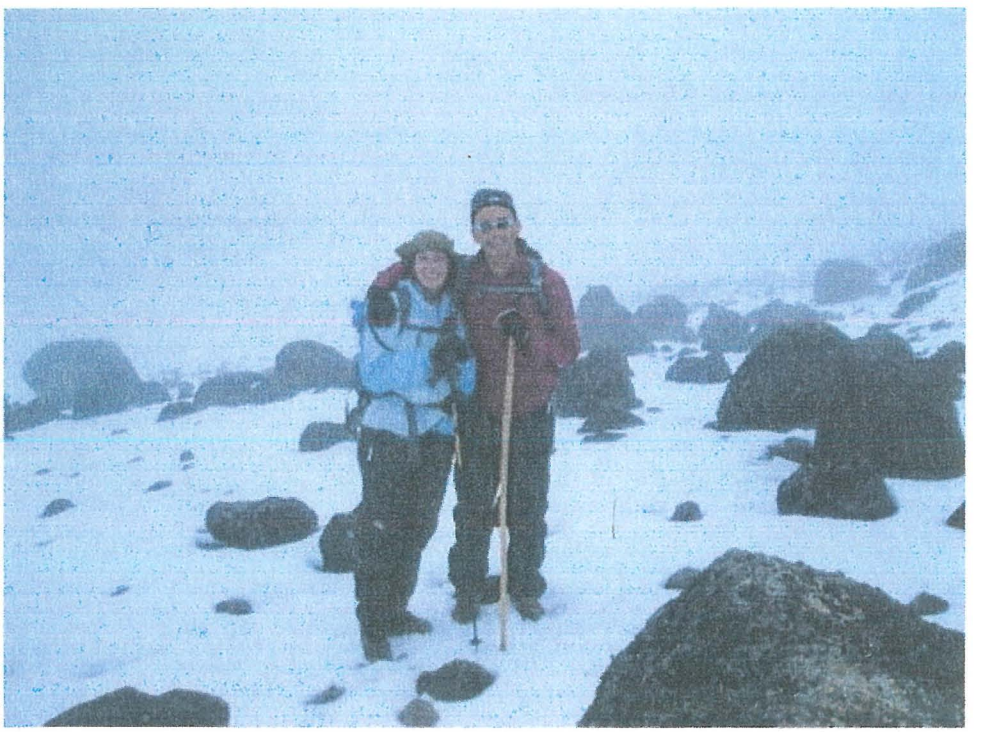
THE DENTAL PROBE

A NEWSLETTER BY THE DENTAL ASSOCIATION OF MALTA
FOR THE DENTAL PROFESSION

Issue No. 23 *June 2007*



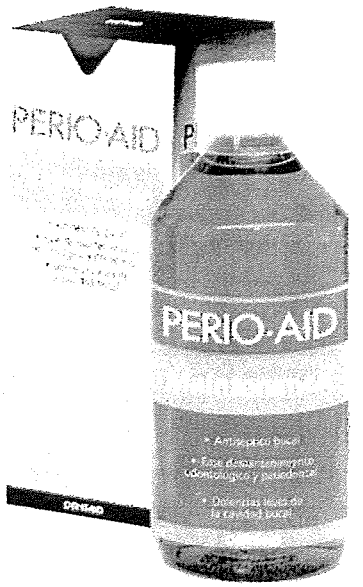
Steffi's Journey

Dental Association of Malta - The Professional Centre, Sliema Road, Gzira GZR 06
Tel: 21 312888 Fax: 21 343002 Email: mfpb@maltanet.net

Perio-Aid Treatment Mouthwash
Disinfection in dental interventions and in periodontal treatment

composition:

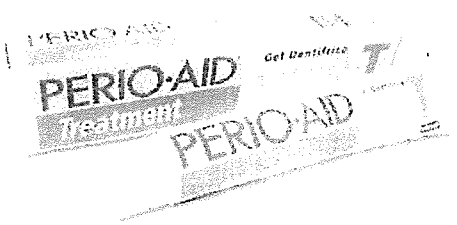
Chlorhexidine digluconate	0,12g
Cetylpyridinium chloride	0,05g
Excipient q.s.	100g



Perio-Aid Maintenance Mouthwash
Antiseptic for daily use. Can be used after treatment phase or as a substitute for oral hygiene when normal brushing is not possible

composition:

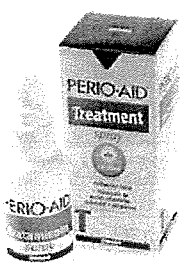
Chlorhexidine digluconate	0,05g
Cetylpyridinium chloride	0,05g
Excipient q.s.	100g



Perio-Aid Treatment Gel-Toothpaste
For patients with orthodontic appliances or implants, for periodontal maintenance and for patients at high risk for caries

composition:

Chlorhexidine digluconate	0,12g
Excipient q.s.	100g



Perio-Aid Treatment Spray
Disinfection in hard-to-reach areas (tonsils, tongue dorsum) or in patients with special needs

composition:

Chlorhexidine digluconate	0,12g
Cetylpyridinium chloride	0,05g
Excipient q.s.	100g

