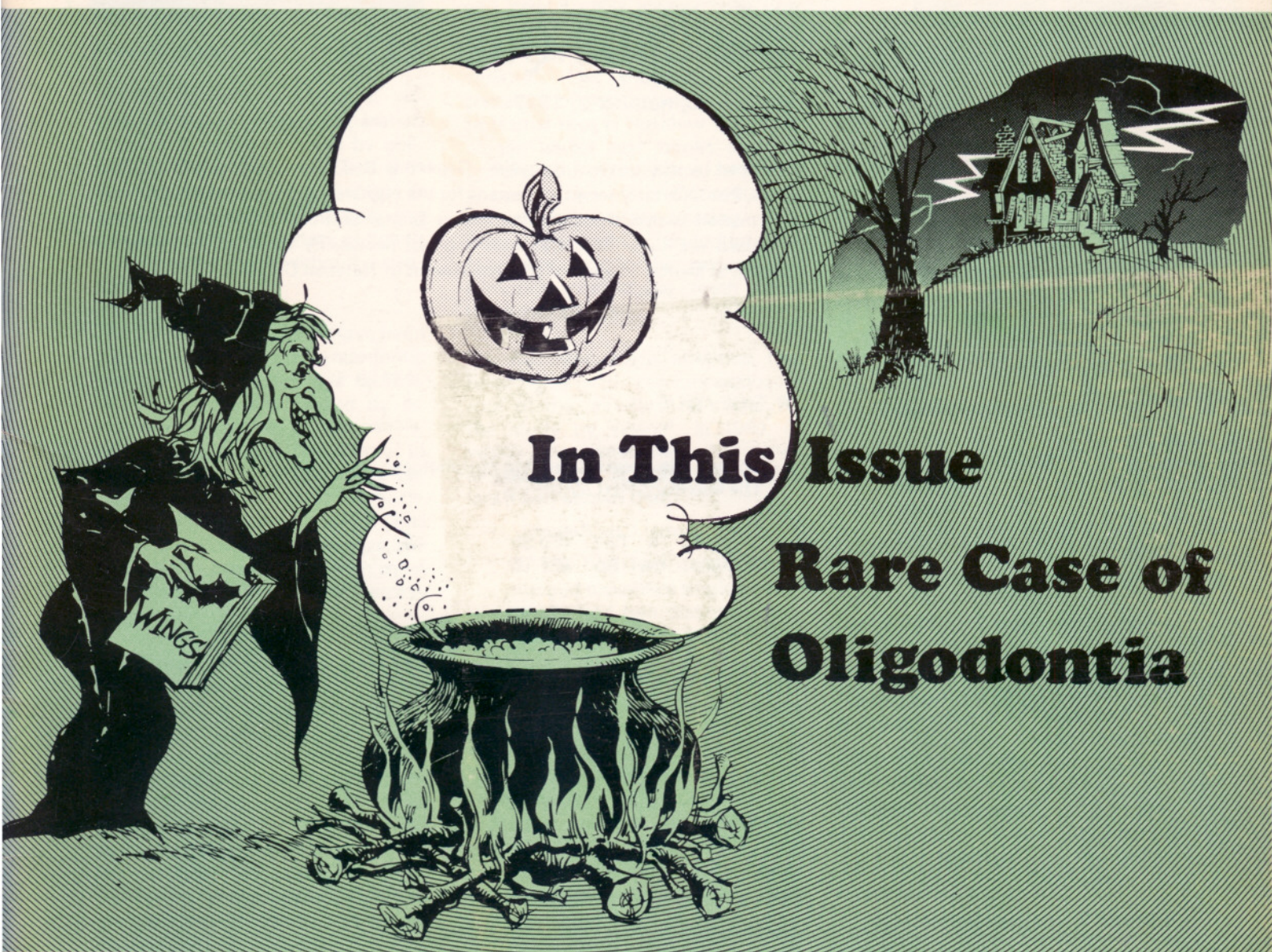




The Canadian Forces Dental Services Quarterly



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**Rare Case of
Oligodontia**



The CFDS Quarterly

Volume 18, number 2, 1977

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Endodontic Access Related Morphology

The Maxillary First Molar

* Major E.F. Foley

Introduction

The primary objective of endodontic therapy is the preparation of the root canal, followed by obliteration of the prepared space with an inert material. This therapy is usually sufficient to restore the apical integrity and a state of health of the treated tooth within the dental arch.⁶

Various explanations have been offered for failure of endodontic therapy. Ingle³ found that 58.66% of all failures were caused by incomplete obturation of the canals. Weine⁶ has stated that failure to obturate a canal often occurs because the operator has failed to recognize its presence. Bellizzi¹ has stated that failure to recognize the presence of a canal is due, in most instances, to inadequate access preparation.

Since 31.6% of all pulp exposures occur in the maxillary first molar¹, it is a prime candidate for endodontic therapy. However, numerous problems have arisen, when treating this tooth, particularly with the mesiobuccal root. With the increasing demand for endodontic therapy, it behooves those interested in this speciality to be thoroughly familiar with (1) the morphology and (2) the access necessary to treat the maxillary first molar, if the endodontic failure is to be reduced to a minimum.

