for MCPS or FCPS certainly it shall be an excellent acceptance. No problem of teachers and no problem of examination for Community Dentistry. Those having had the</p>	<p>Physicians and Surgeons, Pakistan on the subject of admission of dental graduates into FCPS (Dental Sciences) will be taken into consideration at the time of formulating rules, regulations and syllabus governing such an examination.</p>
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diploma in Preventive Dentistry from abroad, they can appear in final and I am sure the college will have the honour. This shall be prospective beginning. Institute and its 12 departments headed by Professor and Associate Professor are ready to depart training.	
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I hope the community members shall accept this concept to develop this science and the college.	
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Letter to Maj Gen C. K. Hassan, Secy Health, Govt of Pakistan 21st July 1979

It is my esteemed pleasure to express my sincere thanks on my own behalf and on behalf of National Dental Health Committee of Public Health Association of Pakistan and Dental Profession for supporting my submission for including the Dental Graduates into the College of Physicians and Surgeons of Pakistan for FCPS in Community Dentistry and Clinical Dentistry.

I could not get an opportunity to meet you at Lahore even due to your heavy engagements. I am submitting you the

suggestions as a result of the meeting held at Karachi on 7th July 1979. I hope you shall further encourage us.

Body without gums and teeth is not complete Medical Science stands for human comfort. Dreadful tails of dentistry are not different from the other part of the body. Therefore, admission of the Dental Graduates for FCPS should be a normal course and it shall add into the prestige of the College of Physicians and Surgeons of Pakistan like Royal College of Surgeons, England and other places. I have submitted a complete report to the College and the College was kind enough to call me in a meeting held at Karachi on 7th July, 1979 and I attended and submitted my arguments. Copy of further arguments is enclosed for your perusal. Atleast Community Dentistry i.e. Diploma of Fellowship of Community Dentistry can be started straightaway at the Institute of hygiene and Preventive Medicine, Lahore.

Letter written to Dr. M. B. Azami, Registrar CPSP 7th Aug 1979

Thank you very much for your letter dated 23rd July, 1979 in which you have given us the happy news of the decision of the august body regarding introduction of the Dentistry for the College Examinations at the level of MCPS and FCPS.

I have already submitted a detailed programme and outlines regarding the Clinical and Preventive Dentistry. For Community Dentistry, kindly allow me to enclose the copies of the correspondence of the Master Degree Course and Research at the Institute of Hygiene and Preventive Medicine (Department of Dental Public Health) for Master Degree. At page No. 1, the Principal, of the College has nominated Dental Public Health Department for research purposes for Degree of MDS. At page No. 2 the orders are being issued by the Dean, Post graduate Medical Institute in this regard and subsequently the page No. 3 is for all the post graduate students of MDS that they should attend the Dental Public Health Department.

In page No. 4, you shall find the University of Punjab's decision for Master Degree in Dental Public Health. So the Institute of Hygiene and Preventive Medicine can easily become the Cell for Community Dentistry like FCPS in Community

Medicine and we can start production of FCPS in Community Dentistry under the Community Medicine of the College.

As regards clinical side, I have given my views in detail in my previous dispatch. Curriculum made for MDS students for a period of 3 months is also enclosed for your record. I and my Executive are deeply grateful for tackling this situation for the welfare and development of the college and Dental Profession.

CHAPTER-6**CREATION OF PDA LAHORE BRANCH-1973**

A meeting of the Dental Surgeons of Lahore was held on 25th November 1973 at Hotel Salateen The Mall at 11.00 AM under the chairmanship of Dr. M. A. Soofi, the convener to discuss the affairs of Dentistry. The following were present: -

Prof. M. Saleem Cheema, Prof. B. A Yazdanie, Dr. Akhlaq Ahmed, Dr Aslam Ch. Dr. Shamim, Dr. Dara, Dr. Rafique Chatha, Dr. M. Z. K. Niazi, Dr. M. H. Sethi, Dr. Syed Ayub Shah, Dr. Muhammad Afzal, Dr. Muhammad Amjad, Dr. Tanveer Hussain Shah and Dr. Aman ur Rehman all these persons elected me as a President and Dr. Shuja ud Din Qureshi was elected as General Secretary at local hotel, on Mall Lahore.

Earlier Dr. M. Z. K. Niazi stressed the necessity of forming Lahore Branch of Pakistan Dental Association and paid tributes to Dr. M. A. Soofi for his extra curricular activities for the cause of

the Dental Profession. We had the executive comprising Dr. Shamim Ahmed, Dr. Akhlaq, Dr. M. A. Naveed, Dr. Masood Akhtar, Dr Javed Sultan. It was the team of dedicated persons have been holding of function years and after years and have been presented the cause of dental profession at national & international level. We have held many seminars, conferences at national and international level with great success. We have been participated in all the matter pertaining to dental profession. With this team of dedicated fellows of International College of Dentists persuaded the message of dentistry and making PDA strong body. We have celebrated health week and many dental health walks. We had a walk against smoking as well. We had contributed for 25 years. This struggle was to build up Dental Profession in Pakistan.

The history of dentistry in Pakistan is not complete without mentioning the role of local PDA branches in different areas of Pakistan to uplift the standard of dentistry. The branches in the far area played a very important role like the branch of PDA Chakwal-Jhelum branch. This branch was established in 1984 under the immense leadership of Dr. Arshad Mahmood Malik and Dr. Asad Mirza. The areas of Jhelum, Chakwal, Mirpur and Talagang were included in the branch territory. The only branch in Pakistan to

enjoyed first independent constitution and have the privilege of regular election yearly. This branch conducted the first National Conference on Maxillofacial Surgery in 1992, a huge setup of the conference was arranged and eminent the speakers from all over the country like Prof. M. A. Soofi, Prof. M. Saleem Cheema, Prof. Ejaz Aqeel, Prof. Mohammad Saeed, Prof. Tariq Zaman Ahmed, Prof. Brig. Muzaffar Khan, Dr. Nazia Yazdanie, Dr. Khalid Almas, Dr. Ansar Maqsood, Dr. Adnan Ali Shah and many other eminent speakers participated. This branch use to have its own monthly news letter as well as regular clinical and academic meetings. This branch set the example of an outstanding working capability possible in the periphery and rural areas of Pakistan. Yet it is one of most active branch in the country.

The Election of PDA Lahore were held on 17th Nov 1995, Dr Waheed Sh. Former Principal de'Montmorency College of Dentistry Lahore was election commissioner. The old team decided not to go further for election and Dr. Aslam Ch. was elected as a President along with his team. Thus we handed over PDA Lahore to the newly elected people in 2nd Feb 1996, function was held at Alhamra Lahore. In this long period of Presidentship of Lahore branch (1973-93), we have published a brochure of our

activities and achievement which is also attached. Before the creation of Lahore Branch 1973, it was Pakistan Dental Association for both the wings of country East Pakistan and West Pakistan. We have worked with unqualified dental surgeons and we have been striving for the uplift of popularization of dentistry.

Thus with this efforts I had the privilege to create a department of Public Dental Health in postgraduate Medical Institute “College of Community Medicine, Lahore” and started two years Dental Hygienist course, and post of professor was created and with this I had the opportunity to set an example that dental surgeon can become the Principal of Medical College specially in the Postgraduate Institute. We had very good relation with heads of Medical Colleges due to our expanding interest and academic activities.

I was invited to give suggestion for setting up full fledged dental section at Jinnah Hospital, Lahore Allama Iqbal Medical College by Prof. S. A. R Gardezi the than Principal of Allama Iqbal Medical College and we have created Dental Section with six chairs. Similarly I had contributed to establish the dental section in

Children Complex, Ferozpur Road, Lahore. It was achievement by the undersigned. Prof. Saeed ul Haq, was a student of Dept of Pediatric King Edward Medical College, Lahore he had attended my lectures. He in his capacity – Executive Director invited me that I should help the institute by designing dental department. I designed four sub specialities of children dentistry four posts of professors, Associate Professors, Operation theater, library, museum, X-rays dept. And dental hygienist for out door and indoors were suggested at par with speciality of Eye and ENT.

I had established dental department at the outdoor of Mayo Hospital, Lahore 1961-64. It used to be in one small room.

Being life member of Pakistan Medical Association Lahore, I had the opportunity to propagate Dentistry; I was the Information and Finance Secretary of PMA Lahore Branch - 1973-75 and have got much closer interaction with medical men.

Ref: History of Dentistry, 3000 BC- 2000 AD.

The Cambridge Encyclopedia of INDIA, Pakistan, Bangladesh, Sri Lanka.

**CONSTITUTION OF THE PAKISTAN DENTAL
ASSOCIATION**

ARTICLE-I – NAME

The name of this organization shall be the Pakistan Dental Association, hereinafter referred to as the “the Association” or “this Association”.

ARTICLE-II- ORGANIZATION

This Association is a non-profit corporation organized and registered under the laws of the Government of Pakistan.

Headquarters Office:

The registered office of this Association shall be known as the Headquarters office and shall be located in the city where the governing Central Council body, may be determined by the General Assembly.

The place of meeting of the Association shall be at such places or place as may be decided by the council from time to time.

The Association shall function under regional zones.

ARTICLE-III- AIMS AND OBJECTIVES

1. To promote the science and art of dentistry.
2. To maintain the honour, interests, dignity and unity of the Dental Profession.

3. To safeguard and defend the interest and integrity of the members of the Dental Profession through ethical, moral or legal means at the disposal of the Association.
4. To enlighten/educate the public on Dentistry, Oral Health and Prevention etc.
5. To encourage and direct study and research in the field of Dental Sciences, Dental Epidemiology and related subjects.
6. To influence the policies of the Government on Oral Health of the public, the Dental Profession and Dental Education by extending professional and expert help, advice and cooperation of the Association and its members.
7. To guide and help members of the profession especially fresh graduates in the establishment of their career.
8. To hold periodic conferences and meetings of the members of the Association for continuing dental education, and discussion of scientific subjects, professional matters and for social purposes.
9. To correspond, associate, cooperate, and collaborate with other dental and professional bodies throughout the world to further the cause of the profession, this association and its members.
10. To establish and run programs to further the above objectives in communities, schools, madrassahs, cities and all such areas where people can be educated for prevention of oral health diseases.

ARTICLE-IV – MEMBERSHIP

SECTION 1: TYPES OF MEMBERSHIP.

- A. Ordinary Membership: Ordinary membership is open to all those registered with the Pakistan Medical and Dental Council, as Dental surgeons and are residing in Pakistan.

- B. Associates Membership: The following shall be eligible for Associate Membership:
- i) Any person holding a Dental Qualification recognized by the Council of the Association. The council may time to time decide/recognize any such members?
 - ii) Accredited members of foreign national dental associations whose associations extend reciprocal membership to members of this Association.
 - iii) Members of the Allied Professions who contribute to the advancement of Dentistry.
 - iv) Dental undergraduate/ students who are accredited by all Dental Colleges of Pakistan recognized by the PMDC. (Third and fourth year undergraduate students).
- C. Life Membership: Life membership can be obtained by ordinary members of the Association upon application and payment of prescribed fee of the Association by those who have been regular uninterrupted members in good standing of the Association for twenty-five year.
- D. Honorary Membership: Honorary Members shall be members of the Dental Profession of Academic excellence or of Professional eminence, and / or those even outside the profession who have rendered distinguished service to the Association or in the promotion of Dental and Allied Sciences.
- E. Expatriate Membership: Expatriate members shall be members of the Association who have left Pakistan for a period of not less than one year and who actively continue

their membership and take an interest in the affairs of the Association.

SECTION 2: ADMISSION TO MEMBERSHIP

A. Ordinary and Associate Membership:

- i) Every candidate shall fill out a prescribed form giving his particulars specially his PMDC registration where applicable, or dental college enrolment if a dental student etc., alongwith the prescribed fee, and submit it to either the association headquarters or give it to a designated office bearer or the association or its constituent organizations or submit it at a PDA function where such arrangements have been made.
- ii) Upon receipt of the application and fee and confirmation of particulars member will be granted membership.
- iii) If any person, after being a member, fails to pay the yearly dues and defaults for one year his membership will be declared null and void.
- iv) A member who has resigned after having discharged his liabilities and is desirous of rejoining the Association may reapply in a manner similar to sub-section i). if such application is made within one year of the date of resignation no entrance fee will be payable and after that period he will enroll as a fresh member.

B. Honorary Membership: Honorary members having been proposed by the Council shall be elected at an Annual General Meeting, if more than half the delegates present

shall have voted in favour. No debate on the candidates shall be allowed:

- i) Six weeks notice of such proposals is given to all members of the Association.
- ii) Proposals for Honorary membership shall be proposed unanimously with no dissenting vote in Council before being presented to the General Body of the Association.

C. Expatriate Membership: Members of the Association who are leaving or who have left Pakistan may apply to the General Secretary for Expatriate Membership.

SECTION 3: PRIVILEGES OF MEMBERSHIP.

A) Ordinary and life Members shall have the right:

- i) to actively participate in all General Meetings of the Association.
- ii) To stand for election, to nominate or second a candidate for election, and to vote in the Association elections.
- iii) To participate in all the activities of the association including various national, international, zonal and city conferences.

B) Associate and Honorary Members shall:

- i) have all the privileges of Ordinary and Life Membership except the right to vote or to hold office in the Association;
- ii) have such other privileges as the council may from time to time decide.

C) Expatriate Members shall:

- i) receive notices of the Annual General Meeting and all reports etc.
- ii) have such other privileges as the Council may from time to time decide.
- iii) shall not be able to stand for elections to any office, or to propose or second candidate for the elections.

SECTION 4: OBLIGATIONS OF MEMBERSHIP: All members shall abide by the Constitution and not act in any way inconsistent with its objective and will strive to promote the profession of dentistry.

SECTION 5: CESSATION OF MEMBERSHIP:

A) Automatic Cessation: A member of the Association shall defacto cease to be a member:

- i) if he is convicted in a court of law for any criminal offence under the Pakistan Penal Code, or
- ii) if he forfeits by misconduct any of the qualifications by virtue of which he became eligible for membership to the Association.

B) By removal of name on the ground of undesirable conduct: If the conduct of any member shall be deemed by the Council to be prejudicial to the interest of the Association or intended to bring the dental profession into disrepute, such member would be asked to submit a written explanation of his conduct within one month. In the event of the explanation having not been submitted or being found unsatisfactory, the member may be suspended and the issue taken to a general Body meeting for decision that may have been called for any other purpose or specially convened. If the offence is of grave consequence to the association and profession, at least a

fifteen-day notice of the meeting shall be given. The said member shall be given an opportunity to explain his conduct if he desires to do so. If at the meeting $\frac{1}{4}$ of the members present or at least 10% members in attendance to vote:

- i) Restore the full membership.
- ii) Continue suspension with some conditions, or
- iii) Removal of his name from membership in which case his name shall be struck off the Register.

C) Resignation: A member desiring to resign from his membership of the Association, shall notify the General Secretary in writing at least one month in advance before his current subscription is due. Such a member shall, however, be required to pay any subscription or other dues owed to the Association.

D) Expulsion:

- i) Only the General Body of the Pakistan dental Association shall have the power to expel a member from membership when so proposed by the Council.
- ii) The Council can constitute a special disciplinary committee to enquire about the misconduct which has been reported to it in writing by any member of the association or an outsider, and such misconduct is deemed to have been serious enough to invite an enquiry.
- iii) Notice of enquiry shall be given to the member concerned at least fourteen days before the enquiry specifying the allegations and the time and pace of enquiry. The member shall either

- present an oral defence or submit a written explanation.
- iv) The Disciplinary Committee shall submit its report to the Council which in turn will either dismiss the complaint, take action to warn the member or suspend him and made a recommendation to the General Body.
 - v) A member has the right of appeal to the Central Council.
 - vi) An expelled member may re-apply for membership after expiry of a period of 4 years or whatever term exceeding that which has been recommended by the general body.

ARTICLE –V- CONSTITUENT ORGANIZATION.

SECTION-1. The Legislative Body:

The legislative and government body of this Association shall be the General Assembly, which shall comprise all voting active members of the Association and its Branches. The officers of this Assembly shall be the elected members of the Central Council.

SECTION-2. GENERAL ASSEMBLY:

POWERS

- (1) The General Assembly shall be the supreme authoritative body of this Association.
- (2) It shall possess legislative power.
- (3) It shall determine the policies, which will govern this Association in all its activities.

- (4) It shall have the power to enact, amend and repeal the Constitution and By-laws.
- (5) It shall have the power to adopt and amend the Principles of Ethics and Code of Professional Conduct for governing the professional conduct of the members.
- (6) It shall have the power to revoke branch societies. It shall also have the power by a two-thirds (2/3) majority to dissolve a constituent society in the General Assembly upon a determination by the Assembly that the branch society violated the Constitution.
- (7) It shall have the power to create special committees of the Association.
- (8) It shall have the power to establish branch offices of the Association.
- (9) It shall have the power to approve all memorandums, resolutions and opinions issued in the name of the Pakistan Dental Association.
- (10) It reserves the right to reject any application for membership and is not obliged to enter into correspondence or to give any reason to the applicant.
- (11) It shall also have the power to delegate any such above authority to the Council.

SECTION-3: CENTRAL COUNCIL.

The Administrative body of this Association is the Central Council, and it shall be the national representative body of the General Assembly of the Association.

It shall transact all the business of the Association, public, and professional; internal and external; including that of making Rules and By-laws, provided that such.

Rules and by-laws are not opposed to the spirit of the Constitution and By-laws of the Association.

A) The Elective Officers of the Central Council of this Association shall be:

- i) President
- ii) Senior Vice President.
- iii) Vice Presidents from each Zone.
- iv) General Secretary
- v) Treasurer
- vi) Ten representatives two from each of the four zones namely the four provinces of Pakistan and from the fifth zone i.e. Federal (Islamabad, FATA, FANA).

B) Zonal representation of the Central Council.

- i) The Central Council must be elected from a Zone. The same zone shall not be able to fight election for the third consecutive turn. For this section the FC area shall not be considered as a separate zone.
- ii) To promote the rotation of the Central Council to the smaller provinces as well, the General Body shall consider a compulsory rotation clause five years from the date of approval of this constitutionj. This clause would ensure that the Council shall have to move by-election from province to province and that no province shall be able to fight an election again until the circle is complete.

C) Election.

- i) The President, Senior Vice President, General Secretary and Treasurer shall be elected from a single zone by postal ballot or at an Annual General Meeting and shall hold office for a term of two years.

- ii) The zonal representatives i.e. Zonal Vice President and two representatives shall be elected by the members of that zone.
- iii) All members of the council except the Treasurer shall be eligible for re-election (See Section 3. B.1).

D) Duties and Powers.

- i) The duties and powers of the Council shall be:
 - (1) To execute the policies of the Association.
 - (2) To exercise the authority for the interpretation of this Constitution which decision thereon shall be final and binding on all members unless and until an appeal is made to a general body meeting.
 - (3) To enroll members of the Association in accordance with Article VIII Section 2.
 - (4) To establish regulate and ensure elections subsequently in the branch societies.
 - (5) To suspend after adequate warning such branch societies which have exceeded their elected or appointed term unless for reasons which are condonable.
 - (6) To appoint such sub-committees as may be necessary to assist in the management of the affairs of the association.
 - (7) To manage the financial affairs of the Association, open accounts, invest funds etc.
 - (8) To authorize expenditure of the Association funds.
 - (9) To accept resignations in accordance with Article VIII Section 5 Sub-section (b).

- (10) To recommend amendments to the Constitution in accordance with Article XI.
- (11) To appoint an Ethics Committee to develop, modify and implement the article rules for the members of the Association when deemed necessary and to take action on complaints filed.
- (12) To act with regard to non-payment of fees in accordance with Article VII section 2 para (q) (h).
- (13) To appoint Auditors annually who shall audit all accounts of the Association and sign the balance sheet that later shall be circulated with the Annual Report.
- (14) To interpret the constitution where such interpretation is deemed necessary.
- (15) To act generally on behalf the Association in all Constitution does not expressly otherwise provide and to give a decision in any matter not provided for.
- (16) To compile and print an Annual Report that together with the minutes, audited balance sheet, and a list of members shall be circulated to every member of the Association to reach them at least fourteen days before the date fixed for the Annual General Meeting.
- (17) The Council shall have authority to formulate such Bye-laws that shall be binding to the members and shall not in any way contradict or disregard the spirit of this Constitution.

- (18) To get into contractual obligations, sign documents, and agreements for and on behalf of the Association.
 - (19) To rent, purchase, lease, movable and immovable property.
 - (20) To employ people, groups or companies on contract or salary to further its responsibilities and duties.
- ii) Duties and Powers of the officers of the Association:
- (1) The President:
 - a) shall carry out such duties as are assigned by the Council and this Constitution.
 - b) Shall take the chair at all General Meetings of the Association and at all meetings of the Council.
 - c) Shall have the right to call special General Meeting of the Council.
 - (2) The Senior Vice President:

All duties, powers and responsibilities of the President shall in his absence, devolve upon the Senior Vice President.
 - (3) The Zonal Vice Presidents shall represent their zones in the Central Council.
 - (4) The General Secretary:
 - a) shall be responsible for summoning all General Meetings of the Association and all meetings of the Council.

- b) Shall keep minutes of the General Meetings of the Association and of the meetings of the Council.
- c) Shall keep all members informed of all the important activities of the Association.
- d) Shall conduct the correspondence of the Association under the direction of the President and Council and shall keep a register of all members of the Association.
- e) At least one calendar month before the date fixed for the Annual General Meeting of the Association, the General Secretary shall inform all members of the Association in writing of the days fixed for such Annual General Meeting and draw their attention to Article X section 1 sub-section (c), (v).
- f) At least two weeks before the date fixed for the Annual General Meeting of the Association, the General Secretary shall send to all members of the Association.
- g) The Agenda for the Meeting.
- h) The Annual Report of the Council on the activities of the Association during the preceding year.
- i) The audited Balance sheet and statement of accounts for preceding year.

(5) The Treasurer:

- a) shall be responsible for the collection of dues and such funds which are due to the Association.
- b) Shall keep accounts of all the funds of the Association, and shall issue receipts for all payments made to the Association.
- c) Shall open such banking account or accounts as the Council may direct, and shall deposit therein all monies received by him on behalf of the Association. The President or a Vice President shall sign by the Treasurer and all cheques issued by the Association.
- d) Shall give notice to all members whose subscriptions are in arrears, the frequency of which shall be determined by the council.
- e) Shall be responsible for the preparation of the audited balance sheet and statement of accounts referred to in Section 4 sub-section ii (3) of this Article and shall provide documents for Audit.
- f) If in any term the Treasurer does not submit properly audited accounts by a certified auditor, the entire panel of that term will be barred from re-election.

D) COMMITTEES OF THE COUNCIL:

- i) Standing Committee of Council: Council shall appoint a Standing Committee of not less than three and not more than five from amongst ordinary and life members to assist in the management of urgent and important issue; for example, issues which require action within two months. Progress on such issues shall be reported to Council at the ensuing Council Meetings.
- ii) Review Committee: To ensure smooth and efficient functioning of the Central and Zonal branches, a special Review Committee shall be appointed.
 - (1) The Committee shall help the council oversee and coordinate and ensure the following:
 - (a) That the central and zonal councils meet regularly.
 - (b) That the central and zonal councils maintain minutes of meetings.
 - (c) That accounts are maintained and audited by certified auditor each year and copies handed over to central council.
 - (d) That election of central and zonal councils is held on time i.e. every two years.
 - (e) That all records are handed over to newly elected offices and continuity is maintained.

- (f) That the Zones prepare lists of members, collect dues regularly and update their list.
- (2) The Committee shall comprise of:
 - (a) One senior member from each zone not holding any office.
 - (b) The Chairperson of the Review Committee should be the Vice President elected from that Zone.
- E) Vacancies:
 - i) In the event of a vacancy occurring in the Council because of the death of the President or his resignation, or incapacitation, or long term leave of absence, the Senior Vice President shall become the President of the Association.
 - ii) In the event of a vacancy occurring in the Council from whatever cause, the President shall have the power to appoint any member of the Association to hold the office thereby vacated until the next Annual General Meeting.
- F) Meetings:
 - i) Ordinary Meeting of the Council shall be held at least twice a year.
 - ii) Special Meeting of the Council may be held from time to time as the occasion arises.
 - iii) The Quorum for all Council meetings shall be 2/3 of the membership.
 - iv) For lack of quorum if another meeting is called the quorum shall be six members including the President, Secretary and Treasurer.

- v) Notices of ordinary meetings of the Council together with minutes of the last meeting, the agenda and other relevant documents shall be circulated to all members of the Council at least two weeks before the date fixed for the meeting.

ARTICLE –VI- ZONES.

The Association shall be composed of five Zones: Sindh, Punjab, Baluchistan, NWFP and Federal capital Area (including fATA, FANA, Azad Kashir etc.).

SECTION 1: RESPONSIBILITIES:

- a) Each zone shall be free to govern itself in subject to the Constitution of the Association, and for this purpose shall be at liberty from time to time to make such By laws as it deems fit, and to repeal or alter the same as and when it considers it expedient to do so with the majority of the zone membership.
- b) The By-laws so made, under Section 1(a) and for the time being in force shall be binding on the members constituting the zone in reference to which they are made.
- c) Vice President of the Council and two members from each zone will be elected during the process of elections of the Council. If any such elected member to the Council shall die or retire or otherwise cease to be a member of the Council before the expiration of his term of office, the Zone Committee concerned may appoint another

member who shall have the full powers of the original member.

SECTION 2: ZONE COMMITTEE

a) Election: The Zone Committee shall be elected bi-annually by the members living in the said zone, by ballot at the Annual General Meeting or by postal ballot, to hold office for two years. It should be ensured that all records are to be transferred by the incumbents to the new body upon election. The Treasurer will not be eligible for re-election.

b) Composition: The Zone Committee shall consist of :

- i) Chairman
- ii) Secretary
- iii) Treasurer
- iv) Four Committee Members.

c) Duties and Powers:

- i) The Zone Committee and its office bearers would be the representatives of the Central Council in that zone, and would carry out all the functions and duties so delegated to them. They will further the primary aims and objectives of the Association mentioned in Article III, implement the programs developed by the Council and would run themselves in a

- manner similar to the Council under their delegated powers.
- ii) An Annual Report shall be drawn by each Zone to reach the Council by the end of February of each year. The Annual Report shall comprise of : -
 - (1) The Financial Statement of the Zone for the year audited by certified Auditors.
 - (2) The Report of the activities of the Zone during the year along with documentary proof.
 - iii) The Zone Committee may appoint sub-committees for various purposes.
 - iv) Each Zone Committee shall be responsible for the management of the financial affairs of that Zone.
 - v) The Zone Committee shall receive resignations for transmission to the Council and fill vacancies in the Zones if and when they arise.
 - vi) Zones should send copies of their program, meeting

agenda and Treasurer Report to the Council on a yearly basis.

- d) Duties and Powers of the Officers of the Zones of the Association.
 - i) The Chairman shall
 - (1) Carry out such duties as are assigned by the Council and / or Zone Committee.
 - (2) Employ staff, and hire companies for the same.
 - (3) Sign documents as necessary to rent, purchase and lease movable and immovable property.
 - (4) Sign cheques alongwith the treasurer.
 - ii) The Secretary shall keep minutes of the General Meetings of the Zone and of the meetings of the Zone Committee. He shall keep all members informed of all important activities of the Zone.
 - iii) The Secretary shall:
 - (1) Conduct the correspondence of the Zone under the direction of the Chairman and / or

- Zone Committee and shall keep a register of all member of the zone.
- (2) Shall send to all members of the Zone, at least two weeks before the date fixed for the Annual Meetings: -
 - (a) The Agenda for the Meeting.
 - (b) The Annual Report of the Zone Committee on the activities of the Zone during the preceding year.
 - (c) The audited Balance Sheet and statement of accounts for the preceding year. Audit to be done by certified Auditors.
- iv) The Treasurer shall:
- (1) Be responsible for the collection and accounting of all the funds of the Zone.
 - (2) Operate a bank account and shall deposit therein all money received by him on behalf of the Zone except for a petty cash amount not exceeding Rs. 2000/-.
 - (3) Sign all cheques issued by the Zone.
 - (4) Be responsible for the preparation of the Financial Statement of the Zone, as referred to in Section 2, sub-section c (i) (a) of this Article.
 - (5) Submit accounts at all committee and general meetings, save receipts of all transactions and will be responsible for making all records available for yearly Audit by Certified Auditor.
 - (6) Send a copy of the Auditors statement to the Central Council on a yearly basis.

- (7) Hand over Audited accounts to the new Committee at the end of his 2-year term.
 - (8) If in any term a Treasurer does not submit properly audited accounts to the zone and the Central Council the entire panel of that term will be barred from re-election.
- v) Review Committee member: Refer Article IV, Section 4, Sub-Section II.
- e) Meetings: Each Zone Committee shall meet at least twice a year.
- f) Quorum: Three members shall constitute a quorum for the Zone Committee meeting.

SECTION 3: GENERAL MEETINGS.

- a) Annual General Meeting:
- i) Shall be held once a year.
 - ii) The meeting shall be held within a territory of the Zone agreed by the Committee.
 - iii) The Agenda shall include the Annual Report and Financial Statement of the Zone.
 - iv) At least fourteen days notice shall be given to every member of the zone.
- b) Ordinary Meetings shall be held as and when it is deemed necessary.
- c) Extraordinary General Meeting:
- i) The Chairman of the Zone Committee may direct the Secretary to call an extra-ordinary general meeting; or

- ii) The Secretary shall call an extraordinary general meeting on the written request of ten percent of the general membership of the zone, within one month of such a request.
 - iii) At least fourteen days notice shall be given to every member of the Zone.
 - iv) No business shall be dealt within the meeting other than that which it may have been specially called to consider.
- d) Quorum: The Quorum for all general meetings of Zones shall be at least ten percent of the membership.
- e) Voting:
- i) Voting at all zones General Meeting shall be by show of hands (Except as provided for in Article X Section 6 (e) (ii).
 - ii) Only ordinary members present may vote.
 - iii) Motions shall be declared carried by a simple majority vote.

ARTICLE VII- CITY BRANCHES

Each Zone can have different branches.

- A) Any city with a minimum of 15 members can have a City Branch of the Association.
- B) Cluster of contiguous cities which have less than 15 members but together they can combine to reach this number, can join together to form a Branch.
- C) Officers, their Term, Elections, Constitution, and By-laws should be on the pattern of Zones.

- D) The Branches must keep their respective zones and Central Council informed of their activities and present their report including financial report etc.

ARTICLE VIII- FINANCE

The policy directives given under may be followed at all levels of the association.

SECTION 1: FINANCIAL YEAR.

The Financial Year shall be from 1st January to 31st December of each year.

SECTION 2: ENTRANCE FEES AND ANNUAL FEES.

- A) Ordinary members shall pay an entrance fee of Rs. 100/-.
- B) The Annual Membership fee shall be Rs. 200/-.
- C) Associate Members shall only pay an Annual fee of Rs. 100/-.
- D) Honorary and Life members shall not be required to pay any entrance or annual fee.
- E) Expatriate Members shall pay an Annual Subscription of Rs. 200/-.
- F) Subscription falls due and shall be payable on 1st January of each year.
- G) Any member whose membership dues shall be in arrears for nine months shall be allowed a further three months to settle his dues and if by the end of this time no settlement has been made he will cease to be a members provided due notice shall have been given to such member.

SECTION 3: COLLECTION OF MEMBERSHIP DUES.

- A) The membership dues shall be collected by the Treasurer who shall be custodian of such funds and shall keep accounts of all funds received and spent, and shall submit financial statement at each meeting or as the Council shall direct.
- B) Payments shall be made by cash, cheque, credit card, or bank draft, in the name of Pakistan Dental Association, sent by mail to the Headquarter office, or paid to a designated officer, or through such arrangements made at PDA functionjs and activities. A receipt shall be issued to the member.
- C) Membership fees may also be collected by the City and Zonal Branches.
- D) They shall keep 50 % of the fees collected by zones and their city branches and the rest shall be remitted to the Treasurer of the Central Council together with a list of the members paying the fee.

SECTION 4: RESERVES:

All funds received by the Treasurer shall be deposited in the name of the Association in a Bank and may be invested in secured government bonds or secured bank deposits or similar investments with no risks involved as directed by the Council.

SECTION 5: SIGNATURE ON CHEQUES.

All cheques must be signed by the Treasurer and either the President, Vice President or General Secretary.

SECTION 6: PETTY CASH.

The Treasurer may subject to any other directive from the Council, furnish the General Secretary with the sum of Rs. 5000/- for miscellaneous petty expenses. Payments made by the General Secretary out of this sum may be replaced from time to time by the Treasurer on submission of receipts.

SECTION 7: ACCOUNTS.

The Accounts shall be made up and closed on the 31st day of December in each year and a Balance Sheet showing the Assets and Liabilities of the Association shall be prepared by the Treasurer and audited by the Auditors appointed by the Council (Vide Article XIII Section 3, Section (b)).

ARTICLE IX – ELECTIONS

SECTION 1: VOTERS AND THEIR LIST

A) Voters: All members whose names occur on the Register of Membership on or before the 30th January of the current year and who have paid their full annual fee shall be eligible to vote and contest the elections. List of Voters: A list of voters shall be prepared by the end of 15th February by the General Secretary and shall be available for inspection in the office of the Association during working hours. The correctness of the address and zone listing of the member is the responsibility of the member. Any member wanting to purchase the list shall have to pay a fee that will be decided by the General Secretary. Such list shall not be made available for commercial purposes unless so decided by the Council. Objection to the list should be sent to the General Secretary within three weeks of the publication of the list.

