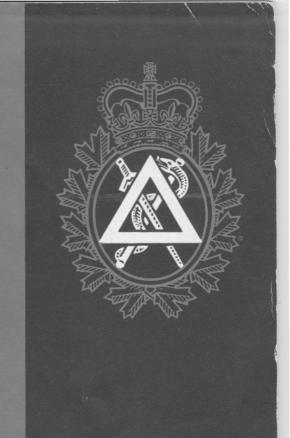
The

# CANADIAN FORCES DENTAL SERVICES Quarterly

·VOLUME FOURTEEN · NUMBER THREE · OCTOBER 1973 ·







### The CFDS Quarterly



#### ·VOLUME 14 · NUMBER 3 · OCTOBER 1973 ·

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#### Cover Photo

Order of Military Merit to MWO Colleen Torrens. See 15 Dental Unit News. Photo by John Evans, Ottawa.

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## The Problem of the Distal Extension Partial Denture



Major E. D. Cragg, DDS.

#### INTRODUCTION

A removable partial denture having one or two extensions distal to the remaining natural teeth derives its support from both resilient and non-resilient tissues. This dual support presents certain fundamental problems which differ greatly from those encountered with a totally tooth-borne denture.

The primary problem presented by dual support is one of stress distribution. During functional movements, definite forces come into play which must be controlled in order to avoid injury to the abutment teeth or the supporting edentulous ridge. This article discusses how the design of the distal extension partial denture influences stress distribution.

#### PHYSICAL FACTORS

McCracken¹ has stated that the absence of non-resilient posterior support to the distal extension partial denture will cause the 'saddle' to move toward the tissue under function, proportionately to the quality of the supporting tissues and the accuracy of the supporting base. Applegate² compares the distal extension partial denture to a Class I lever. Functional forces acting upon the distal extension are magnified in direct proportion to the lever length, the amount of occlusal force applied, and the degree of base movement which occurs.

The occlusal rest acts as a fulcrum, and those elements of the direct retainer which lie in an undercut area anterior to the fulcrum will transmit a torquing force to the abutment teeth. If one considers the biting force which can be applied during mastication, combined with the mechanical advantage of the Class I lever having a long power arm and a

short leverage arm anterior to the fulcrum, then the tremendous torquing forces acting upon the abutment tooth (Fig 1) when a cast circumferential clasp is utilized as a direct retainer is readily apparent.

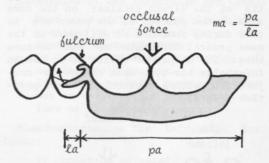


Fig 1. The mechanical advantage (ma) of a Class I lever is dependent upon the relative lengths of the power arm (pa) and the leverage arm (la).

The distal extension partial denture requires an entirely different design than does one in which total tooth support is available in order to compensate for the rotational movement about the fulcrum during function, and the potential torquing force which results.

#### THE DIRECT RETAINER

The direct retainer must be so designed that destructive forces will not act upon the abutment tooth. At the same time, it must fulfill its essential requirements of support, bracing and retention. Two conventional methods of clasping are available which will minimize torquing forces applied to the abutment tooth. The first involves the use of a retentive arm which is able to flex in all directions. A retentive clasp arm made of wrought wire or PGP (Plati-

num-Gold-Palladium) alloy can flex more readily in all directions than can a cast half-round clasp arm, and can more effectively dissipate those stresses which would otherwise be transmitted to the abutment tooth. A combination clasp employing a wrought wire or PGP alloy retentive arm provides such flexibility without loss of bracing. Because the reciprocal arm of the combination clasp is cast, and is therefore rigid, it is able to effectively resist lateral forces and also reciprocate the force exerted by the retentive arm as the denture is inserted or removed.

The second method of clasping involves the conversion from a Class I to a Class II lever situation in order to direct forces away from the abutment tooth. This is achieved by locating the retentive tip of the direct retainer on the same side of the fulcrum as the power arm so that during function it will move in the same general direction as the denture base. The method of choice is to use an infrabulge bar-type cast clasp in conjunction with a mesiocclusal rest position (Fig 2).

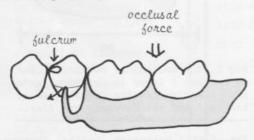


Fig 2. An example of a partial denture framework design acting as a Class II lever with the retentive tip located on the same side of the fulcrum as the power arm.

McCracken³ warns against placing a bartype clasp arm with a distocclusal rest on a terminal abutment if the undercut lies on the side of the tooth away from the extension base (Fig 3). The torquing effect would be the same as if a cast circumferential clasp had been used. He prefers a modified T-bar retainer engaging a distobuccal undercut, and used with a mesiocclusal rest position (Fig 4).

Other bar-type direct retainer assemblies which McCracken recommends for use with a distal extension partial denture

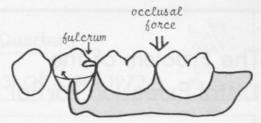


Fig 3. Rotation about the distocclusal rest causes the retentive tip of the infrabulge bar clasp to move forward and upward, engaging an undercut and torquing the abutment tooth. The partial denture is functioning as a Class I lever.

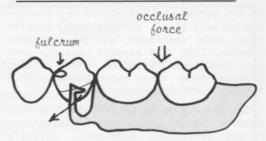


Fig 4. A modified T-bar clasp employing a mesiocclusal rest position and engaging a distobuccal undercut. The partial denture is functioning as a Class II lever.

#### are:

- a modified T-bar employing a distocclusal rest position and engaging a distobuccal retentive area(Fig 6) or
- an I-bar used in conjunction with a mesiocclusal rest position and placed in an undercut at the greatest convexity of the buccal surface (Fig 2).

The latter design is recommended by Kratochvil<sup>4</sup> and Krol.<sup>5</sup> Kratochvil feels that a modified T-bar engaging a distobuccal retentive area, whether used with a mesial or distal occlusal rest position, will place torquing forces on the abutment tooth. He points out that the clasp wraps around the natural contour of the tooth as seen when the tooth is viewed from above (Fig 5). During function, the distal part of the 'T' moves forward and engages the distal curvature of the tooth with resultant torque to the tooth.

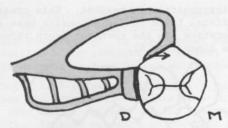


Fig 5. When viewed from above, a modified T-bar retentive tip engaging a distobuccal undercut is seen to move forward during function, whether used with a mesial or a distal occlusal rest position.

Others<sup>6,7</sup> disagree with this premise and have pointed out that the direction of movement of the retentive arm, when used with a mesiocclusal rest position is downward and forward (Fig 4). The downward component of movement causes the retentive arm to move into an area of greater undercut due to the natural curvature of the tooth occlusogingivally. This occurs only when a mesiocclusal rest position is used. A distocclusal rest position would create a Class I lever situation, and the direction of movement of the retentive tip would be forward and upward, engaging the undercut and torquing the abutment tooth (Fig 6).

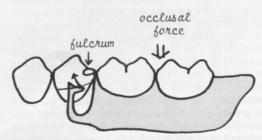


Fig 6. Rotation about a distocclusal rest position during function will cause the retentive tip of a modified T-bar to move forward and upward, engaging the undercut and torquing the abutment tooth.

The choice between a combination clasp or an infrabulge bar-type clasp adjacent to a distal extension is often a matter of individual preference. Both satisfy the requirement of minimizing torque to the abutment tooth. There are, however, certain advantages and disadvantages of each type which should be considered.

Advantages of the Combination Clasp:

- It is readily flexible in all directions.
- It may be easily adjusted to increase or decrease retention.
- It may be placed into a deeper undercut than a cast clasp and therefore may be used effectively when there is a high survey line.

Disadvantages of the Combination Clasp:

- It requires an extra step in fabrication.
- It may be distorted through careless handling by the patient.
- The alteration of natural tooth contour causes a loss of stimulation of foods during mastication.

Advantages of the Infrabulge Bar Clasp:

- When used with a mesiocclusal rest position it will direct forces away from the abutment tooth.
- It causes minimal distortion of natural tooth contour.
- It is more esthetic because it does not extend into the mesiobuccal surface of the abutment tooth.

Disadvantages of the Infrabulge Bar Clasp:

- It cannot be adjusted.
- It should not be used when there is a severe undercut.

From a practical standpoint, the type of clasp to be employed will be governed by the location of the natural retentive area on the abutment tooth. When a mesiobuccal retentive area exists, a combination clasp may be preferred. When a buccal or distobuccal retentive area is present, an infrabulge bar clasp may be the better choice. It should be kept in mind that a tooth can be recontoured and retentive areas created to obtain a more desirable clasping situation. Minor problems of abutment tooth form must not preclude using the design of choice.

#### OCCLUSAL REST POSITION

The positioning of the occlusal rest influences the distribution of stress to the abutment tooth and the alveolar ridge.

As mentioned previously the use of a mesiocclusal rest position allows the retentive tip of the direct retainer to

move in the same general direction as the extension base under occlusal force, thereby reducing torquing forces to the abutment tooth.

Krotochvil4 has noted that the denture base adjacent to the posterior abutment moves in an arc almost parallel to the mucosa when a distocclusal rest position is used. The mucosa in this region provides little or no support to the denture base and the gingival papills distal to the abutment tooth may be pinched during function. He suggests a more anterior placement of the occlusal rest so that the ridge immediately adjacent to the abutment tooth would contribute to the support of the denture. Kratochvil demonstrates how a mesially placed occlusal rest provides soft tissue support more perpendicular to a greater area of alveolar ridge than does a distally placed occlusal rest (Fig 7). In addition there is less likelihood of pinching the tissue distal to the abutment tooth.