Morphological Considerations

The maxillary first molar usually has three separate roots: two buccal and one palatal. The disto-buccal and palatal roots always have one canal each, but the mesiobuccal root may exhibit considerable variation. The knowledge of the presence of two canals in the mesiobuccal root is not new but most of the earlier text books and literature appear to place little emphasis on this point. Consequently dentists have been treating maxillary 1st molars endodontically for years, under the general assumption that these teeth have three root canals.

Recently, more attention has been given to the mesiobuccal root of the maxillary 1st molar. In the study by Weine⁶, in 1969, in which he sectioned the mesiobuccal root of 208 maxillary molars it was shown that:

48.5% had a single canal
37.5% had two canals which merged towards a single apex
14.0% had two distinct canals with separate apical foramina

Other studies have shown similar results. In 1973, Green² found that 36% of extracted maxillary first and second molars had two mesiobuccal canals. Of the teeth studied, 14% had two mesiobuccal canals with separate apices. Also in 1973, Pineda⁴ conducted an In vitro radiographic study of 245 maxillary first molars and found that 42% of the mesial-buccal roots had two canals and two apical foramina. In 1974, Pomeranz⁵ conducted both an

In vitro and an In vivo study of secondary mesiobuccal canals of maxillary molars, with the following results:

	Single Canals	Confluent Canals	2 Independent Canals
100 Teeth In Vivo	31%	21%	48%
100 Teeth In Vitro	69%	16%	15%

It is to be noted that there is a considerable discrepancy between the laboratory and clinical results. Whereas a total of 69% of the laboratory sample displayed two canals, only 31% of the clinical sample showed similar results. This would indicate that even when a conscious effort is made to locate the second mesiobuccal root canal, a great number are missed.

The Consequences of Unfilled Canal

In those cases where there are two distinct canals and two distinct apical foramina in the mesiobuccal root, failure to obturate one of the canals will result in either of the following:

- (1) Post-operative pain as a result of vital and inflamed tissue remaining in the undiscovered canals, and
- (2) Development or perpetuation of a periapical area as a result of necrotic tissue left in the unfilled canal.

* Maj Foley is a graduate of Dalhousie University (1965). He completed his General Dentistry post-grad studies in 1976 at the Darnall Army Hospital, Fort Hood, Texas.

In those cases where two canals exist in the mesiobuccal root but merge to form one apical foramen, obturation of the major canal has a good change for success, since the unfilled canal would be sealed from the apical tissue. However, if problems persist, surgical resection may not solve the problem. Root amputation may expose the unfilled canal and if organic debris has not been removed, failure could still result. Consequently, it is of utmost importance that every effort be made to locate secondary canals in the mesiobuccal root at the time of access preparation.

Access

Access in endodontics refers to cavity preparation within the crown of the tooth through which root canal therapy is performed. The objective of entry is to gain an unobstructed, straight line access and visualization of not only the canal orifices but also the apical foramina.⁷

The classical access preparation for the maxillary 1st molar is that of a triangle outline.³ The preparation is made in the mesial half of the tooth with the base of the triangle towards the buccal and the apex towards the lingual, with a canal orifice positioned at each angle of the triangle (Fig. 1).

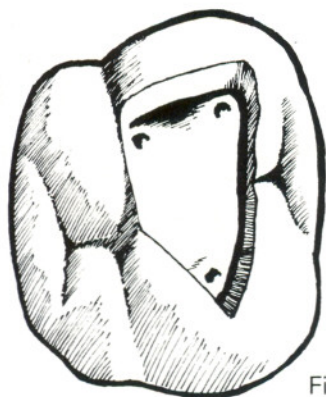


Fig. 1

This preparation is said to reflect the anatomy of the pulp chamber and to be extensive enough to allow positioning of the instruments and filling material needed to prepare and obturate the canals.

As a result of morphological studies of the maxillary 1st molar, it has been suggested that the classical outline form of the access cavity be modified. Weine⁷ has pointed out in his recent textbook (1972) that a cross-section through the cervical area of the maxillary 1st molar shows that the pulp chamber floor has the shape of a quadrilateral, with four unequal sides. Since the floor of the pulp chamber is quadrilateral, Weine suggests that the access cavity should have a similar shape. Pineda⁴ has stated that since 42% of the mesiobuccal roots of maxillary 1st molars have two root canals, with two apical foramina (according to his 1973 study), wisdom would dictate a greater opening of the access cavity towards the mesial aspect in order to facilitate the search for a second canal. Bellizzi¹ has reiterated, since 1969, that the access cavity for the maxillary 1st molar should be modified towards the mesial aspect. This would permit better visualization of the pulp chamber floor and the exploration of a possible secondary canal in the mesiobuccal root. He further elaborates that the orifice of the canal of the mesiobuccal root is that of a "tadpole" shape with the opening to the second canal located anywhere along the "tadpole" tail. With the triangular access cavity, the "tadpole" tail, and consequently, the second canal orifice, is usually outside the preparation (Fig. 2a, Fig. 2b).