B) Nomination:

- i) An approved form shall be made available at the Headquarters office.
- ii) The letter announcing elections and calling for nominations shall be sent out by the Executive Committee before the 1st of March to every member of the Association at his enlisted address. The responsibility of the delivery of every letter would not be a legal binding on the association but the association would take routine measures for the same.
- iii) Nominations in a sealed envelope, on the approved form, or a copy thereof, along with Rs. 500/- in the form of cheque, bank draft, or pay order in the name of Pakistan Dental Association shall be sent within three weeks to the General Secretary by Courier Post or submitted personally and receipt taken. Nomination forms received by Fax or electronic mail shall not be entertained.
Scrutiny: The Council or a committee shall scrutinize the nomination papers within seven days or a person authorized by the Council to do so.
- iv) Rejection of the Nomination paper of a candidates can take place if:
 - (1) The name of the candidate is not in the Voters list.
 - (2) The address on the voters list is of a different zone as compared to the area from

- which the candidate wants to contest election.
- (3) The candidate has not paid the annual fee for the current year.
 - (4) The particulars requested in the form are incomplete.
 - (5) Any other instruction specifically listed in the Nomination paper is not fulfilled.

Withdrawal: The nominations can be withdrawn by the 15th of April. Physical voting will take place in the Capital city of the Province where the present Council is from on a holiday in the third week of May. In the case of Postal Ballot the Ballot Papers would be sent out before the 1st of May. Counting will take place in front of all the representatives of the candidates as decided by the Council on the day of the physical election and the result announced on the same date.

Postponed Elections: Elections postponed due to extenuating circumstances beyond the control of the Association, should be held as soon as conditions permit keeping all the provisions required for holding the elections as provided in the elections as provided in the constitution. In such postponed case the above dates may be changed.

ARTICLE X – GENERAL MEETING.

The pattern herein under outlined shall be followed by the zones and branches as applicable and practical. General Meetings of the Association shall be convened by the General Secretary and shall be: -

THE ANNUAL GENERAL MEETINGS

- A) Time: The meeting should be held every year together with a national conference.
- B) Place: The venue of the national conference shall be the venue of the meeting.
- C) Business: The business of the AFG shall be:
 - i) To elect office bearers if the elections have been decided by the council to be held on such date.
 - ii) To receive the annual report of the council on the affairs of the association.
 - iii) To consider any amendments to the constitution which may be proposed by the Council or by at least ten percent of the membership of the Association. A copy of all such proposed amendments shall be circulated at least fifteen days before the AGM.
 - iv) To discuss any other business, notice of which shall have been given to the General Secretary in writing by at least 100 members at least three weeks before the date fixed for the AGM.
 - v) To receive the audited accounts of the previous year.
- D) Notice:
 - i) Every member shall be entitled to receive from the General Secretary at least six weeks notice of the Annual General Meeting.
 - ii) Every member shall also be entitled to receive, at least fourteen days before the meeting, the annual Report, the audited

balance sheet, and the Agenda of the Meeting.

EXTRA ORDINARY GENERAL MEETINGS

- E) The President may convene extraordinary General Meetings.
- F) An extraordinary General Meeting may be called by 10% of the membership of the associations.
- G) The President will chair the meeting and in his absence the Senior Vice President will assume the chair.
- H) The President will have the right to call the AGM or a zone or a branch.
 - i) On the instruction of the Council.
 - ii) On the written application explaining the reason to the Council by the General Secretary of any Zone, or by any twenty-five members of that zone or branch.
- I) Place: Extraordinary General Meetings convened under Article X Section 2 may be held at a venue decided by the Council.
- J) Time: The Extra-ordinary General Meeting of the Association convened under Article X Section 2 sub section (ii) shall be held within one month of the receipt of the application.
- K) Notice: At least seven days notice of any Extra-ordinary General Meeting together with the proposed Agenda shall be sent to every member or the Associations/Zone for which the meeting has been called.

- L) Restrictions: Only the matter for which such an Extraordinary General Meeting is called shall be on the Agenda.

Quorum:

- M) The quorum for an General Meeting of the Association shall be one hundred members.
- N) The quorum for an AGM, which is considering a constitutional amendment or an expulsion of a member or dissolution of a branch, shall be 10% of the membership.
- O) In case the quorum in Section 3, subsections B is not met the meeting will be adjourned then a second meeting shall, with at least fifteen day notice to all members, be called by the General Secretary for which the quorum shall be the members present.
- P) In the event of a lack of quorum for an extraordinary General Meeting, the meeting shall be postponed.

Chairman:

- Q) The president of the Association shall take the chair at the General meetings of the Association. In his absence a Senior Vice President shall take the chair.
- R) In the event of the absence of the President and SVP, any Vice President one of the members present other than a member of the Council shall be elected to the chair.

Voting:

- S) All members of the association shall have the right to vote.
- T) Voting at all General Meetings shall normally be by show of hands unless

elections are being held in which case a secret ballot will be held.

- U) Motions at General Meetings of the Association shall be declared carried by a simple majority vote.
- V) A 2/3rd majority shall pass constitutional amendments.

POWERS: All decisions made at General Meetings shall be binding on the Association.

ARTICLE XI – AMENDMENTS TO THE CONSTITUTION.

SECTION 1: Any amendments to the Constitution shall be made only at the Annual General Meeting.

SECTION 2: The proposed amendment shall be made in writing to the General Secretary at least six weeks before the Annual General Meeting.

SECTION 3: The General Secretary shall circulate the proposed amendment to every member of the Association at least four weeks before the meeting.

SECTION 4: Amendments to the Constitutions shall be carried only if at least two thirds of the delegates present at the meeting shall have voted in favour.

ARTICLE XII – DENTAL JOURNAL OF PAKISTAN.

The Journal of Pakistan Dental Association shall be the official organ of the Association:

- a) The Journal shall be produced an Editor, who shall be responsible for the publication of such journal, periodicals and proceedings of the Scientific Meetings of the

- Association, as the Council from time to time may decide.
- b) The Editor shall be appointed by the Central Council and shall assume office on the completion of the current volume and shall hold office for two years.
 - c) The Editor shall be assisted in his duties by an Editorial Board, which shall be appointed by the Editor.
 - d) The Editorial Board should ensure that the journal should be sent to all members of the association.
 - e) The Council may approve a separate subscription fee for the journal.
 - f) The Council for the journal shall approve a specific budget.

ARTICLE XIII – GENERAL.

- A) The President or the General Secretary in consultation with the President shall be permitted to publish or write any correspondence or articles to the Government, the Press or any Public body on matters pertaining to the profession/ Association or in the name of the Association.
- B) The Standing Committee of Council (Article IV Section 4) in the name of its Chairman shall have the same privileges as mentioned in sub-section B only in the matters of urgency.

ACCESS TO THE RECORDS:

- C) Every ordinary and life member shall have ACCESS AT THE HEADQUARTERS OFFICE, to all the records, minutes and correspondence of the Association, provided two weeks notice is given to the General Secretary.
- D) The General Secretary, however, may at his discretion refuse such access when he considers that confidential matters may be disclosed which may be or harmful to the interests of the Association. Under such circumstance a member may appeal to the Council whose decision shall be final.

AUDITORS:

- E) A certified public accountant or a Chartered Accountant shall be appointed as an Auditor every year at the General Body Meeting.
- F) Duties: An Auditor shall audit accounts at the end of the year or more often if required, and shall give suggestions for proper keep of account.
Legal Advisor may be the Association, shall be appointed by the Council as deemed necessary.

ARTICLE XIV – CODE OF CONDUCT:

The following Code of Ethics and Professional Conduct is prescribed to enable the members to understand their responsibilities and obligations to the patients, to the community at large, to the fellow practitioners, to the profession and to the country as whole.

SECTION 1: Professional Conduct of Members: The Principles of Ethics and Code of Professional Conduct of this

Association shall govern the professional conduct of a member of this Association.

Display:

- A) Lettering and Signs: The use of lettering and signs that create forced attraction generally reduces respect for the user and the profession. While the question of respectability of the size of a signboard is left to be decided by the Central Council and Branch Societies/Committees. Signs of dentures of any other kind on the boards or windows shall not be used.
- B) The Board or Windows shall contain the name or names of the dentist or dentists, the word “dentist” or “dentistry” or “dental surgeon” and, if desirable, the office hours and only the diploma or degree in dentistry or some recognition as may have been obtained can be used.
- C) All Boards and other introductory material shall truthfully represent the academic training and qualifications of the member.

- D) Cards and Letterheads
Information printed on these
should be in good taste.

Announcement and Advertising: Announcement to one's patients may only be made in case of change of address or such other change which is worthy of the patient's notice such as discontinuance of practice or the like. Such announcements in good taste. Advertising in inconsistent with the present accepted professional behaviour and should be discouraged.

Commission: Commissions offered in any form as an inducement to refer patients to radiologist, pathologic laboratories, drug stores etc. are violations of good professional conduct.

All questions of an ethical nature shall be decided at a general session of the Central Council to which all proposals may be submitted. All members shall adhere to the decision of the Council.

The foregoing principles do not cover the entire field of ethics for members of the profession. To ascertain others one has to be guided by the best interests of the profession and the constitution and that he can match the highest of the community.

FORMATION OF RCD DENTAL FEDERATION

During my Presidential period of Pakistan Dental Association 1969-70 I had mind to create RCD Dental Association Federation. In this regard I had the opportunity to visit Turkey and Iran, on my way back to Pakistan from London 1970. This visit was by train from London to Turkey.

The Dental leadership of Turkey felt profound happiness and expressed gratitude for my visit and determination and promised to participate fully in this campaign that the dental surgeons of three Muslim countries should form an association for uplifting of dental profession. The dental surgeon of Turkey— Istanbul supported the idea. It was a great source of encouragement for me. I took a flight from Turkey and landed in Iran, when I visited Iran, the Iranian dental surgeons also appreciated the idea and promise to help this programme so that the dental surgeons of three countries should have one platform for exchange of teachers and students in the eradicating battle of quackery and creating space for qualifying dentists. The Iranian dentists congratulated me for this creative idea and they determine to grow up this federation for better understanding among the

dentists of Muslim countries. They were also delighted to have me among themselves for purpose of feternity and unification and uplifting of dental profession.

I, after having done DPD from university of Dundee U. K. 1970 visiting Istanbul & Tehran in 1970. When I reached at Lahore I had held a meeting of Executive Committee of Pakistan Dental Association, Dr. Bashir Mirza BDS, was the then General Secretary and I put forwarded the whole idea of RCD Dental Association Federation. There was some difference of opinion and some conspiracy hitched out against my vision that Dr. Soofi might become leader of R.C.D.

After the dismemberment of one unit 1969 (West Pakistan) when I felt the profession was divided into Older Provinces, I being born in NWFP, was advised by the Government go to NWFP for my joining at District Headquarter Hospital Mardan as a Dental Surgeon. Some of the important leaders of the dental profession took opportunity to occupy the seats, and thus election were held at Town Hall and Dr. Zia Bhatti who has come from UK, was elected as President, Aslam Ch. was elected General

Secretary, therefore, the idea of the formation of RCD Association of Iran, Turkey and Pakistan could not be fulfilled due to my departure from Lahore, if this was fulfilled through this organization, we could decrease the problems of dentists, population and students and we could provide them proper guidance, help, understanding and communication.

Later on I decided to hold Muslim World Dental Conference. In this regard I had the opportunity to meet the President Islamic Republic of Pakistan General Zia Ul Haq 1978 and put forward this idea to him at King Edward Medical College, Lahore. He appreciated the idea and promised to help all through this programme and directed to Director General Health to help Dr. Soofi in this regard for holding Muslim World Dental Conference in Lahore. Later on this conference converted into Dental Conference and was held in 1983. Again conspiracy hitched out against my progressive and promotive ideas. All arrangements were made and we had lot of excited meetings in this regard and this meeting was taken away; but I was Secretary Coordination and information.

History of Dentistry through Foreign Visits

My Foreign visits provide the chance and opportunity to the development of the dental profession and it involve lot of preparation for presentation of the papers in 1986 I represented Pakistan in International Symposium on Dental Hygiene in Oslo. It was a very good Symposium of international level where dental hygienists all over the world were present and we had interaction. It was 10th International Symposium on Dental Hygiene.

I too was also invited American Dental Association but I could not participate. British Council sponsored me because of my previous achievements as British Council Scholar of University of London 1951. I was taken and my visit was arranged to various schools.

Achievements through collective efforts of dedicated Executive Members

Pakistan Dental Association, Lahore has been taking the responsibility to create awareness in the community to get rid of the dental diseases, in order to make the people aware about the causes of disease and to prepare them to adopt preventive measures in their daily life.

Pakistan Dental Association has held symposia on oral health, oral cancer and such others to create awareness about manifestation of diseases in oral cavity and its prevention.

Zeal and efforts of PDA Members are a great source of strengthening the cause of Public Dental Health objectives, and giving of motivation through potentialities of the experts, and extending help for upkeeping the knowledge of Islamic values, which is a source of preserving the oral health and general health in accordance with modern science, and values of Islam to safeguard the society from AIDS, which is being a great risk, as it has spread in India, Thailand and Sri Lanka.

For the educational purposes to the community, a health Education programs have been conducted carrying research of intellectuals in this field and for past two decades of PDA Lahore, press media on request extended every help for the promotion and achieving the goals of the oral health programmes of PDA by publicizing lectures and other materials helpful in such drives.

The interest of the PDA Lahore was to serve the Profession by communicating directly to Government and keeping liaison with peoples and dental surgeons. Thus it has remained effective and its voice has gained the attention of the high-ups. On these principles and discipline it has been governed by the Executive of PDA Lahore, who has served the profession constantly with reliability and potentialities, though, with limited resources. It has translated the meaningful objective and comprehensive devotion as single segment of the healthy society and thus has achieved significant position as an Institution of the qualified Dental Surgeons. All its policies and contributions clearly remained fruitful in accordance with its constitution. PDA has launched a programme of health education, academic discussion, organizing important lectures and inviting the attention of the government to the day to day problems of the Dentists, social status and such other positive missions. Its

vast dimensional activities remained successful to carry out the dreams of the devoted colleagues. The Association's important feature and profile is 'service' though being small in number.

ADDRESS OF WELCOME TO DR. AMIR MUHAMMAD KHAN SK. SECRETARY HEALTH, GOVERNMENT OF WEST PAKISTAN AT FIRST SOCIAL GET TOGETHER OF PAKISTAN DENTAL ASSOCIATION (UNITED PAKISTAN) ON FRIDAY THE 11TH AUGUST, 1969 AT 9.00 PM AT HOTEL INTERCONTINENTAL, LAHORE.

Dr. Amir Muhammad Khan, my colleagues, Ladies and Gentlemen.

It is my proud privilege to welcome you all at the occasion of first “Social Get Together” of the Pakistan Dental Association this evening. There is hardly any need to introduce you to Dr. Amir Muhammad Khan, S. K. Secretary to Government of West Pakistan, Health Department who has served this department for about a decade. Besides the Secretary Health, Dr. Amir Muhammad Khan is a research worker in the field of Tuberculosis and had made several changes in the existing set up of the medical service in West Pakistan. His calibre as Administrator or head of the department remains unparalleled. My major idea to invite Dr. Amir Muhammad Khan as, Chief Guest in this function is that he was connected very well with the movement of up-gradation of the dental surgeons class II to class I. He being member of the panel of the West Pakistan Services Demands Committee has recommended the case to the higher Committee for

implementation. I would like that Dr. Amir Muhammad Khan himself should explain the real situation and the concrete progress about the case of the dental surgeons and their problems. I feel my duty to enumerate certain problems confronting the dental surgeons. First, in the top is upgradation. Government of West Pakistan on 9th May, 1969, has upgraded the WPHS-II to WPHS-I (Jr) and not mentioned about the dental surgeons. When the Offices were contacted it was revealed that due to separate services the dental surgeons were left aside. The WPDS was created in 1964 by the Health Department, Government of West Pakistan. Since then there is no separate cell any chance of promotion in this service. The present dental service, needs complete overhauling because: -

- a. There is no chance of promotion to a member of this service from Class-II to Class-I (Junior or Senior) as such no Class-I post does exist in any form, which, of course retards the active spirit of the individual member of the profession for research initiative in application of the scientific knowledge to the public, drive in service and lastly losses the interest of his basic ideology of honesty. With the result that society losses the splendid, technical

assistance from unhappy members of the Provincial Organization.

- b. No person from Dental Profession heads the Dental Service. The service has no separate cell for scholastic and Scientists of Allopathic system of medicine and surgery, in the field of Dental surgery. Thus, the Dental Surgeons, however, with the higher qualifications experience and devotion, research and publication in the field of science more than any body, are deemed to be administered by the medical personal, who with all will of granting a large share to Dental Surgeon, are however, helpless precisely to understand the problems or logical changes, or stage of promotion or research facilities or due share of equal status and stability in service of the Dental Surgeon. Often they could forget the correct advancement of the dental science and its achievement in the world. I am sure it is not done with purpose. It is all an oversight.

This increasing setting aside cases of Dental Surgeons for better services, promotion and dignity, has created suspicion, among the clear minds of Dental Graduates although, that may not be root of it by medical personnel. The Dental Experts at one occasion felt “we are left alone

by the Medical Friends, Teachers and colleagues, with whom are have marched equally for purpose of demands for dignity of the Profession”.

- c. Once the dental Surgeon joins service he remains as the same officer even after 17 years of service. There is no such service where no chance of promotion is there. So if the service does exist it should provide the dental surgeons a chance of promotion to senior scale after some period of their service and professional record. Similarly the services should be headed by the dental surgeon and a complete set up in the service may be introduced. Due to shortness of time I shall not got into detail of the service which has already been submitted in detail to the Health Study Group, Government of West Pakistan.

RECOMMENDATIONS

1. W.P.D.S. may be amalgamated with WPHS as in the past and due promotion in service may be provided to the Dental Surgeons for his good work and conduct, research and publication and interest for patients according to his seniority at par with the Medical Graduates.
- OR
2. In case of separate service:

- a. It should have Joint Secretary (Dental), like Medical and Public Health Joint Secretaries.
- b. In the Regional Directorates there should be Assistant Director (Dental) at par with Medical and Public Health.
- c. There should be Provincial Institute of Preventive Dentistry to provide the training to the technical personnel and health education to the masses to the various means of dental education.
- d. Each Health directorate in the Province should have a Dental Health Education Officer, who shall deliver health education scheme in collaboration with Medical Health Education.
- e. There should be School Dental Officer at District level, who shall provide the dental treatment in addition to dental check up and dental education.
- f. There should be Police Dental Surgeon at the Provincial Medico-Legal Centre, to help the Provincial Medico-Legal Surgeon.
- g. There should be mobile Dental Unit headed by a Dental Surgeon in each District attached to the District Health Officer's Office to provide the dental aid to the rural population and scattered areas.

- h. Dental Surgeons at Distt. Headquarters Hospitals and the Divisional Headquarters Hospitals should be upgraded to Senior Class I by the length of their service and they should not be influenced in administration by Junior Medical Personnel to avoid any clash.
- i. Tehsil Headquarters Dental Surgeons should be given Junior Class I, with independent clinics without any influence.
- j. Accommodation to all Dental Surgeons, at all levels may be provided as it is so with the Central government Hospitals, Armed Forces, and Railway.
- k. Share of fee in the government Hospitals may be provided to the Dental Surgeons.
- l. All Boards, Commissions, Health Study Group should have a Dental Representative because the Dental Service is under the Health Deptt. And includes Dental Health as well.
- m. A Dental Officer for Medical Stores Depots. The Stores Depot of the Government of West Pakistan without a Dental Officer is helpless to indent, check, examine the proper dental instruments. A Dental

Officer for Karachi and Lahore Depot, shall however decrease the problems.

- n. Permission to form the Provincial Dental Health Services Association as WPHS Association.

SEMINAR ON DENTAL PUBLIC HEALTH –1973

Under Public Health Association of Pakistan and Maternity and Child Health Association

Being actively engaged in affairs of Public Health Association and Maternity and Child Health Association and as a life member I arranged three days conference of Dental Public Health at Lahore under the auspices of MCH & Public Health Association in 1973 in which Federal Minister for Health Sh. Rasheed, Governor Punjab, Nawab Abbassi, Provincial Minister for Health, Brig. Sahibdad were guests of honours each days and Senior members of dental profession like Brig. Dr. Atta ur Rehman, Dr Ahmed Hassan, Dr. M Z K Niazi, Dr Rafique Chattha, Prof. Saleem Cheema, Prof. B. A. Yazdanie, Dr. Joe Colo, Dr Amir (Karachi), Dr Dara Harnosji and many others have attended. After this successful 3 days Seminar I was suggested by senior member to set up Pakistan Dental Association, Lahore.

**WELCOME ADDRESS OF PROF. DR. M. A. SOOFI AT
HANDING OVER CEREMONY, PDA LAHORE, MARCH 3,
1996.**

I feel pleasure in congratulating your team which has come forward for advancing the cause and future of dental profession. I truly admire your gesture and I am indebted to you all for giving consent for this ceremony of handing over and taking over, today i.e. March 3, 1996. This is indeed a historical occasion and an important moment as it has happened after 22 years.

We are hopeful, that under the honest leadership of Dr. Mohammad Aslam Chaudry, President Pakistan Dental Association, PDA, Lahore Branch, who has the capacity to do hardwork and precise task will overcome hardships and problems confronting this profession.

Since all members of your team are dashing and dedicated, I am sure they will triumph over. Your offer back the profession is a hopeful sign and this is favour to the profession, that your have opted to choose such an arrangement. I am sure your whole hearted and active programme for the cause and promotion of the profession will bring better results. You are also privileged to have the blessings of PDA Centre whose President has got better background of knowledge and skill, and much experience of running an organization. Dr. Mohammad Saeed therefore is hope of betterment for the glory of the profession.

I am hopeful that you will march with dignity and will continue marching constantly to the concept of perfect profession in fitness. I am confident, that you will correlate procedures that confirm the friendship, concept of learning, concept of correcting and a bond of unity among all. You are richer with younger generation with

younger spirit and experienced guideline of Prof. Dr. Tariq Zaman, who is known for his politeness.

There on behalf of the Executive Council of PDA, and old members, I welcome you all to the position of dignity.

I express my thanks to those who had been marching on as a team with me and spent their means to support the profession, specially Dr. Shuja ud Din Qureshi an untiring and most dutiful Secretary General. My task was easy with him and them, I salute to my valuable team for their struggle and efforts. They have been working for 22 years and uplifted the glory of profession.

I also express thanks for pains and planning of election 1995 by Prof. Muhammad Waheed Sheikh, whose wisdom has given us a dynamic team to lead.

I quote extract from a public speech of Quaid-e-Azam Mohammad Ali Jinnah at the University Ground, Lahore, on Oct. 30, 1947. The Quaid said:

Do not be overwhelmed by the enormity of the task. There is many an example in history of young nations building themselves up by sheer determination and force of character. You are made of sterling material and are second to none. Why should you also not succeed like many others, like your own forefathers. You have only to develop the spirit of the Mujahids,. You are a nation whose history is replete with people of wonderful grit, character and heroism. Live up to your traditions and add to them another chapter of glory.

The struggle for existence on equal status with medical men for many years have been continued by PDA Lahore. It was not an individual achievement, but executive of PDA is responsible. With

combined efforts such changes are being witnessed, both socially and in constitutional term in service matter. Cherished to the memory, I being elevated to rank of Principal of Postgraduate Medical Institute is a living example. Similar inspiration of equality is Dr. Mohammad Rafique Chatha and Dr. Muhammad Aslam Ch. Who held highest position over medical men in their discipline. Dr. Talibullah Shah has done Postgraduate Diploma in Hospital Administration. This process has gone through many screens and scenic, but result is beautiful composition of portrait of equality at par with medical men.

Many times dentistry was debated, criticized and discussed, but rigorous pursuance has overcome the snags that attend your upon that venture, by the bureaucrats and others who could be affected. However with support and head and heart of every body, the things materialized and thus dentistry today is different in its prestige and it owns a vast dimension, a giant in medical science. It is just due to your sharing and actively striving and efforts that dream has come true. Now dentistry is a science a determining factor in person health and a dignity in its commendable service to humanity.

On my personal level, it was the desire to carve a niche status. In our early days, we were humiliated in class, outside, or elsewhere even after graduation in 1956 we were labeled as Tooth Puller alone. This pinching attitude aggravated and agitated to seminal ideology, that we are not less than that hence idea transcended to marry a medical doctor, and in this respect I waited for 5 years for nuptial bond but it has happened in 1961. Evidence is present here Mrs. Dr. Iqbal Soofi she became life member, we became life member of PMA office bearer, Finance Secretary and Chairman for various committees of PMA. Founded Dental Action Committee marched in , marching with white coats to Governor House for equal status. All present here, now the distinguished

seniors, were in that compilation of protest on the streets of Lahore. It was a platform of unity of profession.

All ranks, teachers, doctors, private practitioners and students strived. The hitherto unknowing and unknowingly covered untapped dimension. This is a little aspect of the struggle for dental profession. We had conducted series of seminars, workshops as well.

Our aim was to encourage academics continuing education and clinical research on the various aspects of dentistry in Pakistan. We had formulated guidelines for promoting the concept of preventive dentistry and suggested an Institute of Public Health Dentistry. We had disseminated knowledge to public through information on various aspects of dental health and published various papers, material for graduates and public, and thus have created awareness among the younger and older generation of Pakistan about importance of dental care. We too have been disseminating knowledge through documentary information material through guest speakers regarding latest technology and skill in various branches of dentistry. We had arranged seminars, conferences and through electronic news media have generated awareness about the historical aspects and current knowledge of dentistry.

You are a witness as Secretary of the 4th International Dental Conference and its significance as a Model event hosted by PDA Lahore Branch and it has given better effect to the organization as rationale of Pakistan. We have continued to generate and enthuse a sense of responsibility among Pakistanis to take the burden of leadership such as today. Our race is to get you on the top of dental profession.

Once again I express my pleasure to welcome you and now handover the affairs of very old branch of PDA to you for promotion of the profession. Allah may help you.

Ref: Medical Review May, 1996.

UTILITY OF DENTAL EDUCATION AND ABSORPTION OF QUALIFIED DENTAL SURGEONS

Since there are three Institutions in West Pakistan and one in East Pakistan, about 40 to 50 Graduates are given Degree of Bachelor of Dental Surgery every year. So there should be some way to absorb them and report has been submitted to the Health Study Group.

- a. All Rural Health Centres should have Dental Clinics.
- b. All the High Schools (School Dental Service).
- c. All the Tehsil Headquarters Hospitals.
- d. All the Sub-Centres Rural Health Centres.
- e. All the Municipal Corporations/Committees.
- f. All the Police Headquarters.
- g. All the New Colonies/Sectors like Gulberg, Samanabad, Model Town, Baghbanpura, Shahdara, Saddar, in Lahore and in other big cities in West Pakistan.
- h. All the medical centres of the Universities like Punjab University, Agriculture University, Engineering University and such other in West Pakistan.
- i. Extension of Dental Services in the P.W.R.

- j. Creation of Dental Section for West Pakistan Social Security Scheme.
- k. Lady Dental Surgeons posts with APWA, Maternity and Child Welfare, Red Cross, T. B. At all the Distt. Headquarters levels.
- l. Mobile Dental Units for Rural population.
- m. Aquaf Department should also have Dental service with medical service.
- n. The Defence Forces should have Lady Dental Surgeons.

DENTAL SURGEONS AND POPULATION PROPORTION IN PAKISTAN

According to WHO Chronicle, PP-527 in December issue on Dental Health and Education. This reference is concerned for dentist – population ration of the various countries of the world. However, Pakistan is at the bottom. One Dentist for every 4,35,000 population. According to district-wise posting of the Dental Surgeons it appear that one Dentist is meant for 2,50,000 population. Most of the Districts in West Pakistan varies in population i.e. from 2,50,000 to 32,00,000 population. And one Dental Officer, however, is responsible to look-after the Dental need of the population which is not sufficient. In England a sub-

committee appointed by the Council of British Dental Association in 1964 recommended that one Dental Practitioner for 5000 population and ideal would be 3000 for one Dental Practitioner.

BRAIN DRAIN IN DENTISTRY

Scientists have always been able to move freely between country to another for search of knowledge and emoluments. Many Dental Surgeons have left the country in frustration of admiration of their work, recognition of the scientific knowledge of their field and lack of under-standing and share towards the dentistry by the department. About 25 graduates of the de'Montmorency College of Dentistry, Lahore, have settled down the practice in Great Britain, two in U.S.A. and Canada one in Japan and about 20 in Middle East countries in service. Some of the qualified Dental Surgeons have left the profession and have adopted some other trade for means of their livelihood and an few are in search of job in the country. Several are helpless to start their private practice to serve the community but are helpless for want of funds. The Dental Surgeons are the well fitted scientists, for purpose of loans to set uyp their clinics under the talented pool recommendation by the Deputy Chief Martial Law Administrator.

CHAPTER-7**ACHIEVEMENTS OF PDA LAHORE BRANCH****CREATION OF SOUTH ASIAN REGIONAL
COOPERATION (SAARC)**

Dr. Tariq Zaman was president of Pakistan Dental Association Centre 1990, he had the association with the Sri Lankan Dental Association specially its President Dr. Mrs. I. Ratnayakay and there found South Asian Dental Association Federation in which Dr. Tariq Zaman was elected the President and Dr. Mrs. I. Ratnayakay was elected as President Elect and delegate from India was elected as the General Secretary.

There was Pakistan National and 2nd SADAF Conference from Nov. 25-28 1993 at Hotel Holiday Inn Islamabad by Pakistan Dental Association Central Zone. The Conference was attended by delegates from Sri Lanka, India and Pakistan. This revival and discussion was continued and thus the strengthen was carried out.

There was a Conference at Sri Lanka, Sri Lankan Association at Hotel Galadari Meridien Colombo Sri Lanka. It was attended by the delegates of India its General Secretary Dr. V. Dikshit and the council members. Dr M. A. Soofi attended this Conference as council member alongwith the Dr. Prof. Waheed Sheikh. The constitutional reform were discussed and M. A. Soofi submitted constitution which was very much appreciated by the delegates and thus he was elected as President (Elect) of the SADAF. The constitution was discussed in length and was adopted after full discussion by the delegates and member of the SAARC Countries. In the same evening, the successful assembly of the leaders of Dental Profession from SAARC Countries was ended with unanimity.

President (Elect) Dr. Mrs. I. Ratnaykay hosted a dinner at the residence; it was attended by SADAF council members and their spouses, Sri Lanakan council members and their spouses. Then next day meeting of the educationists was held and the progress was made for this organization. It was wonderful evening when the Prime Minister of Sri Lanak Mr. D. B. Wijetunga and Minister for Health and Women Affairs, Renuka Herath Ranaweera were the guest of honour in 60th Anniversary Scientific Session of SLDA

and the first congress of the SADAF. It was wonderful show, very loving and exciting evening. The cultural show of the Sri Lankan artist was displayed with traditional dance music and other social activities, which were like by all the audience. The closing ceremony of the SADAF was very momentous where the award was distributed and Dr. Mrs. I. Ratanaykey was elected as second President. She thanks the outgoing president Dr. Tariq Zaman Pakistan and appreciating his pioneering and skill efforts to steer SADAF. She gave outlines and ensure hard work of coming year.

In this picture: Dr. Ratnaykay chaired Dr. Dikshit G. S. and Dr. M. A. Soofi President (Elect)

CREATION OF NEW POSTS OF A. P. IN VARIOUS BRANCHES OF DENTISTRY

During the past two decades, there have been many advances in all the disciplines of dentistry and there has arisen many accepted concepts and practices relevant to the modern thoughts which stand no parallelism in the history of this science.

- Vast new vistas in the practice of dentistry are opening up with exciting new developments like: -

- Use of lasers in the treatment of carious teeth.
- Implant-materials and techniques.
- New dental restorative material and technology.
- Computer assistant designer and fabrication of dental restorations.
- Zero-radiography and magnetic resonance in the diagnostic field.

The explosion of dental knowledge is becoming essential, practically both to the teachers and students to keep abreast of, and cope with rapidly changing dental scene. This also is essential for the patient of today who is better educated, more aware, more assertive and therefore he expects new techniques and the best expertise from his dentist.

The Dentists, who neglect to acquire the modern techniques, will find himself stagnating in dull, routine, out-dated and un-rewarding practices. It is therefore, imperative that the teacher and the student in the teaching institutions may be provided modern dental programmes in order to provide the “hands on” experience for gaining expertise so as to render best possible services to the patients.

There are many sub-specialities in Dentistry, which the younger group have selected for preparing themselves to render the services in a particular field. For example in oral surgery young persons have done masters and fellowships and got their specialisation removing the deformity of the cleft palate through surgical technique and such other maxillo facial surgery specialists are available with advanced knowledge. Their skill and technique is needed in our country because such cases were dealt with previously by the general surgeon and that was not the proper service. Similarly some young boys have specialised in pedodontics, periodontics, public health dentistry, restorative dentistry and orthodontics. There is a need, for that the services of such experts may be utilized in the better interest of the profession and of the patient. We also need teachers in these specialities.

SUGGESTIONS

To help such fortunate professional members of our community as well as the patients and the children regarding oral health and its importance, and ways and means, of achieving and maintaining dental health in all specialities, there is need of

creation of new posts of Assistant Professors in the new sub-specialities of the new sciences in order to: -

Promote and encourage the feelings of these dental surgeons who have obtained the Postgraduate knowledge from the world over Dental Institute, either through scholarship or self sponsorships and putting themselves in hard task.

To help the dental students in the prosecution of their dental studies in the prosecution of their dental studies in the teaching institution with the modern science and technology.

To promote the scientific feelings for creating new literature and research for the information and knowledge to the general practitioner.

To raise the status of the education at par with the world level.

Keeping the above objectives, there is necessity and correct time to take stock and assess to curriculum and present staff for the above commitment, if we don't stand atleast 2/3 of the world, in this scientific field there is need for culmination of such positive efforts when we may successfully organize the teaching system through these experts.