DENTAID
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PERIO-AID
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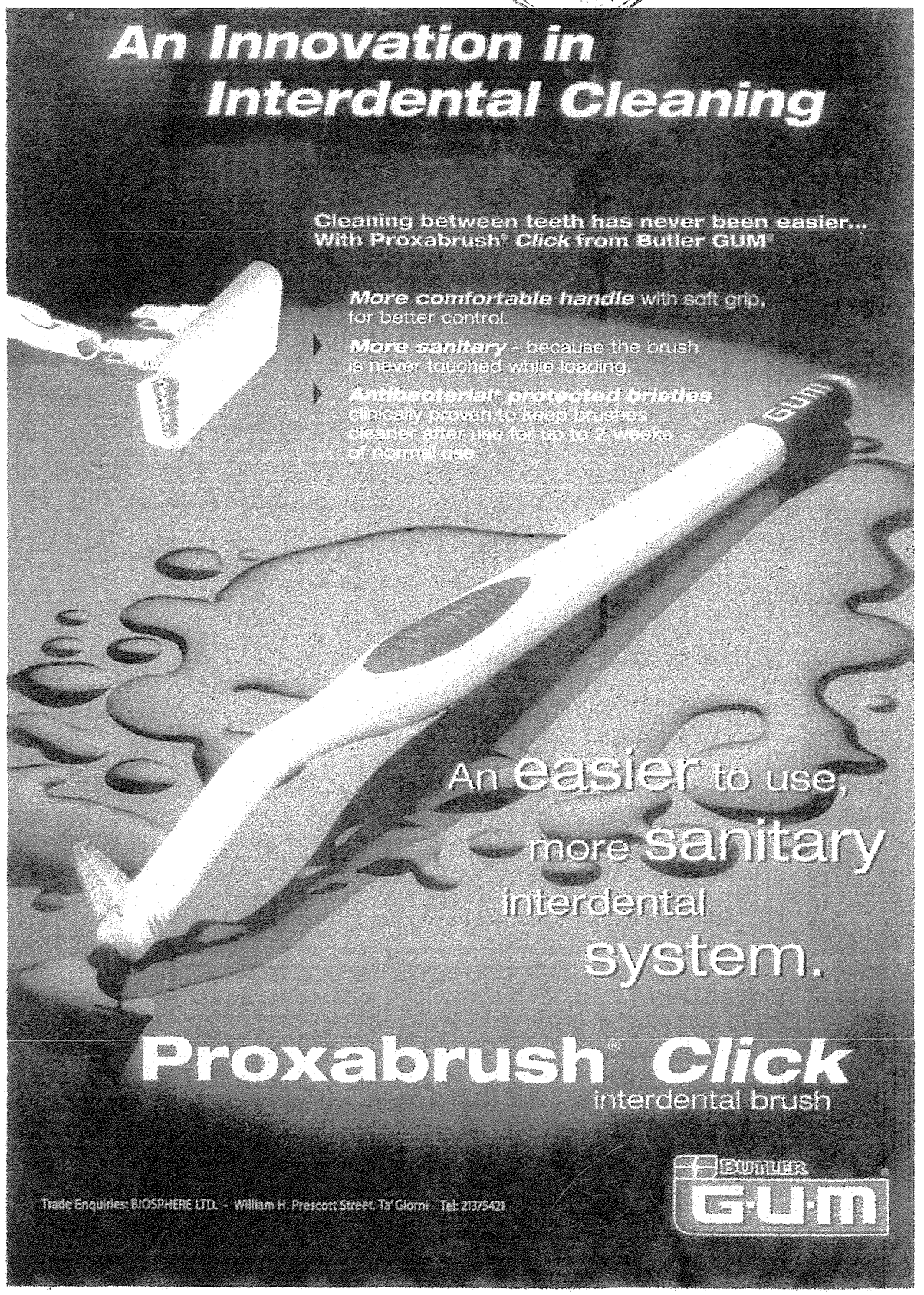
An Innovation in Interdental Cleaning
Cleaning between teeth has never been easier...
With Proxabrush® Click from Butler GUM®
More comfortable handle with soft grip, for better control
More sanitary - because the brush is never touched while loading
Antibacterial* protected bristles clinically proven to keep brushes cleaner after use for up to 2 weeks of normal use
An easier to use, more sanitary interdental system.
Proxabrush® Click
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BUTLER
G·U·M

Editorial

Dear colleagues,

In this issue we report on the philantropic journey by our collcague Dr Stephanie Sammut. We present you with various dental and non-dental articles. There has been an upsurge in dental postgraduate activity in Malta of late.These are the activities the DAM has been involved with at the time of going to press;

15 March: "The Implant as A First Choice Restoration" by Professor Richard Palmer at MFPB sponsored by Cherubino ltd

19, 20, 21 April: "Dental Anxiety" at Radisson Baypoint Hotel by Professor Paul Coulthard sponsored by Bart Enterprises,Matrx Medical

23 May: Zhermatt products presentation by Mr Carlo Degli Espositi at D'Agostinos Restaurant in Valletta, sponsored by Page Technology

9 May: "The Use Of Implants In Orthodontics" by Dr Kevin Mulligan at The Quarterdeck Bar Hilton, sponsored by CATAFAST

16 May: Lecture by Dr Alex Cassar entitled "Chemical Plaque Control – Chlorhexidine Sponsor George Farrugia and Sons.

24 May: Phillips Sonic Air toothbrush Launch at Hilton sponsored by Bart Enterprises

6 June: Wine tasting at il-Horza.

12, 13 June: IMTEC Seminar at MFPB sponsored by Michael Marletta Ltd

23 July: Lecture by Dr Steven Smith at MFPB.

Mid September: Lecture by Dr James Galea at MFPB.

Augmentin lecture in October.

Your association works hard in conjunction with our sponsors for the benefit of the dental profession.

Dr David Muscat B.D.S. (Lon)

FEAST FOR THE SENSES

By D. Muscat

There are certain memories which last forever.

The feasts in Gozo are dear to the Gozitans and preparations are most eagerly carried out by the villagers and townsfolk.People are fervent in their belief and they take their festa very seriously. Insularity has preserved tradition.