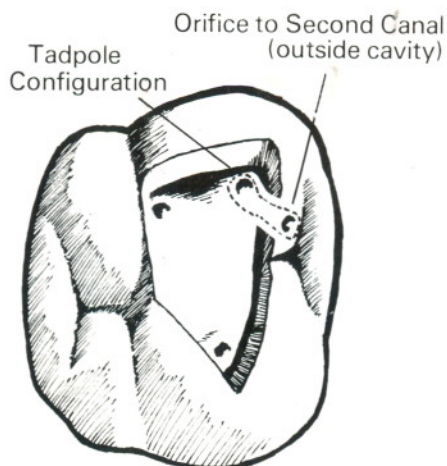


Fig. 2a — Classical Access

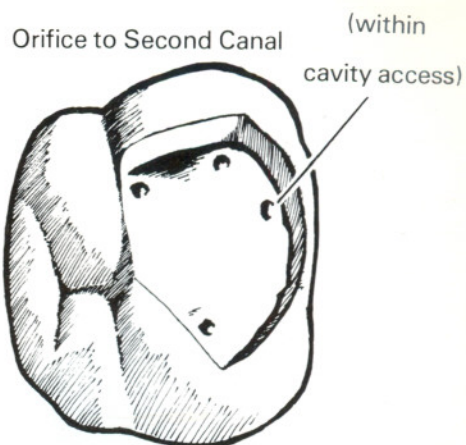


Fig. 2b — Modified Access

An In Vitro Study of the Maxillary First Molar

The maxillary first molar was studied in vitro in order to assess the shape of the pulp chamber and the presence of a second canal in the mesiobuccal root and also to relate the observations to the access cavities necessary to prepare and obturate all canals.

Method

Seven maxillary first molars requiring extraction for various reasons, were selected at random. Each tooth was sectioned approximately 1 mm coronal to the cervical line to remove the roof of the pulp chamber. The pulp chamber was then debrided of tissue and the canals were explored with a #10 file. Radiographs were taken with the files in place. The teeth were then sectioned approximately 2 mm below the pulp chamber floor and the canals were observed (Fig. 3). Photographs were taken

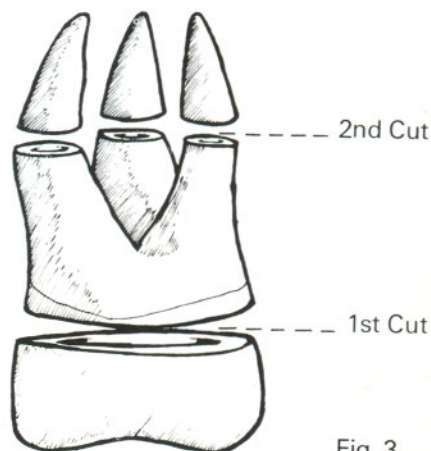


Fig. 3

of the pulp chamber floor and the root canals as they emerged from the pulp chamber.

Results

The shape of the pulp chamber in every case was that of a quadrilateral with four unequal sides. Three of the specimens (42.9%) displayed two canals in the mesiobuccal root. One (14.3%) had two apical foramina and two (28.6%) exhibited two canals which merged to form a single apical foramen. (Table 1)

Discussion

Even though the sample in this study was very small, the results confirm the most recent findings of others. The pulp chamber of the maxillary 1st molar is of a quadrilateral shape with four unequal sides. The occurrence of a second canal in the mesiobuccal root is quite high (42.9%). The orifice of the second canal of the mesiobuccal root was found at the junction of the floor of the pulp chamber and the mesioaxial wall, approximately 1-2 mm. lingual to the main mesiobuccal orifice.

Conclusion

If the access cavity is to be related to the morphology of the pulp chamber, it would seem that a rectangular or quadrilateral type of preparation would be the one of choice. This type of entry would permit straight line visualization, allowing for complete debridement of the pulp chamber and aid in the location of a second canal in the mesiobuccal root.

Summary

1. Failure to locate and obturate a canal in endodontic therapy usually results in failure.
2. Studies have shown that there is a high incidence of a second canal in the mesiobuccal root of maxillary first molars.