Since inception of the de'Montmorency College of Dentistry, Lahore, there used to be four professional chairs for the dental students for teaching purposes:

- Oral Surgery
- Operative Surgery
- Orthodontic Surgery
- Prosthetics

Instead the expansion of the sub-branches of these four specialities the previous organization, curtailed to two chairs and at present, the two professorial chairs i.e. Professor of Prosthodontics and Oral Surgery are working. The former professorial chair is heading the college as a Principal and Dean of Dental Faculty of Punjab University, other professor of oral surgery is under administration and planning of the Punjab Dental Hospital, the biggest curative centre for oral health healing. And the rest of two chairs (Operative & Orthodontics) are not actively functioning. Perhaps the chair of Restorative Dentistry has been infused to another set up by the previous organization and thus this is depressing environment for the young dentists and the students. Who neither can avail facilities of teaching nor of the posting.

With the result the fresh young blood with Postgraduation stand disturbed, disgusted and disappointed, and many of them, for valid evidence, have left for Saudi Arabia or Europe to satisfy their thirst of service for their existence.

AIM OF DENTAL SERVICES

Aim of Dental Services is not merely to relieve the dental pain or extract the tooth or fill up the cavity etc. etc. But is to create in the patient an awareness about the oral health which is more rewarding and desirable purpose motivating him to accept the oral health is preferable, and that can only be achieved through the modern science and technology. If our undergraduate students are not provided modern technology and science they shall not be able to provide the required services to the community.

The dental profession in Pakistan, with our continuous efforts of educating the masses is becoming recognized and the role of Dentists as a useful person to the community is becoming more and more clear. Therefore, to utilise the services, we need teachers of this branch, we need public health educators to prevent the public from hazards of smoking, Paan chewing and other

pernicious habits which lead to AID and better healthful diet, regular exercise, breast feeding etc.

With the population of crore persons of the Punjab there exist three posts of Professor and 5 Associate Professors, so there is a well spell out necessity to create new post of various sub-specialities of such branches with immediate effect and special funds may be asked for to meet the expenses to absorb the fresh Postgraduate experts to impart knowledge to the students and better services to patients. If this is not being done the dental science in Pakistan will not become promotive.

POSTS TO BE CREATED

To utilize the services of these qualified people for maintaining productive treatment schedule to the patients of such specialities and to create promptness and interest among the younger students in the well interest of country and profession that at the premier institution, AP Paediatric Dentistry, AP Facio-Maxillary, AP Public Health Dentistry and AP Restorative Dentistry may be created and a professorial chair for preventive dentistry and Operative Dentistry post may be revived for

maintenance of the control over potential Department of Conservation.

The previous AP post of periodontology and new post of pediatric and public health dentistry should come under the regular control of professorial chair of public health dentistry. Similar practice may be adopted at Multan and at College of Community Medicine Lahore, post of AP and Associate Professor may be created to make the Department at par with other Departments.

FINANCES

Finances, which are to be spent, will be much lesser as compare to the quality of the Postgraduates and their utility for the cause and promotion of dental science.

The sources may be pooled out from any corner so that those in profession should not leave country as many have left. This is the only way for saving the brain drainage.

**PRESS CONFERENCE BY PROF. DR. M. A. SOOFI,
PRESIDENT, PAKISTAN DENTAL ASSOCIATION,
LAHORE BRANCH AND PRESIDENT ELECTED OF
SOUTH ASIAN DENTAL ASSOCIATION'S FEDERATION
– 6.1.1993.**

The press conference was also attended by Dr Nazia Yazdani, Vice President, Dr. Shuja ud Din Qureshi and Dr. Ashiq Ghauri, President, PDA England Branch.

The Chief of PDA and Elect. President SADAF Prof. Dr. M. A. Soofi urged upon the government that Dental Surgeons having Postgraduate Degree/ Diploma in various sub-specialities of the Dentistry may be provided appropriate jobs in Teaching Institutions in Punjab i.e. de'Montmorency College of Dentistry, Dental Section, Nishter Medical College, Multan and College of Community Medicine, Lahore in the form of Assistant Professor, Public Dental Health, Paediatric and Preventive Dentistry, Restorative Dentistry, Facio-Maxillary Surgeon at each District Headquarter Hospital may be created for these specialities to help Accidents, Emergency and Trauma cases and in the field of mandible maxilla. He too urged that problems of junior doctors

may deal with at par with the medical doctors in framing career structure, House Rent and Non-Practice Allowance.

Dr. Soofi invited the attention of government towards girls hostel for Dental Students. At present he said, there is no hostel for Girls Dental Students which number 150/175. Previously the girls used to stay in KEMC, Fatima Jinnah Medical College Hostels but they have been thrown out. Therefore, government should take immediate action to provide hostel for Dental Girls Students for continuing education, developing the research and science/technology of dentistry. He proposed establishment of Postgraduate Dental Institute attached with de'Montmorency College of Dentistry or College of Community Medicine to further provide opportunity to the updating science like laser, implant and cosmetic and preventive dentistry.

Prof. Dr. M. A. Soofi was very much concerned about the limitation of the practice of un-qualified quacks who, he said, were becoming a source of spreading AIDS virus un-knowingly while treating such patients who are silent carriers of these virus. Dr. Soofi said in order to control many side effects of other

infectious diseases. There is possibility that AIDS may get through such resources, therefore, Dr. Soofi said ban should be imposed on quackery. He also asked for the government to control the wide un-ethical publicity for Tooth Paste and Tooth Powder and this mushroom of industry should be controlled by the Ministry of Health, Dental Association to save the public from hazards of such undesirable publicity. He was concerned about the prevention of dental diseases and asked for the government to arrange electronic publicity media to prevent dental diseases. He also appreciated the government efforts to establish 2 years Hygienist Course at Dental Public Health Department at College of Community Medicine because this trained personnel is meant for providing clinical assistance to the Dental Surgeons. Therefore a post of Dental Hygienist at each District / Tehsil Headquarter Hospital may be created in place of Dental Technician or additional post in basic pay scale of 12 be sanctioned.

Dr. Soofi stressed for shifting of Dental College to Allama Iqbal Medical College, New Campus, Lahore and revision of the Undergraduate Curriculum. Dr. Soofi further stressed that all the posts of different sub-specialities should be in accordance with the PMDC's requirement i.e. Professor, Association Professor and two

Assistant Professors in each sub-speciality. Dr. Soofi said that he has visited Sri Lanka, India and other SAARC countries and he wants Pakistan to lead in research, technique and technology.

PAKISTAN DENTAL ASSOCIATION PROTEST

Pakistan Dental Association Central Council, PDA Lahore and Teachers and the students of the Dental College made a protest on Sunday 30th April, 1995 in front of the Provincial Assembly during its session. The Doctors and the students were carrying out the banners and slogans that the sanctioned allocation of funds Rs. 7.50 crore may be reinstated. The procession was lead by Prof. M. A. Soofi, President Lahore Branch, Dr. Muhammad Saeed, President Central Council, Dr. Talibullah Shah, General Secretary, PDA Central Council, Dr. Yasmeen Rashid, General Secretary PMA Punjab.

Dr. Rana Zafar Iqbal Finance Secretary, Dr. Muhammad Yousaf Assistant Professor, Dr. Khawaja Gulzar, Senior Dental Surgeon, Dr. Khawar and may others Demonstrators, house

surgeon, male & female student also attended and address the procession.

It may be pointed out that there was a long demand of the PDA for shifting of the College from the present situation and thus this demand was asked 1991 during the 4th International Dental Conference and the then Chief Minister, Ghulam Haider Wyne promised for shifting of the college out side of Lahore.

The then Chief Minister, Mian Manzoor Ahmed Watto, has allocated Rs. 7.50 crore for purchase of land for provision of building complex for College of de'Montmorency at Lahore for 1994-95 and notification was also carried out. Due some or other technical problems, it was noticed the funds has been withdrawn and allocated to some other development work. This has the incited for protest and rally was held in front of Assembly for a long time.

On the same day in the evening session of Punjab Assembly, a question was raised which the speaker Mr. Hanif Ramay constituted a board to look after the matter under the

chairmanship of Mr. Muhammad Farooq, Law Minister, Punjab with two MPAs. Ch. Ghulam Abbas, Advisor for Anti-Corruption played important role in the dialogue between the leaders of the profession and Rana Aftab Ahmed Khan, Minister for Planning and Development in the Assembly chamber. Rana Aftab expressed to the delegate and the leaders that the funds amounting to Rs. 7.50 crore shall not be withdrawn, but it shall be released immediately if the land is being purchased. Outside the assembly addressing the Rally Minister for Planning & Development assured the member of the rally that the Govt. is very keen for education and this factor is to be promoted and money sanctioned will not be withdrawn and it shall be utilized for the cause which has been sanctioned. However he also suggested to convene a meeting of leaders of profession and the Ministry of the Finance, Planning and Dev. And Health etc. in order to finalize the matter. Next day on 31st of April, a meeting of Health Dept. Finance Deptt & P&D Department and the leader of the profesion comprising of Prof. M. A. Soofi, President PDA Lahore Branch, Prof. Yaqoob Beg Mirza, Principal, Dr. Muhammad Saeed, President PDA, Dr. Talibullah Shah, General Secretary PDA and Dr. Khawar. Minister decided to hold a sub-committee meeting with Health & Finance Deptt to get away the technical objection within a week.

This rally was also given consolation assurance and help by the opposition members Kh. Riaz Mahmood, Amanullah Khan Niazi, Amjad Hameed Dasti, Raiz Daultana and many Govt. side MPAs.

While addressing the rally Prof. M. A. Soofi, President South Asian Dental Association deplore that the Dental Surgeon always are deprived of their rights he related that the dentist have to take the protest procession under the dental action committee headed by himself for getting the class two status at par medical status. The dentists are also not provided accommodation non-practicing allowance unattractive allowance are considered step citizen of Pakistan. He therefore, urge upon the Govt. discrepancies between the medical men and Dental Surgeon may be removed and same service structure be provided at par with the medical man.

CHAPTER-10**STRUGGLE TO SAVEGUARD DENTISTRY /
CORRESPONDANCE WITH PMDC REGARDING
TEACHERS IN DENTISTRY AT POST-GRADUATE
LEVEL**

The Central Council of Pakistan Dental Association felt obliged for your last visit to the Dental College, Lahore, in which restriction was imposed in those subjects in which teachers were not available. Two students have been converted to Preventive and Public Health Dentistry in place of Conservation and they have been attached to the Department of Dental Public Health, Institute of Hygiene and Preventive Medicine, 6-Birdwood Road, Lahore, for the purpose of research and thesis for Master Degree under the tutorship of Dr. M. A. Soofi, Associate Professor and Chairman of the Department.

The then Dean of the Institute constituted a Supervisory Committee for the students of University of the Punjab in the subject of Preventive Dentistry. The other student has been attached to Associate Professor (Dr. Waheed Sheikh) of

Prosthetics Department, de'Montmorency College of Dentistry. It may be added that Dr. Waheed Sheikh also possesses the postgraduate qualification in Preventive Dentistry and later on MDS Prosthetics. However, students of MDS of Postgraduate level in the Postgraduate Medical Institute for the last two years, but so far he could not write his thesis and research work.

It has been brought to the notice of Pakistan Dental Association, Lahore, that the senior teachers at de'Montmorency College of Dentistry, have not written their thesis for Master Degree Examination and this has come to light when the students searched libraries for thesis of their teachers and they could not find that of Prof. B. A. Yazdani and Prof. M. Saleem Cheema. Students wanted to know whether these teachers have written their thesis for Master Degree or not. It is difficult to satisfy the students. Thus the Central Council decided to seek your help and guidance on the following points: -

- Can any Master Degree Holder afford to guide the research students if he could not get the chance to write his own thesis or research work for his Master Degree?

- Whether for MDS thesis is a must for teachers or not? Should we take that a teacher, who could not write his thesis for his Master Degree, shall not be able to guide in the field of research under the Council advice or not?
- Can any Associate Professor with Diploma from a foreign country and research publications can be a teacher for postgraduate level or not or are there any specific qualifications for the teachers prescribed by the Council?
- Is the MDS Degree recognized by the Pakistan Medical and Dental Council? If so, what are the qualifications or conditions for recognition? Is thesis essential? If not, the reasons therefore?
- Are Master Degrees of Prof. M. Saleem Cheema and Prof. B. A. Yazdani recognized by the Pakistan Medical and Dental Council? If recognized, date and place?
- Have the Council recognized teachers, their qualifications, publications, etc. for postgraduate level? If so, please advise?
- Are there any rules of the Council that Supervisors or Examiners may possess different speciality than that of the examinee? For example, a student is to appear in Prosthetics or Conservation, his External Examiner or Guide does not

possess the qualification? If such a student is declared successful, still the Council have ruling about it?

- Can a retired Principal (1953) become Examiners for Postgraduate Degree (MDS) when he himself is MBBS, BDS only and he is appointed Examiner for every speciality of MDS. The learned Principal does not possess thesis or research works and is an old graduate.

BACKGROUND:

Sir, this profession is facing lot of hurdle by some vested interests. Teachers possess degree without thesis or research. Degree is a different subject. Candidate is a different subject. What is a novel position? After partition of Sub continent, there was dearth of genuine teachers. Supplementarians were available for the job of demonstratorship. Late Dr. H. R. Shah was a noble hearted personality-son-in-law of the then Vice Chancellor of the Punjab University, who happened to be a L.D.S. (Licentiate in Dental Surgery), brought from the Army to act as Principal, who with good intention gave “Bakhshish of MDS to five persons (in which present two are teachers of the Dental College). Dr. H. R. Shah was a very influential man, he got a separate board of Dentistry at Punjab University and himself as a Chairman that constituted board of study expunged the thesis from the Master

Degree. The “Bakhshished Master Degree” holders are now running the show and all what is happening, it goes to their credit until or unless the Council takes some keen interest, the dental profession is going to an end.

Kindly make a Sub committee regarding postgraduate education comprising of teachers of other institutions and I offer my services too. So that some fruitful results are obtained.

Note: - PMDC vide letter No. PF.89-F-77/3509, dated 18th November, 1979 has put this in the meeting and decision has not so far been made. Sub committee has been formed. No action has so far been taken. At present, if the Degree of Prof. M. Saleem Cheema is not being recognized, then he stands no credit in respect of his qualification and his additional Diploma of M. Sc. Non clinical Pathology stands in action. Therefore, he is only entitled to be examiner or teacher in non-clinical pathology and he cannot be examiner or teacher for rest of the MDS Classes.

PMDC vide letter No. PF.59/F-81(2)/7353, dated 13th May, 1982, constituted a Committee. Still the result has not so far been communicated.

With kind regards.
Faithfully,

Yours

Sd/-

PRESIDENT

Pakistan Dental Association Lahore

Dated 19th May, 1980

Letter to Secretary, PMDC, Islamabad by Secretary PDA

Sir,

The Pakistan Medical and Dental Council is the sacred institution comprising of notable members of this profession and a member from the legal profession. To us the major objective of such a Council is to develop educational standards in the medical field, based on honesty and integrity. Furthermore, prestige of the Council is dependent upon the individual character, which is a member and all the members represent nation's image. Prestige of such a highly placed institution, whose job is management, control and establishment of code of ethics from practicing doctors, is based upon the philosophy of equality and justice. Perhaps it might be another function of the Council to develop fraternity among the members and provide opportunity to participate in the promotion of the Medical and Dental profession, the scientific thoughts and duplication of mind of persons based upon the peaks of honesty is

the actual goal. If a member is otherwise, it shall definitely affect the magnitude and the prestige of the Council.

We have approached the Council previously in our telegraphic message and a letter of 6th January, 1980, but the Council could not establish the charges leveled against a highly placed and identified person as a member for his malpractice's in the past and the decision has not so far been formulated. It shall be ironical fate for this profession, if a "charged" member is taken to this Council, which is undoubtedly a highest and supreme body, and is annexed with unmoralistic personality. I am afraid, this decision, if taken, is not based upon justice. Justice demands that the culprits may be identified and their motives may be publicized so that other human beings placed at the helm of affairs of an institution should not repeat the false and misdeed and this shall curb the incentive for others to follow malpractices. If it is repeated, the council shall be blamed for such bad cultivation and malpractice. There are other persons of caliber and good integrity, who can be declared as Members and this is in conjunction with 'Islam' and Equality of Justice and the welfare of the dental profession.

Principal of the Dental College has conveyed through the legal Adviser to the Council that he has been elected as Member of the Council and his name shall be notified. This notification should not be taken by the Council and should be held in abeyance.

He was withdrawn from the Council on the basis of the charges leveled against him. If the council feels some difficulty, the Pakistan Dental Association is prepared to help the Council for the justice and for the promotion of the dental profession and to prevent the repetitions of wrong doings of an individual. The Pakistan Dental Association is prepared to present in person the real facts in the meeting of the Council to be held at Karachi on 4th June, 1980 and to prove the charges leveled against the learned professor.

I am sure, the Council shall consider this submission of the Association and shall not allow the notification of his nomination to the council to be issued and, in such circumstances we shall be allowed to represent the cause of the Association personally by a representative nominated by the Association in the meeting of the Council to be held on 4th June, 1980 at Karachi.

The above decision has been approved by the Executive Council of the Pakistan Dental Association, Lahore, in its meeting held on 18th May, 1980.

Yours faithfully,

Sd/-

Dr. Shuja ud Din Qureshi
General Secretary PDA Lahore

Letter written to Secretary, PMDC Islamabad—Pakistan Medical Council and not Pakistan Medical and Dental Council—an integrated profession dated 19th Jan, 1980

The Central Council of the Pakistan Dental Association has decided as follows in a meeting held on 17th January 1980 at Lahore, under chairmanship of Professor Dr. M. A. Soofi:

Since the teeth are part and parcel of the body and, as such, they are embedded in the Mandible and Maxilla and are being controlled by the muscles of the mastication and other nervous system supported by general blood supply. They are part of the body both anatomically and physiologically. Therefore, the Central Council of the Pakistan Dental Association feels that Dentistry is an integral part of medicine. It is a subject and a speciality like Obstetrics, Gynecology and Ophthalmology and so on. Therefore, the name should be “one” for one body. The Central Council of Pakistan Dental Association felt that the Medical and Dental Council means ‘Dentistry’ is not a medicine but is otherwise. Therefore, we request that the name of the “Pakistan Medical and Dental Council” should be “ Pakistan Medical Council”. All

matters concerning this science should be considered at par with Cardiology, Psychiatry, Pediatrics, Ophthalmology and Dermatology, etc. In this way, there shall be more integration and cooperation and the gulf shall be united.

The Central Council of the Pakistan Dental Association feels that the “Pakistan Medical and Dental council” should divert much of the attention towards the Dental Education and its uplift. This can only be done if the medical men own Dentistry as part and parcel of the general system and body. There are many countries of the world like Belgium, Italy, Scandinavia, etc. where Dentistry is a specialized Branch of medicine being obtained after medical graduation. Even in U. K., most of the Dental Professors are basically Medical Graduates. The profession remained integrated in U. K. Upto 1956 when the Specialists in this Specialty increased in number, research and teaching, the British Medical Council opted for having a separate British Dental Council. Even then, the education is integrated both at the under graduate and post graduate levels at almost all the British institutions. This can only happen, when the majority of the oral specialists prevails and there are more Oral Bacteriologists, Oral Pathologists, and in such circumstances, the separate Council can

function in a better way. Otherwise, it is difficult to promote the cause of profession and its education with the present stuff and absence of research and creative motives.

The Central Council recommends that there should be a few lectures on Dental Public Health for Medical Graduates in all Medical Colleges of Pakistan, as it used to be previously. The Dental Council concerned over the deprivation of Medical Graduates from the knowledge and teaching of this vital part of the body. The Medical Graduates should know that dental Anatomy, Physiology and Bacteriology etc. are sources diagnosis and therapeutics for the general health in order to help their ailing patients, relatives and themselves. Similarly, the Dental Public Health should be part and parcel of all the post-graduate Diplomas like FCDS, DCH, DMCH, DPH, DO and DA, etc. as the knowledge should be shared to all the persons dealing with the human body.

The Council is of the view that there should be some lectures on Orthopedics to the students of under graduates in Dentistry and they should be provided opportunities to attend the

Operation Theatres for Facio Maxillary surgery. The Council also feels that the curriculum for BDS should be changed and the duration should be made to 5 years instead of 4 years. The Community Dentistry, Ophthalmology Psychiatry and Social Sciences should be added so that the curriculum is modified to bring out a competent Dental Officer.

The Medical Graduates, who wanted to have specialization in Dentistry, should be given post graduate Diploma or Degree instead of BDS. Any body can adopt specialty. Why this should not be given option to Medical Graduates for having post graduate Diploma or Degree in Dentistry. He may be given option to have the Diploma in Public Health Dentistry, Orthodontic and Periodontology, etc.

The Central Council of the Pakistan Dental Association feels how the Medical and Dental Council has taken away the Science of jaws out of the body. It was not a good suggestion and it was not an excellent acceptance. Therefore, the name should be one as the aim is one i.e. service to the ailing humanity. The healers of the jaws should not be considered separate creatures.

The Pakistan Medical and Dental Council may also consider that the Dental Graduates should be allowed to work as Demonstrators for Head and Neck in Anatomy and elsewhere in all the medical colleges.

Sd/-

Dr Shuja ud Din Qureshi
General Secretary

REPRESENTATION BY

Dr. Mazhar ul Haq Qureshi,
Assistant Professor, de'Montmorency College of Dentistry, Lahore

Dr. M. Waheed Sheikh,
Demonstrator, de'Montmorency College of Dentistry, Lahore

Dr. M. A. Soofi,
Demonstrator, Head of Dept of Dental Public Health,
Preventive & Hygiene Institute, Lahore.

PRESENTED TO

Dr. A. A. Wyne, Member, Medical and Dental Council of Pakistan for inclusion in the Agenda of the forthcoming meeting of the Council at Quetta.

The Medical and Dental Council of Pakistan in its last meeting held at Karachi had given thorough consideration to the regulations for the appointment of Assistant Professors and Professors etc., and had decided that in Dental Institutions in the Departments which were headed by the Professors, a Post of Assistant Professor may also be created to bridge the gap between the Demonstrators and Professors.

On the directive of Medical and Dental Council of Pakistan No. PF.11-F-74/1246, dated 9th October 1974, the Government of the Punjab, Department of Health and the Finance Department were accordingly requested in the light of the above mentioned directive by the Former Principal, Professor Haider Tirmzi of the de'Montmorency College of Dentistry, Lahore, but surprisingly the demand for the posts of Assistant Professors was not acceded to by the Finance Department on the ground that the Council had not given a fair enough justification on which the Finance Department

could agree although the Department of Health strongly supported this necessary improvement.

The posts demanded were in line with the requirements of the Medical and Dental Council of Pakistan. No unit could function properly without a full staff. This is a pattern approved by the Government for all teaching institutions. Even the newly started Medical Colleges are being provided with the full staff.

There has always been unanimous disapproval from the members over the existing conditions in the de'Montmorency College of Dentistry, Lahore where four Professors of four major subjects are only supported by Demonstrators. Lately, on the retirement of Professor Haider Tirmzi efforts are being made to run the department of Orthodontia and to impart teaching of the subject by the only available junior most Demonstrator in the subject. The teaching Institutions fall in the category of vocational departments so the fate of any department could easily be visualized when no second responsible man i.e. Assistant Professor is available during the vocational period of the professor. The inadequacy of this steep fall is glaringly self explanatory. At the

same time gap between the post of Demonstrator and Professor is not conducive to efficiency and is agitating the minds of Demonstrators having no prospects of promotion inspite of their best qualifications.

The Finance Department however, wanted more justification from the Medical and Dental Council to sanction these posts. The Council has been previously apprised of this requirement of the Finance Department and requested for necessary recommendation and acceptable justification vide letter No. 1156 dated 31.3.1975 of the Principal, de'Montmorency College of Dentistry, Lahore.

The Finance Department keeping in view the increased number of students from this year, has sanctioned one post of Assistant Professor w.e.f. 25.4.1975 for one of the basic subjects (Chemistry of Dental Materials) in de'Montmorency College of Dentistry, Lahore and two posts of Assistant Professors in Dental Section, Nishtar Medical College, Multan from 1.7.1975.

Our humble submission is that according to the regulations for Dental Surgery, contained in pink booklet of Medical and Dental Council of Pakistan, the five groups of subjects consists of:-

Four major clinical subjects and One basic Dental subject i.e.

- Oral Anatomy and Histology
- Oral Pathology and Microbiology.
- Chemistry of Dental Materials.

In view of the increased number of students, the Professors cannot possibly cope with the entire teaching by themselves. It is particularly difficult for them when a class has to be divided into groups for clinical teaching or the teaching of the sub specialities within their respective subjects. For instance the subject of Operative Dentistry has within its share, sub specialities like Periodontology, Dental Radiology, Children Dentistry, Endodontics etc., Each of these is a full subject by itself and in all the foreign Universities each sub speciality has already been separated because of its vastness and voluminous. Similar is the position of other major clinical subjects of Oral Surgery, Prosthetics and Orthodontics all having multiple sub specialities. So much so, preventive and Public Health Dentistry is by itself a separate speciality. An additional post of Assistant Professor, Dental Public Health, in preventive and Hygiene Institute, Lahore,

was requested by the Dean of the Institute, which was also regretted by the Finance Department in March 1975.

In addition of the load of the work mentioned above the post Graduate courses in all the clinical subjects have made the Professors over burdened and it is impossible for them to discharge their duties with exactness without the help of increased strength in teaching staff i.e. Assistant Professors. The strength of the Post Graduates is considerable judging from the number of topics of thesis already approved by the Punjab University.

We are very much apprehensive that if the posts requested are not sanctioned by the Finance Department, the de-recognition of the de'Montmorency College of Dentistry, Lahore is a foregone conclusion and the responsibility of de-recognition will fall unnecessarily on the Department of Health.

We are hopeful however, that the Council in greater interest will emphatically stress on the following vital points: -

Gap between the Professor and the Demonstrator should be bridged by providing Assistant Professor in Clinical subjects.

Two more posts of Assistant Professors in de'Montmorency College of Dentistry, Lahore should be created for teaching the basic Dental subjects as mentioned above i. e : -

Oral Anatomy and Histology.

Oral Pathology and Microbiology.

Chemistry of Dental Materials and which are in line with the previous recommendations of the Medical and Dental Council of Pakistan (these basic subjects were being taught till last years by the Demonstrators of the Institution).

An additional post of An Assistant Professor, Dental Public Health, should be created in the Preventive and Hygiene Institute, Lahore.

Three basic Dental subjects in Dentistry should be clearly specified and posts incumbents of which should be allowed private practice or in lieu thereof non-practicing allowance be admissible.

N. B: Accountant General Punjab always refuses to pay non-practicing allowance to Demonstrators or Assistant Professors, teaching basic Dental subjects on the ground that these basic dental subjects were not included in any category announced by the Government or approved by the Finance Department for such allowances as has been done for basic Medical subjects, Anatomy, Physiology, Pharmacology, Pathology and Forensic Medicine.

IT ALSO HAPPENS MDS NO MORE

M.D.S. admission no more. In a meeting of the Academic Council of the de'Montmorency College of Dentistry, Lahore held under the chairmanship of Principal Muhammad Saleem Cheema, it has been decided not to admit any student in any subject in M.D.S. in order to facilitate adequately to those students, who have previously been admitted. Principal, in his letter No. PE-2/476, dated 23.02.1980, has informed the Dean, Post Graduate Medical Institute, Lahore for taking necessary action. The Dean in his letter No. 1334/PGMI, dated 8.3.1980, has informed the Secretary to Government, Punjab Health Department, for the inability of the

college to accommodate any student in MDS for the year 1980-81 due to acute shortage of the teachers.

During the past about six years, about 40 students got the admission in various disciplines of Dentistry for M.D.S. organized by Post Graduate Medical Institute, Lahore, in collaboration with the Dental College, perhaps, six students were the lucky to be declared successful and they were the luckiest to be in the Ist batch, who have attended the examination conducted by the University of Punjab and declared successful. The result of that batch stands perhaps the 100%. Those who passed Dr. Muhammad Rafique Chattha, Dr. Rafique, Faisalabad, Dr. Muhammad Aslam Ch., Dr. Dara J. Hormosji and Dr. Ahmed Hassan. Thereafter, no student could make his fate through. The ceasing of the admission, certainly has created alarm and even General C.K. Hasan, Secretary, Ministry of Health, Government of Pakistan, felt to have the anxiety and he too asked Brig. I. A. Khawaja, Secretary to Government of the Punjab, Health Department, how and why it has taken place, when in conversation with him in a meeting held at Lahore. The Pakistan Medical and Dental Council had written a letter to de'Montmorency College of

Dentistry. No professor can guide more than two MDS candidates.
Thus present lot admitted were divided fro various guides.

CHAPTER -8**HISTORY OF DENTAL PUBLIC HEALTH DEPARTMENT****Institute of Dentistry in Pakistan**

There are 5 Institutes for undergraduate teaching in Dentistry in Pakistan. The curriculum is of 4 years duration after Pre-Medical (F. Sc) at de'Montmorency College of Dentistry, Lahore, Liaquat Medical College, Jamshoro, Dental Section Khyber Medical College, Peshawar, Dental Section Nishtar Medical College, Multan and Dental Section Bolan Medical College, Quetta.

The Postgraduate Medical Institute, Lahore, had provided the opportunities for obtaining Postgraduate Degree of Master in Dental Surgery in various specialities, which has been ceased with and now, willing candidates for obtaining MDS degree can seek the assistance of teachers at de'Montmorency of Dentistry, Lahore like in the past. This institute is mother institution and had the status of being prime importance in the sub-continent. It was established in 1934 and since then it is imparting knowledge at undergraduate level and top few postgraduate level to the sons of

this soil and those who seek the dental education from any part of the globe. This institution has attained significance by producing many postgraduate teachers and graduates which have created name in the world of Dentistry. Most of them have earned their fame and earning their livelihood by establishment of their practices and clinics abroad specially in United Kingdom and United States of America where they have to get Practicing License in addition to their own Degrees from their mother-land. To get a Practicing License in those countries is not less than a hard nut to crack. Certain Graduates of this College had helped the Muslim countries for purpose of delivery of dental treatment to the public at large.

Almost all heads of departments of various teaching institutions mentioned above are the postgraduates of this Almameter including the Department of Dental Public Health, College of Community Medicine, Lahore. This College has the ability to share the pride conferred upon her graduate an honorary degree of Master by the International College of Dentist – a rare award (for Dr. M. A. Soofi). The College had 4 professional chairs in the past but out of the circumstances of non-availability of postgraduate doctorate or Masters in Dental Surgery, only 2 chairs are left at present. It is feared in a shortest limit of time one senior

chair of Professor of Prosthetic may get retire and after this one chair of Oral Surgery shall be kept by the present Principal, who also possesses M. Sc. in addition to his Master Degree (without thesis).

At present no evidence is available for recognition of Master Degree (without thesis) by the P.M.D.C and there is no Master Degree regular courses at Post-graduate Medical Institute, Lahore or elsewhere. Certainly there is no regular course of any Postgraduate Diploma in any of the specialities of the Dentistry. With the result a phenomenon of the teachers in Dentistry has cropped up. The institution at Jamshoro and College of Community Medicine are headed by diplomat in Public Dentistry from abroad whereas Dental Section at Nishtar Medical College is headed by a Graduate of Punjab University. Three diplomats in Public Health Dentistry are fullfledge Professors at Dental Section Liaquat Medical College, Jamshoro, and Dental Section Khyber Medical College, Peshawar.

National Seminar on Dental Public Health

A national seminar on dental public health was held under the auspices of public health association of Pakistan on June, 24, 1973 at P. C. Hotel, Federal Min. Health Sh Rasheed inaugurated it was attended by DG Health, Minister for Health, Govt. Punjab (Medical Gazette PMA 1973). It was very successful function; it was attended by large number of dental surgeons, public health workers, among the dental surgeon, Saleem Cheema, Dr. Atar ur Rehman, Dr. M.Z. K. Niazi, Dr. Muhammad Rafique Chatha, Dr. Amir Ali and Dr. Shuja ud Din Qureshi.

DENTAL HYGIENIST – QUALIFICATION AND JOB DESCRIPTION

Introduction of 2 years Dental Hygienist Course at College of community medicine, Lahore in 1978. Dr. M. A. Soofi expert in Dental Public Health introduce 2 years course of Dental Hygienist at department of Dental Public Health at College of Community Medicine, Lahore with following by-laws: -

ADMISSION QUALIFICATION:

Basic qualification for admission to the course of Dental Hygienist is matriculation. However, F.Sc (Pre-Medical) are preferred.

COURSE DURATION:

Duration of the course is two years, which involves basic subjects i.e. Anatomy, Physiology, Pharmacology, Pathology and Bio-Chemistry in general. Particular stress is given to the Oral Cavity. The clinical subjects are taught Operative Dentistry, Public Health Dentistry, Oral Surgery, Oral Anaesthesia and Radiology for practical training. The students have to attend the some quota of the patients of various specialisties for practical.

JOB DESCRIPTION:

- To assist Dental Surgeon and to work under his supervision and guidance.
- To do the scaling and polishing of the teeth.
- To extract shaky and ilk teeth under the local infiltration anaesthesia.
- To do the filling of the children and simple cavities with silver amalgam.
- To give health education and demonstration to the mothers and children and to emphasis on the need of balance food and type of the food to prevent the dental diseases.
- To apply topically fluoride to the teeth.
- To assist in the research and epidemiological survey under the advice of Dentists.
- To reduce the workload of the Dental Surgeon, who can do operative work in efficient way and can save the time of the Dental Surgeon.

RECOMMENDATION:

- NPS-12 is recommended on basis of training and experience.

DENTAL PUBLIC HEALTH

DENTAL ANATOMY, HISTOLOGY AND PHYSIOLOGY

Anatomy of teeth, Jaw and associated parts. Muscles of mastication – ligaments, Saliva – Salivary glands and its importance to dental health. Enamel – Dentine – Cementum, pulp, periodontal membrane and gums Development of teeth, tissue and jaw eruption and absorption of teeth. Different type of teeth.