The festa of San Gorg in Victoria is truly memorable. A beautifully adorned church, facing plaques of bygone Gozitan poets such as Mary Meilaq, well draped and illuminated with a great brass band playing in the middle of the square with a 'purcissjoni' of priests and altar boys holding incense pots leading another marching band of flutes, oboes, trumbettas, cymbals and tambourines down the narrow winding streets around to the quaint landmark of it-Tokk.

A festival of loud bells, adolescent yells and burning smells. "Tas-soghda" chairs, "suffarelli" and "kaxxa infernali", together with the smell of sulphur, candy floss and doughnuts sprinkled with hundreds and thousands, hobz biz-zejt, mqaret, kinnie and "bitter tal-blu", while the calcium, copper, lithium, potassium and magnesium flame tests are confirmed in the dark skies above.

Blue and white collared workers all in best attire brushing against one another and pressing the flesh. Tourists with cameras, trying to get in and out of the church enjoying the unique moment .

Once inside the church, my young daughter, dressed in pink from head to toe, spotted one particularly tall, distinctive cleric dressed in red who exuded charm and appeal. She made a beeline for him and innocently but cheekily asked if she could try on his cap. The recently appointed bishop of Gozo, the nice man that he is, got down on one knee and placed it on her head, and chatted with her for several minutes, amused rather than bemused.

The gust of air, as she whisked past the golden statue of St. George on horseback, extinguished a large candle adorning it and a trail of wispy smoke floated gently upwards into the face of the Saint. I gazed into his fierce eyes as he was about to slay the dragon - symbol of the devil.

The feast of Ghajnsielem is a cosmopolitan one in so much that hundreds of blonde second and third generation American and Aussie Gozitans return to their roots from the States and down-under. In this respect it is rather different from the rest and many families are reunited at this time. It is interesting to behold the accents and dialects.

The Xaghra feast is well attended with the December 13 throng difficult to negotiate but there is a great 'briju'.XiXi's was unfortunately closed that day but we settled for a kiosk Chinese takeout which although greasy was extremely tasty. Chop suey u koka fuq iz-zuntier.

One afternoon we visited the Ta' Pinu Sanctuary. We were praying at the side altar when a priest calmly beckoned me and enquired if my daughter had ever been presented to Our Lady of Ta' Pinu. We were escorted to the sagristy where he blessed her and presented a "Tifkira tal-Presentazzjoni". The feeling we left with was one of modesty, sincerity, tranquillity and inner peace.

The climb up the stations of the cross near the sanctuary is not to be missed, even if it is just to admire the wonderful statues and the view from the summit.

My father was the village doctor in Gharb when I was a little boy. We had a tiny house next to the Ghassa. We had goats milk for breakfast. What was regarded as the inconvenience of being in the sticks four decades ago, we yearn for so dearly now as we eventually come to realize what really matters and Gozo gives you the chance to taste, to hear, to see, to feel, to imagine and to behold, the raw beauty and unpretentious simplicity of the past, with the advantage of the creature comforts of the present.

IMPLANTS

Ten salient points gleaned from the recent lecture. "The implant as a first choice restoration", by Professor Richard Palmer, for the benefit of those who could not attend and for those who did attend but had tickled their palates with too much of Lino's merlot, which incidentally got recommended by Prof. Palmer;

1. A dental implant emerges from soft tissue and this is ideal for a healthy periodontium.

2. The implant is the only option for a spaced lower incisor replacement.

3. The implant has good osseointegration, a long junctional epithelium and parallel collagen fibres around it.

4. Bacterial proliferation and downward bone loss can occur rapidly with an implant just as for a tooth.

5. One may use a narrow ridge of bone to insert an implant but NEVER make an implant to restore a narrow space between two teeth.

6. Transplantation of an impacted upper canine is not advisable . An implant is the best option.

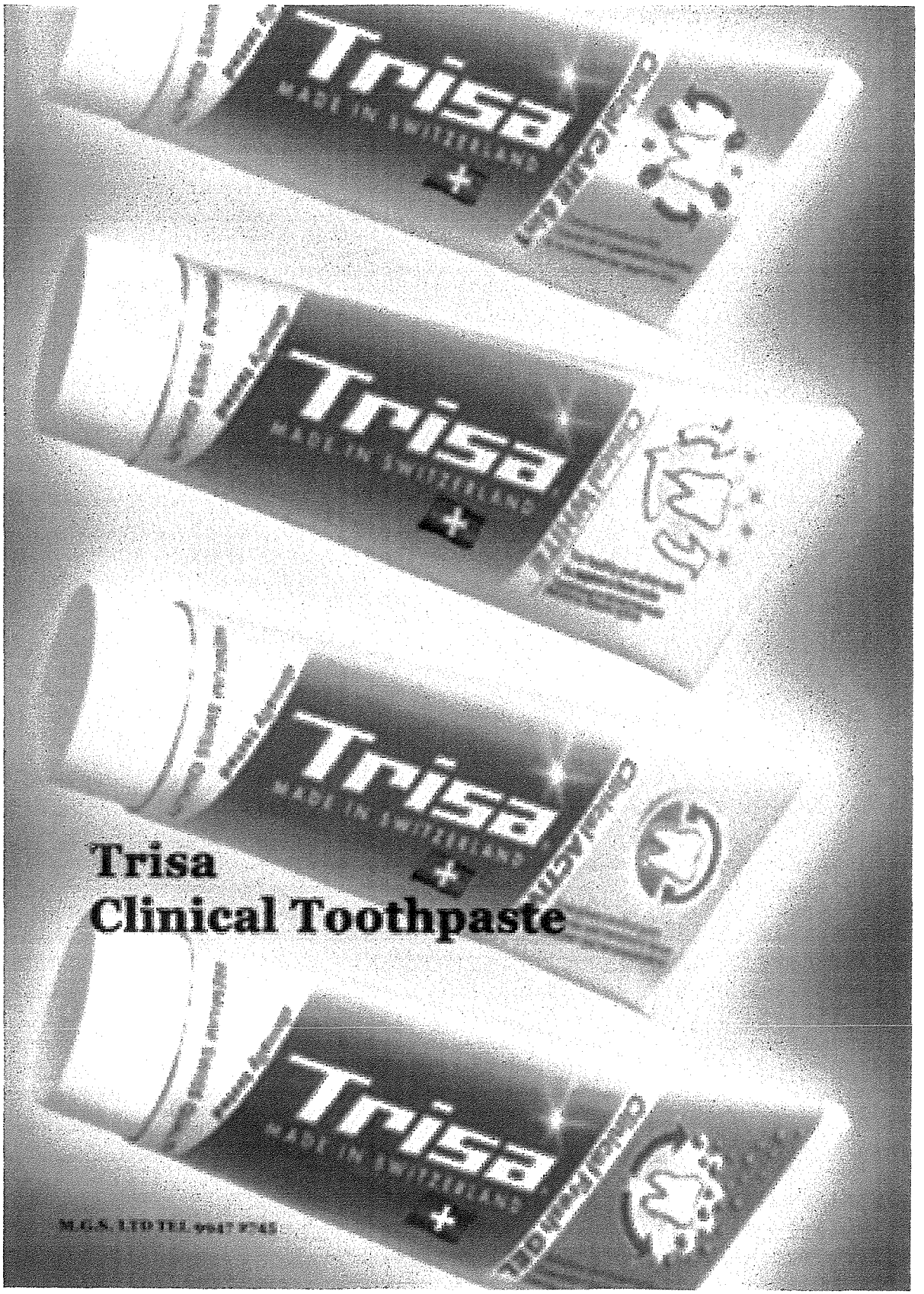
7. In a young patient an implant is preferable to a bridge as it has a much longer life span.