Number of Root Canals in Mesiobuccal Roots

	1 Canal	2 Canals 1 Foramen	2 Canals 2 Foramina
No. of Teeth	4	2	1
Percentage	57.1%	28.6%	14.3%

Table 1

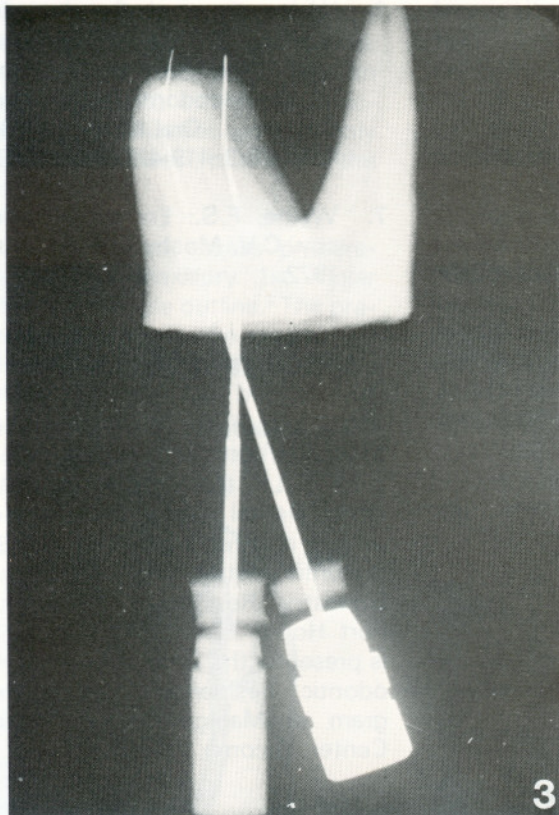
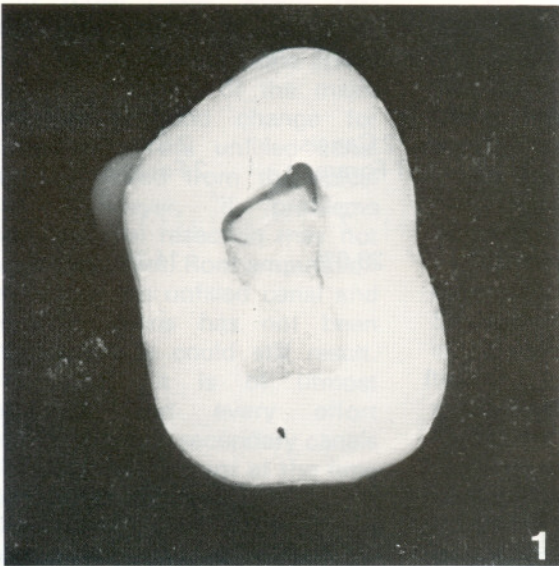
3. Recent reports have suggested that a modification of the classical access cavity be made to facilitate the search for a second canal in the mesiobuccal root.
4. An in vitro study confirms the fact that there is a high incidence of second canals in the mesiobuccal root and that the pulp chamber is of a quadrilateral shape.
5. It is concluded that the access cavity for the maxillary first molar must be of a rectangular or quadrilateral shape to facilitate debridement of the pulp chamber and the location of a second canal.
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ACKNOWLEDGEMENT

The foregoing article was written under the direction and guidance of Lt / Col Ralph Bellizzi, US Army Dental Corps, as a clinical project and requirement of the Endodontic Rotation of the General Dentistry Residency Program at Fort Hood, Texas. Lt / Col Bellizzi is presently the Director of the Endodontic Residency Training Program at Madigan Army Medical Center, Tacoma, Washington.

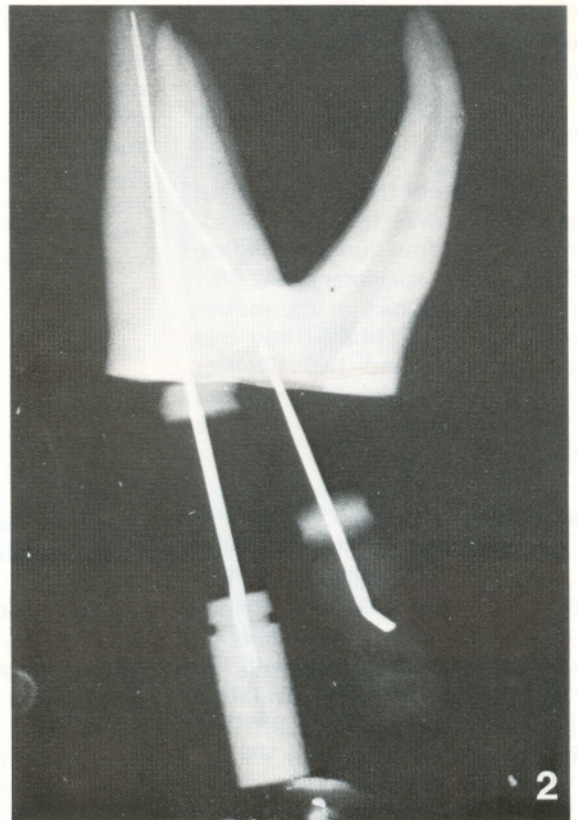
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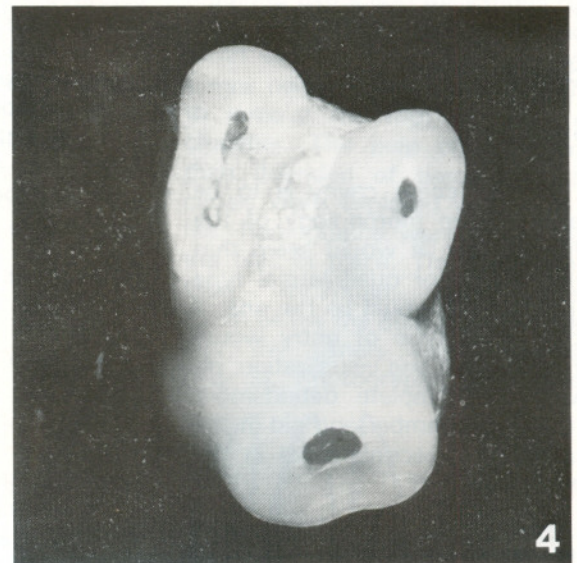


#1. Photo of sectioned maxillary first molar, cut approximately 1mm coronal to the cervical line, removing the roof of the pulp chamber and revealing the chamber floor. Note the rectangular or quadrilateral shape.