DENTAL PATHOLOGY

Disease of mouth, muscles, face tumours – congenital, deformities like cleft palate, changes in teeth caused by general diseases. Inflammatory conditions – gingivitis, pericoronitis, periodontitis dental alveolar abscess. Dental caries – Pulp involvement – Granuloma – and apical involvement.

ORAL MEDICINE

Oral sepsis and general health, blood dyscrasias and oral tissues nutritional deficiencies and oral disease. Skin disorders and oral health. Psychological manifestations and dental tissues. Allergic manifestation in teeth. Alcoholism and addiction and oral health. Hormonal disturbances and oral tissues. Mental intoxication and occupational disorders of teeth. Virology in oral

diseases. Fusiformis bacilli infection and bleeding gums. Stomatitis – various forms: Gingivitis, periodontitis.

BACTERIOLOGY

Role of bacteria in dental disease, laboratory technique to get a sample for tests growth of bacteria and sensitivity testing against antibiotics qualitative and quantitative method (MIC).

PHARMACOLOGY

Role of broad spectrum antibiotics, antiseptics – lotions, gargles – tooth paste and common drugs used in dentistry. Anaesthetics, analgesic antipyretic – anticonvulsant drugs and their manifestation in oral tissues. Astringents and anodynes. Tranquilizer and their necessity in dentistry. Vitamins and iron in teeth & staining of teeth drugs not to be used in pregnancy. Drugs used in root canal therapy – apicoectomy – periodontal surgery.

PREVENTIVE DENTISTRY

Epidemiology of periodontal diseases – dental decay, fluorides and malocclusion. Aetiology of periodontal diseases:

- Acute disease
- Chronic disease

- Stomatitis
- Fungus
- Fusospirocheatal. Infection and bleeding gums.
- Prevention of dental disease, diet and dental disease, fluoridation of water supply and other uses of fluoride in dentistry. Genetics and tooth.

PUBLIC HEALTH DENTISTRY

Role of public health services. The public health aspect of dentistry. School Dental Health service. Maternity child health and its management – coordination of dental health services – dental health services in other courses. Dental health Education – Dental health planning.

PREVENTIVE ORTHODONTICS

Normal occlusion and its variation – occlusion in various nations. Incident of malocclusion and problems associated – provision of orthodontic treatment. Public health centres. Diagnosis and Preventive Orthodontics.

PREVENTIVE JURISPRUDENCE

Law and ethics applied to public health dentistry. Ethics of epidemiological studies and research projects. Out-line of forensic odontology, dental investigation like mass disasters – Recognition of bodies – general law of negligence law relating to consent. National health services – in Pakistan and medical and Medical and Medical Dental Council Regulations.

DIPLOMA – MATERNAL AND CHILD HEALTH (DMCH)

Genetics and teeth – Racial characteristics of teeth. Early development of teeth, jaw, line of exposition of milk teeth, permanent teeth, born defects in teeth, effects of drugs during pregnancy and teeth – nutrition during pregnancy, general consideration – neonatal teeth.

Nutrition during childhood, first feeding and malocclusion drugs during childhood. Dental care during pregnancy of mother, dental sepsis and general health of mother, treatment during pregnancy --need of extraction of tooth during pregnancy, dental disorders of mother and their prevention.

PREVENTION OF ORAL CANCER

Prof. Dr. M. A. Soofi, Former Principal College of Community Medicine, Assistant Treasurer PHAP proposed on the PHAP Executive Committee meeting held on 24th May, 1992 that the PHAP should organize a symposium and a walk on 31st May 92 the day designated by WHO to be the International No Tobacco Day.

The Committee agreed to the proposal and decided to sanction Rs. 5000/- from the PHAP accounts for the purpose. In addition, Dr. Akram Sheikh, MS Sir Ganga Ram Hospital, Member PHAP Executive Committee, kindly offered to arrange a donation of about Rs. 5000/- for the same cause.

PRESS CONFERENCE

27th May 1992 at 11.30 AM at Flaties Hotel, Lahore.

A press conference was held in connection with the International “No Tobacco Day” on 27th May at Flaties Hotel, Lahore.

Lt Gen (Retd) Fahim Ahmed Khan (President PHAP), Prof. Dr. M. A. Soofi (Chief Organizer No Tobacco Day), Dr. Akram

Sheikh addressed the Press Media, apprising the significance of the Day.

WALK

29th May, 1992 at 6.00 AM from Aitchison College Lahore to Faisal Chowk the Mall Lahore.

A Walk against the use of Tobacco was arranged on Friday the 29th May 1992, Malik Saleem Iqbal, Minister for Information and Broad Casting, Govt of the Punjab was the Chief Guest on the occasion. The number of participants was about one hundred.

The Walk was given coverage by all the National Dailies. Besides, Lahore TV gave it a very good coverage in the Urdu and Punjabi News.

200 soft drinks bottles were obtained for the walkers from the Pepsi bottlers free of any cost. No member of the PHAP Executive Committee except Dr. Akram Sheikh and Dr. Shaheena Manzoor could participate in the Walk.

DENTAL HEALTH PLANNING IN PAKISTAN

Read in 1st Pakistan Dental Convention held at International Hotel,
Lahore
on 27th-28th February, 1972

DENTAL HEALTH

Dental Health is concerned not with information about the oral health of the public in general, but with matters relating to provision of dentistry by the State and representatives of the public, concerning the treatment and prevention of the disease. Doubtless this is unavoidable. A complacent attitude of the Government of the “People”, towards large amount of dental diseases hitting all types of rural and urban population, will, of course, minimize the distresses. It is encouraging that N.H.S. might embark some racial changes in the existing system. And a system, which so far, we can judge, on the evidence, is full of step-motherly treatment to the dental profession. The prevailing system with specific injustice, is not only based on less remuneration, status, seniority and privilege to dental service; but more than 86% of rural population of the country has been kept deprived of routine maintenance of dental fitness, dental health education and courses and mechanisms of dental public health in the country through organised efforts; with the result, a “dentist” however, could not

undertake responsibility to see his patients, emergencies fairly were neglected, which increased socio-economic liabilities to the families and normal working hours of the sufferers suffered and ultimate loss to the economy of the State, these were maximum and multiple losses.

DENTAL SURGEON

A Dental Surgeon plays an important role in diagnosis, treatment and re-habilitation of oral-cancer, blood dyscrasia and oral-handicapped children. A Dental Surgeon being a member of healing profession, is keen to elevate the dental health, standard of the community and being a public health worker, he explains the value of early prevention and treatment of dental ills. A Dentist is a health educator, provided he is provided opportunities. A Dentist in a district is hardly ideal Dentist for population due to over work, and thick population (see the chart) and he simply has no hopes for senior post or senior scale, thus loses interest both for a healing and prevention.

IGNORANCE OF DENTISTRY

Through dental aid is an essential and integrated part of all medical programmes in the country, but in planning and organizing the health services, dentistry is simply ignored. The ignorance is

partially due to improper channel of administration and partially may be of some intention.

No provision for dental public health, no facilities for dental attention of the people, no care for schools, no attention towards the rural community – unlikely to the modes of Medical Public Health.

There is no senior post of Dental surgeon except at Centre or in teaching institution. No chance to promotion as a senior scale Dental officer or administration unparallel to the medical colleagues. The Dental Officer is a team of medical organization, why such attitude? Once he joins the service he holds the same status till he retires.

CONSEQUENCES OF IGNORANCE:

Dentist loses responsibilities:

- a. of his parents
- b. to his community
- c. to himself

A Dentist, during his dental education, acquires two major attributes, which accompany him throughout his career, i.e. ego/humility and humility, both of which offer him stature in achieving success in his elevation of pain and suffering and materially fostered the health standard. And, confidence of his ego, vanishes, in absence of his responsibility as a result of improper attention by the authorities, his humility suffers when he has not got sufficient chance to be honest and renders finest service of which i.e. is capable. Suffering of the people and community is evident.

A Dentist has needs for comforts of ACCOMMODATION, PRACTICE, POSITION, SENIORITY AND SENIOR RESPONSIBILITY IN SERVICE, AND POST-GRADUATE TRAINING. This shall provide a chance to test his ability, personality and potentialities.

DENTISTRY

Dentistry, is an ever growing profession, expanding in knowledge and technique. The Dentist cannot stop learning. His skill and knowledge should continue to improve and it should not be allowed to stagnate or become relatively out of date. A dentist cannot become specialist of all fields of dentistry. LET ALL

THE DENTISTS BE TRAINED IN PUBLIC HEALTH AND OTHER SPECIALITIES EITHER AT HOME OR ABROAD. If at home, a curriculum of post-graduate training may be stated for: -

- a. to encourage a dentist to have his ego,
- b. to benefit the population,
- c. to help the dental science in expansion.
- d. To evolve modes and methods of research.

PREVALENCE OF THE DENTAL DISEASE

Dental disease ranks as one of the greatest affliction of mankind today and affects all countries of the world. However, it affects mostly civilized mankind, which has dictated an artificial and soft diet. In our country, the periodontal problems are common, but incidence of dental decay is not less than any country.

Day and Tandan (1940), Day & Shourie (1947) carried out studies at Lahore and found high incidence of periodontal disease among the younger age group. Similar studies of Metha et al (1953), (1955) carried out in India reveal the high incidence of this disease. Ramf Jord (1961) investigated the rural and urban population of Bombay (India) and found 100% prevalence of the periodontal disease. Soofi (1962) studied school children at

Quetta and found 85% of the population having periodontal disease. Likewise studies of McCell (1933) who observed 90% of disease in U.S.A. Westin et al (1937) found 86.5% of gingivitis in Swedish school children. Saunders and Taylor (1938) noted 94% of gingivitis with Maori children in New Zealand. In the United Kingdom the incidence of the disease is likewise high, King (1940), (1945), Parfitt (1957), McHugh et al (1964), Sutcliffe (1968) and Sheiham (1959).

This has proved that the country is facing problem of periodontal diseases, especially in younger group which is evident from the epidemiological studies mentioned above. There is likelihood of increase of periodontal disease, if proper programme is not chalked out, to check the disease either by preventive methods or by curative means.

CONTROL OF DENTAL DISEASES

Health is a major asset of a nation and dental Public Health is equally important. There are two methods by which a disease maybe controlled by: -

- a. prevented from occurring

- b. once established, it may be prevented or controlled by appropriate treatment

Some curative methods are available in district headquarter hospitals of West Pakistan and some of the tehsils provide such treatment. Teaching institutions at Lahore, Hyderabad and Peshawar are better sources for treatment. A few places, Red Cross and other special organizations render dental services to the public, but PREVENTIVE METHODS ARE NIL ALL OVER THE COUNTRY. Since the large population cannot afford dental treatment at private level and 86.1% of the population i.e. rural population cannot reach the dental clinic for dental check up or treatment until and unless there is emergency so the preventive methods are must for our economy and need of the population. No country in the world could afford curative treatment without preventive methods.

PREVENTIVE METHODS: OR DENTAL PUBLIC HEALTH: is an art and science for:-

- a. preventing the (incidence of the dental disease).
- b. Prolonging the life Span of dentition
- c. Promoting dental health and efficiency through the organized community efforts
- d. Providing the real picture of the prevalence of the dental diseases
- e. Helping to adopt the methods to check up the disease
- f. Providing the statistical data and research opportunities.

And Dental Public Health should be arranged in each Province to conduct: -

- a. mass dental health education programme
- b. school education programme

These programmes: -

- a. shall reduce the servity of the disease
- b. lessen the rapidity of destruction
- c. prolong the national dentition, and correct the remediable dental defects
- d. it shall regularise the habits of the oral hygiene and methods of the children and masses.

RESOURCES AND TYPE OF DENTAL CLINICS

It is impossible for Pakistan at the stage of development to indulge in luxury, of offering full arranged dental clinics and covering to all the people as this venture is too costly and beyond our resources. Priorities in dental care should be established and a programme may be organized preferably for meeting the needs of the people. With experience of 15 years service at district headquarter hospitals, my observations show that major need of the public is: -

- a. relief and prevention of toothache
- b. prevention of oral pepsis, and cure for bleeding gums
- c. proper guidance and education

With this need we can work with simple dental clinics and arrangements for the time being. In order to : -

- a. provide services to the unemployed dental surgeons
- b. to provide the dental cover and dental aid to the 86.1% of the population of Pakistan
- c. to assist and help the Government

Knowing the population and its problems due to lack of dental man power; limited resources of the Government; unemployment problem of the dentists and inadequate staff in the teaching institutions. We therefore, suggest that all tehsil

headquarters and rural health centres may be provided with immediate dental clinics (non luxurious) under Junior Class I Dental Surgeons as Incharge of Dental Clinic. The Dental Surgeons at the Tehsil Headquarters should visit the schools of the area for giving dental health education and acquiring data for prevalence of the disease whereas dental surgeons at rural health centres should visit sub-centres on alternate days as an integrated team of the medical organization. There are 52 tehsils and 42 primary rural health centres in Punjab which makes 104 and we have got about 100 un-employed dentists with this scheme all can be employed with minimum expenditure of emergency need. Similar adaptation to other provinces of West Pakistan.

SUGGESTIONS FOR MODIFICATION OF EXISTING HEALTH SERVICES AND EXPANSION OF DENTAL SCIENCE

Since there is no technical personnel in the field of dental science either at Centre or at Provincial or at Directorate level, therefore, for proper planning and development of dental science and its administration remained handicapped. Therefore:

- a. the existing pattern of medical service, my immediately be modified having a Joint Secretary, Dental Public Health at each Province of West Pakistan. These Joint Secretaries

shall act as Ex Officio (Advisers) on Dental Health to Govt of Pakistan, Ministry of Health. There shall be liaison between the teaching Institutions and the Government for dental problems.

- b. In each region of the province, senior cadre post of Dental Surgeon with rank of Assistant Director, Dental Health should be created at parallel with medical service. The senior dentist of the province with better record of service, postgraduate work, initiative and keenness to serve the country may be considered as qualifications for such posts. This shall provide a better chance to dentists to think that there is no step motherly treatment with this profession and each dentist will work more for such type of incentives.
- c. Or person with at least seven years service be raise to Class I cadre and be nominated for postgraduate work by rotation either abroad or in the country.
- d. From the next Five Year Plan, the District Headquarter post of the Dental Surgeon be raised to Senior Class I rank and additional post of Lady Dental Surgeon be created for each district.
- e. Preventive dentistry like preventive medicine may immediately be introduced to prevent the incidence of the dental diseases. All the schools and other teaching

- institutions should be equipped with preventive programme health education should be given to all the country-men.
- f. A post of Section Officer at Centre and in the Provinces should be created to deal with dental cases.
 - g. Dental Surgeons should be provided with accommodation and other facilities off and on offered by the Government at par with Medical Service.
 - h. All the tehsil headquarter hospitals and rural health centres should have a dental clinics.
 - i. Teaching Institutions to be controlled by the Government should have a staff with postgraduate qualifications irrespect of zones, regions and domicile restriction.
 - j. A senior dental surgeon may be given chance to serve in senior post.

Effects of changes in Service

- a. This change for a dentist to work for planning and development and promoting of the cause of dentistry.
- b. Dental services in the Provinces shall be controlled and guided properly by a technical man and the Govt shall be benefited by the channel of services in the interest of the public.

- c. There shall be coordination and quality pattern of all the dental clinics in the Provinces of West Pakistan.
- d. The problems of the dental surgeons, and their needs shall be properly met with and listened to.
- e. The service shall be controlled by medical service as an amalgamated service. Separate dental service cannot serve the proper purpose.
- f. Refresher and re oriented courses will help the dental surgeons to expand their knowledge to be conducted by new system.
- g. The preventive dentistry shall flourish and have better influence over the public.
- h. Last but the least it shall help the introduction of Dental Act which is must for our country.

In the end I am grateful to Dr. Saeed Ahmed Malik, Prof. of Dental Surgery, Liaqat Medical College Hyderabad for providing me the information and suggestion. I also owe thanks to Prof. Dr Haider Trimizi, Principal, de'Montmorency College of Dentistry, Lahore and other friends for providing me help and guidance in preparation of this plan.

ACKNOWLEDGEMENT

I am glad to have the opportunity of expressing my views on the Dental Health Planning and Administrative Aspects of Dental Public Services in Pakistan. I wish to express my thanks to the Convention Committee, especially Dr. M. Z. K. Niazi, the Secretary of the Convention for the invitation to do so.

NAWA I WAQT DAILY – FORUM held on 30th May 92 at 11.00 AM

A Forum was held on the subject at Aiwan e Iqbal, Nawa i Waqt Daily, Prof. Dr. M. A. Soofi, Dr. Mrs. M. A. Soofi, Dr. Akram Sheikh, Dr. M. Aslam Khan, and Miss Sanila Taj participated. The Forum Report was published in the Nawai Waqt Daily of Friday 5th June, 1992 because the Friday Paper is published and distributed at national level.

FREE DINNERS AT AVARI HOTEL

A draw was held and four lucky winners were given coupons to take free lunch in Avari Hotel.

SYMPOSIUM AT PAKISTAN NATIONAL CENTRE - NO-TOBACCO DAY

31st May, 1992 at 5.00 PM, Pakistan National Centre Alfalah Building Lahore. A Symposium was held on the occasion of the International No—Tobacco Day, at Pakistan National Centre, Lahore. Ch. Muhammad Iqbal, Minister for Agriculture, Government of the Punjab, was the Chief Guest on the occasion. Prof. Dr. M. A. Soofi, Dr. Shaheena Manzoor, and Dr. M. Aslam Khan spoke on the occasion. Lahore TV and Press media covered

the occasion well. No member of the PHAP Executive Committee could attend the Symposium.

T. V. PROGRAMME

On 27th May, 1992 a 30 minutes talk was delivered on PTV in Punjab, by Dr. Shehryar Sheikh, Director Institute of Cardiology and Prof. Dr. M. A. Soofi, former Principal College of Community Medicine, on the subject of “Smoking and Heart Problems”. The talk was telecasts at national level. Objectives, activities and achievements as well as the future plans of the Public Health Association of Pakistan were brought to light by the speakers in the programme.

VIDEO FILM

A video film has been made to record all the celebrations of the Day. A questionnaire was prepared to collect data pertinent to the smoking habits and awareness of its hazards among people. Besides a good coverage by the National Press, certain magazines and journals also published research papers written by Prof. Dr. M. A. Soofi: It includes Herald, Punjab Medical Tribune (PMA) and Medical Tribune Karachi, Islamabad.

I highly appreciate the assistance and cooperation extended by Miss Sanila Taj, Executive Director (PHAP) and the PHAP Office staff in making the celebrations of the day a great success.

DENTAL HEALTH WEEK 14TH TO 20TH APRIL, 1993
LECTURES & DEMONSTRATION TO THE STUDENTS

Dental diseases are enormous and they are very costly to be treated. In addition, there is lot of wastage of time. At the same time due to advanced modern technology through the electronic media, a lot of wrong propagation is being dispelled out contributing towards the spread of the dental diseases. PDA decided to fulfill its obligation in order to inform the population about the dangerous effects of the bad oral health to general health and damages of the wrong propaganda to the younger population through lectures.

Lectures were given supported with slides and video film was displayed. Questions regarding oral health, drug addiction and oral cancer were replied. Discussion with teachers were also arranged. An epidemiological proforma for oral health was distributed.

FIFTY YEARS OF DENTISTRY

It is a long story I joined de'Montmorency College of Dentistry Lahore 1952, and was graduated from University of Punjab after passing four professionals examination 1956. Medical (MBBS) or Dentistry (BDS) was not my option or choice, I was given admission in Dhaka Medical College (East Pakistan). Later on Muslim League Leadership of my Province NWFP, thought that there is dearth of Dental Surgeons, therefore, I was advised to join dentistry in order to fill up dearth and gap. The Govt. of NWFP paid my dues was also given stipend Rs. 50/- PM for Hostel expenses. If we go back, I was student of 8th class in Sanatan Dharm High School Haripur Hindu School. I was enthusiastic worker of Muslim League and M.L. National Guard, my job was to make slogans at the arrival of Muslim League Leaders or anti slogan in Congress's meeting. I participated in Civil disobedience movement and Referendum of NWFP 6th July to 17th July 1947. There used to be one muslim teacher in my school, Maulana Abdur Rehman, who used to write speeches for me, one day he asked me Aslam Soofi, now Pakistan will be reality you must take science in 9th Class, because after departure of Hindu and Sikh to Bharat there shall be dearth of scientists, 14th August, 1947 was day of joy and I was promoted to 9th class, under that advice of my

teacher I opted science in 9th class, and thus passed matriculation exam in 1949 from Punjab University in first Division, though I left for Kashmir as a volunteer in Jihad, on my return I appeared at matric, Dental Science was chosen for sake of Pakistan and Al Hamdu Lillah I have served the profession in best way.

Syllabus was designed by American Professor and it was sufficient as demands for dental care of patients. Teachers were dedicated and we have learnt a lot practical training at prosthetic laboratory conservation and surgery was sufficient high and orthodontic was not so developed. Basic sciences and medical education was reasonably good, there was good relationship between students and teachers. It was that syllabus, that I become most successful dental surgeon at Quetta/Kalat I have not done House Job, it used to be for a few people, I was posted in Quetta 23rd Nov. 1956 to June, 1961 as a dental surgeon Quetta, Kalat Division and whole of Province, there was no equipment there was no sign of dentistry. I have managed all types of fracture jaw cases, extractions filling up cavities and many case of oral cancers. I do propose 5 years course of Dentistry by adding full basic subjects Community Dentistry. Expectation was to become a complete dental surgeon and we have passed out as a sufficient complete dental surgeons.

There was no infrastructure of Dental Surgeons at that time I was first or Pioneer at Quetta my first appointment was honorary dental surgeon, later on grade 17 or Class-II was given. There was one dental surgeon in NWFP Dr. Rashid A. Malik he might have must started his clinic in 1954, Dr. Yousaf Ali my class fellow was appointed in B.K. Bahawalpur hospital and Dr. Syed Abdur Rouf was relieved in Quetta in 1961. He was class-III officer at Bahawalpur. There was no dental surgeon at Mayo Hospital, Dr. M.Z. K. Niazi after his return from USA he was appointed as a Honorary dental surgeon at Mayo Hospital perhaps in 1959 or 1960 similarly when Prof. Ahmed Iqbal returned from Germany he started working as a honorary dental surgeon at Service Hospital. Later on he left for Peshawar to start dental section.

Many of our class fellows left U.K. for higher studies. Practice was so Rs. 5/- was fee. Major work in practice was extractions or filling and scalling. There was no awareness. Private practice was in the hands of quacks. Quacks were members of PDA as well, there was dearth of Dental Srurgeon for example. Prof. B. A. yazdanie and Prof. H. Trimzi graduated in Sept 1947. Hindu and Sikh left for India and they were later demonstrators. Dr. Abbas Haider was alone who passed BDS in 1948. Prof. M. Saleem Cheema passed in 1952 all became teachers at the college. After

partition Dr. Abdul Haq MBBS and BDS was appointed as Principal till 1953. Dr. H. R. Shah, B. A, BDS was the 2nd Principal till his death 1969. We were Afzal Mujtaba Khan, Nasir Ahmed, Arif Raza Bilal Ahmed, Ahmed Iqbal, M.A. Soofi, Ahmed Saud, Abdul Jabbar Khan, Ghulam Abass Mali, Saeed Ahmed Malik, Yousaf Ali, Khalid Saifullah, David Shaukat, Bashir, Dara, Mazhar Ali Khan who graduated in 1956. Prior to us 1955 Niazi, Riaz Shafi, Sattar Awan, Fakhar uz Zaman, Aqeel and Qazi, Imdad Shah, Iqbal Saeed Malik remain in Pakistan. Niazi set up a surgery at Lawrence Road later on medicalcare Gulberg, we started awareness program in Radio News papers, schools and colleges. I remember every as a student I have delivered lectures in almost all schools of Lahore, Quetta, Bahawalpur and NWFP. This provided a source to establish practice, M.Z. K. Niazi and M. A. Soofi are reknown Dental practitioners.

Dental equipment for that era was available. Punjab Dental Department was our source. We used to drill the cavity with foot dental engine, sterilization was with boiling water in prosthetic sprit lamps were source to do the wazing so as oil stoves were used denture work. No modern equipemtn were available. The quality of instrument was very good. Even scallers, dental sytinge and dental for sealer amalgam plugger of student are with me, they are

in good conditions. When I started my practice along with service I purchased a full dental chair (Iran) Rs. 150/- from Sh. Sultan the head Technica took a having flexible table lamp and dalda tin as a spittoon possessed that instrument mentioned above and started my practice at Quetta. I had trated Mr Jaffar Jamali, Talib ul Moula, Nawab Col. Of Hoti, M. H. Sufi, M. Masood Commissioner of Quetta Kalat in that chair.

The quality of silver amalgam was excellent, people turned up after 12-16 years. They praise my fillings as all are intact steel burs were good. I used to open the canal with steel burs. Every act of dentistry I have been doing Fracture case wire was a good source of unified jaws. Anesthesia was given with either and alcohol. We too have done implantation of tooth so many cases are in our record that their tooth were explode out and we refixed we replaced it tighten with wire still the tooth are vital. Crown, inlays and bridges of mine remain successful. I did lot of prosthetic work and later on 1966 changed to periodontology after my one year training at London Unive4rsity. I have learnt the art and science of making cavity after my return from London 1966. The Late Dr. H. R. Shah was principal and he was teaching dental anatomy and conservation Dr. Sibtain was his demonstrator. He

gave me this assignment to make the cavities for Museum I was replaced by Sibtain in 1968-69 as demonstrator.

Postgraduate opportunities were rare Dr. H. R. Shah was LDS not a dental graduate, but was dean of Punjab University, some of clever graduates working as demonstrators conspired him to start MDS dentistry and rules were framed. MDS without thesis only written examination. So Dr. M. Saleem Cheema was first to be blessed with MDS without thesis 1956, then H. Trimzi, Sibtain, Col Mahmood, B. A. Yazdanie after perhaps 1960 rules were changed to have thesis small size. Those who got without thesis they are Saeed Malik, Atta Barki so this was story at College, there used to postgraduate courses abroad and visits abroad but there was no M. Sc diploma except FDS examination.

I did postgraduate training in Perio there was no examination 1966, Abbas Haider attended one year training in children dentistry at London University but no degree. Similar situation was with medical side postgraduate training in dermatology, cardiology, nephrology, later on examination started. Locally the degree of MDS was in the hands of Dr. H. R. Shah and later with M. Saleem Cheema. Private practice was not influenced by degree. It was your own skill that you can use drill, the cavity and extract, myself

was the same. For practice BDS is sufficient if he known art and science of Dentistry and he is potential to Pakistan.

Dental Association was framed perhaps in 1951 PMA was formed in 1948. There was dearth of dental surgeons. Dr. Shah was the president, Dr. Cheema was the Secretary, it was United Pakistan, 3 members from unqualified practioner were member of executive it celebrated dental health work in 1953 at dental college Lahore. Mr. Iqbal Sheikh of Punjab Dental Depot was office Secretary who also started publishing Pakistan Dental Review an organ of Dental Profession. Thus Review is available in all most all universities of the World. I was appointed as convener of PDA at Quetta when M. Aslam unqualified dentist was representing Peshawar. I became Secretary General 1968-70 and 1970-71. Later on President of PDA United Pakistan.

I handed over Association to Mr. Zia after election at Jinnah Hall, LMC Lahore 1971 and that was end of it. As president I visited Iran, Turkey to form RCD Dental Association, 1973 leaders including seniors like Muhammad Saleem Cheema, Dara, Chatha, Aslam Ch. Dr. Shuja, Shamim and Akhlaq they elected me again President of PDA Lahore the only active branch which I handed

over in a ceremony in 1996 at Lahore to Aslam Ch. Activities are included in brochure.

There was dental surgeons conference at Rawalpindi in 1981, I wrote letters to all big guns of dentistry, that there is a need for formation of central body, Karachi Dental Surgeon opted for election thus Dr. Khalid Mansoor was elected as a President. There is death of leadership a leader should have the following conditions. He should have name in profession by his skill and knowledge. He should have good intention and must possess integrity and lastly above to himself. There is lot need to be done in education postgraduation sub specialities and practice or public awareness is important.

Dentistry has changed a lot we were in rudimentary now with advent of laser, restoration dentistry implantology, periodontology, public dentistry, oral surger children dentistry things are much different, so as the equipment material.

There is a computer age, look at X-rays, equipment, air dentistry space dentistry and much is expedited.

Dental caries is becoming a risk factor in Pakistan due to change in diet, that should be controlled Oral Cancer possess a great problem it is ranked amongst 3rd most common form of cancer in the developing world our people are Snuff users, smokers, and betal chewers. They need health education, periodontal disease is a common, it can act as risk factor for coronary hear disease (CHD). There is need for public education, pregnant mothers need balanced food to avoid poor resistance in host tooth in embryonic life.

DENTISTRY IN THE FUTURE

Keynote Address by Regent Prof. Dr. M. A. Soofi

4th Convocation of International College of Dentists, 2000.

Sir let me provide you some information regarding the dentistry in the future. Prof. John C. Keller comments that in the future, restoration of the form, function, and esthetics of oral tissues likely to include regenerative materials thus he said in his commentary Tissue Engineering relationship to the evolution of dentistry. He is of the opinion that the dental profession shall enter with new techniques and skills in the 21st century that the dentists will treat

the craniofacial and other disease and disorders through tissue engineering and the new materials will surpass and replace the previous one. (Dental abstracts Vol. 45 Issue 1, 2000 USA).

There is a lot of encouragement for the new devices and manufacturers are improving many other things, e.g. High Speed hand pieces and their sterilization with many new things like hot air dry sterilization used in oral cavity. Sterilization with radiation which means the removing of all pathogenic germs through this method.

Aesthetic dentistry is gaining lot of popularity in removing the stains with latest filling materials. Lasers are gaining high reputation in dental treatment in restoration, cutting and other surgical procedures. Maxillofacial surgery unlike in the past.

Dentistry of today is world wide scientific technology. There are many research project which have been emerged through exciting technologies in the field of dentistry and previous conventional method used by us is becoming obsolete and a think of the past or chapter of history. Now, the computer design restorations and treatment even the technology of the implants and imaging dental

tissue with accuracy and lessor exposure to the radiation through such advance method.

There are many new advances in the diagnostic techniques computers and laboratories are equipped to such answers. X ray equipment and images have become accurate diagnostic value. Digital radiology have become reality to expose the area and image is store and transmission on screen while treating patient. Computer store such manipulations.

In dentistry there are certain issues which needs visualization like the image Temporo Mandibular Joint TMJ the Tomography has become considerable tool of diagnosis of TJM dysfunction and it can also help in the field of implantology. This system of tomography has enormous advances in the biotechnology of implants in the recent years.

Computer generated restoration is the most dramatic and easy marveled advancement in the dental field. The CAD CAM and manufacturing is being run by Professor Francois Duret University of South Carolina.

Now, Dentistry is practical subject for the patients and the scientific discoveries are applied for the well fare of patients for

improving their health care. This is the humanitarian profession and there is no more frustration now. It is medical science dealing human body for improving the health of individual and that of community.

The systematic system is effected thorough bad dental restoration and germs in the gums through infection is know and established facts because pathogens get into the general blood supply thus cause pathological damages and changes in the local area and general health. Many investigations have been carried out to prove that the oral infection has become risk factors for cardiac (heart disease). Therefore there is a need to study in the prospective of future of this science. In recent years for health care of community there is need to know whole of the body and thus, time has come to change the curriculum of BDS for modernization as future hope of saving health and teeth of the community.

Many surveys have been carried out since after inception of Pakistan 1947. I have conducted several surveys in Balochistan, NWFP and Punjab. The population of all ages sex, high and low have been evaluated dental disease oriented population from mild, moderate to severe dental ailments. Data shows the early age group has got more cavities in their teeth 60 % to 70% due to modern

sweet and beverages. The younger group has got disease of the gums 70% to 80% for which the treatment is essential. There is malformation of teeth in both jaws, of course due to western food and life style. Since the population growth is very high, dental man power person ratio is very low 1 : 40,000 to 50,000 against WHO ratio is 1: 700. Services are rarely available in the rural area and above to that there is no importance given to dentistry given at national or provincial level. There are health is basic area for preventing the disease and saving the health of the population. There is a need for awareness for the dental care of entire population of Pakistan. The awareness and treatment should not only be fate of privileged. Oral health should be established for all the people and on sound basis. We do appreciate the government initiation of service structure of the dental surgeons, but many dental surgeons with sound knowledge are with out job because either is no vacancy available and budget available. So the planner at the federal government should consider some this for dental trained man power create new posts to utilize their specialized and expanded services for the betterment of the population of Pakistan.

The teaching side is also neglected because of old tradition. This old system is to be taken away. According to new modern trend of this science new opportunities may be created for the young

experts in this field and environment of under graduate training may be altered. The dental college Lahore was established in 1934 status is the same even teaching professor are reduced. Nothing has come out as research or invention or distinction any where because better persons are compelled to leave the country and this way dentistry is brain profession.

Let me conclude that International College of Dentist is honorary organization for knowledge and to appreciate the individual efforts of significant dentists from all over the world. The 4th Convocation is an attempt to honour the outstanding dentists from various parts of Pakistan. This encouragement will lead to them for an international forum for their professional development through continuing awareness to the latest developments. Pakistan being a developing country needs more international collaboration for promotion of dental profession. Recent advances in biomedical science are difficult to comprehend by individuals, therefore, a teamwork is needed to utilize these information through international forum and ICD is one of the most outstanding forum for such activities. The old fellows, the organizers and the Regent wish every success to recipients of International College of Dentists and that of Pierre Fauchard Academy. It is assumed that

they will work with enthusiasm and unity for the mutual benefits of dental profession in Pakistan.