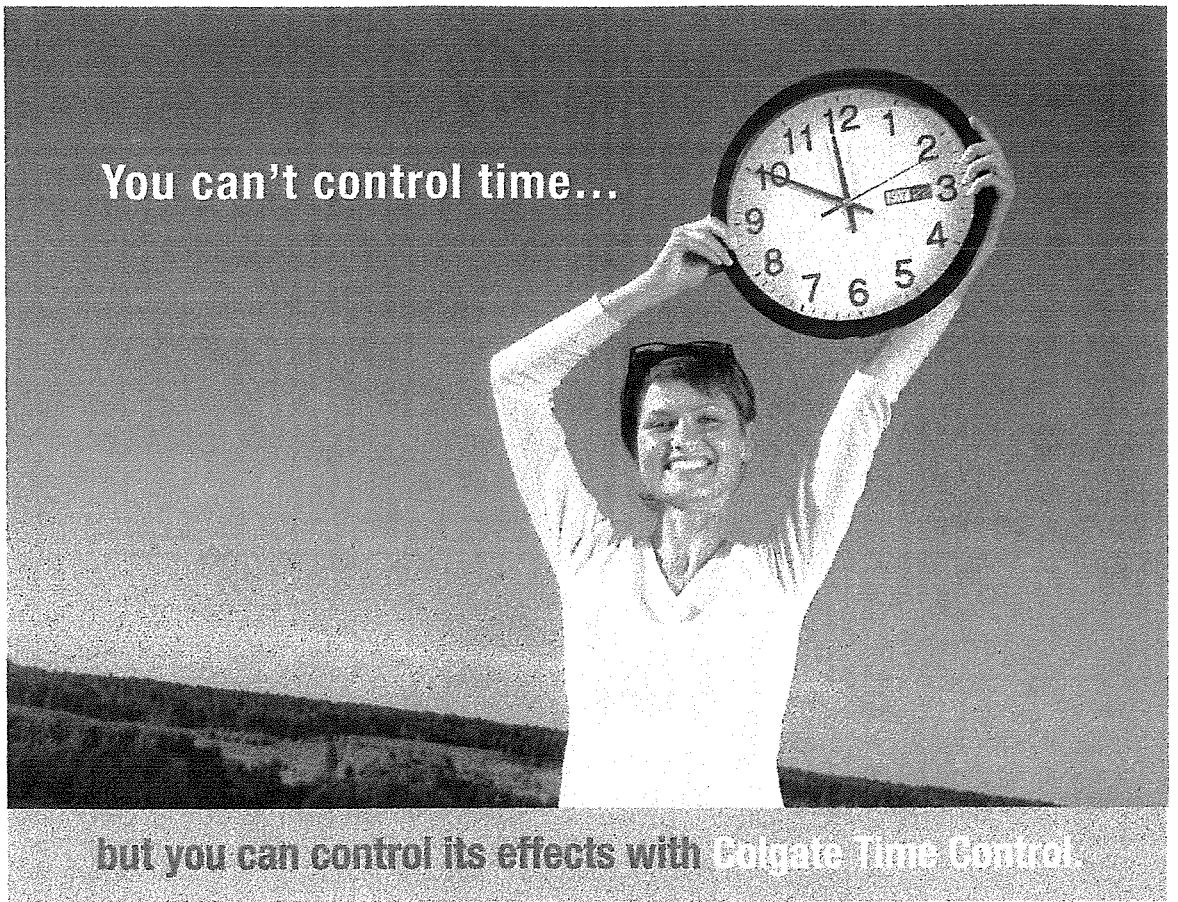
8. The dental implant is highly polished and smooth, like enamel, and lends itself to good healthy soft tissue regeneration around it, bathed in crevicular fluid.

9. Implants are used for patients with anodontia.

10. One can get round poor bone in a prospective implant area by orthodontically moving an adjacent tooth into that position, and the bone"moves" with it. eg. upper 4 to the position of upper 5 (missing, and with poor bone) and then place the implant in the upper 4 position where bone is more abundant.