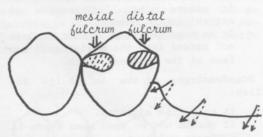


Fig 7. Greater support to the distal extension is provided by the ridge if a mesiocclusal rest position (broken line) is used rather than a distocclusal rest position (solid line).

Kratochvil4 also suggests that a mesially placed rest tends to rotate the tooth forward because of its position in relation to the long axis of the tooth. The tooth then receives support from the teeth anterior to it. A distally placed occlusal rest would tend to tip the tooth posteriorly where support is lacking. Dipietro6 maintains that the mesial placement of an occlusal rest will not prevent functional forces from tilting the abutment tooth distally. He points out that during the powerful masticating stroke of the chewing cycle, the mesial inclines of the lower teeth contact and slide over the distal inclines of the upper teeth until the point of maximum intercuspation is reached. This creates a distal force on the extension base and therefore on the abutment tooth through the clasp (Fig 8).

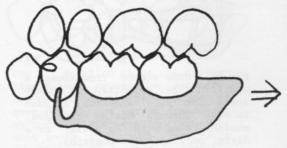


Fig 8. Masticatory forces against the distal extension, and, consequently against the abutment tooth, are in a distal direction.

A mesiocclusal rest position is normally not indicated where excessive tooth reduction would be required to permit its preparation or where esthetics is a factor, as on the mesial incisal surface of a mandibular cuspid. In these situations, a combination clasp with a distocclusal rest position is preferred.

#### GUIDING PLANES

The preparation of parallel tooth surfaces to act as guiding planes is desirable in the design of a partial denture. In addition to providing a definite path of insertion and removal of the denture, they help to ensure predictable clasp retention by reciprocating the flexing action of the retentive arm as the appliance is moved to and from its seated position. Special attention must be paid to guide plane design for a distal extension partial denture due to the rotational movement of the denture about the fulcrum during function.

Kratochvil<sup>4</sup> recommends a distal guiding plane which includes the entire distal surface of the abutment tooth. He adjusts the completed framework in the mouth with a pressure indicating solution of chloroform and rouge by applying finger pressure to the framework to simulate functional movement. There are certain disadvantages to this technique. Resorption of the alveolar ridge will result in increased rotation about the fulcrum line with the possibility of torquing forces being transmitted to the abutment tooth. The same result may oc-

cur if inadequate finger pressure is used to simulate functional forces. Another disadvantage is the gross tooth reduction often required to achieve a full occlusogingival distal guide plane.

McCracken<sup>8</sup> suggests a distal guide plane to occupy the occlusal one-third of the distal surface of the abutment tooth, thereby creating an undercut below the guide plane for the proximal plate to move into during function. However, movement about the fulcrum is rotational. Since the proximal plate contacts the distal guide plane as a straight line occlusogingivally rather than as the arc of a circle having its center of rotation at the occlusal rest, the potential for torquing forces still exists (Fig 9).

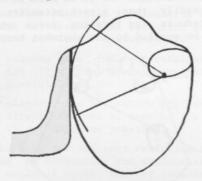


Fig 9. The proximal plate is prevented from moving in an arc by the straight distal guide plane, and may therefore transmit torquing forces to the abutment tooth.

Krol<sup>5</sup> suggests placing the superior edge of the proximal plate at the bottom of the prepared guide plane, which should be at the junction of the occlusal third and middle third of the tooth. During function, the proximal plate moves gingivally and slightly mesially into the undercut of the tooth, greatly reducing the likelihood of torquing forces being created (Fig 10).

The distal guide plane should occupy the occlusal one-third of the distal surface of the abutment tooth, and should extend slightly around the distolingual corner of the tooth. A minor connector joins the mesiocclusal rest to the lingual bar and contacts a prepared mesiolingual guide plane for approximately one-fourth the height of the lingual

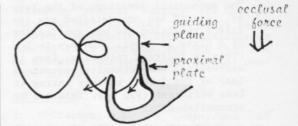


Fig 10. The proximal plate makes a line contact with the bottom of the prepared distal guide plane and moves downward and forward into the distal undercut during function.

surface. The proximal plate then assists the minor connector in providing reciprocation against the horizontal forces exerted by the flexion of the bar clasp retentive tip during insertion and removal of the denture. An alternative is to provide a lingual bracing arm.

The accumulation of food debris in an undercut below a guide plane can be prevented in most cases by good oral hygiene instruction to the patient.

#### INDIRECT RETENTION

The design of the distal extension partial denture must include provision for adequate indirect retention to counteract lifting of the distal extension bases away from the tissues. The indirect retainer should be placed as far from the distal extension base as possible in a definite rest seat on a tooth capable of supporting this function.9 A common mistake is to believe that a lingual plate will provide adequate indirect retention. Forces then are directed against an inclined plane rather than along the long axis of the tooth. only is the indirect retention less effective, but also tooth movement and slippage of the denture may occur.

Other factors which contribute to the effectiveness of indirect retention are:

- The effectiveness of the direct retention. Lifting of the extension bases away from the underlying tissue challenges the resistance offered by the direct retainer. Rotation then occurs about the retentive tips of the direct retainers and is counteracted by the action of the indirect retainers (Fig 11).

- The mechanical advantage of the lever. Avant has demonstrated how indirect retention is an application of a Class II lever. The key to increasing indirect retention lies in decreasing the mechanical advantage (ma) of the lever thereby making it less efficient (Fig 11). This can be accomplished by:
  - shortening the effective length of the power arm (pa) by providing a decreased surface area for the dislodging forces to act upon (e.g., by reducing the number of artificial teeth on the denture), and
  - lengthening the resistance arm (ra) by:
    - placing the indirect retainer as far from the denture base as possible, and
    - placing the retentive clasp tip as near to the denture base as possible (e.g., with a bar-type clasp engaging a distobuccal undercut).

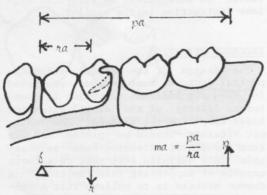


Fig 11. Indirect retention as an application of a Class II lever, with fulcrum (f), resistance (r), power (p), power arm (pa), and resistance arm (ra).

The tooth surfaces best suited physiologically and esthetically to providing indirect retention are, on the lower arch, the distal incisal surface of the first bicuspid, and on the upper arch, the lingual surface (cingulum) of the cuspid.

#### DESIGN OF THE CLASS II PARTIAL DENTURE

The same principles of design apply to both the unilateral and bilateral distal

extension partial dentures. One important consideration of a Class II partial denture is the type of direct retainer to be used on the abutment anterior to the modification space. When an occlusal force is applied to the unilateral distal extension, a fulcrum line is created, passing through the occlusal rest of the abutment on the distal extension side and the occlusal rest of the most distal abutment on the opposite side. Rotation of the partial denture occurs about this fulcrum line. A cast retentive arm, either circumferential or bar-type, on the abutment tooth anterior to the modification space will rotate upward, engaging the undercut and torquing the abutment tooth (Fig 12). A retentive clasp arm of wrought wire or PGP alloy is indicated in this situation as it is able to flex more readily than a cast retentive arm and reduces any torquing force which might be applied to the abutment tooth.

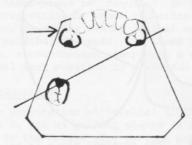


Fig 12. The retentive arm of the clasp anterior to the modification space (indicated by arrow) must be flexible so that rotation of the partial denture about the fulcrum line during function will not torque the abutment tooth.

#### CONCLUSIONS

A cast circumferential clasp should not be used as a direct retainer on an abutment tooth adjacent to a distal extension.

A bar-type infrabulge clasp in conjunction with a distocclusal rest position should not be used as a direct retainer on an abutment tooth adjacent to a distal extension.

A combination clasp, comprised of a wrought wire or PGP alloy retentive arm in conjunction with a distocclusal or mesiocclusal rest position, may be used

as a direct retainer on an abutment tooth adjacent to a distal extension.

A bar-type infrabulge clasp in conjunction with a mesiocclusal rest position may be used as a direct retainer on an abutment tooth adjacent to a distal extension.

The advantages of a mesiocclusal rest position over a distocclusal rest position are such that its use is indicated whenever possible on an abutment tooth adjacent to a distal extension.

Guiding planes should be used, and should be designed so that the proximal plate of the denture framework can move into an undercut below the distal guide plane as the partial denture rotates about the occlusal rest during function.

Indirect retention is essential to the design of the distal extension partial denture and can be maximized by:

- placing the indirect retainers as far from the distal extension as possible, and
- placing the retentive tip of the direct retainer as near to the distal extension as possible.

The need for indirect retention is reduced by decreasing the surface area of the occlusal table thereby reducing the area upon which dislodging forces can act.

#### SUMMARY

The problems presented by the distal

extension partial denture are unique. They must be recognized and steps taken to overcome them. This article delineates some of these problems and how they can be minimized through proper partial denture design.

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## Surgical Correction of Inflammatory Papillary Hyperplasia Of the Palate



Captain R. Y. Gish, DDS.