PUBLIC HEALTH PROBLEMS IN RURAL AREAS

By
Major A.Q.B. Rahman
Provincial Chief Malaria Eradication Prog

Rural areas of East Pakistan are faced with innumerable public health problems. These problems result in the poor health of our villagers which in turn results in the loss of vitality and energy to work. In a country like ours with agricultural economy most of the population living in the rural areas earn their livelihood by agriculture. Lack of energy and vitality leads to less production and the famous adage "Health is Wealth" comes to light. To ensure more agricultural output these stupendous public health problems need to be effaced. All the assertions that I have made in this respect is gathered from my experiences on personal contact with more than five lac people after living seven tenable years here and visiting more than 4000 villages in about 370 Thana of total 411 in East Pakistan. These are only a few salient sublime problems and there are many more which will meet the revealing

eyes of each and every individual in every village of East Pakistan. A very common sight in our rural areas is row of children with pot bellies: fissures in lips and watering eyes in uncountable numbers. What leads to this state of affairs? Pot bellies happen due to enlarged spleen, intestinal worms, rickets and malnutrition. Deficiency of vitamin B complex causes fissures. Watering eyes and various skin diseases are due to infections. Our orthodox villages are completely ignorant of the basic hygienic principles. Only a few common rural health problems are being discussed hereunder.

OLD DISEASE

Smallpox is a disease of great antiquity in our rural areas. This extraneous disease is outmoded in this modern age and can easily be prevented if proper law is enforced and action taken. Each person should be instructed to take vaccination and those who refuse to take it should be punished. Persons responsible for vaccination and other duties sometimes submit fabricated reports of having vaccinated so many persons although the number of persons shown as vaccinated sometimes exceeds the actual population. This is beyond the hallucination of the big bosses staying in the urban areas who take the report to be true and never

bother to question its genuineness. In some cases the potency of vaccine due to long storage has also been questioned. Some persons should have sufficient powers to deal with such situation ruthlessly whenever it arises without loss of time to bear fruitful results.

Malaria is another disease of our rural areas. Although emaciated pot bellied, stunted growth figures are not much in evidence now a days but still malaria poses some problems in the foot hills of the Garo ranges and South East portions of East Pakistan including Cox's Bazar and Chitagong Hill Tracts. In the rest of the province, eradication of malaria is so far progressing very satisfactorily, as a result, everywhere in the province especially in Dinajpur one can find happy, smiling active individuals.

PROMOTING ORAL HEALTH THROUGH SYMPOSIUMS

Prof. M. A. Soofi, felt the necessity and need for Preventive Dentistry and was instrumental in having inaugurated the public health dentistry department at College of Community Medicine in 1978, his aim being of expanding educational programme to post

graduation level and a two year programme for Dental Hygienists. His dynamic approach led Dr. Soofi, Chairman of Dental Department, to have a professorial chair created and thus he played an important role in dental health promotion, prevention of the disease and caring of the patients. In addition to the research and publication, Prof. Soofi has represented Pakistan in many international gatherings and has the honour of being referred to in international literature. He has to his credit two books based on his research work.

Prof. M. A. Soofi has said that the medical and dental education has undergone an evolutionary process and thereby has created a new hope of service to aiding the member of our community. He too thoroughly discussed the framework of research and procedures for attainment to this level of education. And, he also narrated all the difficulties faced in the creation of dental section in the Finance Department which is one of its own kind in Pakistan as there is no such cell anywhere. He said the foremost and important factor is the interest and dedication and efforts with strength of integrity and honesty which brings reward. He said, the dentistry is a specialized branch of medicine, and is increasingly becoming urgent need of community.

Prof. Soofi further added that due to advances being brought in by modern technology in the sub-specialities of dentistry, it is easy to spread knowledge and information through the electronic and print media, the need has emerged all the more polgnantly for providing educational material and health education towards prevention of various dental diseases both in urban and rural areas of Pakistan. The educated class needs more knowledge about causation and prevention of such diseases in order to restrict their onslaught. With the modern food galore, the population of Pakistan has become exposed more increasingly to dental problems. Treatment for all diseases is time consuming and costly. However, the dental community has to a great extent met its obligations to inform the people about the dangerous effects bad oral health might bring to the erring people whether it be through negligence on their part or for their resorting to cheap toothpaste or toothpowders.

Promoting the value attached to oral health care is the need of corrective cooperation and efforts in the light of modern development in the sphere of science and discipline about prevention and control of dental problems. Dentistry is therefore assuming the character of popular profession. Students topping in the FSc exams are getting more inclined to taking admission to dental education. Male and female are alike in their choice of

having dental education. A sizeable number of students are also taking interest in getting admission to the premier dental institution of Lahore and elsewhere which at once shows how people are getting fond of dental knowledge and oral health.

Dentistry is a science and art and is an industry setting trend to the creation of better equipment for a better oral service. It is interesting to know that all the students of this trade do not better understand their position as a healer of an important human malady even after completing four professional examinations with two compulsory subjects. They must of necessity devote themselves to the preventive science as well.

Lahore Metropolitan Corporation can play an important role. The PDA has launched a walk on the issue of drugs and on oral diseases and their prevention. Leaflets, posters articles may be published. Speeches at electronic media may be recorded for further disseminating knowledge to the public at large.

With collaboration of the Department of Radio Therapy and Oncology, K. E. Medical College, symposiums on oral cancer, a devastating disease can be held for people to know what oral

cancer means. Management of oral cancer through chemotherapy and radio-therapy, needs to be discussed.

Other senior doctors may be invited to speak their experiences. It is also suggested that visits to schools and teaching institutions be organized, where members of Pakistan Dental Association should deliver lectures and education and apprise the students of oral hygiene. They may examine the students and take upon themselves to impart training to the teachers that they may in turn tell the students what importance dental and oral hygiene carries.

In Pakistan the College of Community Medicine possesses department which is working all along for preventive dentistry to flourish. The guiding spirit behind all this is dr. Soofi who has now focused his attention on setting up department of preventive dentistry at children complex. He had been advisor to Pakistan Science Foundation and University Grants Commission and authored a chapter on community medicine for MBBS and has produced books, booklets and articles.

Ref: Dental News Supplement, Nov. 27th -30th, 1996.

ORAL CANCER AND ITS PREVENTION

According to Binne (1972) Oral cancer is a malignant disease with poor prognosis. All the cancer cases registered in England and Wales about 2% are from Oral Cavity and death account is one in every 100 cancer deaths. Mostly such cases of Oral Cancer present themselves at a late stage of the disease for treatment and consequently they have a poor prognosis. In Indo-Pakistan and South Asia, the incidence is reported higher, being about 25% to 47% of all cancers. Binnie et al (1972) reported that about 40% of the patients of Oral Cancer are dead within a year of commencing treatment.

INCIDENCE OF ORAL CANCER

Rachanis (1978) reported that the squamous cell, carcinoma of oral mucosa accounts for 95% include those of the salivary glands and the primary malignant mesenchymal tumours. Carcinoma in the jaws is rare to occur. Mostly the adjacent structures involve the jaw bone through direct extension or through secondary deposits.

According to Rachanis (1978) the peak incidence of the carcinomas in the U. K. and the USA is approximately during 55 to

75 years of age, whereas the age incidence in Indo Pak ranges from 40 to 50 years. In our own cases in Pakistan occasionally oral cancer have been observed in our clinics below 30 years of age. The carcinomas are preponderance in males in whom it occurs at lips, with male and female ratio being 14: 1 and 4: 1 for lesions in the floor of the mouth. In Scandinavia, the higher proportion of females suffer from carcinoma of the tongue and pharynx. This may be related to prevalence of the Pater-son-Kelly Syndrome in those countries.

WHO (1980) observed that in most of the countries in Northern America, Europe, and Oceania, cancer is the second leading cause of death. Among 27 selected countries the proportion of all deaths in 1971, that were classified as malignant neoplasms, ranged from 13% to 24% with a median of 19%. Standardized death rates for cancer in 1972 at 45 years of age and over ranged from 411 to 843 per 1,00,000 for males and from 313 to 600 per 1,00,000 among females, with an average level of cancer mortality in these countries of 600 of males and 450 for females.

In the developing countries whee the proportion of the population age wise is lower, cancer is considered fifth or sixth leading cause of death. In 1971 the madian of all death that were due to

malignant neoplasms in 11 selected countries of developing zones was 11 % compared to the median for heart disease which was 13.5%. Whereas in the USA over one million persons have been diagnosed as having cancer (In 1977 including 3,00,000) new cases of non, Melanms skin cancer and 38,500 persons would die of the disease). Out of the total malignant neoplasms 20611.6 cases cared for short stay in the Hospitals during calendar years 1975, 394.5 wee from Buccal cavity and Pharynx. Similarly out of 370.6 total deaths from Neoplasms and percentage in 1975, 8.1 percent deaths were reported due to neoplasms of buccal cavity and pharynx. Similarly person years lost per death due to Neoplasms reported in 1975 out of 16.1% both the sexes 16.0 deaths were due to malignant tumours in Buccal Cavity and Pharynx. As direct expenditures distribution by type of expenditure during 1975 out of the total expenses, 7.5% of the expenses were spent on Dentists Services.

WHO further reported that out of the number of the deaths in 1975, 20% was more in males than the females.

In Pakistan unfortunate disease is common in the areas of North Western Frontier Province, Baluchistan and urban population like Karachi and Lahore. In the frontier area it is observed that people

smoke or chew the tobacco and in the latter areas the people chew betel leaves. Similarly such areas of the oral cavity do not possess the natural defences. Patients visit the Hospitals for conventional treatment, chemotherapy has been observed that the patients visit the Hospital in the later stages of the disease and therefore among 1 in 1000 the death happens due to oral cancer.

LABORATORY FACILITIES.

In the foreign countries like USA comprehensive pathology Lab: facilities are available for early diagnosis, even then 1:1000 over 45 years of age and a substantial number of women become victim of oral cancer. John (1963) observed that out of every three such victims, two may be expected to die of the disease, and yet most of the deaths could be averted by early detection and proper treatment.

Day (1964) also stressed upon need for early cancer detection and he said that the cure rate of Oral cancer from 35% to 40% could be increased and deaths can be prevented due to early diagnosis followed by prompt treatment. He said deaths due to cancer are increasing by more than 5,000 each year, and said that about 800 cases of oral cancer are reported in New York City.

SNUFF AS AN AGENT FOR ORAL CANCER

In our observation at DHQ Hospital Mardan and DHQs Hospital Quetta, snuff induced oral leukoplakia and oral carcinomas have been seen. The oral use of snuff is a cultural habit among the people of NWFP where both the men and women place quid of snuff in the lower alveololabial sulcus. In almost over 300 patients of oral leukoplakias one third of the patients were users of heavy and strong snuff. The leukoplakia, in the users of snuff developed after 40 years and such users akepotential for malignancy.

The leukoplakia patch white in colour about 5mm in diameter could not be removed by rubbing out in certain cases of encroachment of teeth a thin line has been observed on the cheek side. However, it is observed that snuff associated carcinoma takes many years to develop and its brands add components play major role for the development of carcinomas. Some of the snuffis added with ashes and Soda Caustic. In such cases as it has been observed in lower labial mucosa buccal mucosa and it vestibular groove. Pindborg et al 1973 observed that malignant transformation occurred in one out of 31 patients who were snuff dippers. He also observed that out of 450 patients with oral leukoplakia 31 were snuff users.

Similarly study by Sundstrom et al (1982) on Oral Carcinomas with snuff dipping on Swedish males. In this study the risk of the snuff dipper to contract oral cancer in interior vestibular part of oral cavity in males was studied where 41 cases out of 375, were observed with malignancy who were snuff dippers. In such cases squamous cell carcinoma was found.

CHILDHOOD MALIGNANCY.

In my days at Mayo Hospital I recall a male of 9 years from District Sargodha with Leukemia and oral complications. The child used to bleed from the gums and it could only be controlled with blood transfusion. The malignant disease could not be controlled and child with such disease could not live in this world. The parents related the family history as well. Scully et al (1983) have observed oral manifestations in childhood leukemia. They observed the patients with leukemia or lymphomas could more easily develop oral herpetic infection or ulcers than those with other malignancies. It has been further observed that those with lymphomas were particularly predisposed, to herpetic infections. In this study it was also observed oral ulceration in 38.6% of the patients and in this way the child under our observation was suffering from ulcer, in the gums which used to bleed.

Ref: Medicoment June, 1-15, 1985.

CHAPTER-11**DEVELOPMENT OF DENTISTRY IN BANGLADESH**

People's Republic of Bangladesh (former East Pakistan) was not having any Dental institution at the time of partition of sub-continent on 14th Aug 1947. First ever dental graduate who graduated dentistry from de'Montmorency College of Dentistry Lahore was Dr. Fakhar uz Zaman 1955. Previously there used to dental school in Calcutta like Ahmed Dental School where from Mohtarma Fatima Jinnah got the training of license to practice dentistry. Like wise many such people were available with the license. Nearly in 1963 the dental section was set up at Dhaka Medical College. Dr. Fakhar uz Zaman was a teacher and Dr. Abu Haider MBBS and BDS took over as the first Principal and head of the dental section Dhaka Medical College. During united Pakistan the dental section at Chatagang was established.

Since after the separation of the East Pakistan 16th Dec. 1971 as an independent state of Peoples of Bangladesh there was not much change, but in 1996 a private Dental Institute a Pioneer Dental College as first non-governmental Institute with Hospital

was set up at Dhaka and first batch was admitted in 1994-95. This got affiliation with the University of Dhaka. It was the efforts made by the young doctors Jehangir Kabir, Shafiqur Rehman and Rumi due to these continued efforts they made. The college had an auditorium laboratory dental section hall and audiovisual system of education. This private dental college caters students from various countries India, Nepal, Iran etc.

Similarly Bangladesh Medical and Dental College was established as another private college by another promising dental surgeon Prof. Amir ul Islam. This college is fully equipped with the hospital and full-fledged teaching system is going. He too was awarded FICD. The 3rd private college University Dental College and Hospital is ready and is approved by the Bangladesh Medical and Dental Council. It is being sponsored by fellow Dr. Waheed uz Zaman, fellow Dr. Sultana Gul Nahar and fellow Dr. Ali Haider. Another private college is on the way as City Dental College to be organized by Dr. Abu Abdur Rehman and many others healthcare system in Dhaka has come up and dental equipment companies settled their business and there are many modern dental clinics in the City of Dhaka.

Dentistry is flourishing even still Dental manpower ratio is less as the Bangladesh has got population of 130 million people so far there appears to be 1000 qualified dental surgeons. This means that the population ratio 1: 150000 over and above more than 70-80% population of Bangladesh is suffering from Dental disease and there scarcity of dental surgeon to deal with the situation.

There is to campaign much more awareness among the dentists of Bangladesh and thus they held 1st International and 2nd National Dental Conference 15-17 Feb. 2001 National Dental Conference (SADAF) South Asian Dental Associations Federation in 1995 was held. It was inaugurated by Federal Minister and concluding session was presided over by President Bangladesh Abdur Rehman Biswas. Prof. Dr. M. A. Soofi had presided this conference as a President of SARCC South Asian Regional Cooperation Council. The 2nd national and 1st International Dental Conference held in Dhaka, it was inaugurated by Federal Minister for Food Mr. Amir ul Hasnain and Mr. Amanullah Minister for State. Conference had a lot of scientific sessions and paper were read from the local and foreign speakers from Nepal, Sri Lanka, Japan, Saudi Arabia, Pakistan, Bharat, USA, Australia so in concluding session of this conference Chief Justice, Supreme

Court of Bangladesh Mr. Justice Latif ur Rehman was the Chief Guest. Prof. M. A. Soofi was special guest and was seated on the Dias with Chief Justice.

Similarly Prof. Dr. M. A. Soofi, Regent International College of Dentists USA for Pakistan, Afghanistan and Bangladesh held 3rd Convocation of International College of Dentists at Dhaka in 1997 and he awarded honorary fellowship awards to the following dentists of Bangladesh. This action has boosted the dentistry and dentistry is coming prestigious popular science in Bangladesh.

There is need for the relation of Pakistan and Banladesh in teaching of dentistry. This shal lcontrol the migration of Bangali students to Bharat. The Government is requested to improve the law that the dental students from Bangladesh may be admitted in Pakistan Universities / Colleges at the same rate of fee as bonafide for Pakistan. At present Bangladesh students cannot give admission at par with the Pakistan, institution with the result, Bangali students do not attend our University and India has opened the gates with cheaper fee with more facilities to the Bangali

students. In this way the Bangladeshi students get the Indian motivation and philosophy, and this is against the will of Qaid. Quaid while addressing the students of Islamia College Peshawar in 1945 “We want to get freedom from British but we do not want the change of masters let there 3/4th of Indian belongs to Hindus and let the Muslim has 1/4th of India. This means that we provide the opportunity to India to have the over power to motivate the Bangali Students. There is need that Pakistan and Bangladesh should make efforts to go for exchange of teachers from one country to another country, which shall create good will, and among the dental surgeons of both wings of Pakistan.

People of Bangladesh and their leader they have got positive response to our friendship and peace initiative for educational purposes. I have suggested we should develop good relation with Bangladesh and let with Indian Muslims population 130 million will be satisfied, with two countries as one nation i.e. with two nation theory Muslim Nation is working and both states Bangladesh and Pakistan are progressing.

Warm Respect of Prof. Dr. M.A. Soofi at Dhaka Bangladesh

Prof. Dr. M. A. Soofi former president South Asian Dental Association's Federation and Regent Section 20 Region 24 International College of Dentists was given warm welcome during his visit to Dhaka at 1st International and 2nd National Dental Conference held from 14-17th Feb. 2001 at Dhaka. Prof. M. A. Soofi was invited specially by the decision of the organizing committee as a Special Guest both in inaugural session and in the concluding session. Prof. Soofi has addressed first day when the two State Ministers of People Republic of Bangladesh were present. Last day Justice Latif ur Rehman, Chief Justice Supreme Court of Bangladesh was present. Prof. Soofi during this visit was also attended SADAF meeting as a past president. He has also chaired one scientific session of periodontal diseases. It was very rare occasion that the dental surgeon of Pakistan was given such honour among the dental and medical profession, of course it is due to professional potential, leadership and patronage to the dentists of Bangladesh by Dr. Soofi. He advised the dentists to prepare themselves for the new challenges of the new millennium.

He also exchange the views with the international speakers from Japan, America, Saudi Arabia, Sri Lanka, Nepal, India and he too has presented his recent book of “Dental Public Health” to the delegates of different countries. This book was appreciated by the professors of high-ranking position in the international conference. Prof. Soofi also visted the Dhaka University Dental College, Dhaka Medical and Dental Hospital Pioneer Dental College and Hospital and also visited dental clinics. He given gifts of books to Mujeeb ur Rehman Dhaka, City Dental College. While talking to the state Minister for Health Prof. Ammanullah, Dr. Soofi offer his services in preventive dentistry or environmental and water pollution. He asked the Minister that the Bangladesh is my country and Pakistan is your country because Muslim movement started from Bengal Muslim League was formed in Dhaka 1906 and Pakistan resolution was proposed by A. K. Fazal Haq, thus Pakistan movement was enhanced and Pakistan was created by the people and leader of East Pakistan. Dr. Soofi also reminded Chief Justice that I have come from your Pakistan and Bangladesh is my country. These words meant a soothing dressing of the younger generation and doctors. Men and women were very much around Dr. Soofi for having auto graph, photo graphs and the people were feeling very happy thus it was very good contribution of a Pakistani to development of former East Pakistan.

Prof. Soofi also chaired a get together social evening dinner meeting with fellows of International College of Dentists-Bangladesh.

FICD Dinner Meeting at Dhaka-Bangladesh

A meeting of the fellows of International College of Dentist—Bangladesh was held in local hotel San Pacific Sonargaon Dhaka under the presidentship of Regent Prof. Dr. M. A. Soofi. It was attended by fellows 1) Abu Haider S. Rehman, 2) Hasan Imam 3) Hosne Ara Begum 4) Kh. M.D. Shafiq ur Rehman 5) M. A. Wadud Sarker 6) Md. Amirul Islam 7) Md. Jehangir Kabir 8) Md. Raquibul Hossain Rumi 9) Md. Wahid uz Zaman 10) Mirza Ali Haider 11) Mofiz ur Rehman 12) Morshed Alam 13) Sultana Gul Nahar.

Meeting started from recitation of Holy Quraan. Fateha was offered at the sad demise death of Dr. Fakhar uz Zaman (fellow) and his services were highlighted for the cause of promotion of the profession. Dr. Zaman was pioneer dental

surgeon of (East Pakistan) Bangladesh. He was graduate of 1955 de'Montmorency College of Dentistry, Lahore-Pakistan.

It was decided that there shall be social get together of the fellows of the section in Bangladesh, so that standard of the profession may go further. Prof. Soofi in his address congratulated the fellows Roomi, Shafiqur Rehman, Jehangir Kabir for their new direction in their clinics of an international level. Dr. Soofi highlighted the contribution of these fellows for setting up private "Pioneer Dental College" and first batch has passed. Prof. Soofi also appreciated the efforts of the fellows Amir ul Islam for setting up Private Bangladesh Medical and Dental College and he mentioned that he has visited Bangladesh College and Hospital each room, consultancy, ICCU and found it a high standard. The Regent expressed his pride for the devotion of the fellow Waheed uz Zaman who along with other fellows Haider, Hosn Ara, Sultana Gul Nahar for starting Dhaka University Dental College. He appreciated efforts of medical colleagues who have cooperated this programme.

While addressing the fellows he said that we have to know and concentrate our thoughts to be of international level. He said that dental services, teaching institutions are of international level

and our thinking and behaviour is to be raised to the international level. He said that the fellows are more responsible person and they are requested to keep the international standard, so that the impression should be better that the fellows are above to minor things and they are doing the services to the all people of Bangladesh in a better way. He said there is need tranquility love, peace among the fellow. We all are professional and there is demand that we should keep the international level. He said that there should be regular get together, three fellows alphabetically should become committee members to organize meeting and next meeting should organize by next three members of the College.

**SPEECH OF PROF. DR. M. A. SOOFL, SPECIAL
GUEST AT 2ND NATIONAL AND 1ST INTERNATIONAL
DENTAL CONFERENCE HELD ON 14TH -17TH FEB. 2001
AT DHAKA- BANGLADESH.**

Respected Chief Guest – Chairman Conference Dr. Amirul Islam, Secretary General Dr. Jehangir Kabir, Members of Organizing Committee, Fellows of International College of Dentists and Member of Dental Profession from Bangladesh, Sri Lanka, Nepal, India, Pakistan and other countries.

My Sisters and Brothers – Aslam-o-Alaikum.

It is indeed my great pleasure and honor to be amongst the member of the dental profession from various countries in the land of Bangladesh which is also my country. I stand honored to be special Guest on behalf of the 2nd National and 1st International Dental Conference, I congratulate the organizers for arranging this national and international dental conference at city of Dhaka – Bangladesh.

It is due to the great leadership of the organizing committee which has been working hard for such long time and has proved itself very effective and powerful organizing committee for this august

gathering. Local and speakers from various countries of the world, who are participating will present not only their original work, but they shall highlight modern trends of dentistry and needs of new millennium.

Indeed this conference will provide guidelines to the younger generation through the experience, research, training and learning of the established scholars under the banner of Bangladesh Pvt. Dental Society.

Dentistry is facing great challenges in this new millennium, and now it has become a medical science, as far example the periodontal disease has become a risk factor for the coronary heart disease. Therefore today the dentists shoulder has greater responsibility to generate quality to be oral physician for the community.

The Dental profession in the developing countries needs to streamline the legal aspect in practice of the qualified dentists. Quacks are menace, it needs to be prevented by ethical guide lines and unqualified practices may be eliminated. It is indeed our

responsibility to prevent the population to extensive fluoridated water in soil, as recently in the Province of Punjab (Pakistan) many children had been effected and developed crippling syndrome due to high fluoride content in the drinking water. Development Countries should make efforts to survey such areas, so that community can be saved by high content of fluoride in the water. It is indeed the Governments, which should provide facility to eliminate the high fluoride content by defluoridation method from the society. Profession also needs to highlight drawback of less fluoride in the drinking water, because it has been proved that with the optimum fluoride contents levels in drinking water, it prevents the dental decay in the children. There is another threat to the population, the waste of the Industries is damaging the soil and water, therefore there is need for alternate methods and means for the Industrial water disposal in order to save the people from such water havoc.

There is need of strong spirit to work against the threats of Aids and Hepatitis. Dentists are in close contact with such patients and disease is more prevalent in the developing countries. There is need for prevention. Dental surgeons should have to prevent these killer disease Aids and Hepatitis.

There is lot of frustration amongst the people due to increase in road traffic accidents resulting in fracture. There is need that this should be prevented by introducing awareness amongst the dentists and medical men to avoid the episode of the road accidents.

The dentistry is mostly available in the big cities, the rural areas of all our developing countries need better facilities and immediate measures to prevent such diseases. The information about oral cavity to the local population should be provided. There is need of more prevention in the villages and suggesting balance food and by eliminating high contaminated water so that population may be saved from handicapping. Another suggestion that how the dental treatment become an easy approach to the common man. I suggest here that we consider this theme so that the population may get the easy, cheaper treatment.

The modern life style of person today is facing dental problem in oral cavity, such as gingivitis, ulcer and dental decay. Lot of population is facing the incidence of malformation of the teeth. Children and adults are sufferer, therefore the research to relieve

the population from such type of ailments with easy method is the need of today. We cannot take away the traditional remedy therefore, we could suggest the rural population for using wooden tooth brush and Miswak after each meal to decrease the disease.

The Oral cancer is very common ailment of the oral cavity. The dentists of today has to deal in his clinic the cases like diabetes, cardiovascular diseases, osteoarthritis, epilepsy, kidney disease, and obese patients seeking dental treatment therefore the dentists of today get himself prepare to deal with such type of cases. Therefore I like to advise through this platform that the dentists should take privilege of the computer and websites, so that dentist should learn the latest knowledge of new techniques.

At the end, I express many thanks on my behalf and behalf of International College of Dentists Section No.24 and behalf of Pakistan Dental Association for inviting me as Special Guest and I wish you all success.

Pakistan and Bangladesh friendship Zindabad.

CHAPTER-12**ACTIVITIES OF INTERNATIONAL COLLEGE OF
DENTISTS SECTION NO. 24****Blessing of Nature**

It was a sensational day, when I got fame at Lahore (Sept. 1978) of holding a 1st Convocation of International College of Dentists, as a Regent of the College for Pakistan, Afghanistan and Bangla Desh. It was inaugurated by Dr. Khairat Ibne Rasa, the Vice Chancellor, Punjab University and conducted by Brig. A. G. Rowell President of the International College of Dentists. This was witnessed by many others and Prof. S M K Wasti Prof Akhtar Khan, Prof. Balqis Fatima, Prof. Saleem Cheema and Prof. B. A. Yazdanie. President of ICD remarked high of this Convocation. Other convocations held are: -

- **1st Convocation of International College of Dentists, USA** Section 24 was held in Lahore, on 3rd Sept. 1978, conducted by Brig. A. G. Rowell, President of International College of Dentists, USA.
- **2nd Convocation of International College of Dentists** was held in Lahore on 5th Feb. 1988. It was chaired by Mr Fida

Muhammad Khan, Governor NWFP and Begum Afsar Raza Qazalbash, Federal Minister of State.

- **3rd Convocation of International College of Dentists USA** was held in Dhaka 28th Nov. to 1st Dec. 1995. It was chaired by Prof. Abu Hyder Sajedur Rahman, former Principal, Dhaka Dental College, Bangladesh.
- **4th Convocation of International College of Dentists USA** was held in Lahore on 3rd Aug. 2000. Dr. Nasim Hassan Shah, Chief Justice (R) Supreme Court of Pakistan and Dr. Samar Mubarak Mand, Senior Nuclear Scientist of Pakistan were Chief Guest.

I had the opportunity to serve the profession as a Regent, International College of Dentists for Pakistan, Afghanistan and Bangladesh and Chairperson, Pierre Fauchard Academy and President SARC countries Dental Association. I have been contributing my research papers enthusiastically and still busy with dental practice as a private practitioner in perio-dental surgery. I as a specialist have many inventiveness in teaching, research at national and international level and my dynamicity has been

appreciated by many world known scholars and leaders of Dental Profession.

**KEY-NOTE ADDRESS BY DR. M.A.SOOFI, PRESENTED
IN THE SYMPOSIUM HELD ON DEC 30, 1982 UNDER
THE CHAIRMANSHIP OF LT. GEN. W.A.K. BURKI,
PRESIDENT, COLLEGE OF PHYSICIANS AND
SURGEONS, PAKISTAN**

Prof. Dr. M. A. Soofi

Development & Progress of Dentistry

The subjects of dental speciality are now the focus of most of the ambitious persons having the research programme in their mind in the world of today. A greater degree of this activity regarding the awareness has taken place within about 25 years than in any previous period. A good part of the reason is greater awareness within the community and the lead procedure has become more bright. Moreover, cultural asserts have protected this idea and philosophy with the result the quality in tradition of dentistry has developed more in various specializations here and elsewhere.

For example, at United Kingdom learning of dentistry is imparted at Post-graduate level in more than 15 Universities and at various places. In certain places duplicate degrees are awarded in the form of Master in Dental Surgery and Doctorate in Dental Surgery in addition to Fellowship Diplomas and other diplomas and M. Sc for creation of expanded programme of Post-graduate Dental Education. In various Universities around the year, there are short term courses for private practitioners and for those who come from different countries. These courses eventually provide experiment skill and clinical management and in this way, there is a widespread of the education. The knowledge obtained from such courses helps in the clinic organization, and to all sort of mankind. There is a lot of advancement in this field in USA, in Federal Republic of Germany and Western Europe.

There is different system for providing the under-graduate dental education and postgraduate dental education in the Europe. The dental education is imparted as the sub-specialty of the medicine in Bulgaria, Czechoslovakia, Socialist Republic of Russia, Italy, Austria, where dental education is provided in the form of stomatology and in the system of United Kingdom and USA, the education is imparted effectively as a part of independent education of medicine in the medical schools.

But this type of pattern of equality does not exist in our country in the past quarter century. The dental education system has led away in guaranteeing the social welfare rights of all the dentists with the result their dynamic approach is fading away. The declaration of postgraduation system in the chapter of Punjab University has got limitations. In contrary, the term of postgraduate education is very liberal to the medical fashion society possessing all sort of machinery of administration and interpretation, with the result potentialities of the medical men achieve their future but the dentists cannot initiate this type of fate with the result he stands sufferer of inequality and discrimination in the field of obtaining postgraduate knowledge. Though many times we try to project their problems and the cure so far has not been obtained.

Objectives of Post-Graduate Teaching

The ultimate objective of Postgraduate education is to create prominence in the intellectual world of dentistry and also to create liberal imagination and philosophical thoughts for creative work for promotion of health, prevention of disease and prolonging

of life. The training programme of such training should be provoked with ideas, for fulfilment of service to the humanity, and that can only be achieved if there are plenty of teachers available with their splendid experience for explicit ideas for unique relevance of research and awareness of complexities of the science and technology in the world of today. With such an idea the university training has been introduced for applying such freedom of thought. The opening of the chapter of College of Physicians and Surgeons, Pakistan, is the meaningful way for such classic study. Historically, when I wrote a letter to your Excellency on 7th December 1978 and was called in by the College on 29th July 1979 where I have provided extensive evidences for starting the course of Fellowship in Dentistry including Community Dentistry. My view point was appreciated by your honour and by the members of this august body and now the College, under your capable traditional leadership have invited applications from the Dentists of this country for registration for the course of Member of General Dentistry. This has created concern among Dentists because our understanding was different. Decisively the existing pattern of examination and restrictions introduced by the members of such committee has not come out in the shape of good policy and it has not provided opportunity to those who wanted to seek the education from this Institution.

Sir, Dentists are handful people in Pakistan. They need more compassionate sympathy as compared to any other community. Their request should be fulfilled if there is trend of continuing the education by the College. Originally we wanted that most of the Dentists should become fellow in dentistry including the community dentistry at par with the FCPS and MCPS or other subjects. If we look into the curriculum of MCPS from the College syllabus we feel that more restrictions on this Diploma, and it is of a general advanced dentistry, whereas on the medical side administration of Diploma is being managed as a Postgraduate speciality, therefore, we need Postgraduate Diploma in the sub-speciality of dentistry and fellowship at par with FCPS or at par with Royal College of Surgeons of England which is clear from my slides.

Sir, the College has got great kindness to accept the challenge of providing educational opportunities to the Dentists, whose so far fate has been ceased from all sides. The youngster apparently look older and older are definitely in advanced age. Today the majority of Dentists in this country is without Postgraduate advanced knowledge and it is increasing demand tht this branch may be provided facilities of having the opportunity of

this 'adult education' at least at par with medical speciality. I may be allowed to transit fundamental demand of this profession which is entirely an academic request, that the teachers on the dental side are needed in this country. It stands with the ability of the College to recognize the curriculum at par with Royal College of Surgeons and relax the present restriction in order to fulfil the challenge of education in the field of dentistry.

I may also invite your attention that in the past Diploma holders on the medical side, specially Public Health have been exempted from the primary examination of FCPS, therefore, this exemption should also be applied to this society of dentistry. We also compel for our educational affairs than general Dental Surgeons because this theme does not hold as the problems solving scheme. This needs improvement for better performance.

Conclusion

If we examine Appendix I, II & III, we could see that dental education in U. K. at Postgraduate level is imparted at many institutions whereas in Pakistan a start is being taken. F. D. S, R. C.S, Diploma and its regulations are not so complicated as MGDS of CPSP. Therefore, it is urged that Membership Diploma in

Dentistry should be alike in Medicine and examination should be conducted in Postgraduate speciality instead of general dentistry, and FCPS. Dentistry may be started including Preventive Dentistry and concession may be provided for Honorary FCPS to senior members of the profession based upon research and long standing service.