David Muscat


Trisa
MADE IN SWITZERLAND
Trisa
Clinical Toothpaste



With the passing of time, your gums do not cover as much of your teeth as they used to. Receding gums put you at risk of developing root cavities and could lead to further problems. The solution...**Colgate Time Control**.

Colgate Time Control has been specially formulated to provide you with everyday protection against the signs of ageing in your mouth.

Colgate Time Control Gum & Teeth Protection, Refreshing Taste

PRESCRIBING MEDICINES FOR CHILDREN
by
Dr David Muscat

A medicine should be given to a child only when absolutely necessary, with the benefit of its administration weighed carefully against the risk involved. The side effects of the drug as opposed to the effects of the medical problem must be explained to the parent. One must highlight where there is a delay in the onset of the beneficial effects of the drug.

The parent should agree on the health outcome and the prescriber must be sensitive to the religious, cultural and personal beliefs of the family. One must simplify the drug regime and possibly reduce the frequency of administrations. Children should be involved in the decision about taking a medicine and encouraged to take it responsibly.

GUIDELINES
-Children are standardised by body weight
-Avoid the administration of an antibiotic at school
-Oral syringes are available, marked in 0.5 ml divisions
-Sugar free preparations are used as much as possible
-Propylene glycol may cause adverse effects if its elimination is impaired eg. in renal failure
-Child resistant containers are used

IN PRESCRIPTION WRITING
1 Avoid the use of decimal points eg.5mg NOT 5.0mg
2 Units must NOT be abbreviated eg. micrograms must be written in full
3 ML or ml are used and NOT cc
4 A minimum dose interval must be stated
5 The names of drugs must NOT be abbreviated
6 The number of days of the treatment must be stated
7 A generic title will enable a suitable product to be dispensed and save a delay and an expense to the patient.
8 The strength or quantity in a capsule, tablet or lozenge should be stated.

NSAIDS must not be used in children with asthma, angioedema, urticaria or rhinitis.

Most dental infections are readily resolved by the early establishment of drainage and removal of the cause (usually an infected necrotic pulp).Antibiotics may be indicated if treatment is delayed.

Infection which has spread to the lymph nodes and fascial spaces (where it can cause airways obstruction) or into the bloodstream will require antibiotics. If an oral infection fails to respond to the antibacterial treatment within 24 hours, the anti bacterial should be changed.

REASONS FOR LACK OF PATIENT COMPLIANCE

1 Difficulty in taking medicine (eg Inability to swallow it)
2 Unpleasant taste
3 Side effects
4 Prescription not collected
5 Unclear instructions given

ANTIBIOTICS in Dentistry
1 Pen V is effective for dentoalveolar abscess .CoAmoxiclav inactivates Beta Lactamases.
2 Metronidazole is an alternative to penicillin if the patient is allergic to penicillin or if the infection is due to Beta-Lactamase producing anaerobes.
3 A child on long-term penicillin for Rheumatic fever must not be given cephalosporins as the Viridans streptococciwhich become resistant to penicillin are usually also resistant to cephalosporins.
4 Clindamycin can be used for the treatment of dentoalveolar abscess that has not responded to penicillin or metronidazole.

THE 10 main POINTS of INTEREST re Professor Coulthards Lecture on ANXIETY CONTROL;

1.Nitrous Oxide is safe. It is both analgesic and sedative. 2. The Matrx Medical equipment always supplies a minimum of 30% oxygen, as an inbuilt safety mechanism. 3. You will usually supply 35-50% nitrous oxide, depending on the size, age and requirements of the individual patient. 4. Before adjusting amounts given, administer 100%oxygen till you adjust the flow for the individual. Note the flow in the air bag. 5. Recovery after the procedure is usually within five minutes. 6.Care must be taken to ensure that the nosepiece is on properly as some of the gases may escape into the surgery ,and good ventilation is required. 7. Local anaesthesia still has to be given 8. Care with pregnant dental nurses as miscarriages may occur. 9. If abused, nitrous oxide may cause neuralgia due to interference with vitamin B metabolism. 10. Certain procedures, eg. surgery on upper incisor cannot be performed due to the nosepiece.

Dr David Muscat

HALITOSIS

Some Dental, Oral and Systemic Aspects

This abridges article is based on a lecture given to doctors two years ago by Dr C.J. Boffa, BChD, BPharm, FICD, PhD, formerly consultant dental surgeon, Dept. of Health.

Halitosis may be defined as breath malodor regardless of its origin, whereas oral malodor refers specifically to odour originating in the oral cavity. Intensity can be described as mild, moderate, pugent or very objectionable. The raison d'etre of this article is mainly to help our colleagues in diagnosing Halitosis as part of the dental or medical picture.

Mild physiologic odours are generally less intense, transient and responsive to traditional oral hygiene practices. Pathologic odours are likely to be more annoying, distinct in quality, persistent and reflect certain underlying diseases. Chemical and organoleptic analysis have shown that the major elements, primarily methylmercaptan and hydrogen sulphide compounds.

Besides other factors, Xerostomia or dry mouth is a major contributing factor to Halitosis: a reduction in salivary flow and its resulting sequele including dehydration and atrophy. Oral dryness can occur secondary to local salivary gland disease, mouth breathing, neuromuscular disorders such as facial nerve paralysis, certain gross vitamin deficiencies, chemotherapy and radiation therapy. As little as 250 cGy of radiation can cause (not always) about 40 percent reduction in parotid salivary flow within 48 hours of the initial dose.

Establishing an optimum state of oral health and initiating oral hygiene practices prior to radiation or chemotherapy will assist in any malador management.