Inflammatory papillary hyperplasia is an oral pathosis of unknown etiology generally associated with ill-fitting dentures and poor oral hygiene. The con-

dition is usually confined to the hard palate but the maxillary and mandibular ridges are occasionally involved. Sex distribution is not a significant factor but the condition is most often associated with patients past middle age.

The lesion consists of small, tightly packed, wart-like papillary growths.Palpitation reveals these growths to be soft and spongy, and a stream of air directed at the site will separate them and reveal their length. Generalized redness of the area, associated with secondary infection from food debris trapped between the papillae is a common finding.

Microscopic examination of such lesions sometimes reveal foci of epidermoid carcinoma.<sup>2</sup> The condition should be treated as soon as possible, not only to reduce the possibility of such sequillae but also to improve denture stability, oral hygiene and the general health of the patient.

#### TREATMENT

Some authorities suggest that, when discovered early, remission can be obtained by removing the denture and rebasing it when the tissues return to normal. It is more commonly postulated, however, that although the tissue appears to be improved by such treatment, the papillae remain and should be excised to nullify the possibility of malignant change.<sup>3</sup>

Electrosurgery is the method of choice but most clinics do not have the necessary equipment. Removal of the papillae with coarse rotating stones has been attempted, but this procedure is slow and traumatic. Treatment with a Kingsley denture scraper has produced satisfactory results, and an outline of the method follows.

#### ARMAMENTARIUM

A sharp #6 Kingsley scraper is the instrument of choice, but a #2 scraper will facilitate access to confined areas such as a high, narrow vault. A scalpel or scissors may be required to remove tissue tags. Gauze sponges and/or suction are used to clear the site of excised debris and blood.

Resilient reline material (Hydrocast, Coe-Comfort, etc) provides post-operative comfort and improves denture stability.

#### PROCEDURE

When the palate is anaesthetized, hold

a gauze sponge behind the operative site to prevent blood and debris from flowing into the pharynx. To enhance vision, start at the back of the area to be excised and, using firm pressure, draw the Kingsley scraper in a forward direction and totally remove the papillae and epithelium. These tissues come free readily and a firm, fibrous connective tissue base ensues. If difficulty is encountered between the rugae, the #2 scraper will prove useful.

When all of the involved area has been treated, the denture should be relined with a soft material, as described by Richardson.<sup>4</sup> A thin coat of petroleum jelly or sodium alginate separating fluid facilitates trimming the excess reline material and its eventual removal from the tissue-bearing area.

Replacement of the tissue conditioning material is usually required three or four days post-operatively to avoid irritation during healing, but subsequent applications may be left longer. Epithelialization is usually complete after four to five weeks, at which time the denture can be permanently rebased.

#### DISCUSSION

Before treatment is undertaken, the patient must be fully informed of the nature of the problem, the necessity for treatment and the procedures he must subsequently follow to reduce the possibility of a recurrence of the condition, including the special oral hygiene procedures which pertain to edentulous patients and the requirement for regular oral examinations. Some difficulties may be encountered with patients who assess the treatment as both radical and painful. They should be assured that it involves a short operative time and that there is little post-operative pain.

#### SUMMARY

A simple procedure for surgical correction of inflammatory papillary hyperplasia of the palate has been described. The methods recommended for dental officers who do not have access to more elaborate surgical equipment, involves the use of Kingsley scrapers both to eliminate lesions which can become malignant and to produce a healthy, firm base for a new or rebased denture.

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## A Case Report:

## Histiocytosis X of the Mandible



Major F. H. Harreman, BSc, DDS.

In 1953 Lichtenstein¹ integrated eosinophilic granuloma of bone, Hand-Schuller-Christian disease and Letterer-Siwe disease into a sympton complex of the reticulo-endothelial system known as histiocytosis X. These clinical entities of unknown etiology share a basic underlying proliferation of histiocytes and may represent different phases of the same pathologic process.

Focal histiocytosis X is confined to bone without extraskeletal involvement and represents the most benign form of the disease. The lesions occur in medullary bone, most frequently in the skull, ribs and pelvis; the cortex is often perforated; they occur mainly in children and young adults; pain may or may not be a factor but they may predispose to pathologic fracture of the spine or long bones.

The chronic, disseminated form of the disease, Hand-Schuller-Christian (H-S-C) and the acute or sub-acute form, Letterer-Siwe (L-C) are characterized by widespread skeletal and extraskeletal lesions involving bone, skin, lymph nodes and viscera. H-S-C occurs in children and young adults, while L-S is usually restricted to infants and children under three years of age. The prognosis in these instances is poor and death is not infrequent, particularly with respect to the latter form.<sup>2</sup>

Treatment is varied. 23.4.5 Local curettage and/or low-dose radiation (500-1500 rads) is recommended for focal histiocytosis, 5 while antibiotics, corticosteriods, and chemo-therapeutic agents (methotrexate, vinblastin) are prescribed for disseminated forms. Occasionally the lesions are self-limiting.

The definitive diagnosis of histiocytosis requires histopathologic evaluation while the extent of the disease is determined by clinical signs and symptoms.

#### CASE REPORT

The following is a case report of focal histiocytosis to the mandible.

On 14 August 1972 a 34 year old caucasian female presented to the Oral Surgery Service, Letterman Army Medical Center (LAMC) with a complaint of pain to the right mandible.

One month previously her right second mandibular molar had been extracted, because of persistent pain to the tooth, by a civilian dentist. According to the patient, the extraction was a "difficult" one and during the operation her jaw "popped". When no relief from the pain ensued, she obtained a prescription for penicillin from the dentist and after taking this medication she developed "hives". She had returned to the dent-

ist, who gave her another prescription which she did not have filled.

Examination revealed ulceration and bone sequestrum on the lingual aspect of the right mandibular second molar area. Pus could be expressed from the site and there was moderate edema and erythema. She exhibited a 10mm intermaxillary opening and there was pain but no crepitus in the right tempero-mandibular joint. Her oral temperature was 98.9°F. A periapical radiograph (Fig 1) revealed a fresh extraction site with an apical radiolucency suggestive of a periapical abcess.

Initial treatment consisted of sequestrectomy of two cortical spicules conservative debridment of the socket area. Seven days later there was increased pain in the area and a temperature of 99.4°F. Iodoform gauze with eugenol was applied, following which the pain was decreased and the temperature returned to normal. Over the next three weeks the patient was then seen as an outpatient and her symptoms did not subside. Interim ENT and Periodontal consultations ruled out ear pathology and TMJ dysfunction. X-rays, including orthopantamograph, periapical and oblique mandible views, revealed a circumscribed, hazy radiolucency (20X25mm), apical and distal to the socket. The patient was admitted to LAMC 18 September 1972 for surgical exploration of the radiolucent area. A tentative diagnosis of chronic osteomyelitis was made.

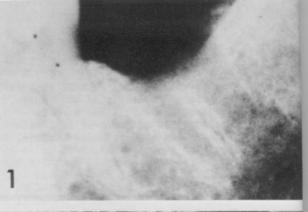
Her medical history was unremarkable except that acute abdominal pain of unknown etiology two years previously, and allergy to penicillin, were reported. The

Fig 1. Periapical radiograph of right mandibular molar area. Note radiolucent area at apex of extraction socket.

Fig 2. Panoramic radiograph demonstrating large well-defined radiolucency of right posterior mandible and questionable bilateral radiolucencies located apical to the mandibular second premolars and first molar.

Fig 3. Right mandible view demonstrating large radiolucency.

Fig 4. Right mandible - exposure of socket area of the second molar. Note the tissue within the socket which was soft, friable and yellow-gray in colour.









physical examination was within normal limits except for the oral findings. The socket contained a soft, yellow-gray material. Blood analysis revealed WBC of 11,500 with 65% neutrophiles, 211 lymphocytes, 10% monocytes, 3% eosinophiles, and 1% basophiles. The hematrocrit was 47 vol % and hemoglobin 16.3 gms %. Urinalysis was within normal limits. SMA-12 survey was normal except for elevated alkaline phosphatase of 120 mu/ml. The sedimentation rate was 11mm/hr.Serology was non-reactive and Tine test negative. PA and lateral chest films were normal. Orthopantamograph and oblique mandible films revealed a radiolucent lesion of the right mandible (Fig 2, 3). The orthopantamograph also revealed radiolucent areas apical and between the mandibular right and left second bicuspids and first molars.

On 19 September 1972 surgical exploration, debridement and curettage was undertaken under local anaesthesia and intravenous sedation (Fig 4,5). The tissue gained was soft, friable and yellow-gray in colour. The tissue was submitted for histophathologic evaluation and a culture was taken. The defect extended inferior to the neuro-vascular bundle (Fig 5) and perforated the lingual cortex at the most inferior and posterior aspect. A space-occupying dressing was placed, Her post-operative course was uneventful except that she experienced paraesthesia to the right lower lip and chin.

The histophathological diagnosis was histiocytosis X (Figs 6,7,8). The culture grew moderate alpha streptococcus and light neisseria.

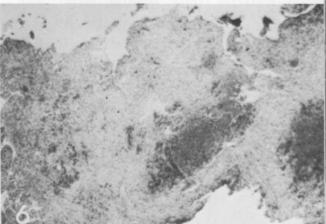
Fig 5. Right mandible - debridement inferior to neurovascular bundle which is intact.