Thanks

We are obliged to pay tributes to Brig. Ata ur Rehman Khan, Dean, Dental Faculty, College of Physicians and Surgeons of Pakistan, Commandant, Armed Forces Institute of Dentistry, Rawalpindi, for his hard work for erasing edifice of this institute which has enormously boosted this profession. We too pray for success of his effort for conducting such courses and organizing of International Conference of Dental Surgeons in 1983. It is our esteemed duty to express numerous thank is to your honour and other members of the College especially Col. A. B. Azmi and Prof. Ali Mohammad Ansari for patronizing our science in all respects.

Annex-I**Postgraduate Dental Education in United Kingdom**

Master Degree (MDS) Course in :

Queen Universtuy of Belfast

University of Bristol

National University of Ireland

University of Glasgow

University of Liverpool

University of London

University of Manchester

University of Newcastle Upon Tyme

University of Sheffield

Annex-II**Master in Dental Sciences**

University of Dublin

University of Dundee

University of Leeds

University of London

University of Wales

Annex-III**Postgraduate Doctorate**

University of Edinburgh

University of Wales
University of Newcastle Upon Tyne
University of Manchester
University of Leeds
University of Birmingham

Annex-IV

Postgraduate Fellowship (FDS)

Royal College of Surgeons, Edinburgh
Royal College of Surgeons, England
Royal College of Physicians & Surgeons, Glasgow
Royal College of Surgeons, Ireland

Annex-V

Postgraduate Diploma Courses

University of Birmingham
University of Dundee
Royal College of Surgeons, London
Royal College of Physicians & Surgeons, Glasgow

Annex-VI

Postgraduate Dental Courses

Postgraduate Course for General Practitioners and
Residential Workshops
Study Day Workshops
Residential Workshops for Oral Surgeons
Psychology and Psychiatry in Children
Short and Long Courses in Special Subjects
By British Postgraduate Medical Federation in the Four
Thames Regions

Annex-VII

College of Physicians & Surgeons Pakistan

MGDS Course Requirement

- a. Bachelor of Dental Surgery
- b. One year House Job
- c. Residence Training for one year
- d. 5-years experience (Eligible Without any Requirement)
- e. Pre-Requisite file and fully documented support with evidence as part of examination format.

Annex-VIII

Case Records for Assessment

- a. 4 MOD Preparations for Amalgam or Gold
- b. 2 Anterior Crowns
- c. 2 Posterior or Bridges
- d. 4 Single Rooted Teeth, Endodontically treated
- e. 2 Multi Rooted Teeth Endodontically treated
- f. 4 Cases of Periodontal Disease including 2 Involving Mucogingival Surgery
- g. Case records for 2 Orthodontic patients
- h. 4 Cases SOF Facial Skeletal Fractures
- i. 8 cases relating to impacted teeth
- j. 2 case partial denture cases
- k. 4 full denture cases
- l. 4 slides/photographs of Oral Mucosal Lesions

Annex-IX

Royal College of Surgeons, England

Regulations – Diploma of Fellowship in Dental Surgery

(FDSRCS Eng)

Registerable Degree in British Dental Register:

- a. One year whole time hospital appointment
- b. Required to Pass
 - (1) Primary
 - (2) Final Examinations

Primary Examination – Subjects:

- a. Applied Anatomy, including anatomy & history of the teeth & jaws.
- b. Applied Physiology
- c. Principles of Pathology of Importance in Dental Surgery
- d. The examination is partly written and partly oral

Final Examination (FDSRCS)

- a. Surgery
- b. Oral Pathology & Bact
- c. Dental Surgery
- d. Examination in Surgery is partly Oral and partly Clinical
- e. The examination in Oral Path. & Bact. And Dental Surgery is partly written, partly Oral & partly Clinical and include examination of patients & Operative Dental Surgery.

WELCOME ADDRESS BY PROF. DR. M. A. SOOFI
4th Convocation of International College of Dentists, 2000

It is my profound pleasure to welcome a very prestigious personality of International Status in Nuclear Science of Pakistan, Dr. Samar Mubarak Mund, by virtue of his research, training and dedication has maintained the security of Pakistan.

28th May 1998 was a day of rejoicing and responding to Bharat's atomic explosions. Bharat set off its Nuclear explosions first in 1974, later on in 1998. Pakistani Scientists who were fully equipped with strategies and had exhibited their skill at Chaghi, the desert hills of Balochistan. Dr. Samar Mubarak Mund was physically present to set off Pakistani explosions in the most dignified manner. That it has surprised not only to Bharat but to United States also as their spy satellites parked directly above the sub continent could not and the Chaghi action has sealed off these information centers to the world. Thus the first Nuclear blast was over. This speaks of ability of Dr. Mund and other scientists who with their ability has acquired nuclear technology in a befitting way along with the delivery system. The world experts now admit

that the Nuclear and Missile systems of Pakistan are much more superior than that of Bharat. Now people of the world think that nuclear technology in Pakistan means production of bomb grade or highly enriched Uranium, thus Pakistan has become sixth Atomic Power in the World.

Dr. Samar Mubarak Mund, Director General of National Development Complex and member of country's atomic energy commission said that Shaheer-1 is ready to begin flight tests and that Shaheen II with a range of around 1250 miles ready for the flight test. It may be remembered that Shaheen I has made its first flight on May 15, 1999. The missile system of Pakistan is very comprehensive credit of this entirely goes to the team of the scientists and Dr. Samar Mubarak Mund who was the director and whose appropriate timing and strategy has made Pakistan for world's attraction.

I on behalf of the International College of Dentists as Regent and Pierre Fauchard Academy and the fellows welcome our nuclear scientist Dr. Samar Mubarak Mund.

We have invited Dr. Mubarak to appreciate his services, which he has done for strengthening the security of Pakistan that the nuclear

science. Now Nuclear science can help more in medical and dental science. There are many ways to diagnose the crucial, disease, which can be treated with the help of nuclear technology. Nuclear technology can be used for agricultural purpose too. Nuclear technology may now be utilized to facilitate the human treatment.

We therefore request atomic energy commission of Pakistan that it should develop many such projects in various hospitals in which dental surgeons may also be associated so that the oral cancer cases may properly be treated.

Dr. Samara Mand and my dear fellows oral cancer ranks as the forth most frequent cancer among men and women with its varying degree. The oral cavity cancer is very common among the betal chewers and smokers areas of Pakistan and it is on increase now dramatically. So there is need for reliable treatment and preventive work to decrease the incidences of the mouth cancer. I am confident that the attention is being given towards this side at least we can decrease the frequency of cancer.

I may mention that I was one of the first dental surgeon who has attended radio isotopes course in Mayo Hospital Lahore along with

many medical experts in 1963 and this course has helped me a lot and has given me the confidence.

Once again we feel pride in welcoming him among the scientists of oral cavity.

Ref: Medical Herald, August 1-14, 2000.

**NUCLEAR SCIENCE AND DENTAL PROFESSION
SHOULD WORK TOGETHER FOR BETTER RESULTS TO
PREVENT THE DISEASES, CONTROL OF ORAL
DISORDERS AND ALL SUCH CONDITIONS FACED BY
THE HUMAN**

4th Convocation of International College of Dentists, Lahore 2000.
Dr. Samar Mubarak Mund, Nuclear Scientist.

To witness a joint convocation of International College of Dentist and Pierre Fauchard Academy is a glamour. The approach is excellent that both honour International dental organizations with much optimism have been put to work with expanded wisdom for better and more productive source for dentistry in Pakistan under the guidance of a very potential individual Prof. Dr. M. A. Soofi. The leadership of furthers encouragement, that he is heading position honorary dental organizations for the past 31 years and had improved his talents by conducting 4 convocations of international level. I have been informed for his professional responsibility that international council of the college unanimously conferred upon him rare award of master (1988) the only Muslim recipient of this award on the globe.

By virtue of popularity of this section Pakistan, Afghanistan and Bangladesh, there is growth and development of membership day by day.

Let me congratulate all those, who have been bestowed upon this award of fellowship. Is it to hung on the wall this certificate or ? Some more responsibility to be active in international interaction and hard work for research.

The primary responsibility of dental scientists is that he represent the health profession in the world, he should develop its all aspect like administrative management, clinic, how it could become modern, he should have coordination with world at large and prove himself to global level.

I am proud for those dental surgeons now fellow of this section who have been chosen for conspicuous and meritorious services to the profession of dentistry in Pakistan, and after this fellowship award, they become coming of international level. It is expected that fellows will continue efforts to elevate the dignity of the profession. Country though highest standards of research, continuing education, ethical conduct throughout the world.

It is further congratulate to Dr. Soofi who brought together, science of nuclear technology, science of dentistry, science of economics and science of law at one plate form by this convocation.

Nuclear science in the world of today is playing key role in protecting life of the human through nuclear medicine. The nuclear science is also monitor for its liability in the field of agriculture. It is for the peace and for control bodily disorder and work for betterment of the humanity.

The oral cancer is becoming common in Pakistan. The profession of nuclear science can reduce, control this ailment. There is need to united endeavor of the outstanding member of the dental profession with the speciality of nuclear science with growth of the knowledge, exchange of experiences between member of the profession will cultivate better results for the health of sufferer to cooperate between two means and action to prevent the diseases, control of oral disorders and all such other conditions face by human. This humanity of two sciences can work for the betterment of oral health oral cancer and other such disease, Dental profession is becoming potential science it has become symbol of dignity because it takes grievance pains of the sufferer and accepted responsibility of appropriate treatment is carried out. So

all sciences are one and science possess no boundary lets march together work together for the human.

Letter written to Dr. Franklin Secretary General ICD by Dr. A. G. Rowell, President ICD dated 17th August, 1979.

Dear Frank,

It is some time since I have heard from you, so I thought I would write you to estimate some correspondence not as though you don't have enough already.

I think you will recall that I was most impressed whilst in Pakistan with the efficiency and the efforts on behalf of the College by Dr. Soofi.

I have the view that the College will be served best by continuing to have Dr. Soofi as the Regent for the Pakistan Section, and I think the time is appropriate for some recognition of the services he has rendered in the past.

I would therefore like the Executive Committee to consider the election of Dr. M. A. Soofi to the Degree of Master in the College.

I know that the Executive Committee does not have an opportunity to meet normally, but as it is responsible for the conduct of the affairs of the International Section of which Pakistan is a part, possibly you and the President could act on behalf of the Committee.

In any case, I would like this matter to receive consideration, I know that Dr. Soofi is held in such high regards by the powers that be in Lahore, that nothing but good could come from this action.

A. Gordon Rowell
Past President.

CHAPTER-13**VERITASIAN'S ACTIVITIES**

Date	Activities
07.01.1986	Veritasians Alumni International Association is holding a lecture of "ACUPUNCTURE AND HYPONOSIS" in Dentistry at Pearl Continental Hotel, The Mall, Lahore. The speaker of the night is Dr. Qazi Mohammad Jehangir, M.D, (USA), MRCS (Med) London and will be presided by Dr. Saeed Ahmad Malik, MDS, FDS, RCS, HDD.
30.12.1985	Inauguration of Dental Teaching Material and Hasan Raza Shah Memorial lecture is being held on 30 th December 1985 at 11.00 a.m at College of Community Medicine, 6-Birdwood Road, Lahore (Allama Iqbal Medical College, Lahore). Speaker is Dr. Mian Hanif Anwar, under the Chairmanship of Professor Rustam A Nabi. Minister for Health Syed Afzal Ali Shah is Chief guest. It sponsored jointly Alumni International Association D.M.C.D. and Department of Dental Public Health, College of Community Medicine, Lahore.
15.05.1985	Letter from Dr. Ijaz Ahmed Sheikh: Dear Dr. Soofi The other day it was pleasure to read from the Karachi Dental Newspaper, "Dentist" that you have very recently formed an Old Boys Association of the de'Montmorency College of Dentistry. This is undoubtedly a healthy sign towards digging out the deep foundations of the dental profession. I pray to Almighty that the Old Boys Association of

de'MCD proves a strong body in bringing back the unity amongst the dental surgeons and it also plays a constructive role in the development of the profession towards new directions. On its recent formation I extend my heartiest felicitations to your goodself for having organized the association and pray to Almighty that all the dental surgeons join their hands on this platform and hold the dental flag for marching towards the long awaited cherished goal. My observation even today is that there is no authorized organization formed so far which is functioning effectively for the cause of our honourable dental profession. I have a feeling as if we are not one amongst ourselves. Unity and movement of the people towards the right direction is the need of the time. Ever since the establishment of Pakistan almost all the other professions have been given their full rights, their demands have been fulfilled, but we the dental surgeons who are the intelligentsia of the country have never joined hands to press for our right demands, because we are not united.

Unity as you know is a big force. If we are united the task to achieve our objectives and demands will become easier. On the contrary if this is not followed we shall remain fanned out to form no alignment to show off our oriented beauty.

The evergreen message of the father of the Nation Unity, Faith and discipline, which is the basis of the prosperity of a nation, has not been followed up in our case.

I feel honoured of myself being associated with the dental profession. What this profession has not given us? Respect, Status, Decent and

	<p>Comfortable living with all the amenities of life. What else we want? So can't we sincerely do some thing for the profession? Of course we can. This would require us to come out of our self-created groups and devote sincere efforts in a required and emicable way for the glory of the dental profession. I have no hesitation in saying that I do not belong to any group or party. If at all I can be of some help, my services would be at your disposal.</p> <p>In the end I again wish the newly formed Old Boys Association of de'Montmorency College of Dentistry to really prove a great success.</p>
01.12.1984	<p>Message for Veritasian: By Dr. M. A. Soofi</p> <p>It is my profound pleasure in sending my sincere good wishes for your health and happiness. In our new venture of creating an old boys association in the hope that feeling and goodwill, will be experienced by remin and us with us, and there is need to seek the solution with certainty immediately. In the present circumstances, the generation of heat and emotion is inevitable. To create collective thoughts a sturdy independent outlook is being treasured, which, I am sure will contribute in our profession for strengthening the thoughts and feelings of collaboration. And this plateform shall provide opportunity for the profession for honest opinion and the personal animosity will fade away.</p> <p>Among our many resolutions at the forum of Association need a firm persuasion for strength and usefulness for the profession but the effort need more help to be provided by its members, thus the special gifted graduates of de'Montmorency College of Dentistry, held special obligations for</p>

	<p>having better capacity for organization of Symposium – Seminars and for balanced movements for obtaining judgements from authorities. This Enterprise have been created to help the Association to achieve “AIMS” which are the aims of us all.</p> <p>Let us forget each other, those who have fallen upon misfortune of postgraduations or those who have adequate provision of luck. Now, is the time for every member of this profession, (old boys) to ensure that his membership is there and subscription is paid up to date. The services, which shall be rendered to promote the profession, shall be due to all its members. Therefore, each member whether engaged in general practice or in service should contribute, a proportion from the resources as a devotee of dental profession. We also need resources to increase our teaching, in our practice and research. I trust that this new foundation will act well and truly for the spirit of the association and service to the profession and public.</p> <p>And so a happy Old Boys Association to you all men and women God bless you.</p>
-	<p>Information to Doctors:</p> <p>I hope this shall find you in the best state of health and spirit. I take immense pleasure to communicate to you, regarding Old Boys Association, which has now been renamed as de'Montmorency College of Dentistry Alumni International Association, established by few lovers of the mother Institution at Lahore in December, 1984. Dr. Abdus Samad Khan from NWFP has been chosen as Convenor. The main objective of the Association are as follows: -</p>

	<ul style="list-style-type: none"> • To promote love and sense of fraternity among the profession. • To promote social get together meetings and celebrate national events and arrange clinical symposia's and seminars. • To promote the professional knowledge by providing latest scientific literature through publication of Biannual Digest "Veritasians Digest" (free distribution) consisting of Scientific, social, cultural and academic reports and informations. • To celebrate the Golden Jubilee of de'Montmorency College of Dentistry in 1985. • And to create an international linkage between the veritasians all over the world by arranging an international seminar. • To hold professor Dr. Hasan Raza Shah Memorial Lecture each year by outstanding Veritasian Dental Surgeon from abroad or in land. • To arrange Public Dental Health Education Service and information's to masses by various audio visual aids and Epidemiological surveys. • To arrange Annual Convention/ Symposium/ dinner of Veritasians in December 1985 for election of office bearers of the DMCD Alumni International Association.
-	<p>The first Alumni International Association function was held on December 30th 1984. Guest speaker was Saeed A Malik from U.K, the topic was "Cervico facial Sinuses" was attended by many Veritasians from U.K. USA Saudia Arabia, Army, Private sector and Professors of de'Montmorency</p>

	<p>College of Dentistry.</p> <p>Lady Hasan Raza Shah also attended the lecture in capacity of guest of honour. Pro-vice Chancellor, Punjab University Dr. Muniruddin Chughtai and Finance Minister Mian Nawaz Sharif were Chief Guest.</p> <p>Indeed, it is a milestone in the History of Dentistry in Pakistan, the Alumni International Association, with its beginning started channelizing the individual efforts of the old, and new graduates of the Institution to have a bright future of Dental Profession.</p> <p>Kindly join DMCD Alumni International Association and extend your love to you almameter and please do advice anything, which you want to contribute. For your convenience membership fee in different categories is given below: -</p> <table data-bbox="581 829 1252 976"> <tr> <td>Patron</td> <td>Rs. 1,000/-</td> </tr> <tr> <td>Life Member</td> <td>Rs. 500/-</td> </tr> <tr> <td>General Member</td> <td>Rs. 20/- per Annum</td> </tr> <tr> <td>Foreigner Veritasians</td> <td>\$ 10/- per Annum</td> </tr> </table>	Patron	Rs. 1,000/-	Life Member	Rs. 500/-	General Member	Rs. 20/- per Annum	Foreigner Veritasians	\$ 10/- per Annum
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02.04.1985	<p>Notice for Meeting:</p> <p>Dr. Mohammad Safdar Chadda an old boy of de'Montmorency College of Dentistry Lahore a leading Dental Practitioner and teacher in New York, currently in Pakistan has very kindly agreed to deliver a few lectures to the members of Dental Profession on various aspects of clinical dentistry.</p> <p>He will deliver his first lecture with slides "AESTHETIC DENTISTRY" at 4.00 PM on Friday, 5th April 1985 at 48-Lawrence Road, Lahore and second lecture on "CURRENT</p>								

	<p>CONCEPT OF CROWN AND BRIDGE IN DENTISTRY” will be delivered on 6th April at 8.30 a.m at College of Community Medicine, Lahore.</p> <p>Dr. M. A Soofi will preside the session. All the professionalist in Dentistry are cordially invited please.</p>
20.04.1985	<p>Symposium on Oral Cancer and Social Get Together on Tuesday 23rd April, 1985 at Hotel Hilton under the auspicious of alumni International Association of de’Montomorency College of Dentistry, Lahore.</p> <p>Prof. Dr. Rafiq Ahmad, Vice Chancellor, University of the Punjab, has kindly consented to preside over, and Mr. Abdul Ghafoor Chaudhry, former Minister for education and Law, Punjab shall grace this occasion as a guest of Honour.</p> <p>Dr. Prof. Ghulam Shabbir, Professor of Dermatology, King Edward Medical College, Lahore will address and show the slides on oral Leukoplakia as a consultant. Similarly Dr. Professor Asan Ullah Lone, and Professor M. Rashid Chaudhry, King Edward Medical College will be resourceful persons on this topic.</p> <p>Dr. M.A.Soofi, Regent International College of Dentists for Pakistan, Afghanistan and Bangla Desh and a Secretary Royal Society of Tropical Medicine, London for Pakistan, will read a paper on “Oral Cancer and its Prevention”.</p> <p>Symposium will be followed by contributory dinner. Kindly attend alongwith your spouse and inform your friends and colleagues.</p>
30.12.1984	<p>Welcome Address by Dr. M. A. Soofi on 30th Dec. 1984 at College of Community Medicine Lahore organized by Alumni International Association</p>

	<p>de'Montmorency College of Dentistry, Lahore.</p> <p>It is my profound pleasure to welcome you all in this historical and first H. R. Shah Memorial lecture this afternoon. Dr. Shah was the pioneer for the development and progress of Dentistry in Pakistan. After his taking over as the Principal de'Montmorency College of Dentistry in 1953, he worked hard for reshaping the institution, which was left without staff and students, at the time of independence in 1947. Dr. H.R. Shah in his capacity as a Principal of the College and Dean of Dental Faculty worked out a programme for expansion of postgraduate education and the senior teachers at that time were blessed with Master degrees (MDS), in the beginning, the MDS was granted without thesis. His object was to expand the education, and for this purpose teachers were essential for teaching in different specialities. The present Principal of the College broke the ice and got MDS in Dental Surgery, the Second MDS was given to another former Principal, who had a brilliant career and postgraduate training in Orthodontics. Similarly Department of Prosthetics was enriched with another MDS (now retired), and lastly the Army Dental Surgeons, were granted this privilege by Dr. H. R. Shah.</p> <p>Dr. Shah strived for creation of Dental Clinics in West and East Pakistan, through his efforts, the Dental Section in East Pakistan and at Liqat Medical College Hyderabad were created. He toured to Baluchistan for expanding the Dental Clinics and elsewhere. His concept of priority for preventive Dentistry was evolved and new block for preventive Dentistry was added in the premises</p>
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	<p>of Dental Hospital through WHO assistance to care for children for the purpose of protection of Dental Health throughout the life. He had a idea to introduce the postgraduate diploma in Dental Public Health.</p> <p>For his idea of public Health, a building was created for mass prevention, education, research and administration, now is being converted into a treatment Laboratory.</p> <p>Dr. Saeed Ahmad Malick, speaker of the day, possess lot of qualities, in addition to having the last degree, diploma in dental field. He is a devoted teacher and a seasonal Dental Surgeon. He has a special approach to knowledge and education and remained as an excellent teacher and the examiner. Dental illness like all forms of illness, does not exists as a separate phenomenon, it is a feature of people and their suffering. Beliefs about the Dental Health and health care are integrally bounded into our culture in our society. The health care services have bee evolved from early time to the present day, in the beginning the health care was promoted by holy personals and indigenious Hakims and other healers. Now the treatment has taken a shape of modernization. But still the disease rate is very high, according to our study and survey report, 95% of the population in the country is the sufferer in the dental disease, both in the rural and urban area of Pakistan, and thus there is a need to organize the Health System to control the dental disease. There are many ways but the following four ways approach is essential: -</p> <ol style="list-style-type: none">1. Mass Education through T.V. Radio and Newspapers – through Health weeks
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	<p>celebration Symposium and Seminar.</p> <ol style="list-style-type: none">2. To increase the Dental Manpower, that the Dental graduates may be increased in number this can be achieved through creating dental sections in all Medical Colleges.3. To create the Postgraduate Dental Public Health, expert by the arranging Postgraduate courses in Dental Public Health and development of courses like DDPH, M.Phil, FCPS Community Dentistry creation of the Dental hygienist course.4. By creating Dental Science as a Postgraduate sub-speciality and opening shall be more for medical graduates to join this profession for diploma or degree course. <p>The present curriculum of 4 years BDS is insufficient and cannot work with the changing society or increase of specialization because there are no basic subjects in length, therefore, like another sub-speciality of the body, Dentistry should be considered an integral part of body, therefore dental education should be a postgraduate medial sub speciality or the curriculum may be converted to five years adding the full basic subject Eye, E.N.T. and Community Medicine.</p> <p>The Government should plan for absorbing manpower in the Dental field, there is no incentive to the Dentist and thus there is need that a new chapter may be added by creating Deputy Secretary Dental health and Deputy Directors Dental Health Services and Assistant Director Health Services at Divisional level for chanalization of theproper process and working. This shall help the individual</p>
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	<p>dentist, quality of the Health Services will be improved, and the broad range of services standard shall be created.</p> <p>At the same time the Department of Dental Public Health should be equipped with the staff, so that the proper preventive programme may be carried out.</p> <p>The object of the creation of this Alumni Association is to foster the spirit of Cooperation, to promote Dental Science and research and to maintain honour and dignity of Dental profession. I hope the veritasian will in future continue the spirit of working. I welcome the member of the Medical profession, leader of the PMA and the staff of the College of Community Medicine.</p>
22.01.1985	<p>Letter to General Ata Ur Rehan Khan, Commandant Armed Forces, Institute of Dentistry, Rawalpindi</p> <p>Since long I have not heard from you, though I have sent my congratulation, on your promotion and on your being conferred FCPS. During conference of 1983, I proposed your name as President of PDA Centre, and it was awfully opposed by Morven, Aqeel and Khalid, thus the PDA election was held, and crystallized all the offices at Karachi. I nominated one boy from Lahore Khalid Almas who gave defeat to nominee of "him" in that election.</p> <p>We have constituted Veritasian Association International alumni at Lahore and held a very successful first function at Lahore – "Hasan Raza Shh Memorial Lecture" by Dr. Saeed A Malik of U. K. We displayed a portrait of late Hasan Raza Shah and also banners were placed with his name</p>

on the stage held at the College of Community Medicine on 30th Dec, 1984 and was highlighted in all the leading news papers and telecasted in the “Khabar Nama”.

It was presided over by Pro-vice Chancellor of the University of the Punjab and Minister for Finance was the Chief Guest. Lady Hasan Raza Shah was also present. The function was attended by Dental Surgeons from private practice, Army, foreign countries like United Kingdom United States of America and Saudia Arabia. It was a very good function and image of Hasan Raza Shah was discussed in many respects. We ended inaugural session and all the Dental Surgeons had a lunch at my residence. Everybody was happy. It was a fantastic social get together and we paid lot of tributes to our Old Teacher. We missed you very much. We held this function hurriedly, because Dr. Saeed Ahmad Malik was to leave on 31st December for United Kingdom and we wanted to have hisreputed lecture in recognition of his talents and career. We are looking forward to hold such functions in future you shall be invited as Guest of Honour and speaker.

I have created this organization to form a family of the dentists for a change in social contacts and exchange of the views on life and structure, and in this way I am sure, we shall be able to get benefit from each other experience. I shall request you to become the member of this Alumni Association and this shall be turning point in our history.

May I take this opportunity to remind you for FCPS which has become essential for my promotion to fight against common “enemy”. My experience is

	<p>O.K. amendment of the Government of the Punjab is in my favour PMDC regulation are in my favour, Health Department is in my support and has recommended my case for promotion to the higher authorities of S&GAD but “he” dramatically creates some quarry that he is not MDS, when Easia Arain, Sheikh Raza and Hamid Akhtaer with DPD have been promoted and they are making progress. I am only person withheld for promotion. I am proposing to hold convocation of the ICD in the middle of February 1985 in which your role shall be important.</p>
14.12.1984	<p>Welcome address to Professor Iftikhar Ahmad, President Pakistan Medical Association and Principal, Allama Iqbal Medical College, Lahore by Dr. M. A. Soofi on 14.12.1984.</p> <p>Professor Iftikhar Ahmad my colleagues ladies and Gentlemen.</p> <p>It is our great pleasure to welcome you at this evening after achieving fantastic event against your rival as being elected a President of the galaxy of PMA Centre, and has excelled the previous record of polling. This is behind the shadows of doubts that your succes in election is due to your creativity belief and collective efforts of your admirers. The increase in PMA membership at Lahore is the recent development under your guideline and it has touched record in the history of PMA. Your success is due to, by the dint of your hard work, your pleasing personality and convincing thoughts. You have got a special approach to view a person and automatically, he comes under your fold, and work with your image and contribute to the profession. Your colourful intimacy with the</p>

	<p>members is most engaging characteristic, with your this quality the phenomena of your personality is reflected. Perhaps you have abstracted this image of your life from the world of nature, because it is selected and stands everywhere with your projects and channel of your education.</p> <p>Your achievement in this regard are the detail of nature and through your smiling temperament you could make the visibility of your personality against the odds.</p> <p>You were essence to us, during your Secretaryship of Health Department, Govt of Punjab and you kept us as inseparable from Medical field. We have got fast relation because you have inaugurated the Department of Dental Public Health at that college, which was initiated basically by your respected late father Dr. Professor Niaz ud Din. The Department is rich with this experience of Dental Public Health and is training the Dental hygienists in addition to postgraduate teaching and research. The Department is not traditional type but it has got revolutionary activities as well. We therefore, suggest for our closer relation that Dentistry may be given opportunities to flourish in the following way: -</p> <ol style="list-style-type: none"><li data-bbox="568 1081 1260 1260">1. Social Programme: Dental doctors, in your organization may be invited to social programme i.e. get together and other such activities which shall provide attraction to all the members of the profession.<li data-bbox="568 1260 1260 1411">2. Scientific Programme: Contribution of Dentistry in Medical Science is of paramount importance and its further participation will promote the concept of scientific programme with
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close cooperation under the scientific committee or under scientific programme. The presence of experts in different fields of dentistry from the country will develop research and medical science will be benefited from the new knowledge. Preventive measures are responsible for longevity similarly the longevity of human dentition is an important factor to look into and it shall contribute to the Medical Science. Similarly "Hepatitis" is a common for both the dental and medical science, if there is an forum both the sciences can be assessed for need of the treatment, research and epidemiology. Therefore the dentists should be incorporated in all the scientific lecture – special exhibition, depicting various aspects of medical and dentistry.

3. **Academic Expansion Programme.** There are many advances in the recent years of life and dentists are dealing very important portion of the human body. In addition to the human dentition, the dentists are in a position to check the cancer of the oral cavity for increasing the quality of life. Similarly blood dyscrasias, hypovitaminosis, virus diseases, allergic conditions are also looked after by the Dentists. Focal infection play important role in general medicines, by focal infection in the gums there is a spread of bacteria, through lymphatics and blood stream from the site to another part of the body. Maxillary sinus is the nearest site for cysts and sinusitis. Periostritis, Osteomyelitis and Necrosis of the Jaws, Syphilis of the Jaws Actinomycosis of the jaws. All such involvement and Maxillo facial injuries, diseases of the nervous system and muscles. All such conditions require

complete basic knowledge of the basic subjects, but due to the present system of education, the Dental Students are not well versed in the basic subjects thus the approach to solve such problems to prevent the manifestation of systemic diseases and Dental Practitioner are be equally to the basic subject like Medical Graduates. Particular exposed attention is to be paid to the etiology, histopathology and other causation of the disease. Thus the dental graduate should be exposed to the basic subjects completely and curriculum of 4 years may be increased to five years by adding Eye ENT and Community Medicine. It may be added that a specialist in any Medical Science dealing with any portion of the body is fully equipped with the basic subjects and expose to all parts of the medicine except that of the caretaker of the oral cavity. Similarly, medical grduates should be exposed to lecture and demonstration on oral health for providing better services to the community. And this step shall be a move towards fastening the relationship of the Medical Graduates and Dentistry.

4. **Patron of Education.** Basically dentistry should be considered postgraduate sub- speciality like any other sub speciality. In the beginning the Dental College of Lahore, was meant for Medical graduates who obtaining degree of BDS for two years and later on it became under graduate institution for producing Dental graduates with during of 4 years. In many European countries like Italy, Spain, Portugal, Dentistry is postgraduate sub speciality. In USSR the dentistry is considered a special speciality and dentists are called stomatologist. In Scandinavia, similar nomenclature

is given to a dentist. In many places in U.K. the curriculum is five years.

Since there is availability of many medical graduates, channels of opening may be created for giving them admission for a period of one or two years at each medical college. If Allama Iqbal Medical College under your dynamic leadership takes a lead and initiates it, it shall be another history of your achievement. We therefore suggest that the Dental Section may be started, like another speciality and the Dentistry may be taught in Allama Iqbal Medical College as a Postgraduate speciality.

I once again congratulate you on your success and for your many innovative ideas which have provided you 2 years of presidency of PMA and we wish you the solidarity and unity. We also wish you for your slogans and goals for which you have struggled. We also wish for success and responsibility for promoting Dental Care and its Prevention.

We express our thanks to Professor Iftikhar Ahmad who has joined this gathering, is jointly convinced to give a new look to the social look of Old Boys of DMCD and the members of Pakistan Dental Association. The Dental Association stands for solving the problems of dentists and helping in trends of new technology in the field and advances in Dentistry.

Whereas Old Boys of Dental College, Lahore are meant for mutual association and improving the quality of Dental Institutions in Pakistan.

RELATION OF SYSTEMIC ILLNESS AND CHRONIC PERIODONTAL DISEASE

The relation of systemic illness and chronic periodontal disease as focal of infection has long been demonstrated and referred to repeatedly in literature and numerous miscellaneous disturbances in the body have been considered due to presence of this disease. Richards (1932), Round et al (1936) Fish (1937) Winslow (1938) Murray (1941) Elliot (1939) Robinson (1958) Stone (1948), Soofi (1968) Wilkinson (1967) Rarritt et al (1960) Garrod et al (1960). If proper steps are not taken in planning Health Services for further checking of the dental ailment the general health of the Pakistanis shall be affected as referred to above the work of the various workers.

IMMEDIATE PROBLEMS OF THE COUNTRY

Before making any plan for any service, we must understand the need of the population and the problems confronting it in the field of dental surgery. After knowing the problems of the country, and keeping in view, the financial

position of the State, one can suggest, the means to prevent the incidence of the disease under the health.

KNOWLEDGE ABOUT THE POPULATION IN WEST PAKISTAN

According to census of 1961 of Pakistan, 86.9% of the population lives in villages, whereas 13.1% devils in urban areas. There are 35, 412 villages are in West Pakistan. 74. 3 % of the population is dependent on agricultural or pasture land. Literacy rate is 15.9 % for the whole country, 23.4 % males and 7.6% females are literate. The majority of the literate people live in cities and majority of the rural population are illiterate. In West Pakistan there are 9, 123,004 children between the ages of 5 to 14 years.