Bad breath secondary to disease of the sinuses, the respiratory passages or the lungs is much less common than that resulting from dental and oral causes. If the breath odour arises from the lungs, this can generally be detected by having the patient seal his lips and blow through the nose. If the odour is not perceived during this test, it probably comes from within the mouth, if we are still in doubt, we can ask the individual to close his nares and exhale gently through the mouth.

The diagnosis of acute sinusitis will almost always be correct in the patient with nasal discharge, foul breath and some cough that has persisted longer than ten days.

Disturbance of mouth physiology may give rise to an unpleasant breath. Patients on a mainly liquid diet, such as those with gastric ulcers - who consume a lot of milk and cream tend to suffer from mild halitosis. A proportion of elderly people also tend to get halitosis as they grow older and this condition cannot be controlled in all cases. Years back I had noticed that even mild dehydration, for example in very hot weather, tend to increase a little halitosis among elderly sick and bedridden. It is advisable to remind the elderly to drink fluids more often in summer and also rinse their mouth regularly all the year round.

In a senile person the metabolism and oxidation processes are greatly reduced and slowed down; this leads to a considerable degree of scarification of tissue and toxic and unwanted products tend to stagnate in the tissue.

Other causes of halitosis at various levels include: high temperatures, uncontrolled diabetes, anaemia, leukaemia, lung abscess, purulent bronchitis, diphtheria, pneumonia, actinomycosis, ulcerative stomatis or trench mouth, larynx, pharynx, oesophagus and stomach.

In these serious conditions, mouth hygiene and deodorant or antiseptic rinses are beneficial but can achieve only a short term relief. In some countries a new type of chlorophyll and a new mouthwash are being used with a view to bring about a feeling of freshness, but this is only a temporary relief.

Dr. Boffa

Acid Erosion. A way forward.
SENSODYNE
PRONAMEL
DAILY TOOTHPASTE
to help prevent Acid Erosion & Sensitivity
Protection now comes from ProNamel with Microhardening.

GROWING DENTAL HEALTH ISSUE HIGHLIGHTED BY GSK REPORT

GlaxoSmithKline (GSK) launched an industry report identifying tooth erosion from dietary acids as an issue for Twenty-First Century dental care. The report reveals that acid erosion could be as much of a threat to teeth in this Century.

Almost everybody with natural teeth is likely to develop some signs of acid erosion, which affects all age groups. It is the increasing longevity of teeth today combined with the modern diet that means the effects of wear, including erosion, are more prevalent and as such are demanding a greater degree of the dental practitioner's preventative and restorative skills.

The report entitled **'Acid Erosion: A growing issue for 21st Century dentistry'** explains that while the dental community is aware of the issue, the majority of patients will not have heard of acid erosion or realise that it is happening to their teeth. GSK believes that education is the best starting point to address the issue, and sees the dental community as key to this process.

The report incorporates research and analyses from key opinion leaders in the dental industry, including Dr Adrian Lussi and Dr David Bartlett, discussing the causes and effects. The most significant factors linked with the progression of acid erosion are foods and drinks associated with the modern diet, with acidic items including wine and many fruits.

Signs of acid erosion, as detailed within the report, can include a slight twinge when consuming hot or cold food and drinks; teeth with a slight yellow appearance as the dentine shows through; and a rounded look on the surface of the tooth. The later stages can include darker discoloration on the teeth; transparency at the occlusal edges; small cracks on the edges of the teeth; severe dentine hypersensitivity; and small dents on the chewing surface.

The report goes on to explain small steps that can be taken to minimise the effects of acid erosion, as David Alexander, Medical Marketing Director at GSK explains:

"As a leading oral care company committed to improving oral health and well-being, GlaxoSmithKline is working to raise awareness of the effects of acid erosion with dental professionals and the public at large. The aim is to ensure that steps are taken to identify the early signs and protect teeth as our lifestyles evolve."

GSK first raised the issue at the FDI World Dental Congress in Montreal, where it hosted a symposium entitled 'Worn Out and Hypersensitive! A Fresh Look at Erosion and Abrasion'. The symposium saw a panel of world-class experts discuss the causes of tooth wear, its links to dentin hypersensitivity, differential diagnosis as well as its prevention and treatment.

To get a copy of the report and for further information, please contact GSK's medical representative or call on 21 234 044.

Sky high....

It was breathtaking. Quite literally. The view. The climb. The never ending walk up this great mountain. What was I thinking? Her Royal Highness princess Steffi at her dirtiest. I hadn't washed in days. My greasy hair was pasted against my head hidden somewhere beneath my balaclava and two beanies. My clothes were grimy and filthy. Clearly pastel colours were not a clever choice!

My shoes were wet and squelchy. I had to wear garbage bags over my socks for this last part of our gruelling climb in a vain attempt to prevent my toes from freezing off! The weather had not been good to us. It rained far too much. And I found out Goretex is not all it's made out to be!!

So this was it! The last night. After 5 days of steady walking up the notorious Mount Kilimanjaro, we were about to make the final ascent to the summit. We all had mixed feelings: a combination of excitement and fear. Would we make it to the top? Would we handle the pressure? So far it had been pretty tough. The altitude makes your heart race even when you're sitting and walking a couple of metres makes you breathless. And we were still at 4600m. We had to reach 5895m.

Just a few hours ago as I tossed and turned in my sleeping bag, desperately trying to get some sleep, I was praying hard for the howling wind to stop. I was almost sure our little two-man tent would be lifted up by the wind and be sent rolling down the mountain.

And now almost miraculously it calmed down. The sky looked awesome: the full moon and thousands of bright stars: a typical African night.

The walk was endless. We had been walking since midnight. Every so often I popped a cube of chocolate into my mouth for instant energy. I placed one foot mechanically in front of the next, my ipod blaring The Corrs into my ear: Breathless: how appropriate. I was excited.