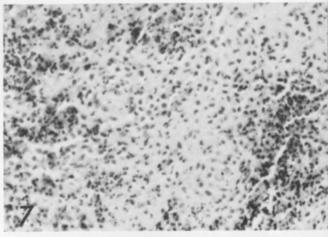
Fig 6. Low power view. Note the cellular nature of the lesion with a central dark staining area of necrosis. The lighter areas are sheets of histiocytes. Magnification 35%.

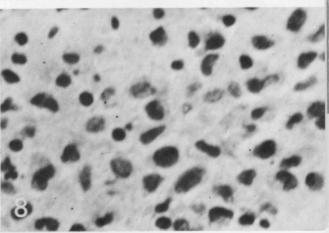
Fig 7. Low power field demonstrating sheets of histiocytes with central dark area of eosinophilic infiltration. Magnification 35%.

Fig 8. High power view of histiocytes. Magnification 450X.









Follow-up skull films and skeletal survey were normal with no evidence of lytic lesions (Fig 9).

The patient was discharged 10 days post-operatively. The dressing was removed and the defect appeared to be granulating nicely (Fig 6). She was followed as an outpatient until 6 November 1972 and was asymptomatic throughout. She moved to Mississippi and is being followed at Keesler AFB. Eight month post-operative X-rays revealed normal bone fill in the defect. There was no change in the bilateral radiolucencies apical to right and left mandibular bicuspid and molar areas.

#### COMMENT

Oral involvement in histiocytosis occurs in a surprisingly large number of diagnosed cases and may indeed be the first manifestation of the malady. 4,6,7,8,910 Gingival ulcerations, bony erosions, loosening and early loss of teeth may provide the clue to the diagnosis and lead to early definitive treatment which is often curative.

Roentgenographic shadows may mimic various benign and malignant conditions.6,7,8 The peculiar nature of the mandible (odontogenesis) and the potential for dental disease may further confuse the issue, e.g., in this instance the disease was masked by a history and clinical course which suggested it was of dental origin. There are no significant laboratory findings, and biopsy is the only reliable diagnostic tool, particularly where there is no dissemination.9,10 Since focal histiocytosis may involve more than one bone, and may herald dissemination, a thorough search for other sites of involvement is mandatory. Careful follow-up is also required to determine possible progression of the disease. In the case reported it appears that the lesion was solitary and that a cure was effected. Continued surveillance is still indicated.

#### SUMMARY

A case of localized histiocytosis X of the mandible has been reported and the importance of dentists being aware of the pathophysiology of histiocytosis has been emphasized.





Fig 9. Post-operative right oblique radiograph of mandible.

Fig 10. Right mandible - 10 days postoperative. Note granulation tissue within socket.

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## FISH STORY

Come the twenty-five of June in Seventy-three

Major Bill decide a fisherman he gonna be:

Step aboard the "Malia" with the skipper Butch Lee

To take a little fiddy from the deep blue sea.

Thus goes the first verse of a popular ditty being sung in all the better bistros along the Kona coast. Major Bill Harreman tells the story this way ...

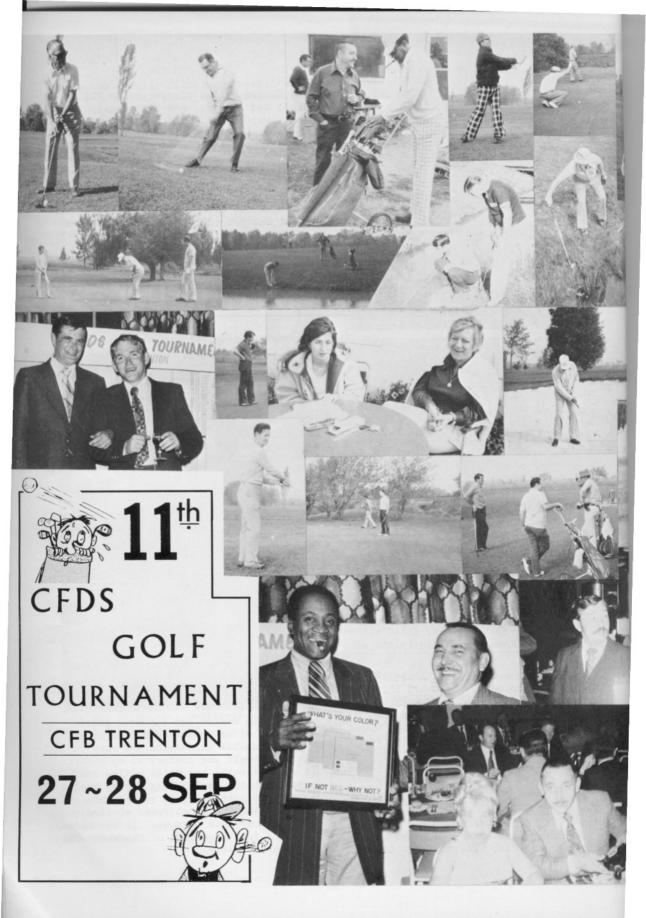
"I caught a Pacific Blue Marlin. He was 11'6", weighed 500 lbs., and was caught on 140 lb. test line in 42 minutes off the Kona Coast, big island of Hawaii.

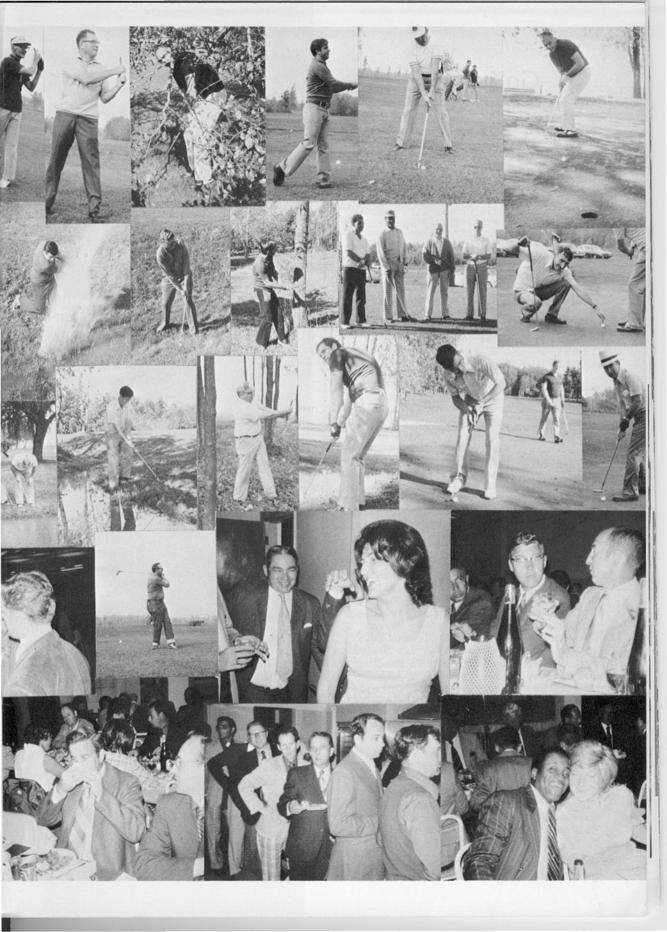
There are some who would doubt this brief claim to fame. However, this horrendous event did occur. The fish hit. I was strapped in the chair and the fight was on. It was miserable! Waves of nausea, head in the bucket, up for air, back to the bucket. Back ached, arms ached, lungs ached, then the chair disintegrated ... legs, arms and bucket went flying. The epidermis on my derriere could not stand the punishment and decided to leave my person.

We brought the beauty on board with block and tackle. For the next fifteen



minutes the marlin and I shared quarters, both of us prostrate on the deck. He was somewhat malodorous and once again I sought the comfort of my bucket. It was not until the Malia sailed into port, with the marlin flag flying that a tingle of satisfaction reached me. That evening the local radio station broadcast my good fortune. It was then that the full magnitude of the event was fully appreciated.





## Golf Report

This year's tournament attracted 89 golfers of various skills and abilities with about 115 personnel attending the presentation dinner. All dental units including 35 Field Dental Unit, Lahr, were well represented.

King Sol blessed the tournament with two excellent days of sun with golfers and spectators alike taking advantage of the fine weather.

A total of 36 prizes were awarded, including a door prize and the golf bag draw.

Statistics are available in regards to the amount of beverages consumed and who consumed them. Unfortunately space does not permit us to publish these facts.

The Tournament Committee extends a sincere vote of thanks to that particular individual who makes this tournament what it is - THE GOLFER. See you next year!

#### PRIZES AWARDED

(No 3) Friday: Longest Drive

(No 2) Friday:

Most Honest Golfer:

(No 18) Thursday:

Tournament Net Trophy: Mr B Pollock 1st Low Gross 1st Flt: Sgt MJ Hall 1st Low Gross 2nd Flt: Maj BW Yates 1st Low Gross 3rd Flt: Sgt J Armstrong 1st Low Net 1st Flt: Sgt GM Anderson 1st Low Net 2nd Flt: Maj HS Wood MWO R Matheson 1st Low Net 3rd Flt: 2nd Low Gross 1st Flt: Mr T Batten 2nd Low Gross 2nd Flt: Dr C Sivell 2nd Low Gross 3rd Flt: Sgt JR Curtis Mr J Clint 2nd Low Net 1st Flt: Maj AJ Nadeau 2nd Low Net 2nd Flt: 2nd Low Net 3rd Flt: MCpl WH Renwick 3rd Low Gross 1st Flt: LCol IAC MacDonald 3rd Low Gross 2nd Flt: MWO TA Bradley 3rd Low Gross 3rd Flt: MCpl T James 3rd Low Net 1st Flt: Cpl GR Lamontagne 3rd Low Net 2nd Flt: Sgt D Cormie 3rd Low Net 3rd Flt: Capt DM Clark MWO C Torrens Best Woman Golfer: Closest to Hole (No 17) Thursday: Capt R Salois

Golf Bag Draw Winner: Capt HA Chestnut

POS BOLL FINAMEN.