#3. Radiograph with #10 files in the canals of the mesiobuccal root of a maxillary molar. Note two canals and two foramina.



#2. Radiograph with #10 files in the canals of the mesiobuccal root of a maxillary first molar. Note two canals but one foramen.



#4. Photo of a sectioned maxillary first molar, cut approximately 2mm below the pulp chamber floor exposing the canals as they emerge from the chamber. Note the two canals in the mesiobuccal root.

Oligodontia: Case Report

** Capt. K.W. Whitmore,
B.Sc., D.D.S.*

REVIEW OF LITERATURE

Oligodontia is a relatively common clinical finding with a frequency varying from 1.6 percent to 10.6 percent depending on the method of investigation used.^{1,2}

Girls seem to have a higher incidence of congenitally missing teeth than boys.³ It is also reported that there is a greater incidence of oligodontia in first-born children.⁴

Any tooth may be occasionally absent; however mandibular second premolars and maxillary lateral incisors are the most common congenitally absent teeth followed by maxillary second premolars and mandibular incisors.

The etiology of oligodontia has been the object of considerable debate. Most of the literature points to a familial pattern influenced by a single dominant gene.⁴ Other investigators suggest a recessive gene or X-linkage.⁵ Mutations are considered to be a factor in cases where this condition has never occurred previously in a family. In the following case however, there appears to be a definite familial trait, but whether it is the result of a dominant or recessive gene or even one of polygenic origin, remains for speculation.

REPORT OF CASE

EXAMINATION

Tommy, a Caucasian boy, five years and eight months of age, has been receiving treatment at this dental clinic for the past year.

When he first presented for an examination, his appearance was one of a normal, healthy child for the exception of several teeth missing, most noticeable of which



been extracted previously; indeed they had never erupted. Further examination indicated good oral hygiene, no restorations, and caries free teeth. Additional questioning revealed that both parents had a family history of congenitally missing teeth and that Tommy's sister also had a congenitally missing tooth. However, no one in the family had ever displayed such a severe case of oligodontia.

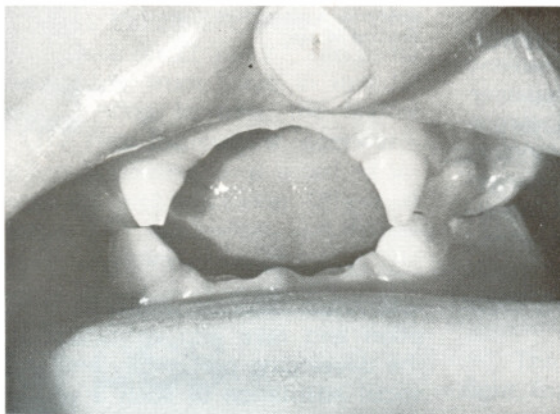
Models and radiographs revealed the following information:

● In the maxillary arch only four primary teeth were present, the cuspids and the second molars. The radiographs indicated the presence of permanent tooth buds forming under these teeth only.

* Capt Whitmore is a graduate of the University of Toronto (1975). He recently completed a two-year tour as Dental Officer at CFB Gagetown and is presently employed at the CFB Petawawa dental clinic.

were the maxillary and mandibular primary central and lateral incisors. The absence of these teeth created a threefold problem: a lack of support for the lips gave the face a dished-in appearance, speech difficulties were occurring, and he was being subjected to teasing from his peers.

The child's parents volunteered that these missing teeth had not



Above: Intra-oral view before treatment at four years five months of age.

Study models taken at four years five months of age indicating missing teeth.

● In the mandibular arch the primary teeth present were the cuspids, the first and second molars. The radiographs showed the existence of permanent tooth buds forming under these teeth as well. The first permanent molars were also developing but at a slower rate than normally expected, a feature consistent with the history from the parents which indicated that all the primary teeth had been slow to erupt.

TREATMENT

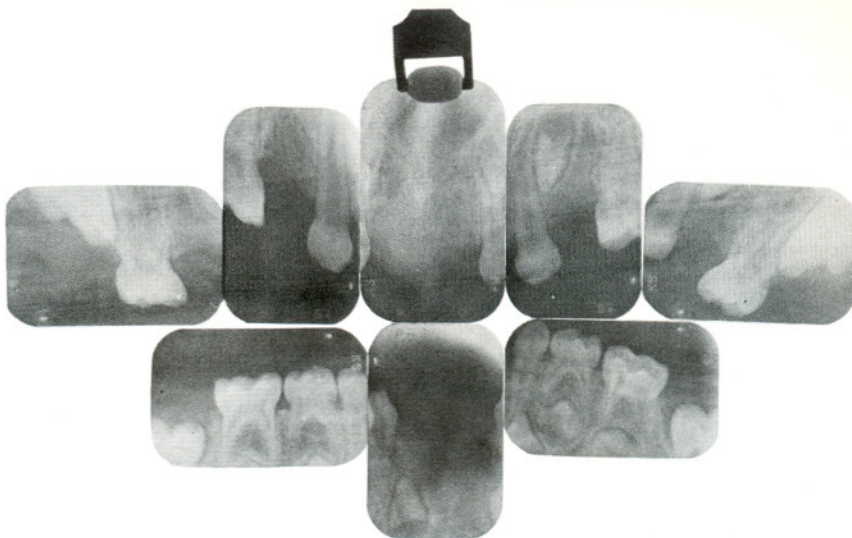
Treatment consisted essentially of an acrylic denture with two Adams clasps on the maxillary arch and a simple acrylic denture without clasps on the mandibular arch. The dentures were inserted and accepted with a minimum of difficulty.