But suddenly, four hours into the walk, after having got so far, something was going wrong. A sharp pain shot though my chest and my lungs refused to take up any air. I was surrounded by the worried faces of my friends offering me sweets, chocolate, energy bars; anything to pull me together. The chief guide's face looked tense. Before I knew it I was being sent down. Down. Not going to make it to the top. Down. Not going to make it to Uhuru: the roof of Africa, the peak of Kilimanjaro.

So I didn't make it to the top. Yes I'm disappointed and will remain so for a long time but this has been by far the best thing I've done with my life.

This is just the end of this great adventure, it started almost six months earlier when my friend and partner in crime, John Paul, suggested I join him on a Sunday morning stroll. Not exactly the stroll I had in mind. We met in Mistra at 6 am. We did a four hour trek, walking, climbing and scrambling. It was fun. Little did I know that this bunch of strange faces were going to become my friends and companions. What started off as a one-off walk, became the norm. Religiously, every Sunday morning, we would meet at some unholy hour to climb hills, rocks or clay slopes in preparation for what was to come. We got lost a lot. Even on our training expedition on mount Etna we made the news.

It wasn't just a physical challenge of course. Our primary aim was to raise LM45, 000 for charitable causes. That was a feat in itself!

You wouldn't think I'd be the ideal candidate for this kind of activity. I'm not usually a happy camper. I tend to prefer luxury. So I worried a lot about whether I would cope with living in a tent with no amenities for 8 entire days. It wasn't bad at all. It was actually a lot of fun! And at the end of it all I was pleased as punch that I proved everyone back at home wrong!

There were two people to every tent. They weren't big at all. Two sleeping bags and 2 rucksacks were just about all that you could squeeze in. But the extra warmth at night was very welcome! There were no showers. Every morning one of the porters would bring us a mug of warm tea and "water for washing": a single bowl of initially warm water which cooled off rather rapidly to be shared between both members of the tent. (ugh!)

The public toilets consisted of a (smelly) wooden hut with a hole in the floor ... or a bush ... having said that, they were the loos with the best view in the world!

The dining room was a large tent (at night about 20 odd porters would squeeze in and sleep there). We would assemble at a sort of large picnic table and eat whatever was on the menu that day. Stew, eggs, soggy pasta, eggs, curry, and more eggs. And lots of bread. It wasn't exactly Gordon Ramsay, but it was just about edible. And when it wasn't I had an emergency supply of tuna and twistees for nutrition!

We didn't climb alone. We were a group of 18 climbers but we had a 56 man crew to take care of us. A chief guide, nine assistant guides, a multitude of porters (who carried our big rucksacks) and the kitchen staff. We made friends, and even taught them some Maltese. Not rude words I promise. Things like "hammorru" and "ejja". We found out that Tanzanian locals have absolutely no sense of time. Whenever we asked how much longer till the next camp site we were generally told "twenty minutes". By the end of the week we knew that this translated into 2 hours!

We saw the new year in, on the mountain. We celebrated in the dining tent, in the most unglamorous attire: big jackets and fancy party hats. No make up. No bow ties. No high heels. No booze! We ate galletti and twistees and we drank tea whilst playing poker. At nine o' clock we crawled back into our tents. We had an early start the next day! The air was cold, the night was starry, the view was breathtaking. This was on new year I won't be forgetting any time soon!

Steffi Sammut

MASSIMO VELLA

by

David Muscat

Msida roundabout at 7.52am,and I head up Rue D'argens past Villa Ommsidha,the corner police station with a blue lamp projecting from the front of the building, a colonial symbol of authority. On my left I note two impassive statues of two lions facing one another-symbols of a past era. A heavily laden Leyland bus heaves and belches its way uphill,a black cloud of smoke in its wake. At the back of the bus is a decorative chrome horseshoe-for luck of course. The diminutive four year-old Massimo emerges from the sooty front door of his modest house and as he yawns I note that the level of the exhaust pipe of the smoking monster creeping up heavily and noisily up the incline is just level with his head and poor Massimo gets the brunt of the diesel fumes. He screams. His mother frantically covers his mouth and nose with one hand while she uses the other hand to desperately try to protect her respiratory system. It is a fight for survival. There is an advert on the side of the bus 'Use the buses-save the environment'. Other passers buy cover their faces with handkerchiefs and try not to breathe, at least for now.

A dirty bar and restaurant sign at one corner points downwards towards the ground. Nobody has bothered to fix it .It just sums up the place. One rusty nail remains, and the sign just dangles from it. Most of the shops have a 'to let' sign. All the facades of the houses and shops are covered with black soot. The government health clinic also happens to be on the right side of the road, so as you open the door the exhaust and carcinogens from the bus blow into the faces of the asthmatics in the waiting room. On the left side of the road is the battered and weathered building that houses the department of Health. The health inspector rushes out into the road and unwittingly steps into freshly laid dog excrement. He curses and tries to scrape the heel of his shoe on the pavement. You may manage to scrape it, but the smell will linger my friend. The baker loads his bread onto a van parked outside as the fine diesel particles penetrate into all the pedestrians' lungs, past bronchi and bronchioles and deep into alveoli where they are trapped. The sweaty, burly, tattoed bus driver is singing an Elvis tune full blast and the tourists are highly amused as he turns his massive steering wheel up towards Gzira towards the petrol station.

The petrol attendant unwittingly inhales the benzene as he fills the lady's tank. She makes a joke as she puffs her cigarette and takes a call on her mobile phone. The conversation is unimportant -silly useless talk but she still carries on with it and adjusts her massive earrings and plays with her large decorative dice which dangle from her viewing mirror while her tank guzzles up the flammable carbon fuel and she punches yet another hole in our ozone layer. She applies another layer of lipstick to her tired lips and gives the attendant a longing parting look which is open to interpretation.