Photo 1. BGen Evans presenting the RCDC (R) Officers, Trophy to 14 Dental Unit team: Maj RH Headley, Capt DR Wright and Cpl GR Lamontagne, for lowest gross aggregate score over 36 holes.

Photo 2. BGen Baird presenting the KM Baird Trophy to WO (ret'd) W Hill for low gross score over 36 holes.

Photo 3. Col Covey presenting the GR Covey Trophy to Maj MB Fisk for low gross score over 18 holes.

Photo 4. Col Thompson presenting a prize to Mr B Pollock for Tournament Low Net.

Photo 5. The happy winner of the golf bag draw - Capt HA Chestnut.

Col G MacDougall

MWO R Todd

Maj R Headley

MCpl MN Boles







# CFDSS news

by Chief Warrant Officer W.D. Morris

#### Follow that cook!

It all began as 22 vehicles pulled away from the CFDSS early one Monday morning, headed for Meaford-on-the-Bay, the site of this year's summer camp for Embryonic Dental Officers. What follows is the story of how 47 striplings of the DOTP and their four leaders survived the perils of the forest for two weeks during which they learned, or were at least exposed to, the rigors of practicing their future profession under adverse conditions in the field. We "old-timers" would offer sympathy, as we recall our own days under canvas, were it not for the fact that in support they had a crew of not two, or even three, cooks, but would you believe it - 21!!

As in all such camps, there was a natural division in age and interests and so the junior boys, under the code name Phase II were, for the purpose of training, kept quite separate from the senior and much more experienced group - the Phase IIIs. "Akala" for the vounger boys was Major Pete McOueen. whose subsequent promotion attests to his able leadership and having weathered the potential pitfalls of several PERs. His assistant was Sgt Busse who, as we go to press, is carrying the rank of sergeant. The equivalent leaders with the Phase III Scouts were Capt Pilon and Sgt Albertson.

In the best military tradition the first tasks after arrival at the site were to get the trucks hidden, pitch the tents, locate fire points and establish a POL dump. As the sun sets on this first day and we gather around the campfire, toast marshmallows, drink lemonade and tell lies, it seems fitting to explain why there were exactly 21 cooks to cater to the appetites of 51 campers. The uninitiated might voice opinion that whoever was in charge couldn't find 30 more cooks, but those of us who are experienced in such matters will realize the foresight and careful planning involved in having this exercise coincide with a PL3 field requirement for 21 potential "maitres-de-cuisine". It has been reported that some of the cooks were also exposed to "piscatorial poaching". On the day a high-ranking officer visited the encampment, one of the four items on the menu was fresh caught pickerel and the season hadn't even opened!

The serious purposes of the exercise began on Day Two when the Phase II contingent was tasked with taking radiographs and charting the "dental patients". Through reciprocal agreement, those 21 cooks were assigned this role and that same afternoon were turned over to the Phase III lads for treatment. For the next eight days the generators were humming from dawn to dusk. What can be rarer than a group of cooks who are dentally fit?

The Phase II group spent the bulk of their time performing open-air "brushins" on groups of 120 members of the Cadet Services summer training school who were bussed in to the Meaford area each day from Borden for this purpose. Each of them received brushing and flossing instruction as well as the brush-in and a short lecture on oral hygiene.

Time flew by and the only known records are contained in some pictures and video tape footage taken by a team from CFDSS consisting of CWOs Morris and Laurence and Cpl Payette.

There are rumors of many other incidents known only to those who attended the exercise. But for those readers who wish to pursue the subject, the "catch-phrases" that will elicit longwinded reminiscences are:

...that evening of training (?) films shown at Bo-Jangles Gasthaus...

...waking to the sound of exploding immersion-heaters...

...watching Easterners riding the chorehorse...

...the cloudburst for the Commandant's visit...

...eating hard boiled eggs c/w shells at 0430 hours...

..."And the night shall be filled with music,

And the cares that infest the day Shall fold their tents as the Arabs And as silently steal away."





Top. "Smile?? What do you think this is - a picnic?? Sgts AJ Busse and GA Albertson.

Bottom. Capt "The Turk" Pilon, Phase III Exercise Director, on D Day.

As all vacations must, this one finally ended as early, early in the morning, with Phase III leading the way, the vehicles pulled out for Borden and its showers. The trucks are all nice and clean now, parked away in the compound waiting for next year. The red-coded cooks are all parked too - in their respective kitchens, and the DOTP candidates are letting their hair grow.

\* \* \* \*

The training ended on a pleasant note as the summer soldiers conducted their graduation ceremonies and received recognition for their diligent efforts.

BGen Garth C Evans, DGDS, presented awards to 2Lt RB Johnson, University of Manitoba, Third Phase Honour Cadet; 2Lt CC Cann, Dalhousie University, Third Phase Honour Cadet Runner-Up; 2Lt PM Lobb, University of Alberta, Second Phase Honour Cadet; and 2Lt WH Fallon, University of Manitoba, Second Phase Honour Cadet Runner-Up.





Top. 2Lt PM Lobb receiving the 2nd Phase Honour Cadet Trophy from BGen Evans.

Bottom. 2Lt RB Johnson receiving the 3rd Phase Honour Cadet Trophy. ("Oooops, we nearly dropped it, didn't we, sir?")

#### WALLY MITRIKAS GOLF TOURNAMENT

Once more it was time for the CFDSS staff and DOTP cadets to practise those wild swings and play their part in providing employment for the golf ball manufacturers.

It was not an unusual sight for players, partially eaten by mosquitoes, to stagger from the bush exclaiming, "I've found it, I've found it."

One player, covered with sawdust, emerged from an area where a chain saw could be heard, panting: "No, it was a perfect lie, a clear path through the bush to the green."

And, "Yes, you have to count a sun stroke."

The array of prizes at the banquet was "something else". Bill Parker and his Committee received and deserved a sincere vote of thanks.





Top. John Clint receives the Wally Mitrikas Trophy from Col Craigie.

Bottom. LCol Reynolds presents WO Davies with the Low Net Trophy.

# 1 DENTAL UNIT

#### PERSONNEL UPDATE

The summer of '73 brought with it more than the usual number of arrivals and departures. As the dust settles we find among the new faces in the Ottawa area: Maj Carver, Capts Boulanger, Bowes, Chagnon, Rowat and Sgts Sandy Kirley and Bob Wormington ... Those now missing from our files: Capt Greg Ames, currently decorating the halls of CFDSS, Sgt Bruce Hannay, enjoying European hospitality at CFB Lahr, MCpls Jim Likens and Bob Gayler, now terrorizing peaceful P.E.I., Cpl Dawn Duncan, now adding a little more sunshine to the B.C. coast ... Temporary absentees include Sgt Ron Linsay, vacationing in Cyprus for six months, Cpls Manon Brosha and Wayne Leach, sweating it out on their DA training course at Borden.

#### HAPPENINGS

MWO Earl McFadden and Sgts Helmut Markwort and Rene Tremblay recently qualified as Denture Therapists and Registered Dental Technicians in the Province of Ontario.

LCol Hillier and MCpl Lyall Kallman were "over there" to view the new clinic at CDLS London and tee-up installation of some not so new dental equipment. Extremely dedicated, Lyall has volunteered to make a return trip to make sure that the light switches work properly.

A face lifting for the PD room at CFB Ottawa (South) has resulted in sitting down on the job. Stools have been provided, mirrors lowered and plaque lights installed.

LCol Chatwin beat the heat this summer by installing a full size pool in his back yard. To celebrate the occasion he held a party for the NDMC staff. The theme had to be "skin is in" - I mean there was just that much of it around! Maj Rod Carver and Sgt Ethyl Snippa were two of the unwilling super splashes heard that night.



LCol JVP Chatwin congratulating MWO Earl McFadden on being awarded the 1st Clasp to the CD and WO Henry King on receiving the CD.

Capt Greg Ames no longer ranks as our most eligible bachelor. The result of Greg's six month tour in Cyprus was his marriage on 14 July to Miss Maureen Lunney, a lovely lass from the Scottish Isles. The honeymoon couple are now residing in the sand flats of Ontario -Borden (a wedding gift from the Dental Services??).



Sgt Ethel Snippa being congratulated on her award of the 1st Clasp to the CD by BGen Garth C Evans with LCol JVP Chatwin looking on. Sgt Snippa joined the Canadian Forces in Edmonton and served with both land and sea elements before integration. She came to 1 Dental Unit this year and has made a name for herself as both the unit admin clerk and as a capable curler.