Subsequent appointments indicated that the dentures and the natural dentition were being well maintained and that no caries had occurred. The soft tissue continued to be healthy.

Psychologically, the patient seemed more extroverted; however this could have been largely related to the fact that he began attending school. The teacher reported a gradual improvement in the young boy's speech since wearing the dentures, and we consider that positive esthetic results has been achieved.

CONCLUSION

Although the dental treatment is relatively simple, the wear of prosthetic appliances by such a young patient requires continuing treatment as the arches develop and as the permanent teeth erupt. Presently the patient exhibits excellent cooperation and because of this factor an encouraging prognosis can be anticipated. This case is presented not only because of the unusualness of the dental problem, but also because it illustrates the psychological and social ramifications of dental therapy. Confronted with such a problem, the practitioner must be concerned



X-Rays taken at five years eight month of age.



Intra-oral view with acrylic dentures in place, five years eight months of age.

with more than the patient's dentition and take into consideration the developing personality and the social adaptation of such a young dentally handicapped patient.

K.W. Whitmore
Captain

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CFDS NEWS



Division News

July was the month of PT testing for the Directorate Staff. Since all personnel at the Division are in top physical condition the test was only a formality. Honorable mentions go to BGen Thompson who burned the 1 1/2 mile track in 10:20. His performance was outdone only by LCol (Leggs) Lanctis whose gigantic leaps took him across the finish line in 9:23.

The staff also travelled all the way to CFB Petawawa for small arms qualification. Since nobody shot himself in a leg, the editor considers that the shoot-out was a success.

On the 13th day of August our front desk clerk Pte Sheila Clayton married Pte Scott Turriff. They were to spend their honeymoon in the Alliston area since Scott is presently mastering the art of cooking at CFB Borden, (who's going to do the dishes???)

On Aug 10th, LCol Begin travelled to CFB Petawawa to liaise with the dental clinic staff on the Base Level Integrated Personnel Support Services (BLIPSS). This computer program has much to offer base dental clinics. Initial problems are being rectified prior to the introduction of a standard program for all dental clinics. LCol Begin is very enthusiastic about the potential of the BLIPSS program — since it will give him the opportunity to generate more statistics at a faster pace with more "accuracy".

On the 8th of June, BGen Thompson presented Capt Hatcher with his first clasp to the Canadian Decoration, and thanked him for

his dedication to the CF and especially the CFDS. We hope that Capt Hatcher's association with the Dental Services will last at least until the next clasp.



BGen Thompson also spent many hours on the road in the summer visiting his troops (and taking notes). He visited the Dental Clinic and the Equipment Depot at CFB Petawawa on 22 Jun 77, and came back early from leave in mid-Jul not wanting to miss the annual DOTP Field Exercises at Ipperwash. BGen Thompson also acted as Inspecting and Receiving Officer at the DOTP graduation ceremonies at CFB Borden on the 28 Jul 77.

CFDSS News

Visits

Dr. Hargreaves and staff of the University of Toronto Paedodontics Department visited CFDSS on the 8 Jun 77. Dr. Hargreaves was interested in our field equipment as he has been funded to set up a dental trailer to treat handicapped children across the province.

The Toronto Academy of Dentistry visited the school on the 24

Jun for a joint meeting of the Academy, the Simcoe County Dental Society and the CFDSS on the golf course followed by a barbecue.

Personnel

The CFDSS downstairs staff defeated the upstairs staff in a softball game on the 23 Jun 77. A rematch has been requested for after the departure of the TQ 4 Lab Course.

Maj Garriott, LCol McCallum and Budzinski hosted their fellow officers in style to celebrate their recent promotions. The cost of such entertainment may generate requests for postings prior to promotions.

The Wally Mitrikas Golf Trophy was won by Blair Pollock this year. This golf tournament is very popular and attracts a full attendance from DOTP, CFDSS staff members, and ex-Corps personnel who live in the immediate area.

Administration

No. 1 on the "Parade Charts" this month was the CFDSS Change of Command Parade 27 Jul 77. The "reins" of authority were taken over by Col J.N. Wright. Col Richardson physically left the area on 4 Aug 77 with a stiff upper lip and heading into a brisk easterly wind.

