New-and Old-Directions

This issue of *Public Health Reports* is the first to be published under the aegis of the Health Resources Administration. I am proud to welcome the journal to HRA, and I would like to assure readers that it will continue to focus on the broad spectrum of responsibilities of the Public Health Service.

The journal began in 1878 as a modest one-page bulletin issued by the Supervising Surgeon-General of the Marine Hospital Service. After 46 issues, the Bulletin of the Public Health expired. Publication was resumed in 1887 as the Weekly Abstract of Sanitary Reports, and in 1896 the Abstract became Public Health Reports.

In 1952, the weekly was amalgamated with three technical periodicals of the Public Health Service. the Journal of Venereal Disease Information, the CDC Bulletin, and the monthly Tuberculosis Control issue of PHR to form the monthly Public Health Reports. The journal's format continued relatively unchanged until 1971, when organizational changes in the Department of Health, Education, and Welfare brought about a redesigned format and a new name, HSMHA Health Reports. Fourteen months later the name was again changed to Health Services Reports, to reflect a major emphasis of the Health Services and Mental Health Administration.

With the resumption of the title, Public Health Reports, I would reiterate Surgeon General Leonard A. Scheele's statement in the January 1952 issue. "The pages of the new Public Health Reports, like those of its predecessors, will be open to responsible authors, outside as well

as within the Federal service, in the United States as well as abroad."

The first issues of the Bulletin in 1878 carried reports of the great Mississippi Valley yellow fever epidemic that claimed 20,000 lives; today's public health practitioners face very different challenges. Our aim in 1974 is to make the journal a real forum for the exchange of ideas and a stimulus to new concepts in health planning, administration, and research.

Kenneth N. Endicott
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COVER—Special psychological training is necessary for dentists who plan to specialize in pediatric dentistry. Here a child cooperates with a dental student by holding the saliva ejector. (Photo from the Bureau of Health Resources Development, Health Resources Administration) The impact of Medicaid and neighborhood health centers on the use of dental services in an urban area is examined in an article beginning on page 325.