# 11 DENTAL UNIT NEWS

#### HEADQUARTERS

LCol AG Taylor and Capt Wm Jackson have completed their fall liaison visits at CFS Masset, CFB Chilliwack and Nanaimo Military Camp. More travel is in the offing after the Canadian Dental Association National Convention. There are still interesting places like CFS Kamloops and Baldy Hughes to see. Sgt Dick Gratton has also begun his fall migration checking on the condition of equipment at these places ... The carpenters arrived this month and are busy working towards our new office complex.

#### PREVENTIVE DENTISTRY

Teams from the Esquimalt area have recently completed brush-ins on some of the ships as well as at Nanaimo Camp, CFS Masset and in the Workpoint area. A team from Chilliwack will visit Vancouver and CFS Kamloops during October.

Much work went into the program during the past summer with over 1,500 Cadets in Vernon and 800 in Comox reaping the harvest, not to mention the local Cadets attending the smaller training groups in the Esquimalt area.

#### NOTES OF INTEREST

Maj Graham attended his 5th year class reunion at the Overlander Lodge just outside the Jasper Park gate. The turnout was excellent ... Sgt Looker is busy these days, we mean nights, studying Management in Industry and Management Psychology at B.C.T.I. as well as taking a course in Basic Auto tune-up at the local high school ... Cpl Kilgrain was interviewed on a half-hour TV show on 12 July. The discussion was about the International Plastic Modellers of Canada Society ... Pte Marty Heinrichs has requested her release with plans of becoming Mrs Terry Wiltzen of CFB Cold Lake ... Cpl Duncan of the Esquimalt detachment has received her pin and diploma from the Canadian Dental Nurses and Assistants Association on successful completion of the certification exam. Dawn is now a Certified Dental Assistant - the first servicewoman so certified.

#### SPORTS AND SOCIAL EVENTS

"A Day at Sea in the Life of a Dentist" was the theme as HMCS Columbia hosted all available dental staff for a cruise on 7 August. Some of the more venturesome (foolish) rode the jack-stay between the Columbia and her sister ship Chaudiere.

Cpl Alkenbrack was given a fine send off at a clinic party on his posting to 15 Dental Unit, 7 August. Before they left, Arnie and his wife were presented with a trophy by members of the Workpoint Teen Council for their many hours with that group.

A recount in the Halifax to Victoria Cross Canada run proved that we really try harder, raising our position as it did to Number Two, not the fourth place position we previously reported. Sgts Borden and Murley received Gold Medals for runs of 800 and 600 miles while Miss Liddle, as the foremost female in the run, earned her Gold Medal for a 600 mile effort. Guess who got kissed by the Base Commander??

The Chilliwack detachment enjoyed fine weather at their recent golf tournament held at the Harrison Golf and Country Club, which was organized to mark the departure of Captains Arnold and Rosengart. WO Braslin, who organized the successful event, felt a club that was good enough for the Prime Minister should be good enough for them. It was!

MCpl Skip Solomon was selected as the All Star 2nd Baseman in the Upper Island Fastball Tournament. Not to be outdone, Sgt Jerry Anderson was top man in the B.C. Dental Tournament, CFB Comox Open and the Sgts' Mess Tournament.

Capts Margetts, Croll and Schow, Sgts Anderson and Armstrong, and MCpl Boles reported good weather, good food and a good time at the CFDSS Golf Tournament. Sgt Armstrong won a prize for Low Gross C Flight and Sgt Anderson won 1st Low Net A Flight.

LCol Taylor and Capt Wm Jackson were successfully guided by Capt Milne to some fine hunting and fishing in Masset. Capt Jackson downed a deer and LCol Taylor, assisted by Capt Jackson and Capt Milne, bagged - yes, bagged - a 501b halibut. This fish story, like all of Capt Watson's, needs to be told.

The CO, complete with his wife and bi-cycles, toured "up Island" recently. The ferry strike curtailed a proposed mainland visit so they spent a couple of days cycling on the San Juan Islands, made accessible by the Washington State ferry.

Capt Jackson is happy to have his family all together again. His two boys, aged 14 and 18, cycled from Cornwallis, N.S. to Victoria, taking two months and two days to travel the 3,700 miles.

Sgt Anderson won a position on the Base Golf Team at Comox, entitling him to a spot on the CF Pacific Regional Championship in Chilliwack.

# 12 DENTAL UNIT

ATLANTIC PROVINCES DENTAL CONVENTION

BGen Garth C Evans visited the Atlantic Region 16-19 September to attend the Atlantic Provinces Dental Convention at Charlottetown. Unit members attending were: Col Protheroe, LCols Brogan and McDonald, Majs Boston, Jolly, Gray, and Meisner, Capts Donald and Hudgins, and MWO Therrien.

#### CANADIAN DENTAL ASSOCIATION CONVENTION

Col Protheroe attended the CDA Convention in Vancouver 13-16 October. While there he gave a presentation and was a panel member on the topic of "Employment of Dental Auxillaries". Also in attendance were Maj Daryl Brown from Cornwallis and Mrs Reath from CFH Halifax.

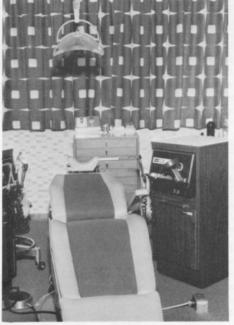
#### ASSOCIATION MEETING

Local dental assistants who attended a recent Nova Scotia Dental Nurses and Assistants Association meeting included Mrs Reath (President), Sgt Smith, MCpl George, Cpls Calnen, Forlippa, Rector, Mss Russell and Higgins.

#### GREENWOOD DENTAL CLINIC OPENING

The new CFB Greenwood Dental Clinic was officially opened on 31 July by Col HE Smale, the Base Commander with Col DH Protheroe, Command Dental Officer and Maj AL Kelland, Base Dental Officer, in attendance.





Top. The Base Commander, Col HE Smale, cuts the ribbon to officially open the new clinic as the staff of the clinic watches. Left to right: Cpl J Oakley, OCdt EA Toporowski (3rd year dental student), Sgt CS Sabine-Pasley, Cpl VF Gorman, MCpl M Boles, WO LI MacLean, Col HE Smale, Capt ET Dalzell and Maj AL Kelland.

Bottom. One of two operatories outfitted with the new dentsply units.

The new air-conditioned clinic is located in the completely renovated original building. A preventive dentistry program is in full swing and currently over 90% of personnel on the base are red-coded. Following a tour of the new clinic, which Maj Kelland termed "the best service dental facility in Canada", guests, including LCol Deyette representing DGDS, were hosted at a luncheon in the Officers' Mess.

#### VGH SCHOOL OF NURSING PRESENTATION

Maj NH Andrews, Cpls Brian Rector and Tom Mountain and 2Lt Charles Cann, a fourth year dental student at Dalhousie, made a presentation to 106 students at the Victoria General Hospital School of Nursing on 3 October. The program consisted of an illustrated lecture on dental diseases, their cause and control. Syndicate demonstration sessions followed on personal oral hygiene techniques and the care of the hospitalized patient.



Cpl Mountain of the Dockyard(Halifax) Clinic and School of Nursing students.

#### PERSONAL

MWO Reid has been driving Cadillacs for some time and recently discovered what it was like to have a flat tire. After having the tire fixed Harvey felt confident he was over his difficulties. But a funny thing happened to him on the way to work next day. After seeing a wheel roll past him, he realized that a three-wheeled Caddy is difficult to hold on the road ... LCol Brogan is the new president of the Oromocto district council for Cubs, Scouts and Venturers. The new secretary for the group is WO Atherton and Cpl Parker is the treasurer ... Capt Paul Lavallee recently became a leader with the Oromocto Sea Scouts.

#### RETIREMENT

On 4 September Halifax-Dartmouth members of the unit gathered to bid farewell to MWO John Hutchinson, DEMT. John has served for 25 years at various bases including Petawawa, Trenton, Europe and Halifax. He and his family will reside in St Martins, N.B.on their new adventure - "retirement".

#### SPORTS

The Greenwood dental staff hosted the unit golf tournament on 7 September from which the team representing the unit at the CFDS Golf Tournament in Trenton was selected. Retired RCDC and CFDS personnel in the area helped make the event a success. Included in this group were LCol Frank Charman, Maj Bill Crossman, Capt Jack Mullins and Sgt Frank Martell. Once again Jack Mullins provided the committee with a beautiful prize which was won by Cpl Tom Mountain of the Dockyard Clinic.

Capt Doug Spencer and Capt Cliff Murray travelled to Greenwood to take part in the Atlantic Region Tennis Championship Tournament 28-30 August. Capt Spencer displayed fancy footwork and a smooth backhand which enabled him to make it to the semi-finals.

<u>Cpl Allen</u> was recently elected Vice President of the CFB Gagetown Badminton Club.

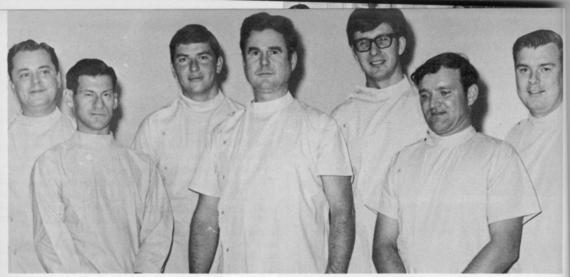
At CFB Cornwallis <u>Sgt Ken McDonald</u> pitched the WOs and <u>Sgts softball team</u> to the Inter-Mess Championship.