The actual Parade itself was a sight for sore eyes, with all personnel moving "as one". It had taken a number of sleepless nights for the Chief Instructor, LCol Andrews, to organize and assemble all staff personnel. Even staff members who possessed a legitimate medical document not to take part in parades, tossed the slip of paper aside and became a proud member of the CFDSS Parade. The Cadet Band provided the stirring music for the Inspection and March Past.

The Chief Instructor condescended to allow DOTP Phase II and III to provide a second platoon for the Parade. CFB Borden's Base Commander, BGen Beattie, attended

the Parade and the Reception that followed. The Reception, held at CFDS, was organized by Maj Cragg and provided for by Base Borden Officers' Mess.

Training

Col Richardson attended DOTP field exercises in Ipperwash. BGen Thompson, Col Wright, and LCol Andrews also attended the exercise 15-16 Jul 77. Course Directors Maj Morley and Capt Cahoon with the experienced NCOs had everything under control and well organized. Contrary to last year's "water indoctrination course", hot, dry weather had favoured the field exercise this year.

1 Dental Unit News

Convention

Maj Gunther presented a table clinic on "Intravenous Sedation" at the Twenty-Fifth Silver Anniversary meeting of the Academy of General Dentistry held in Montreal, 25-30 Jun 77. Over 2,000 dentists were in attendance. Maj Gunther won the "Vernon S. Johnson Trophy" for presenting the best table clinic at the convention. Over thirty clinics were presented by dentists throughout the United States and Canada. The clinic was presented with the assistance of Sgt Creelman, who took the place of the patient. Congratulations!

Other News

Capt Thérèse Michaud gave birth to a well rounded 8lb 8oz baby boy, François, on the 24 Jun 77, (Saint-Jean-Baptiste Day). What a way to celebrate the French Canadian Holiday!!

CPGA Labatt's Cup

The CPGA Labatt's Cup golf tournament was held at the Hylands Golf Club in early July this year. Major Freedman and Warrant Of-



From left to right: Dr. V.S. Johnson, Maj. Gunther and Dr. John Essepian, chairman of the Table Clinics Committee (shaking Maj. Gunther's hand).

ficer Hughes took the opportunity to caddy for a couple of the professionals who were entered. It was a very interesting demonstration in how the game of golf should be played, and the pressure under which they play the game. WO Hughes had the good fortune to be with the threesome of George Knudson, Bill Tape and Tom Irwin. (Knudson is now five time winner of the Labatt Cup).

Unit Golf Tournament

1 Dental Unit held their annual golf tournament at the Hylands Golf Club on Friday, 10 June, 1977. Fortunately the weatherman cooperated again this year and gave us nice sunny weather. There were many avid golfers present, with representation from the unit, directorate, ex-CFDS personnel and the dental supply companies.

The low gross was won by Major Maurice Freedman, with low net going to Captain Gaetan Bou-

langer. According to the scores there were a lot of honest golfers, with the most honest being Private Bev Green, (score was filed under Confidential).

A sit down buffet was enjoyed by all participants after 18 gruelling holes, and strategy discussed on what I should have done on that Hole! Prizes were then awarded, and a special thank you to Sgt Ron Lindsay for organizing the tournament.

11 Dental Unit News

11 Dental Unit Annual Conference

The highlight of the 11 Dental Unit activities was the Annual Conference held in Victoria 9 - 10 Jun 77. BGen W.R. Thompson and Mrs. Thompson, Maj L.J. Hudgins, Capt W.A. Jackson and CWO Colin Adams were welcome guests who added a great deal to the week.

Odds and Ends

Sgt Fred Schuh of the Shilliwack Det is back to motor cycling with the purchase of a Yamaha 500, but his wife has cancelled a proposed trip to the Snake River Canyon this summer. (Fred had a serious motor cycle accident from which he has made a remarkable recovery).

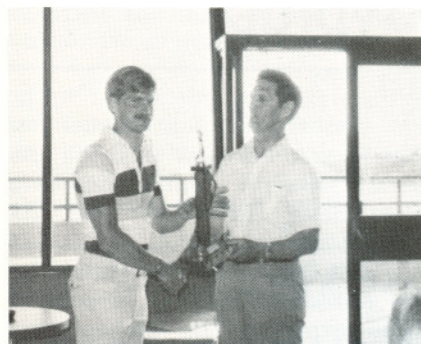


Sgt Wayne Cudmore is back in Comox following his tour in Egypt and the clinic is elated.

Capt Jim Casey of Naden is recovering nicely from an operation on his legs and is back on the courts again.

Maj Russ Thompson at Masset had never dug the wily razor clam therefore a decision was made to fit this adventure in before he departed the Queen Charlottes. Early, but certainly not bright, on 2 Jul, Maj Thompson, Sgt Smith and a professional digger Pop Hunter met on the North Beach. Final score; a tie, clams, salty wet feet 2. The moral — don't make decisions in the mess!

A going-away luncheon was held in Victoria on 14 Jun for Maj Frank Harreman, Maj Kield Hansen, Capt Mel Kropinak and WO Jeff Armstrong all of whom have been an important part of the unit and are departing for new pastures.



BGen W.R. Thompson is presenting the trophy for low net score to Capt Peter Lobb of the Royal Roads Det. The golf tournament was held on 10 Jun in conjunction with the Annual Conference.