There are four provinces in West Pakistan, 51 districts, 193 tehsils, 37067 villages, 3302 union councils and 23 cantonment boards whereas the province of Punjab has got 19 districts, 72 tehsils, 103 towns, 42 health centres and 9 cantonment boards.

PROBLEMS OF THE POPULATION

The majority of the population comes from rural areas, therefore, attention shall be paid for their problems in our planning.

The problems are: -

- a. complete absence of dental aid
- b. complete ignorance about the dental health
- c. lack of guidance through the medical team for dental problems

NEED OF THE POPULATION

The immediate need of the population is : -

- a. the elimination of oral sepsis
- b. prevention and relief of pain
- c. assurance and guidance

Many young adults suffer from pyorrhoea in which there is profound loss of supporting bone and loosening of teeth. The relation of this disease has been discussed above. Relief of pain is a major problem and there should be management so that the

worker and villagers should not suffer. Guidance is always helpful.

EXISTENCE PATTERN OF SERVICE

The dental services are provided by the State under the control of Provincial and Central Governments respectively. The Army and Railway Dental Services are rendered under their medical authority. All the services are allied with medical services. In a province of Punjab the Health Department is headed by Secretary Health, assisted by two Joint Secretaries i.e. Medical and Public Health. There are certain preventive departments like B.C.G., T. B Control, Small Pox etc. under the control of Secretary Health. The Province of the Punjab is further divided into five health Regions. Each region is headed by Deputy Director. Under the each regional office, the District Health Officer and other hospitals provide the medical treatment to the population. (See the chart and prevention, including school medical service).

BRAIN DRAINAGE OF DENTISTS OF FOREIGN COUNTRIES

Since the nation does not place a proper value to dentistry or financial support or any link between output of graduates and

employment of dental surgeons. Inadequate facilities to foreign trained and research workers, which bring the dis-satisfaction among the graduates of the country. This has brought dearth of the teachers for the teaching institutions of West Pakistan. (Recently reported in the press by the Medical Council of Pakistan). In Lahore, premier institution of Pakistan, requires certain chairs for various departments but where from to get? Many dentists have left the country and many are ready to leave, if they get a chance. Those who have left the country their number is more than 100 and they have settled down in USA, U.K., Saudi Arabia, Libya, Japan and other Middle East and African Countries. This brain drainage is a serious problem for the country. So far, Punjab University has produced about 406 graduates after 1948. Some of the graduates have permanently settled down in abroad even after acquiring postgraduate degrees, if they turn up, the dearth of teaching staff might be minimized why they are not coming back? – wrong attitude of the Government and personal motives of some interested persons. If the finances are properly developed, the brain drainage can be checked up and the country can have better brains for promotion of dental profession and the dental science. Let there should be a pool of talents without restriction of zones, regions, or domiciliary binding. The talents should be utilized for utility of the talents. It shall develop the country. It shall help the

people and it shall help the dental profession, ultimate help to the medical profession, based on a “Pakistani”, instead of any geographical position.

DENTAL MANPOWER IN PAKISTAN

According to WHO Chronical (1967) dental manpower is lowest in Pakistan in the world i.e. 1:435,000 persons per dentists whereas in Afghanistan 1:18900. If we look at our district population where there is one dental surgeon, this ratio is distressing and in future years, if this status maintained, there is increase of trend of the population and one dental surgeon cannot do any justice to the profession or to the service. The dental surgeons at the district headquarter hospitals is over worked, that is obvious and he can only cope with emergency treatment or I should say he just disposes of the patients. He cannot do any conservative treatment or preventive work or health education or research techniques, the advantage of his training is not properly utilized. Control of diseases is need of the hour, which is missing. There are 19 districts in Punjab, 72 tehsils, 42 primary health centres, (3 health centres of Thal Development Authority). If we equip all the tehsil headquarters and primary health centres of the Punjab there shall be less load to the district headquarter hospitals

and dental surgeon shall find a chance to practice actual dentistry. The minor ailment shall be dealt with at the health centre and at the tehsil headquarter clinics. The creation of the posts shall minimize the problems of : -

- a. un-employed dental surgeons,
 - b. stress and strain of the parents of the dental surgeons
 - c. the population shall have easy approach to dentists
 - d. it shall minimise the trouble of the travelling and ,
last but the least prime factor of the time of the
villagers or factory workers shall be saved.
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W.H.O. DAY 7TH APRIL 1985
HEALTHY YOUTH OUR BEST RESOURCE

According to the census of 1981, the population of Pakistan was 8,37,82,000 (average 105 person in each kilometer) and the Urban population constituted 28.28 %. In the previous census, the average per kilometer population was 82 persons as compared to 105 persons per kilometer in 1981. This reflects increase in the population, and migration towards the urban areas. About 71% of the population of Pakistan lives in rural areas and their major source of income is the agriculture resources. In the rural areas, the life is not so easy. There are limited education facilities, no reasonable water supply, no roads, no adequate medical care outlets, and no electricity. In spite of this, rural man works very hard for increasing productivity in grains for national use and export.

Out of this population, children from 1 to 15 years of age make 45% of the population. The old people are 8 to 10 % of the population. The result is that our work force remains to be 30 to 32%. The youth of the nation from 30 to 32% of the total population. And these persons are engaged to look after their

families and our national productivity. It means the youth are under burden and are passing through the tension and strains and those are likely to be physically and mentally unhealthy or at least not upto their maximum efficiency.

It is true that resources of the nation depend upon our physical and mental health, skill in professions and level of technology. The social organizations dealing with the promotion of the education amongst young adults have to be redesigned according to our circumstances and resources. The delivery of education system may have to be corrected, because in Pakistan the literacy ratio is less than 25%. Therefore we are lacking in modern technology, and increase in economic production stands obstructed or retarded. We appreciate that the Government of Pakistan is taking keen interest in education, both in professional and non-professional fields. The country by the grace of Allah possesses 20 Universities and a few open Universities, which are helping to raise our educational level.

Health can be preserved if the population is educated and economic resources are adequate. Then planning for Public Health Services can best be made and effective inputs can be provided to increase the highest achievable level of the health.

The WHO came into being in 1948 as a special agency of the United Nations with objective to create Public Health awareness for achieving highest possible health level throughout the World. Through this agency and with the cooperation of other International Organizations many new activities have been organized for promoting the exchange of scientific knowledge for dissemination epidemiological information for improvement of Maternal and Child Health, nutrition and Dental Health etc.

To provide good health to youth of the population, we have to plan following actions:-

- a. Situation analysis. Identification of major problems and their causes.
- b. Problems identification and formulation of objectives.
- c. Formulation and analysis of alternative strategies.
- d. Identification of special efforts.
- e. Programme formulation—Education.

Current data available shows that the performance of health services delivery system is not dynamic and fails to obtain the ideal of improving the health. Many areas of the country are in the stage of having primitive health delivery system. The basic

principle of the situation analysis cannot be achieved without proper statistical data, and data in most of the places is not correct. The priorities and goals need to be refixed in overall national policies for optimum governmental responsibility for developing feasible delivery system of health services. The Health legislation is also becoming a problem get allows the legislative rights to the unqualified quacks. This creates further problems for the doctors and the population. With the present system of Health Planning there is little hope or indication for the emergence of a suitable system ensuring reasonable health for the youth or any other part of the population. This requires introduction of Health Insurance Scheme.

The West has made great progress in the past centuries, and in the 20th century the Western Economic growth has gone very high as compared to our country.

There are certain areas in Pakistan called active sandy desert regions e.g. Thall (2.4 million hectares). Thar (2.8 million Hectares) and Cholistan (1.8 million hectares). They are facing diverse problems of desertification. According to the study carried out by Pakistan Space and Upper Atmosphere Research Commission, in collaboration with Pakistan Desertification

Monitoring Unit area of Cholistan desert, vegetation was decreasing at a rate of 0.2% whereas dahars and sand dunes were increasing at the rate of 0.1 percent and 0.15 percent per annum respectively. If this situation is allowed to continue, the productivity shall decline and it shall increase the stress on the youth population of the country. Therefore the cooperative assistance should be planned through the aid of International agencies to help Pakistan in agricultural cultivation and the development of the rural areas with the modern technology of cultivation and live stock.

The Health System needs complete overhaul with respect to problem eradication of the adulterated drugs, because the adulterated drugs are very commonly available in the market and are being used by the unqualified people which shall spoil the health of the young and old.

The drug addiction is another menace. The young are getting increasingly involved in the addition of Heroin due to the external factors mentioned above is alarming and involves education institutions. If there is no check, the youth shall not remain healthy and cannot constitute our good resources.

Opium addiction in the country is also worth mentioning. It is said that 60 tons Opium was produced, whereas 240 tons was spent (daily Jang 25th February, 1985). It is evident that the rest of the Opium must be imported.

To provide good healthy environment to the youth, it is important that the Government and the private agencies conduct some research.

In this regard Quaid-e-Azam Muhammad Ali Jinnah, Founder of Pakistan, on 30th October, 1947, at the city of Lahore (University Grounds) addressed the nation in the following way: -

“You are member of that nation who is known historically for paucity, tolerance and bravery. Continue your tradition and add new chapters of history. I have to say one thing for each person that for achieving the prosperity and the goals of the nation, determine to sacrifice each bit of thing for the development of this country because Pakistan is the fort of Islam and its duty is to lead the other nations and stand for peace in the world”.

We can only progress if we possess knowledge values and good thoughts and do good deeds, Allama Iqbal says: -

“Knowledge takes up residence in the thoughts
Love’s lodge is the unsleeping heart”
So long as knowledge has no portion of love,
It is a mere picture gallery of thoughts”

We cannot deny that healthy young man of 17 years age Muhammad Bin Qasim in 712 century invaded Sind and conquered this area. Similarly Sir Syed Ahmad Khan’s educational revolution has created awareness among the youth which later on became the resource for ideology of Pakistan and liberation of the country. The educational system of Sir Syed Ahmad Khan provided us with ideology, and created a sense of collective efforts to change the environments. Such mentally equipped healthy youth acted as the resource for further leadership. Allama Iqbal also said” I love those who are determined to capture the Universe”. Similarly Allama Iqbal started his movement of creation of the separate muslim country in 1926 (December) and the youth of the nation acted accordingly. The Resolution of Lahore were passed on 23rd of March, 1940. The Muslim Students Federation responded to the call of Quaid-e-Azam and acted as best resources. This happened, because our youth were healthy and were not deviating from religion and belief.

The creation of Pakistan by the efforts of the youth, under the dynamic leadership of Muhammad Ali Jinnah, is a blessing of God Almighty Allah. Look at hundred million Indian Muslim. They are on the lowest level of the socio-economic scale: statistics show that Muslims are on an average 50% behind the Harijans (untouchable). We should also realize the screams and strains of Kashmiri Muslims. We should study the current upheavals and revive the Islamic atmosphere for promotion of health of the population, for purpose of bettering our economic resources.

KEY NOTE ADDRESS BY PROF. DR. M. A. SOOFI
CHAIRMAN,
4TH PAKISTAN INTERNATIONAL DENTAL
CONFERENCE

18-21 DECEMBER 1991

I feel honour to avail this opportunity of presenting the key note address to this 4th Pakistan International Dental Conference whose theme is “AESTHETICS IN DENTISTRY AND ITS CHALLENGES”.

This conference is being attended by eminent international scholars, planners, representatives of various countries and related agencies in order to exchange their respective specific knowledge regarding various areas of research activity in the dental sciences. I am sure, that the presentations of research papers, discussions and recommendations will be treasured by the delegates attending this conference.

It is indeed an honour for us to hold this conference and welcome particularly the foreign delegates, scholars, private

practitioners, dental trade representatives, and students of various dental Institutions of Pakistan.

PAKISTAN DENTAL ASSOCIATION

Allow me to briefly review the contributions of PDA towards the theme of this conference. Pakistan Dental Association was established in 1948 and the founders were deeply concerned to improve the dental conditions through broad based dental education in Pakistan. As we know, that as a result of partition of sub-continent, Dentists/Teachers of de'Montmorency College of Dentistry and those in private practice migrated to India. In the beginning there were no funds, academic staff was insufficient, literature was not available and the equipment was lacking, but the continuous efforts have culminated in re-structuring of de'Montmorency college of Dentistry, Lahore as a Premier Institution and later on subsidiary Dental Section at Peshawar, Multan, Hyderabad and Quetta Medical Colleges were added.

Health is basis human right and one of the major elements which affects the process of development of a country. Dental Health is a part of general health and almost all nations of the world are striving to shape their health systems to give proper

priority. WHO is particularly making lot of development in the designing of dental health because there has come need for change in the concept of health care specially in the developing nations. Country of ours, is facing more dental problems as compared to the developed world. Therefore, there is need to adopt a system of scientific to fulfill the need of the health care to our own environment and resources.

Dentistry is a universal symbol of prestige, elegance and art of healing. It has become a profession of choice for those who believe in ultimate reliability in service and consistently want to enjoy their beauty of this science are what to be included in group of international figures over the globe.

This profession provides a chance to persue a policy of total commitment for fame and prestige and averting technical development and research and it enhances the image because of its helping to break way the disease to establish the health. It possesses a mission an elegant source of functional values for human. It is also architectural science designed for making external appearance more distinctive and precision of arches and normal occlusion becomes a quality and efficiency.

Dentistry is oldest profession. The old craftsman was carrying on false teeth making tradition that began to expand, when some industrious false teeth makers imbued with removal of teeth dynasties were founded in which teeth makers craft was handed over from father to son. By 1947 there were 2000 master quacks inhabitant in Pakistan even at Lahore and Karachi.

Education during the end of 19th century brought about a marked change and improvement in making false teeth technique which had to produce qualified personnel in dental science. With the time the false dentist gave away their profession, to their offspring and added into numbers. At this point, unqualified or quack damages the masses to the extent of shock and introduced many other infectious ailment to the public. Though they do not possess or not given a certificate, from any authority, to enable them to use the instrument full of dust and infection there is a need to screw down winding their crown of practice which is perpetual and harmful to public.

PDA has been inviting special attention towards this system that it does not provide security to those who are ignorant about this unrecognized practice of service. Therefore it should be a part of government policy exclusively for dentistry or medicine.

The art of healing may be in hands of qualified personnel who by virtue of scientific training possess commitment to their society. And it should be a move in National Assembly because this becomes a science which involves delicate anatomy physiology, pathology, accompanied with operation on human.

The case, need not be carved, it is already in block, it requires steps towards into legal shape and a person of your calibre and prestige and sincerity is to put for final placement in law. This will be a great service to research and security to both public and to those who have designed the dial of life in this field.

Dentistry in the world of today is in a state of electronic equipment. The profession is full of skill and a person with meticulous work and 4 years vigorous training is capable of handling special equipment designed by the companies for its quality and procedure.

To maintain the lead to research and professional science, who are exploring the frontiers of basic and applied science and research even at micro-electronic research, they may be provided help through law that “only officially certified men and women awarded certificate are entitled to practice and for healing and no

other individual is allowed to practice modern science of dentistry”.

Dental diseases being a major health problem in Pakistan is ironically not recognized as such. Because it has not been identified fully by the experts in health planning. There is no representative of this speciality in central and provincial health departments probably because no one considers it a priority although most of dental ailments affect the system of the body, and add to miseries. This inappropriate health planning needs to be checked. In every health project and Government should undertake preventive and curative oral care because it is a common or dominant problem of the rural as well as urban population of Pakistan. However, it is consoling that government is recently beginning to show interest. National health planning is the process by which government makes choice between alternative, health needs of the people of the country and their foreseeable results, solution is suggested according to the need of resources.

The goals of oral health are, to improve the health conditions to the extent, possible in each village and at primary health care centres. The easier and cheaper way will be through appointment of trained dental surgeons/hygienists, who will work

in collaboration to publicize dental information and promote orientation programs at the village level.

In my view, there is a need for study of main factors of our dental health problems for proper programming and solutions. The villages selected will be treated for the need of improvement in dental health care. After viewing this strategy in the field of health planning will be very useful and will provide opportunity for close cooperation between the medical and dental health.

The process of the planning of the health in Pakistan has got historical background and now in the 7th five year plan (1988-93) some of the importance and emphasis have been given to oral health and primary health care. But there is need for proper procedure to adopt system in accordance with requirements of the WHO "health for all by year 2000".

There are many problems in the dental health centres as there are problems in other sectors. The solution with these of course, must be found at national level. However, presenting these problems. Because we have been fighting for this which have been indicated by the number of the conferences and nothing of the significance has come out. Dental diseases are enormous, children

of today are more sufferers. There is need to preventive and curative services. At present population manpower ratio is very lowest and there is a need of each primary health care centre should have hygienist, dental surgeons for curative and preventive purposes.

Therefore, emphasis should be stressed to shift from curative to preventive dentistry and for this we need to set up more dental hygienist classes/courses to train for primary health care as health educator. At the same time, it is felt that an Institute of Preventive Dentistry for specialization in the Postgraduation for the dentists in various branches may be set up so that the academically educated staff and manpower is available to lower the incidence of diseases in Pakistan. Therefore, we ask for setting up Postgraduate Dental Institute, in this regard at Lahore, the Dental programmes will be provided by us.

The growing demand of dental treatment among the patients of Pakistan requires need to train the highly technical staff for a system to develop “Transfer of Technology for Training the dental Graduates with the modern equipment and technology like laser application, nuclear medical diagnosis and computer Examination analysis. This type of Institute with high modern

technology will fill up our deficiency and will add to a developing step in this direction. The government will be benefited by the local trained staff and there shall be less foreign exchange expenses. The government will have to introduce merit fellowship scheme for the Dentists of Pakistan to be trained in the foreign universities.

With the high growing rate of population, there shall be more demand of the dental graduates in this country and thus there shall be need to expand our existing dental colleges with increase of the trained teachers and there should be need in building, staff equipment and books for academic standard upto the level of Pakistan Medical and Dental Council. Thus the Federal and Provincial Governments should keep separate budget to fulfil the future requirement in their planning. More so the student hostels must be given the first priority. As such at present our students are at the mercy of Medical Colleges. For example in Lahore, the Hassan Raza Shah Hall is not sufficient for the male students. Our girl students are without proper arrangements.

There might be more emphasis for increasing the yearly admissions without providing the corresponding facilities. This shall be an invitation to lower standards of education. And at

present de'Montmorency College of Dentistry, Lahore needs to be shifted to a bigger campus with a name of “dental sciences complex nearby the Allama Iqbal Medical College Complex with full fledged facilities of basic sciences and modern technological based, on technical centre with the research facilities and audio visual library. This will add to prestige of the country, as almost all Muslim countries send their students to Pakistan.

The maxillofacial unit and emergency accidental training for the dental graduates is of paramount importance to deal with the road accident. Therefore, in future each operation theater for emergency should have such facilities having the services of trained maxillofacial surgeon for reconstruction of the loss, to the level of rank of Professor because medial colleges, however ignore this speciality.

With the rapid increase in the number of dental patients visiting the dental hospital, Lahore and increase number of population and traffic will radically change the picture in the future five years. And the time is ripe that the expanded facilities to the patients may be planned to meet the growing needs of the population. Thus there is need of additional place as suggested

before to be build up like the children complex, Jinnah Hospital Complex of Allama Iqbal Medical College.

All these matters can be dealt with i.e. eradication of quackery, merit fellowship award non-practicing allowances to dental surgeon, and their employment problems, checking and coordination of the various public dental clinics, dental education and other preventive measures, problems of the practitioners can easily be dealt with if the dental surgeons are involved in the administration i.e. the post of Director General Dental Health Services at Centre and Director Dental Health at different provinces for liaison for the local channelization and for international agencies.

Once again I express my thanks for your joining this venture, specially of the Chief Guest, Foreign Delegates, and the Delegates from various parts of Pakistan & Trade Exhibition.

**PROMOTIVE AND PREVENTIVE SIDE OF RURAL
HEALTH, PRESENT AND FUTURE**

Before we discuss the promotive and preventive side of the Rural Health it is essential that we should have the knowledge regarding the Province of Punjab in respect of statistical data. Total population of Province of Punjab is 5,44,87,000 (Five Crore Forty Four lac Eighty Seven Thousand) whereas the Urban Population is 15031000 (One Crore Fifty Lac Thirty One Thousand) comprising of 8002000 (Eighty Lac Two Thousand) male and 7029,000 (Seventy Lac Twenty Nine Thousand) female. Similarly the Rural population is 39456000 (three crore ninty four lac and fifty six thousand) comprising of 20607000 (two crore six lac and seven thousand) male and 1,88,49,000 (one crore eighty eight lac forty nine thousand) that of female. The area of Punjab is 2,05,346 (2 lac 5 thousand 346 k.m) Sq. K.M. and its population density 265 person per Sq. Kilometer.

Punjab is divided into 8 civil division, having 29 districts, 86 tehsils. The total number of the villages are 25094 and number of the union council are 2367 and there are 290 rural development marakiz. There are 18 cannts, 63 Municipal Committees, 132 Town Committees and 7 Corporations. It is estimated that the

infant mortality rate is 115-120 per 1000 live births, and as maternal mortality rate is 7 per 1000 live births. Morbidity rate is 31% and death rate is 14.6% population. The annual growth rate is 2.95% against annual growth rate of Pakistan which is 3.1%.

The health delivery system in Punjab at present is in the form of Hospitals, Dispensaries, Rural Health Centres, Sub Health Centres, T. B. Clinics, MCH Centres, and Basic Health Units. There are 3941 centres in both Rural and Urban areas. There are 28 Hospitals, 853 Dispensaries, 144 Rural Health Centre, 547 sub health centres, 101 MCH Centres, 1395 Basic Health Units in the Rural Areas.

There are 2947 sanctioned posts of medical officers, 503 Women Medical Officers, and 109 Dental Surgeons among these 489 Medical Officers, 233 Women Medical Officers and 22 Dental Surgeons Jobs are lying vacant.

The Government of the Punjab has granted the budget grant of Rs.82,05,86,86,550 (Rupees 82 crore, 5 lac, 86 thousand 5 hundred and 50 only) for the year 1986-87. The budget is to be spent by the institutions run under the control of Director, Health Services of Punjab, whereas there is another grant of Rs. 681660350 (68 crore 16 lac 60 thousand 3 hundred and 50 only)

for special institution for expenditure of professional technical and general hospitals and clinics Rs. 1013100 (10 lac 13 thousand and 1 hundred) is to be spent for administration. Therefore, total budget for health under grant number 16 Non-Development for 1986-87 is Rs. 1,50,32,60,000 (1 Arab 50 crore, 32 lac 60 thousand).

The Government of Pakistan has got the intention to increase the Rural Health Centres and Basic Health Units and the number of Doctors, which is evident from the data, that in 1951 we had 2, 621 doctors and in 1984, we had 38,322 doctors. Similarly the number of dental surgeons increased from 377 to 1,303 in 1984. The Health Centres have increased to 319 in 1984, which has started with 217 in 1980. The Government is keen to have 9,939 Rural Health Centres in 1988, population per facility of 73,800. Similarly basic Health Units, Dispensaries, MCH, etc. to 9, 154 in 1988 population per facility 9,750. Similarly the number of the will increase in Pakistan to 36,000 for population per facility to 2, 940 and Dentists would be 1700 for 62350 population per facility.

TARGETS

1. Conversion of 2,620 existing of facilities into BHUs with residences.
2. Construction of 2,665 new BHUs with attached residences for doctors and staff.
3. Construction of 625 new Rural Health Centres.
4. Construction of 1,715 doctors residences at the existing BHUs.
5. Provision of 4000 teaching beds in existing medical Colleges and another 4000 in District and Tehsil Hospitals and 1220 beds in Tehsil Hospitals for referral care.
6. Hostel accommodation for House Surgeons, Physicians & Trainee Registrars.

TARGETS IN HUMAN TERMS

1. Protection of 24 million children against six major killers of children.
2. Protection of 8 million children against complications and mortality of diarrhoeal disease through oral rehydration salts.
3. Protection of 1.25 million children suffering from third degree malnutrition.
4. Providing help during pregnancy and childbirth from the present 24 percent to 100 percent of mothers through 45,000 trained birth attendants, backed by Lady Health Visitors and Female Doctors.
5. Rehabilitation of 1 million disabled and prevention of occurrences of disabilities.
6. Availability of Primary Health Care to all and referral where needed.

The 6th and 7th Plan will shift from the objectives to practical side for providing a systematic link between the village community and super structure of the modern health system, depending upon the density and scatter of the population, basic health unit will be provided to serve about 5000 to 10000 population. This will include among other things midwifery, child care, immunization, diarrheal disease, malaria control, child spacing, mental health and school health services within its area. Out of such research services will be provided for maternity and child health care through trained birth attendants: -

POLICY SHIFTS OF THE SIXTH PLAN

1. Emphasis on preventive care by protecting all children by poly immunization against the six preventable diseases of children diarrhoeal diseases control and improved maternal care.
2. Consolidation of existing facilities in contrast to expansion and development of Rural Health Infrastructure. Expansion is only envisaged in unserved areas.
3. Each rural health facility to be manned by one qualified doctor and by substitute.
4. Double shifts in the out patient department of all teaching Hospital and District, Tehsil Taluka Headquarter Hospitals.

5. Freezing of seats in medical colleges and stress on quality rather than quantity.
6. Rehabilitation of disabled and prevention of disabilities.
7. Government patronage to traditional medicine.
8. Involvement of the Community (local bodies) in Primary Health Care.
9. Proper management training to health functionaries.
10. Introduction of users charges to reduce subsidy.
11. Rapid expansion of Private Sector.

Under the 5 points programmes, Socio-Economic Development of Prime Minister of Pakistan 1.41 Billion rupees have been financially allocated for Rural Health similarly Rs. 1.25 billion has been allocated for rural water supply and sanitation, and 1.98 billion has been allocated for rural roads and 5.27 billion has been allocated for electrification. Total amount stands 23.19 billion for Socio-economic uplift of the rural and Katchi Abadies.

Under the Health Section of the 5 points programmes, basic health units is to be set up in each of the Union Council. In addition of Rural Health Centre would be set up in a group of 4 to 5 union council during 1986-87, 343 new basic health units and

Health Centres are to be set up in the country. These units besides providing normal health care, takes steps for prevention of disease.

These Health Units would be provided adequate number of doctors and paramedics and modern hospital equipments. Each basic Health unit would be provided with the Laboratory facility for maternity and child health care. Each rural health centre would have doctors including lady doctors with necessary complementary staff, operation theatre, Laboratory and Ambulance in addition to facility for the prevention of the disease. In this way we shall be able to overcome the health problems of the rural population in Punjab and elsewhere.

There is a need that the medical professionals should identify the critical problems being faced by the country. One of the major problems is increase of birth rate. The birth rate all over the globe is becoming very high. It is estimated that by year 2000 the population of the world will be 6 Arab, 20 crore, which in 1960 was 3 Arab and in 1980 4 Arab 80 crore. It is said that half of the population of the world is located in China, Bahart, Russia and America. Russia has reached the population of 28 crores.

The population rate of Pakistan is 3.1 % annually whereas unemployment rate is 4% which has reached to 20,40,000. If the

population is unchecked it shall create more health problem, unemployment housing and education etc. We should also control the communicable disease.

Over the last few years, a deadly and mysterious disease has erupted and begun to spread around the world. It a global pandemic with its victims doomed to certain death. The disease is called AIDS, the initials of its full name, acquired immune deficiency syndrome. Medical researchers are still puzzled about the origin of AIDS. Today, AIDS appears to be most prevalent in central Africa, the United States, Haiti, and Europe. The World Health Organization is preparing a worldwide campaign to combat AIDS.

Our own well-being is dependent on the well being of the others. We as a Pakistani have to learn that we have to live as a Muslim and better citizen as members of human community. It is true that to change our system we have to adopt the comfort of our religion and its tradition to struggle against such problems faced by our society. Islam has defined the concept of human community and after adopting its principal much of the preventive work is being carried out for the well being of our nation. Let us enrich the

Islamic education to our population and work for Health and Peace of the Country.

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**Activity Report Concerning WHO
Prof. Dr. M. A. Soofi, Former Principal, CCM, Lahore &
WHO Oral Health Project Coordinator in Pakistan**

Since taking over as National Coordination of WHO Oral Health Project in Pakistan, Prof. Dr. M. A. Soofi took up the assignment and chalked out a long term plan to utilize the available resources. To achieve the national oral health goals in Pakistan. Some Workshops, Seminars, Celebrations and other programmes were organized. A little are summarized below:

WHO Workshop (June 4-8, 1990)

A five day national workshop from 4th of 8th June, 1990 was organized. The main objective was to infuse concept of preventive dentistry and develop national thinking among the dental surgeons/ graduates of Pakistan through such efforts on scientific lines. The workshop proved to be a part of campaign which resulted in improving public health movement based on solid and well structured organizational net work. Dental Surgeons/Graduates all over the country were invited to participate with the action plan to be adopted to achieve the ultimate goals. The main objectives of the WHO Project of Oral Health in Pakistan were highlighted in detail.

WHO Health Day

It was observed on April 7, 1991 at College of Community Medicine, Lahore by Prof. Dr. M. A. Soofi. Provincial Health Minister was the Chief Guest. Emphasis were laid to achieve the goals of WHO under the theme: Complete Preparedness if Disaster strikes:

Prof. Dr. M. A. Soofi, Principal, College of Community Medicine, Lahore highlighted the precautionary and preventive measures with regard to WHO day theme.

Family Health Workshop

With the collaboration of World Bank and Asian Development Bank, a one day workshop was organized under the Chairmanship of Professor Dr. M. A. Soofi, Principal, College of Community Medicine, Lahore on May 17, 1991.

WHO Workshop on Sanitation (July 27, 1991)

Preventive measures, promoting of the provision of safe water for drinking was stressed. The Workshop was organized by Prof. Dr. M. A. Soofi, Principal, College of Community Medicine, Lahore sponsored by WHO. It was attended by 40 delegates

comprising of Sanitary Engineers and Medical Officers from all over the country of Pakistan.

WHO Day (October 1, 1991)

On the occasion of “elderly people day” designated by WHO. In the symposium organized at Pakistan National Centre by Prof. Dr. M. A. Soofi welfare system for “Old Age Peoples” was planned. It was presided over by the Health Minister, Government of the Punjab.

7th April, 1991 -- WHO Day

WHO designated 7th April as ‘Environmental Pollution Day’. It was celebrated at Conference Hall of College of Community Medicine. The symposium was presided over by Prof. Dr. M. A. Soofi. Prof. Dr. M. A. Soofi presented a detailed study report reflecting causes of pollution and diseases spreading due to Environmental Pollution all over the world as well as in Pakistan.

No Tobacco Day – WHO Day

Keeping in view the WHO commitment to improve health services in the world ‘No Tobacco Day’ was observed on 31st May, 1992, by Prof. Dr. M. A. Soofi at Pakistan National Centre, Lahore. It was presided over by Ch. Iqbal Ahmed, Minister for

Agriculture, Government of Punjab. Preventive measures and steps to be taken was discussed in detail.

Press Conference

With the collaboration of Public Health Association of Pakistan Prof. Dr. M. A. Soofi organized a press conference. In his press conference he stressed that smoking creates a large number of diseases. Therefore it must be discouraged at public places and urged upon the government that regulation should be passed in this connection.

Walk against Tobacco (May 29, 1992)

To highlight the dangers of smoking 'walk against tobacco' was demonstrated which was headed by Punjab Health Minister, Prof. Dr. M. A. Soofi, Principal (Retd) College of Community Medicine, and others. The participants showed unity to discourage smoking and stressed upon the community to quit this uneconomical and dangerous habit.

WORKSHOP ON ORAL HEALTH CARE, LAHORE
4TH – 8TH JUNE, 1990

INTRODUCTION

A national workshop on strengthening concept of public health dentistry/communications at a professional level was held at Department of Dental Public Health, College of Community Medicine, Lahore (Pakistan) from 4th- 8th June, 1990. Workshop was sponsored by WHO with the cooperation of Federal Government of Pakistan and the Government of Punjab. This was the first workshop on the subject sponsored by the WHO. Follow up according to protocol and action plan is expected at country level.

The workshop brought together 23 participants from the provinces, 12 from Punjab, 3 from Sind 2 from Baluchistan, 3 from Azad Kashmir and 2 from Social Security. One of the participant was from the Directorate of Health Services, Punjab, Lahore. From WHO, Prof. M. A. Soofi acted as a temporary Advisor whereas Prof. Asad Ullah Lone, acted as a Facilitator. The Department of Dental Public Health, College of Community Medicine, Lahore was the main department involved in this workshop and took active part in the activities of the workshop.

In addition to Prof. M. A. Soofi, ten senior teachers of various specialities cooperated in extending their knowledge to the participants. Senior teachers of the faculty of College of Community Medicine, Lahore acted as Coordinators in the plenary session groups.

The opening ceremony at the campus of CCM, was conducted on 4th June, 1990. Senior Prof. and Paediatric Specialist Prof. S.M.K. Wasti was the Chief Guest, and Prof. A. U. Lone inaugurated the ceremony. Speeches were made by Prof. S.M.K. Wasti, Prof. A. U. Lone, Prof. M. A. Soofi and President of Pakistan Dental Association. Messages from Chief Ministers of Punjab and Baluchistan and Governor of Punjab were read by Dr. Shahid Anwar. Speakers appreciated the WHO for sponsoring such workshops and credit of organization was mentioned for the coordinator. (The participants were sent a questionnaire for bringing in data to the coordinator regarding vital statistics & incidence of dental problems in their areas).

OBJECTIVES OF THE WORKSHOP

The objectives of the workshop were according to the action plan prepared before, however:

a. **Principal Objectives:**

To improve training of dental health personnel in preventive dentistry in order to enable them to effectively assume the task of oral health physicians in their areas of duties and in context of primary health care.

b. **Specific Objectives:**

1. To identify areas of interest in training dental health personnel in preventive dentistry and mass education for dental health in the context of primary health care.
2. To strengthen the concept of utility of dental auxiliaries in the health program and to provide such facilities in the teaching centres.
3. To create the sense of integrated dental health care with medical care in MCH centres, educational institutions.
4. To examine the existing school health services and adding dental care in school health program.
5. To examine the existing health system and organization in the context of developing a suitable dental health administrative setup or modification and adoption in present system according to present needs.