# 13 DENTAL UNIT NEWS

#### RELEASE

MCpl WR McIntosh, North Bay Detachment, shown below receiving his Certificate of Service from Maj H Griesbach, was released from the Canadian Forces on 2 October. He has accepted a position with a civilian firm in the North Bay area after fourteen years of service.





DON'T FORGET US WAY UP HERE: Members of North Bay Detachment: (left to right) WO J Dion, MCpl JF Butson, Capt MM Kropinak, Maj H Griesbach, Capt RA Hodge, Cpl D Purich, and Sgt P Bosch.

#### SPORTS

Cpl R Powell, Petawawa Detachment, was awarded an "A" proficiency rating certificate from the CFB Petawawa Ski School for his efforts during the 1972/73 ski season.

A return match of the "Officers versus Other Ranks" golf tournament was held at the CFB Trenton Golf Club on 12 September. The officers thoroughly trounced the other ranks and thus regained their self respect. The winning team was presented with suitable prizes. Thanks are extended to Sgt Jack Schultz for his fine showing. As the celebrations were drawing to a close, Sgt Nelson Highfield was overheard asking Sgt Doug Cormie: "Tell me again about the officer who broke his golf club against a tree ... "



MWO VR Kidd presents Lt JW Shore with the Officers Vs Other Ranks Trophy. Others, left to right, are Maj DG Jones, Col WR Thompson, Capt WJ Jury and Capt DK MacKenzie. Capt DB Smith is missing from the photo.

# 14 DENTALUNIT by Lieutenant P.D. Peterson **NEWS**

#### PRAIRIE PATTER

On 24 September the detachment at Cold Lake was featured on a television program broadcast from Lloydminster as part of a continuing coverage of activities and facilities at Cold Lake. Our roving reporter has heard the rumour that now our dental personnel, smitten with bright lights and TV cameras, are considering performing in their own "off Broadway" production ... Mrs Sisson, HS PHS 3 at CFB Calgary, holidayed in the UK with a side trip to sunny Spain ... Cpl Hansen,

CFB Moose Jaw, travelled to Manitoba to sample the fantastic fishing the Province widely advertises. He returned burdened down with a long line of tales of the ones that got away ... Capt EM Lobb journeyed to Borden to attend the graduation Mess Dinner of the DOTP Candidates, his son having completed Phase II this summer.

#### POSTED IN

Maj GH Pinsonneault reported for duty at CFB Cold Lake on 9 July on completion of post-graduate training in Orthodontics at the University of Toronto. He replaces Maj HJ Marion who is opening an Orthodontic wing at the CFB Petawawa dental detachment.



TURNER TITILLATES TOOTSIES. Major Headley, B Dent O, CFB Calgary, breaks sod for new dental clinic as staff and members of Base CE Section look on. Completion is scheduled for March 1974.

#### TOURNEYDENT ... AND OTHER GOLF

GOLF

On 20 July CFB Winnipeg hosted its first golfing "Tourneydent", open to all area dental personnel and their spouses. Played at the Charleswood Golf Club, the golfing and subsequent dinner and dance were a huge success. A "Challenge Trophy" offered by the Selkirk Lines personnel was won by their own team of Capt LR Holland, WO D Hughes, Sgt P Fox and Cpl R Tallack. Other trophies included Low Gross, Mrs Gwen Holland and Sgt Paul Fox; Low net, Mrs Audrey Hughes and MCpl Glen Hildebrandt; High Hidden Hole, Mrs Terry Pierce and Capt Larry Holland; and the Luckiest Golfer, WO Denny Hughes.



On 14 September the Calgary dental detachment hosted its first golf tournament for Dental personnel stationed in Alberta and former members in the Calgary area. Members of the Cold Lake detachment were despatched with strict orders to bring back at least three prizes. To absolutely no one's surprise, they did

just that. Low gross went to <u>Cpl GR</u>
Lamontagne, with <u>Capt DR Wright</u> close
behind, and the low net was captured by
<u>MWO JA Fraser</u>. <u>Maj RH Headley</u> opened
the tournament on a very cool day at the
Inglewood Golf Club in Calgary. <u>Cpl</u>
<u>Rick Portuondo</u> won the trophy for the
most honest golfer.



THE GLOATEES. Left to right: MWO Jack Fraser, Capt D Wright, Cpl Gerry Lamontagne, Dr Rich Chergsky, Capt J Steel, Dr Jerry Braunberger, Cpl Rick Portuondo.

# 15 DENTAL UNIT NEWS

#### UNIT CONFERENCE

A unit conference was held in St Hubert on 13-14 September, providing an opportunity for captains and majors to meet their Career Mangler - Maj Lanctis. Briefings were given in the central laboratory on pitfalls in prosthetic dentistry and in the supply section on equipment maintenance. Eighteen officers attended - count them in the photo on the back cover. The conference concluded with a tournament held at the Chambly Golf Course for those attending and mem-

bers of 15 Dental Unit in the Montreal-St Jean area. <u>Sgt Matt Hall</u> won low gross and <u>Maj Gerry Bisaillon</u> was runner-up.

#### MWO C TORRENS, MMM

MWO Colleen Torrens was presented with the Order of Military Merit by Her Majesty the Queen at Government House in Ottawa on 2 August. Colleen was one of 15 chosen from the June 23rd list of the Order of Military Merit to be honoured at the Queen's Investiture. After receiving the awards, the recipients and guests were served refreshments in the Long Gallery where the Queen and the Governor General were in attendance.

#### RETIREMENT LUNCHEON FOR DGDS

Officers from 15 Dental Unit and Mobile Command Headquarters attended a retirement luncheon for BGen Garth C Evans hosted by LGen SC Waters, Commander FMC, on 4 October in the St Hubert Officers' Mess. Musicians of the RCA Band played during the luncheon, concluding with the Dental Corps March Past and Auld Lang Syne.

#### A RAISED TALE

A family of five skunks were discovered under the dental clinic at St Jean and were trapped for the purpose of making pets of them. (Associate Ed - "Could we say, 'A skunk a day will keep patients away'?" "That stinks" - Ed).

#### SPORTS

Capt St Louis from La Citadelle and Capt Lemieux from Valcartier won the Doubles event in the Quebec Regional Tennis Tournament held at Longue Pointe 18-21 September. Capt Lemieux was also runner-up in the Singles competition ... Maj Jacques and Cpl Frechette were moose hunting in the Senneterre area again this year - and again this year there has been no report of success ... MWO Colleen Torrens won the Quebec Regional Golf Tournament for servicewomen in Valcartier and was a representative in the National Tournament held at Greenwood ... Diane Beauvais, 14, daughter of MWO Marcel Beauvais, won the gold medal in javelin, bantam division, at the Quebec Summer Games held in Rouyn-Noranda in August ... Lt Gelinas enjoyed good fishing during the summer at Sept-Isles, verified by the 3-foot long cod he is holding in the photo. (Lt Gelinas is in the middle - Ed.)



# 35 FIELD DENTAL UNIT news

by Sergeant B. Hannay

HO HUM ... BACK TO THE FIELD

Once again members of 35 Field Dental Unit provided support to 4 CMBG for the Hohenfels Concentration from 27 August to 22 September. Those members lucky enough to attend were LCol Donely, Capts Gish and Graham, MCpls James and Jones, and Cpl Bowering. For the Reforger Exercise from 6 to 17 October: Maj TC Ringland and Sgt B Hannay got the nod.

#### SHORT SPURTS SPORTS

The Baden detachment were this year's hosts when 24 members of the unit teed off in our annual golf tournament on 28 June. After only three holes it was obvious the Lahr team composed of Maj Tom Ringland, Sgt Pat Harkin, Sgt Tom Taylor, and MCPl Terry James, was hitting the ball fewer times. Maj Ringland was Low Gross while Maj Brian Yates and Sgt Pat Harkin tied for second.



The winning team: Harkin, Ringland, James and Taylor.

## 1 DED news

by Lieutenant J.J.L. Lamontagne, CD

#### VISITS

Maj MB Fisk attended a change of command parade and reception on 12 July when BGen Quinn turned over command of CFB Petawawa to BGen Kirby ,.. BGen Kirby and his Deputy, Col Garlick, visited

personnel and facilities of 1 DED on 18 September.

#### THIN EDGE OF THE WEDGE

A meeting was held at 1 DED to discuss the forthcoming split in the 724 DEMT trade and its possible career implications. In attendance were LCol Brick and MWOs Adams and Cooper, and MWO Sullivan, from DGDS and DPCOR; Capt Savoie, MWO Bennett, WO Germaine, Sgt Hall and Cpl Nadeau from Montreal; Sgt Schults from Trenton; and all 1 DED personnel.

#### PERSONAL GLIMPSES

WO J Kennedy visited friends and relatives in Glace Bay N.S. while on leave. He is considering purchasing a small business in that area on retirement from the CF ... Lt JJL Lamontagne is now coeditor of the Petawawa Base Post. His aim is to provide bilingual in-put to the paper.

#### SPORTS

Sgt PJ Dumas has been busy this summer with his favourite sport — scuba diving. Water accidents in the area kept him busy recovering unfortunate victims. Paul has been taking sailing lessons at the local yacht club and in September represented Base Petawawa at the National Sailing Regatta in Halifax.

Maj Fisk was again a member of the Base ten-man golf team that won the Colonel Stevenson Trophy for the second straight year. Teams from Deep River, Pembroke, Renfrew, Arnprior and Island Brae Golf Clubs competed.