13 Dental Unit News

Helping the Recruiters

Capt RJ MacDonald and Cpl(W) CL Dorsey became part of a recent recruiting drive conducted in Toronto. In an attempt to depict CFDS personnel in action, the dental team of Capt MacDonald and Cpl Dorsey were photographed at work in the CFB Tor-

onto Dental clinic. The pictures were then displayed in a recent edition of the Toronto Sun.

A Fond Farewell

After more than twenty-five years of service, MWO VR (Mickey) Kidd has decided to hang up his uniform and explore the wide horizons of civvy street. To celebrate the occasion, members of the Trenton dental detachment and 13 Dental Unit Headquarters hosted Mickey and his wife at a recent dinner dance. I am certain that all CFDS members who knew Mickey will join with those of us from 13 Dental Unit in wishing a fond farewell to one of our more colourful members.



MWO VR Kidd being presented with his retirement gift from 13 Dental Unit. Col LR Pierce, Commanding Officer making the presentation.

Other News

Four members of the CFB Petawawa Dental Clinic namely LCol Marion, Capt Riley, WO Deloughery and WO Cormie participated in an Adventure Training exercise in Algonquin Park 24 - 31 May.

Capt J.L. Bilodeau, Capt R.A. Hodge, Sgt(W) J.G. Boileau and Cpl R.G. Duffield provided dental treatment during the annual RCHA Gun Camp exercise conducted at Meaford 2 May - 8 Jun 77. Each dental team remained at Meaford for 14 days gaining valuable practical experience in the use of field dental equipment.

Dental members of CFB North Bay were involved in a number of Base exercises during the month of Jun. The exercises tested air transport disaster and nuclear accident responses.

15 Dental Unit News

Conference

A Base Dental Officers Conference was held at St-Hubert 22 Jun 77. It was scheduled after receipt of the minutes for the DGDS Unit Commanders Conference in order to up-date personnel on items of interest. Originally it was thought that a half day meeting would suffice, however some of the items generated so much discussion that the session stretched into a full day. LCol Cyrenne attended and was welcomed to the Unit.

Accommodation

LCol Houde reports that the new dental clinic in the St Jean Mega-structure should be ready for the installation of dental equipment between Jan - May 79, provided there are no further delays!!

Personnel

One of the joys of a TD trip to Moisie is the chance for the skilled angler to land a prize-winning catch. From the accompanying picture, we can tell that the salmon is at least long and weighs even more. The expression on Capt Valois's face well describes his pride. The fish is on the left side. Congratulations!



Capt Valois and friend, TD trip to Moisie.

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Field Dental Unit News

Visits

The CDS, General J.A. Dextraze, paid a farewell visit to Canadian Forces Europe. The highlight of the visit was a massive parade held on Saturday 04 Jun 77. The parade consisted of 832 vehicles, 20 Leopard tanks, 11 Kiowas and a fly past of 27 CF 104's.

Vice Admiral Falls, CDS Designate, was a visitor to CFE for the purpose of being reviewing officer for CFE Change of Command parade held 01 Jul 77. CFE was turned over to MGen Belzile from LGen Withers.

Training

Dental Detachment Baden undergoing renovations in the Clinic did not stop production as the photograph will testify.



From left to right: "Cpl Bodfield, Maj Musselman, Sgt Beauchamp, Maj Lemieux, B Dent O, Sgt Thompson, Sgt Combat Danyluck, WO King, Centre: BASU Commander LCol Yuill"

graph will testify.

Personnel

LCol Brogan spent two weeks in Canada at the National Scout Jamboree in PEI. There were seven countries represented with a total number of 17,000 boys / leaders / staff attending.

Social

On 08 Jun 77 the Annual Golf Tournament between the Lahr and Baden Dental Clinics was held.



Gen Dextraze taking salute from 4CMBG Commander BGen Vance



Left, the — end. Right, the part that comes first.

No more said by yours truly, a picture is worth a thousand words.

1 Dental Equipment Depot News

Visits

The usual Base Conferences and Meetings were attended during the month of June.

BGen W.R. Thompson, and Col L.R. Pierce, visited 1 DED on 22 June.

Personnel

A small gathering and presentation was held in the Centennial Centre on Thursday, 2 June, for WO George Wadden on posting to CFB Borden and MCpl Bonnie Haley who is taking her release from the CF.

The CO and Snr NCOs attended a luncheon held in the Snr NCOs Mess on 21 June for WO George Wadden prior to his departure on posting.

A joint CMED / 1 DED / 13 Dental Det Fishing Derby was held on 24 June 77. The majority of the unit personnel participated and enjoyed the event.

Dental Detachment Cyprus

Capt Grenier, Sgt Abfalter and Cpl Paquin are now enjoying the sunny skies of Cyprus, replacing Capt Bays, Sgt Albert and Cpl Vasek since last April.

Cpl Paquin flew to France for his holidays and Capt Grenier is busy exploring the archeological sites on the island. So far he has been very impressed by the amphitheatre, the roman baths and the temple of Curium; and he enjoyed visiting the old city of Paphos.

The following picture shows the dental team relaxing in front of the clinic.