WORKSHOP ACTIVITIES

A 5 days program with 9 workshop modules was planned to achieve the above objectives, each module and specific teaching were followed by exercises and group discussions under supervision of learned teachers. Plenary sessions were used to make the presentation to introduce the module theme as well as to the discussion on reports. Each group leader, different in each session presented the module as part of exercise in front of other participants, for approval of recommendations. The group composition remained same but the facilitator/teachers were rotated for effective teaching. National representation and experience consideration guided the formulation of groups, and groups were designated A, B, C, & D and each module was further divided into sub-topics.

Module-1, was concerned with dental health challenges and goals of WHO, the introduction was given by Prof. Dr. M. A. Soofi, who devoted much of time in explaining the need for training teachers and etiology and risk factors regarding the dental diseases. Later on plenary groups were assigned to discuss this matter in sub-topics.

Module-2, was titled Dental Health Care for mother and child. Prof. M. A. Soofi emphasised on the need for dental clinics in MCH centres to fulfil the needs for participation and dental health care of very important part of society. And through this goals of WHO can be achieved through such integrated system. Associate Prof. Shamim Manzoor also discussed in length the need for dental clinics in MCH centres as there are lot of problems. She mentioned in her speech the dental Act, 1918 of England in which dental examination of pregnant mother was made essential. This will be better for understanding the social and cultural habits and will prove more effective approach in achievement of WHO goals.

Module-3, was concept of development of auxiliary worker, and community participation for motivation of the public and working for minor ailments and treatments. The dental hygienist who are trained at College of Community Medicine, Prof. Soofi emphasised the appointment of trained dental hygienist at rural health centre for Basic Health Unit, for school health programme and each existing dental clinic at Tehsil & District Headquarter Hospitals. Discussions included the fact that in the absence of dental act large proportions of qualified dental hygienist/ professionalists who have received their training from the Department of Dental Public Health find difficulties in getting the

jobs according to their training and they practice dentistry privately which shall damage the private practice of qualified practitioners. Prof. Soofi demanded that training of such type of health workers is to only provide dental health information to the community and emphasis is made that they had to work under direct supervision and physical presence of a dental surgeon and mentally they are tammed that their role is assistance of the dental surgeon who is the planner and policy maker in diagnosing a case and he writes instruction to the hygienists for performance of his/her jobs.

Module-4, 'Health System in Pakistan' was introduced and discussed by Prof. M. A. Soofi and Dr. Saeeda Rashid, Head of the Department of Public Health Practice. The group discussions finalised that present health systems talks the provisions of management of dental services by dental surgeon. It was formulated that dental surgeon may be included in the health system to provide supervision for harmony and better achievement of the dental clinics by the dental surgeons. Since the dental surgeon does not hold any post in the present health system the proper motivation and emphasis on the oral health care not be passed onto the public with the presence concept of the integrated approach does not prove bright.

Module-5, 'Epidemiology & Biostatistics' was introduced by Prof. M. A. Soofi and Dr. Khalid Almas, Dr. Ayyaz Ali Khan, Sheikh Zaid Hospital talked about the need of epidemiological studies in dentistry. This session was spent on explaining how to fill the simplified WHO chart of CPTIN introduced by FDI and WHO. Keeping in view the importance of this subject discussion with all participants took place. The participants were taken to the clinic for practical training in use of WHO probes and filling out simplified CPTIN charts. They were also introduced to the teaching models available in the Department of Dental Public Health, like empty teeth periodontal problems, caries, carious tooth, morphology etc.

Module-6, 'Dental Health Planning' was introduced by Prof. Soofi. Dates and slides shown and main dental problems and their solution according to the need and demand of community trained dental physician, he emphasized training of dental surgeon in public health dentistry at under and postgraduate level. Because the dental disease can only be controlled by trained manpower who have a proper service structure in the ministry of health. Prof. Soofi also said that there is a considerable shortage of trained instructors in this field in undergraduate institutions. There is a need that this training will gear up the promotion of this science and this shall solve the primary health problems. He also said that

there is a lack of knowledge in the public and in present dental graduates thus there is a need to enhance their understanding with suitable teaching materials and techniques to approach the public. He felt that such training will improve the performance of dental health worker in controlling the diseases. Number of areas were identified where dental surgeons are not involved in management. Therefore, much of the dental manpower is without proper job.

Module-7, 'Dental Health Education'. Prof. M. A. Soofi highlighted the importance of dental health education and communication based upon social and cultural values, he said the dental surgeons should enhance their commitments through dental health education by involving the religiously effective persons, by training the school teachers and effective personalities like councillors MPAS and MNAs. He emphasized that for mass communication a plan may be formulated for public relationing with mass media, administration for better results, he further said that there is a need to train all categories of health workers by the dental surgeons to provide them dental health education.

Percentage Tabulation of the Results obtained from the Evaluations forms filled by the Participants during the WHO Workshop on Oral Health from 4th – 8th June, 1990.

QUESTIONS ANSWERS

		50%	75%	100%
1	Are you satisfied with oral health workshop?	10.52	36.08	52.63
2	Have you learnt during this workshop?	21.00	36.08	42.00
3	How much your mind is motivated towards Public Health Dentistry?	21.00	26.32	47.37
4	How much have you learnt from lectures?	31.06	42.00	21.00
5	How much have your learnt from group discussions?	26.32	42.00	31.06
6	How much have you learnt from practical training?	31.06	36.08	21.00
7	How much have you learnt about addressing a gathering as leader?	21.00	36.08	42.00
8	How far group discussion have been beneficial to you?	5.26	32.06	58.00
9	Do you think the programme was heavy?	26.32		
10	Are you satisfied with the participation allowance paid by WHO?	79.00		26.32
11	Do you recommend that coordinator should have arranged	79.00		26.32

	for participants accommodations?			
12	Are you satisfied with the duration of the workshop?	47.37		47.37
13	Do you think such workshops should be conducted often?	100.00		
14	Do you recommend younger persons or senior persons for such workshops?	100.00		68.40
15	Do you agreed to the recommendations chalked out by plenary groups?	100.00		
16	What step you shall take to motivate the community?	A 100.00	B 52.63	C 52.63

**RECOMMENDATIONS OF NATIONAL WORKSHOP ON
ORAL HEALTH AS W. H. O. ORAL HEALTH
PROGRAMME IN PAKISTAN**

1. Dental Surgeons should give utmost attention to encouraging and promoting preventive measures in their areas.
2. Dental Surgeons should incorporate teachers, religious scholars and local leaders into preventive health education activities at all levels.
3. Dental Association and Medical Association and other such organizations should recommend through Seminars and discussions the practice of breast feeding and comfortable environment of diet etc. to pregnant and lactating mothers as tooth Bud is on formation, a good food to a mother is a better source of reservation to future teeth. Similarly breast feeding helps the child for proper development of oral soft tissues, dental tissues and dental arches for proper occlusion. Moreover, mother's milk is protected from germs and no risk of diseases occurs and there is production of antibodies – means better dental health as healthy child possess non-susceptible tooth.

In order to implement goals of Workshop six (6) specific areas needed to be developed.

I. **CONSCIOUSNESS, RAISING DENTAL HEALTH MOTIVATION**

Increase Awareness and appreciation for values of Quran and Hadis, on Oral Hygiene among the masses in order to prevent dental diseases from Community.

Targets: The community at large – school teachers, leaders, health workers, mothers, children’s Association or such other Associations be considered for teaching of dental hygiene.

Strategies

- a. Need for multi-sectorial approach, need for influencing decision makers Administrations, Schools Health Executives and Politicians.
- b. Need for optimum use of relatively culturally accepted mass media, posters, leaflets, booklets, sermons in mosque etc. etc.

II. **DENTAL HEALTH EDUCATION & NUTRITION**

Promotion of dental health through nutrition, all type of food, raw vegetables, breast-feeding and fluoridation of water.

Targets.

The community at large including all health workers, children sports, and nurses, midwives, hospital administration, nutritionist, private practitioners and others may be guided for this topic.

Strategies.

This must be consistent, health education and nutrition must be explained – practical instructions given if possible.

PROJECT FORMULATION

Strengthening and implementing curriculum of B.D.S. with up-to-date knowledge of preventive dentistry.

ADMINISTRATION & LEGISLATION**Objective.**

Implementation for suggestion for dental health Administration set-up, like Doctor Medical Health Services Cadre, Service Structure and Seniority, promotion and dental Act. Ban on quackery, facilities to dental graduates at par with Medical Graduates.

Targets

Smooth service structure and post-graduate training and education, through Institute of Public Health Dentistry.

Strategies

To obtain influence of pressure groups. To move bill in the National Assembly for Medical and Dental Act.

Incentive

Project formulation and activities through Pakistan Dental Association.

IV. HEALTH SERVICES & DENTAL CARE**Objective**

To improve dental health services throughout Pakistan.

Targets

All health personnel be involved and trained and educated about the importance of dental care and hence to obtain better budget.

Strategies

To involve men of importance and executives.

Incentives

To modify the present administration set-up with dental surgeons.

V. COMMERCIAL FIRMS OF TOOTH PASTE

Objective

Control advertisement without any authority in PTV or News Paper Advertisement of toothpaste powder may be approved by the Government and Pakistan Dental Association. Sensitize health administration to subtle profession by commercial firms and to educate them to monitor the activities of these firms.

Monitoring of advertisements in Medical and Dental Journals for formulas, which are processed for preparation of materials.

Targets

Tooth-paste industry- health workers and consumers to be involved.

Strategies

Formulation of code of esthics for toothpaste/tooth brush industry.

VI. PERFECT FORMULATION & ACTIVITIES

Increasing by trade and commercial boards. Mass media – Dental Health Education.

Objective

Maximum use of dental health education – message must be simple with concent of Pakistan Dental Association.

Target

General public and Health Workers.

Strategies

Association effective as possible.

Project Formulation

Through all relevant areas – Dental Surgeons Dental Hygienist, religious leaders lectures.

LADY WITH THE LAMP

Florence Nightingale was one of the nineteenth century's most remarkable woman. The founder of the modern nursing professions, she was the first female nurse to accompany a British army abroad. Working in frightful conditions in the hospitals at Scutari, she and her colleagues cut the death rate among the wounded of the Crimes from 42 to 2 per cent. In June, 1960 her training school for nurses the first in the world was opened at St. Thomas's Hospital, London and has a world wide influence. Nightingale nurses are to be found in almost every country, and many other training centres based on Nightingale principles have been opened. An astonishing fact is that from 1857 until her death Miss Nightingale was a chronic invalid. She advised, prompted and controlled from her sick room, writing endless letters. Only once did she manage to visit St. Thomas's Hospital.

Ref: The Pakistan Observer, Dacca Sunday Nov. 17, 1968.

HIPPOCRATIC OATH

The son of Heraclides, a physician priest. Hippocrates was born on the Island of Cos around 469 B. C. and died in about 377 B.C. He is mentioned as a prominent physician twice in the dialogues of Plato and once in the writings of Aristotle. He was the first to institute an oath to be taken by all the medical practitioners a translation of which appears below: -

I swear by Appollo Physician, by Aesculapius by Hygela, by Fanacca and by all the gods and goddesses, that I will carry out, according to my ability and judgement, this oath and this indenture.

To hold my teacher in this art equal to my own parents, to make him partner in my livelihoods when he is in need of money to share mine with him, to consider his family as my own brothers and to teach them this art, if they want to learn it, without fee or indenture; to impart precept oral instruction, and to indentured pupils who have taken the physician's oath, out to nobody else.

I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so nor will I suggest such a course. Similarly, I will not give to a woman an abortive remedy. But I will keep pure and holy both my life and my art.

I will not use the knife, not even, verily on sufferers from stone but I will give place to such as are craftsmen therein. Into whatever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of man or woman, bond or free.

And whatsoever I shall see or hear in the course of my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.

Now if I carry out this oath, and break if not, may I gain forever reputation among all men for my life and for my art, but if I transgress it and forswear myself may the opposite befall me.

Ref: The Pakistan Observer, Dacca Sunday Nov. 17, 1968.

Formation of Pakistan Dental Association, Lahore Branch

Dr. M. A. Soofi was the President of United Pakistan Dental Association in 1969-70 and the General Secretary from 1966-68. After the dismemberment of One Unit, he had to go outside Lahore therefore in election of 1971 at Jinnah Hall he handed over the Association to the new office bearers. Again on his joining private practice in 1973 at Lahore, he organized three days seminar on dental health planning, in which Federal Health Minister Sheikh Rasheed Ahmed inaugurated under the auspices of Public Health Association of Pakistan. This was the most successful and historical symposium and was attended by dental surgeons from all over the country. They (dental surgeons) observed the potentialities of Dr. Soofi and organizing capacity and he was offered any post of PDA Centre, Province or District. So in 1973 Lahore Branch of Pakistan Dental Association was formed. Under these circumstances he was elected. Since then he is holding the same position.

Nov. 25, 1973: A meeting of the General Body of PDA was held at Hotel Salateen, The Mall Lahore which was attended by Dr. Saleem Cheema, Dr. B. A.

Yazdanie, Dr. M.Z.K. Niazi, Dr. M. Rafiq Chatha, Dr. Dara Hormasjee, Dr. Masood Akhtar, Dr. Tanvir Hussain, Dr. Muhammad Aslam Ch., Dr. Shuja ud Din Qureshi, Dr. Javd Sultan, Dr. Syed Ikhlaq Ahmed, Dr. Syed Ayub Shah, Dr. M.D. Sethi and few more. This was an historical meeting and Dr. M. A. Soofi was elected as President PDA Lahore and Dr. Shuja ud Din Qureshi as General Secretary. Since then veteran members remained Executive Members and the Association started his achievements.

SYNOPSIS OF PDA ACTIVITIES

Jan. 4, 1974	Meeting of the executives to finalise the problems of Dental Surgeons with Provincial Health Minister, Government of Punjab.
Feb.8, 1974	Executive Meeting was held for solving the problems and holding of symposium with collaboration of Beecham Company at Lahore.
Apr. 26, 1974	Executive Meeting at Hotel Salateen to discuss organizing the National symposium.
1975	1 st Convocation of International College of Dentists (FICD) alongwith PDA Lahore.
1976	Letters written to College of Physician and Surgeons Pakistan for introduction of Postgraduate

	courses of Dentistry like FCPS and MCPS.
Jan.1, 1977	Celebration of Quaid-e-Azam Centenary, Symposium & Dinner Meeting at Gymkhana.
July, 1979	Address to College of Physician Surgeons of Pakistan, Karachi for introduction of fellowship in Dentistry FCPS, MCPS as an appeal of PDA Lahore the President Dr. M. A. Soofi.
Sep. 1979	Meeting of executive held to form RCD Dental Federation.
Dec. 1979	Health Education through Ptv. Group Discussion.
Jan. 17, 1980	Meeting of the executives for Problems of the Dental Surgeons.
Jan. 27, 1980	Meeting of the executives of PDA at Tung Fung, Prof. A. H. Awan was the Chief Guest.
Mar. 13, 1980	Public Health Programme Lecture at Lahore College for Woman and other institutions.
Apr. 7, 1980	Smoking & Oral Cancer – Public Lecture & Publication of a Booklet and Seminar in Urdu.
Apr. 15, 1980	Executive Meeting for Decision to organize Muslim World Moot at Lahore.
Nov. 18, 1982	Symposium on dental problems – inaugurated by Federal Minister Dr. Nasir ud Din Jomezai, Guest of Honour, Dr. Khirat Ibn e Rasa, Vice Chancellor, Punjab University and Annual dinner.
Dec. 1982	Letters to various Dental Leaders for formation of central PDA and thus Karachi Branch PDA – conducted election and central body formed.

Mar. 25, 1983	<p>International Conference at Rawalpindi, Dr. Soofi was Secretary publicity and coordination, inaugurated by President Gen. Muhammad Zial ul Haq (late).</p> <p>Lectures delivered by various Experts such as:</p> <ul style="list-style-type: none"> ▪ Prof. J. D. Stranhan, University of London. ▪ Prof. Valic, University of Bulgaria ▪ Prof. W. M. Barsum, University of Cairo ▪ Prof. Duckworth, University of London ▪ Dr. Neuton, from New Zealand ▪ Brig. Gordon Rowell from Australia.
May, 1984	Dental Camp at Farooqabad, Fountain House.
June, 1984	PDA Executive Council Meeting
Oct. 12, 1984	PDA Executive Members Meeting
Nov. 2, 1984	PDA Executive Council Meeting
Nov. 16, 1984	PDA Executive Council Meeting
Dec. 17, 1984	Reception for Dr. Iftikhar Ahmed on his appointment as Secretary Health Punjab.
Feb. 8, 1985	Dental Camp at Ferozewala with the help of rotary Club, Dr. G. M. Kullu.
Feb. 19, 1985	Symposium on Dental Health in Nawa e Waqt Daily.
Apr. 23, 1985	Oral Cancer Symposium at Avari Hotel.
May 31, 1985	PDA Executive Meeting.
July, 1985	PDA Meeting at Residence of Dr. Shamim

	Ahmed.
Nov. 3, 1985	Executive Council Meeting at Ali Baba Hotel.
Nov. 17, 1985	Executive Council meeting at Turkish Grill Hotel, Lytton Road, Lahore.
Nov. 29, 1985	PDA Meeting at Hilton Lahore.
Dec. 15, 1985	Symposium on Dental Hygiene at College of Community Medicine.
Mar. 4, 1986	Addressed to PDA, Karachi on Periodontal Diseases Dr. Soofi as Guest Speaker.
Apr. 7, 1986	WHO Day at Pakistan National centre and on PTV. Lahore.
June 26, 1986	Lecture on Periodontal Diseases at Oslo (Norway) International Conference on Dental Hygiene by Dr Soofi, as a representative of PDA Lahore.
June, 1986	Dinner of PDA Executive Council.
Sept. 1986	Workshop on Acupuncture at Hilton, Guest of Honour Mrs. Afsar Raza Qazilbash.
Oct. 14, 1986	17 th National Health Conference on Water and Health at Hilton, read, a paper on Safe Water and Dental Health.
Oct. 31, 1986	Symposium on dental health at Pakistan National Centre – read a Paper.
Nov. 28, 1986	Award Ceremony to Dr. M. A. Soofi, Bazme e Danish.
Dec. 12, 1986	Executive Meeting on Oral and Dental Health
Feb. 8, 1987	Meeting with Clinical Oncology Society of Pakistan at Radium Ward for Oral Cancer.

Mar. 12, 1987	Meeting with Clinical Oncology Society of Pakistan.
Mar. 30, 1987	Inauguration of Oncology Society Symposium at hotel Hiltoon and participation.
Apr. 9, 1987	Meeting at Hilton, Lahore. Dr. Soofi read, paper on Bleeding of Gums.
Apr. 23, 1987	4 th National Conference of Gen. Med. Practitioners at Pearl Continental Hotel, Chief Guest Gen. Zia ul Haq, read, Paper.
Aug. 23, 1987	Prof. Dr. M. A. Soofi visited Jail, Kot Lakhpat, made survey of Prisoners almost all of whom were suffering from periodontal diseases and decay of teeth.
Oct. 19, 1987	Prof. Dr. M. A. Soofi chaired WHO Workshop and delivered Lecture on Control of Dental Diseases through Surveillance of Water at CCM Lahore.
Nov. 26-29, 1987	3 rd Pakistan International Dental Conference at Karachi, Dr. Soofi read, paper, "Bleeding of Gums".
Jan. 22, 1988	Dr. M. A. Soofi Read a paper in annual conference of Graduate Association.
Feb. 5, 1988	2 nd Convocation of International College of Dentists, at Lahore Governor NWFP was Chief Guest
May 27, 1988	Meeting of Executive Council at Hilton, Lahore.
Sept. 12, 1988	Reception in honour of PDA President Dr. M. A. Soofi after after his Haj. Mr. Naseer Mohammad Khan, Provincial Minister for Health was Guest of

	Honour and problems of Dental Surgeons were explained and Creation of Institute of Dental Surgery was pressed by the President.
Apr. 14, 1988	Dr. M. A. Soofi read his research paper in Tokyo, Japan, in International Conference of Periodontology.
May 3, 1988	Iftar Party by Dental Hygienists Association given to Dr. M. A. Soofi, President for his initiative to start Dental Hygienist Course.
Dec. 8, 1989	One day symposium – International College of Dentist's Key Distribution Ceremony. Mr. Waseem Sajjad Chairman Senate was Chief Guest Dr. Abdul Hafeez, BDS MBBS was guest of Honour. He was father-in-law of Mian Nawaz Sharif.
Feb. 16, 1990	Pakistan Dental Association's Meeting at Hotel Falletis for election of Chairman 4 th International Dental Conference (Prof. Dr. M. A. Soofi).
Mar. 30, 1990	Executive Meeting of PDA, Lahore -- Iftar Party
Apr. 28, 1990	Pakistan Dental Association Meeting at Civil Officer's Mess –Eid party
Sept. 27, 1990	Dinner of PDA at Hotel Avari, for WHO experts
Sept. 11, 1990	6 th National Conference and Dr. Soofi read paper.
Oct. 23, 1990	Pakistan Dental Association Executive Meeting.
Feb. 11, 1991	Food Adulteration Programme – Symposium by LMC Dr. Soofi Chaired Technical Session & Addressed – how Adulterated Food is bad for dentition?

Apr. 4, 1991	4 th International Dental Conference Meeting of the Executive Committee under the Chairmanship of Prof. Dr. M. A. Soofi.
Apr. 7, 1991	WHO Day – PDA Iftar Party; Provincial Health Minister attended.
Apr. 12, 1991	Welcome Dinner by Pakistan Dental Association, Lahore to Prof. Muhammad Waheed Sheikh at Lahore Gymkhana on becoming Principal
May 10, 1991	PDA Meeting of 4 th International Dental Conference
May 16, 1991	Participated in Symposium on “ Oral Surgery” at Chakwal.
May 5, 1991	Oral Health Workshop (CPSP Karachi) organized by WHO read, paper.
June 3, 1991	National Nursing Conference Dr. Soofi presided as a Chief Guest
June 9, 1991	Inauguration of Symposium on Blood transfusion, HIV & AIDS and Oral Health Inaugurated Dr. M. A. Soofi Chief Guest as being Principal, College of Community Medicine, Lahore.
June 16, 1991	Meeting of Pakistan Dental Association, Centre at Art Council, Lahore.
June 20, 1991	Attended symposium organized by WHO – Sheikh Zayed Hospital Lahore
June 28, 1991	4 th International Dental Conference – Executive Committee Meeting under Chairmanship of Prof. Dr. M. A. Soofi.
July 8, 1991	Meeting of the Dental Hygienists

Aug. 1, 1991	4 th International Dental Conference – Executive Committee Meeting Lecture for general practitioners participation.
Sept. 1, 1991	4 th International Dental Conference – Executive Members Meeting.
Dec. 18, 1991	4 th International Dental Conference inaugurated by Mr. Waseem Sajjad.
Mar. 3, 1992	Pakistan Dental Association Dinner Meeting at Falletis Hotel.
May 13, 1992	Symposium and Workshop at King Khalid Hospital, Jeddah (Saudi Arabia)
Dec. 1, 1992	Represented Pakistan Dental Association Lahore in Sri Lanka – South Asian Dental Associations Federation's and 60 th Anniversary of Sri Lanka Dental Association and Elected President SADAF for 1994.
Dec. 24, 1992	2 nd World Zoraistrain Dental Congress 7 th Central Street, Defence Housing Society, CPSP, Karachi.
Jan. 5, 1993	Resolution of executive regarding creation of new posts – Letters sent to Punjab Chief Minister, Health Minister, Secretary Health, Principal de'Montmorency College of Dentistry, Lahore
Jan. 6, 1993	Press conference for demands regarding problems of Dentists.
Apr. 14, 1993	Dental Health Week inauguration at Jinnah Hall, subsequently symposium on 25.4.93 at Sheikh Zayed Hospital.
Apr. 16, 1993	Anti Drugs & Dental Health Walk

Apr. 17, 1993	A symposium on Oral Cancer in KEMC Auditorium
Apr. 25, 1993	Symposium on HIV, AIDS and Oral Health.

RCD

I had the feeling that the dentistry should be a popular to form the RCD Federation on my way back I visited Turkey, Iran, 1969.

There was announcement of the New Health Policy by the Federal Government of Pakistan vide daily Mashriq 28. 2. 1972 Dental Association. Pleaded that the new policy dental surgeons should be given equal status and at the same time Dr. M. A. Soofi addressed the senior fellows of ICD that the dentistry should be given equal status. Articles were written in daily Mashriq, June, 24,1973 and we asked the government that the dental health services should be daily Nawa e Waqt Dental Surgeon should have their own Directorate and health services this was covered by almost all the news papers of Lahore.

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**CREATION OF NEW POSTS OF A. P. IN VARIOUS
BRANCHES OF DENTISTRY**

During the past two decades, there has been many advances in all the disciplines of dentistry and there has arisen many accepted concepts and practices relevant to the modern thoughts which stand no parallelism in the history of this science.

Vast new vistas in the practice of dentistry are opening up with exciting new developments like: -

- Use of lasers in the treatment of carious teeth.
- Implant-materials and techniques.
- New dental restorative material and technology.
- Computer assistant designer and fabrication of dental restorations.
- Zero-radiography and magnetic resonance in the diagnostic field.

The explosion of dental knowledge is becoming essential, practically both to the teachers and students to keep abreast of, and cope with rapidly changing dental scene. This also is essential for

the patient of today who is better educated, more aware, more assertive and therefore he expects new techniques and the best expertise from his dentist.

The Dentists, who neglect to acquire the modern techniques will find himself stagnating in dull, routine, out-dated and un-rewarding practices. It is therefore, imperative that the teacher and the student in the teaching institutions may be provided modern dental programmes in order to provide the “hands on” experience for gaining expertise so as to render best possible services to the patients.

There are many sub-specialities in Dentistry, which the younger group have selected for preparing themselves to render the services in a particular field. For example in oral surgery young persons have done masters and fellowships and got their specialisation removing the deformity of the cleft palate through surgical technique and such other maxilo facial surgery specialists are available with advanced knowledge. Their skill and technique is needed in our country because such cases were dealt with previously by the general surgeon and that was not the proper service. Similarly some young boys have specialised in pedodontics, periodontics, public health dentistry, restorative

dentistry and orthodontics. There is a need, for that the services of such experts may be utilised in the better interest of the profession and of the patient. We also need teachers in these specialities.

SUGGESTIONS

To help such fortunate professional members of our community as well as the patients and the children regarding oral health and its importance, and ways and means, of achieving and maintaining dental health in all specialities, there is need of creation of new posts of Assistant Professors in the new sub-specialities of the new sciences in order to: -

- a. Promote and encourage the feelings of these dental surgeons who have obtained the Postgraduate knowledge from the world over Dental Institute, either through scholarship or self sponsorships and putting themselves in hard task.
- b. To help the dental students in the prosecution of their dental studies in the prosecution of their dental studies in the teaching institution with the modern science and technology.

- c. To promote the scientific feelings for creating new literature and research for the information and knowledge to the general practitioner.
- d. To raise the status of the education at par with the world level.

Keeping the above objectives, there is necessity and correct time to take stock and assess to curriculum and present staff for the above commitment, if we don't stand atleast 2/3of the world, in this scientific field there is need for culmination of such positive efforts when we may successfully organize the teaching system through these experts.

Since inception of the de'Montmorency College of Dentistry, Lahore, there used to be four professional chairs for the dental students for teaching purposes:

- a. Oral Surgery
- b. Operative Surgery
- c. Orthodontic Surgery
- d. Prosthetics

Instead the expansion of the sub-branches of these four specialities the previous organization, curtailed to two chairs and at present,

the two professorial chairs i.e. Professor of Prosthodontics and Oral Surgery are working. The former professorial chair is heading the college as a Principal and Dean of Dental Faculty of Punjab University, other professor of oral surgery is under administration and planning of the Punjab Dental Hospital, the biggest curative centre for oral health healing. And the rest of two chairs (Operative & Orthodontics) are not actively functioning. Perhaps the chair of Restorative Dentistry has been infused to another set up by the previous organization and thus this is depressing environment for the young dentists and the students. Who neither can avail facilities of teaching nor of the posting. With the result the fresh young blood with Postgraduation stand disturbed, disgusted and disappointed, and many of them, for valid evidence, have left for Saudi Arabia or Europe to satisfy their thirst of service for their existence.

AIM OF DENTAL SERVICES

Aim of Dental Services is not merely to relieve the dental pain or extract the tooth or fill up the cavity etc. etc. But is to create in the patient an awareness about the oral health which is more rewarding and desirable purpose motivating him to accept the oral health is preferable, and that can only be achieved through the modern

science and technology. If our undergraduate students are not provided modern technology and science they shall not be able to provide the required services to the community.

The dental profession in Pakistan, with our continuous efforts of educating the masses is becoming recognized and the role of Dentists as a useful person to the community is becoming more and more clear. Therefore, to utilise the services, we need teachers of this branch, we need public health educators to prevent the public from hazards of smoking, Paan chewing and other pernicious habits which lead to AID and better healthful diet, regular exercise, breast feeding etc.

With the population of crore persons of the Punjab there exist three posts of Professor and 5 Associate Professors, so there is a well spell out necessity to create new post of various sub-specialities of such branches with immediate effect and special funds may be asked for to meet the expenses to absorb the fresh Postgraduate experts to impart knowledge to the students and better services to patients. If this is not being done the dental science in Pakistan will not become promotive.

POSTS TO BE CREATED

To utilize the services of these qualified people for maintaining productive treatment schedule to the patients of such specialities and to create promptness and interest among the younger students in the well interest of country and profession that at the premier institution, AP Paediatric Dentistry, AP Facio-Maxillary, AP Public Health Dentistry and AP Restorative Dentistry may be created and a professorial chair for preventive dentistry and Operative Dentistry post may be revived for maintenance of the control over potential Department of Conservation.

The previous AP post of periodontology and new post of paediatric and public health dentistry should come under the regular control of professorial chair of public health dentistry. Similar practice may be adopted at Multan and at College of Community Medicine Lahore, post of AP and Associate Professor may be created to make the Department at par with other Departments.

FINANCES

Finances which are to be spent will be much lesser as compare to the quality of the Postgraduates and their utility for the cause and promotion of dental science.

The sources may be pooled out from any corner so that those in profession should not leave country as many have left. This is the only way for saving the brain drainage.

**PRESS CONFERENCE BY PROF. DR. M. A. SOOFI,
PRESIDENT, PAKISTAN DENTAL ASSOCIATION,
LAHORE BRANCH AND PRESIDENT ELECTED OF
SOUTH ASIAN DENTAL ASSOCIATION'S FEDERATION
– 6.1.1993.**

The press conference was also attended by Dr Nazia Yazdani, Vice President, Dr. Shuja ud Din Qureshi and Dr. Ashiq Ghauri, President, PDA England Branch.

The Chief of PDA and Elect. President SADAF Prof. Dr. M. A. Soofi urged upon the government that Dental Surgeons having Postgraduate Degree/ Diploma in various sub-specialities of the

Dentistry may be provided appropriate jobs in Teaching Institutions in Punjab i.e. de'Montmorency College of Dentistry, Dental Section, Nishter Medical College, Multan and College of Community Medicine, Lahore in the form of Assistant Professor, Public Dental Health, Paediatric and Preventive Dentistry, Restorative Dentistry, Facio-Maxillary Surgeon at each District Headquarter Hospital may be created for these specialities to help Accidents, Emergency and Trauma cases and in the field of mandible maxila. He too urged that problems of junior doctors may dealt with at par with the medical doctors in framing career structure, House Rent and Non-Practice Allowance.

Dr. Soofi invited the attention of government towards girls hostel for Dental Students. At present he said, there is no hostel for Girls Dental Students which number 150/175. Previously the girls used to stay in KEMC, Fatima Jinnah Medical College Hostels but they have been thrown out. Therefore, government should take immediate action to provide hostel for Dental Girls Students for continuing education, developing the research and science/technology of dentistry. He proposed establishment of Postgraduate Dental Institute attached with de'Montmorency College of Dentistry or College of Community Medicine to further

provide opportunity to the updating science like laser, implant and cosmetic and preventive dentistry.

Prof. Dr. M. A. Soofi was very much concerned about the limitation of the practice of un-qualified quacks who, he said, were becoming a source of spreading AIDS virus un-knowingly while treating such patients who are silent carriers of these virus. Dr. Soofi said in order to control many side effects of other infectious diseases. There is possibility that AIDS may get through such resources, therefore, Dr. Soofi said ban should be imposed on quackery. He also asked for the government to control the wide un-ethical publicity for Tooth Paste and Tooth Powder and this mushroom of industry should be controlled by the Ministry of Health, Dental Association to save the public from hazards of such undesirable publicity. He was concerned about the prevention of dental diseases and asked for the government to arrange electronic publicity media to prevent dental diseases. He also appreciated the government efforts to establish 2 years Hygienist Course at Dental Public Health Department at College of Community Medicine because this trained personnel is meant for providing clinical assistance to the Dental Surgeons. Therefore a post of Dental Hygienist at each District/ Tehsil Headquarter Hospital may

be created in place of Dental Technician or additional post in basic pay scale of 12 be sanctioned.

Dr. Soofi stressed for shifting of Dental College to Allama Iqbal Medical College, New Campus, Lahore and revision of the Undergraduate Curriculum. Dr. Soofi further stressed that all the posts of different sub-specialities should be in accordance with the PMDC's requirement i.e. Professor, Association Professor and two Assistant Professors in each sub-speciality. Dr. Soofi said that he has visited Sri Lanka, India and other SAARC countries and he wants Pakistan to lead in research, technique and technology.