# DENTAL SVCS NDHQ news

#### HEADSHED SHUFFLES

The 1973 summer shuffle has taken place at the Division. The retirement of Col Covey resulted in LCol Brick being designated Director of Treatment Services and LCol Deyette filling the Director of Plans and Requirements position vacated by LCol Brick ... Cpl Rick Pockett has been posted to CFS Alsask and has been replaced by Cpl WB Corrigan in Plans and Requirements ... Col Craigie

is now in the Division as Director General (Designate) to replace <u>BGen Evans</u> on his retirement in November.

Col Covey, LCol Brick and Maj Wood attended the annual CFDS golf tournament at Trenton as the DGDS team. Their low standing in the team position is indicative that life in the Division is not all golf practice. BGen Evans and Col Craigie also attended the golf tournament as inactive combatants.

LCol Brick was selected as a member of the rifle team to represent Canada in the International Palma Matches held this year at Camp Perry, Ohio.

#### RETIREMENT



On 16 August a dinner was held at the Army Officers' Mess in Ottawa to honour Colonel George Ross Covey, MBE, CD, QHDS, DDS, FICD, on his retirement from the Canadian Forces. The mixed Dining-In was attended by officers and wives from the Division, from dental units, and other friends wishing to honour "The Coveys" on their departure from CFDS.

LCol Richardson presented Mrs Covey with a bouquet of red roses while BGen Evans presented Col Covey with a framed CFDS plaque and a water colour.

Col Covey received his DDS from University of Toronto in 1941 and has served continuously with the Canadian Forces since that time. He was Commanding Officer of 25 Field Dental Unit in Korea and later also commanded 35 Field Dental Unit in France. He was Commandant of the Royal Canadian Dental Corps School at Camp Borden immediately prior to his appointment to the Division where he served as Director of Staffing and Training and most recently as Director of Treatment Services.

Col Covey now embarks on a new and demanding career as Director of Dental

Health Sciences at Algonquin College in Ottawa.



The water colour painted by Jeanine Robertson in 1967 was presented to Col Covey by members of the CFDS. The painting is of a flower girl at Byward Market, Ottawa.

OUR PROOFREADER IS A GRADUATE OF A RECOGNIZED HOUSE OF CORRECTION

# Canadian Forces Training with Indu

#### CF DENTAL SERVICES SCHOOL

Dental Clinical Assistant PL3 5 September - 7 November

MCpls RF Buchanan, EW Creelman, Cpls JD Angus, M Brosha, JB Bolduc, J Brisebois, LE Deveaux, MGAC Gemme, DG Hogan, AW Leach, JPHJ Larivee, WL Spencer, V Thompson, MP Vielleux, SH Woiwod, Ptes JGRR Bernier, JO Boulary, HAJ Dijkstra, JM Levesque, JC Poulin, CA Rathbone, JI West, CA Hawkins.

Dental Laboratory Technician PL4 19 September 1973-26 July 1974

MCpls R Claveau, PR Coss, CH Forsythe, H George, WC Spates, GE Sykes, Cpls GC Beaulieu, VE Gorman, GL Payette, L Petkow-Awramow, PJ Searle, LC Street.

#### CF SCHOOL OF MANAGEMENT

Advanced Management Maj NH Andrews, Maj H Griesbach

Middle Management 28 August - 21 September Capt JJ Roy, Capt TA Bradley

#### CF STAFF COLLEGE

Junior Staff Course, 6 July Maj RI Stammers

#### CFB CHILLIWACK

Basic Officers Course 12 September - 13 December Capt JM Stone

#### CF SCHOOL OF INSTRUCTIONAL TECHNIQUE

Instructional Technique 13 - 29 August MWO EE McFadden

#### LANGUAGE CENTRE, VANCOUVER

French Language Course 24 September - 12 October LCol AG Taylor

# Industry

RITTER COMPANY, ROCHESTER, N.Y.

Ritter Equipment 1 - 5 October WO EA Duve

# **Promotions**

Major

RD Carver, RI Stammers

Captain

JRRL Trottier

Corporal

JA Hill, PJ Searle

# Honors & Awards

FIRST CLASP TO CANADIAN FORCES DECORATION

Sgt Murley, Maj AL Kelland, CWO JH Sadler, MWO WJ Parker, Sgt JP Dignard, Sgt E Snippa.

#### CANADIAN FORCES DECORATION

Maj DNH Charles, Sgt PD Whynott, WO JF Giroux, Sgt ME Mahlitz.

# Welcome

A cordial welcome to the Canadian Forces Dental Services is extended to: Capt JRRL Trottier, Capt JM Stone, Sgt A Gray, Cpl LE Deveaux, Cpl J Paradis, MCpl CF Bond, Pte PJ Meredith, Miss Pat Horban, Mrs LH Boucher, Mrs J McPherson, Mrs JS Benton, Mrs SM Casbolt, Mrs MD Collier.

# Au Revoir Farewell

The best of luck to: WO AH Green, Pte PM Heinrichs, Mrs KA Winkler, Col GR Covey, Lt VL Kwasnik, Sgt AW Hussey, Sgt WL Wylie, MCpl TJ Cooper, Mrs MA Hudson, Mrs FL Mitts, Pte DM Brasseur, Maj WR Collier, Capt EG Schroeter, Maj JAA Boucher, MWO JW Hutchinson, WO EA Jermain, Mrs H Daly, Sgt RG Buxton, Sgt HK Gapmann, Mrs PA Duchene, Mrs IV Oliver, Capt DW Morrow, Capt HW Wilford, Maj DNH Charles, MCpl WR McIntosh, Capt LRJ Hatcher, Capt RJ Kokotailo.

# **Vital Statistics**

#### MARRIAGES

Congratulations and many years of happiness to: Miss Maureen Lunny and

Capt GA Ames; Miss CJ Donavan and Mr W Evans; Miss Sheila Waterson and Capt CB Bullock; Miss Yvonne St Pierre and Cpl J Brisebois; Miss Ruth Christensen and Capt RPE Alberni.

#### BIRTHS

Daughters: Cpl and Mrs DD Tasker, Capt and Mrs CG Milne.

Sons: Capt and Mrs MM Kropinak, Maj and Mrs GR Nye, Capt and Mrs CC Croll, Cpl and Mrs RA Powell, Sgt and Mrs Hope, Mr and Mrs J Armstrong

#### CONDOLENCES

Deepest sympathy is extended to Mrs Vin Phillips on the loss of her sister; MWO MM Fediuk on the loss of his step-father; and to Mrs F Brown on the loss of her husband.



IT'S NOT SO LONG AGO ... Full marks to everyone who identified BGen BP Kearney (retired), Col JW Turner (retired), and Col SG Bagnall (retired) in this 1969 photograph taken at the opening of the renovated clinic at CFB Cornwallis.

- The Superviser

  Supervisors are a fortunate lot, for as everyone knows, a supervisor has nothing to do, except

  Decide what is to be done; tell somebody to do it; listen to reasons why it should not be done, why it should be done by somebody else, or why it should be done in a different way; and prepare arguments in rebuttal that will be convincing and conclusive.

  Follow up to see if the thing has been done; discover it has not been done; inquire why it has not been done; listen to excuses from the person who did not do it; and think up arguments to overcome the excuses.

  Follow up for a second time to see if the thing has been done; discover that it has been done incorrectly; point out how it shall be done; conclude that as long as it has been done it might as well be left as it is; wonder if it were not the time to get rid of the person who cannot do a thing correctly; reflect that in all probability any successor would be just as bad or worse.

  Consider how much more simple and better the thing would have been done had he done it himself in the first place; reflect satisfactorily that if he had done it himself he would have been able to do it right in twenty minutes, and that as things turned out, he himself spent two days trying to find out why it was that it had taken somebody else three weeks to do it wrong and to realize that such an idea would have a very demoralizing effect on the organization, because it would strike at the very foundation of the belief of all subordinates that a supervisor has nothing to do.

  Extracted from the June 1973 Command Information Letter by 13 Dental Unit. The Superviser

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  Extracted from the June 1973 Command Information Letter by 13 Dental Unit.

For thousands of years toothache has been a stubborn companion of man. The methods of combating it have changed with our increasing knowledge of its causes and we can follow the long road from primitive methods with the aid of pictorial evidence.

This painting by Jan Miense Molenaer (1610-1668), a pupil of Franz Hals, shows a spruced-up toothpuller, whose inexperience is obvious from his very attitude towards the patient, about to extract a tooth. In his right hand the patient clutches a chain, probably one of those worn about the neck as a charm against toothache. It seems to have done him little good in this case.

"The Dentist" by Gerard van Honthorst (1590-1656), a Dutch painter of the Utrecht school, known for his artificial light effects.

Until the beginning of the 17th. Century, the only sources of artificial light for examination and treatment in the night hours were the torch, the candle, and the oil lamp. "The Dentist" is the first representation we have of dental treatment by candlelight.







Officers attending 15 Unit Officers Conference, St Hubert, 13-14 September. (Left to right) Front row: Maj Nadeau, LCol Begin, Col MacDougall, LCol Turcotte, Maj Gaudet, Maj Jacques. Back row: Capt Maurice, Maj Arpin, Capt Savoie, Capt Ayotte, Capt St Louis, Capt Laberge, Capt Blain, Lt Gelinas.