The bus driver spits out of his side window and narrowly misses an elderly woman as she tries to cross the street with her cocker spaniel held in her arms. Grezju waits for his friend at the corner with his 'gardell' in a cage tucked under his arm.

Thirty years on and Massimo has grown up. Rue D'Argens is a very different place. The street has been completely cleaned up. All the houses are occupied by happy families. The only cars driven are electric cars, cars using biofuel, hydrogen and nitrogen powered cars and buses. There is a large tram-like solar bus and it is free for all. There are no longer permits issued for flats and all the closed down houses and properties in Malta and Gozo are occupied. Old houses are done up beautifully and cherished. The air is cleaner and everybody is much healthier. There is no greed and no crime and traffic wardens are obsolete. The birds have returned to Rue D'Argens. Every house is painted brilliant white and balconies are adorned with brightly coloured hanging plants and flowers. Threatened plant and animal species have recovered. People take recycling very seriousely. People cycle and walk to school and work. Trees are planted at every opportunity. If a house is demolished, a garden is created instead. Massimo works for a furniture concern using sustainable pine from Sweden. His chronic cough has disappeared. He takes care of his mother and they frequent the various large parks on the island. Massimo thought it would never happen but after Mellieha bay disappeared and Msida experienced serious flooding and our seaside resorts were all threatened, and catastrophic storms and hurricanes wrecked havoc, common sense prevailed. The Kyoto treaty is now adhered to by all countries and no country wages war against another and we all live in peace and harmony and have all joined forces in fighting the common enemy-climate change and global warming. The wrath of Mother Earth ensued the obedience of Adam, as its' core exploded in fury.

Dream on Massimo.

'THE LIFE OF JONAS'

Serialisation of the book

by

David Muscat

Chapter one

Jonas held his head in his hands. He was dead tired.

After a gruelling day in the dental clinic, fixing, repairing, replacing and remaking teeth, he had time to recollect and ponder.

His father lay dying before him. A drip was attached to a vein in his arm

Erythropoietin had been administered that day so he had renewed colour in his cheeks. He had advanced cancer and chronic renal failure.

His dad John, now dying, had seen death many times before, being a doctor in a large Welsh mining community.

The harshness of the life he had led was reflected in the deep creases of his face and the callouses of his hands and feet.

Dr John Jones opened his eyes a little. He could hardly move. He had advanced parkinsonism and this was compounded by the carcinoma which had spread through his body.

The metastases was quick and deadly.

He whispered faintly to his son, mustering all the energy he had left, "Don't leave me alone", and then his eyes closed and he started to wheeze.

Jonas placed the oxygen mask over his father's face and adjusted the flow.

Jonas left the hospital bedroom and got a drink from the machine down the corridor.

At the other end of the corridor of the first floor of St David's hospital, Jonas could hear a young woman screaming, "Oh God, the pain, the pain".

The young house officer leapt to his feet, with his stethoscope round his neck. It was three in the morning, and he had a thirty-six hour shift. He had a ward of fifteen people to look after, and now he had a woman in labour and there were no consultants around.

The midwife tried to calm the woman down. "Shirley, I want you to push only when I tell you, and I want you to breathe in slowly", she said, wiping the pregnant woman's forehead with a wet cloth.

She had a monitor on her belly, and the staff seemed more interested in the screen, rather than her well-being.

Jonas stood at a distance from the open door ,but close enough to see clearly, and he could see the babies' head as it popped out of mother nature.

Jonas returned to his father's room with his tepid coffee.

Caffeine levels were high and he had a slight headache.

His father's skin was clammy and he heard the oxygen flow through the mouthpiece.

On this side of the corridor there was a sense of sadness and grief, and cells were dying, and there was little time left, while on the other side of the corridor, there was a new life, a new hope and a new

beginning.

The baby was delivered at 5.30am and placed on its' mothers breasts. There was blood everywhere but everyone was smiling and laughing. The father cut the umbilical cord, while the nurse in Dr John Jones room adjusted the drip that was keeping him alive. Both tubes were sustaining life.

The doctor washed his hands and his coat was stained with the mothers' blood. The baby was crying for its' mother's milk and Dr Jonas Jones was drowning in his own tissue fluid. The relatives of the mother and the dying doctor mingled together in the central waiting room in the centre of the corridor.

There were tears of joy and tears of grief.

Exultation and desperation.

Due to the parkinsons, Dr John Jones could not even drink water. It had to be thickened. He could not express himself and his face had a mask-like stare.

The baby was now sucking on his mothers' nipple like crazy as Jonas applied a wet cloth to his fathers' lips. His teeth were yellow and bone dry and his tongue had a cobblestone appearance.

As the baby had its' first nappy wrapped around it, John had his last one put on-incontinent as he was.

A champagne bottle was opened and poured into crystal glasses to celebrate the new baby, but cheap bitter stale coffee in paper cups was all that entered the lips of the grieving.

The infants' eyes were wide open and grey. John died with his eyes open. Jonas closed them and kissed his father's forehead. He raised his lower jaw till the teeth occluded and that held it in place. Whilst this was happening calcification of the child's first molar had already begun.

As a muslin towel was wrapped around the baby, John's body was being readied for burial, and muslin was placed in his mouth and nostrils.

The parents decided to call the baby John, a name that had been decided upon some time ago.

The stopwatch on the infant's life had started to tick, but time was not on the side of the Welsh doctor, who slipped away into the clouds aided by an array of beautiful angels into the lap of God.

The next morning, both Johns entered the large lift on the first floor of St David's hospital in Cardiff. Baby John was cradled safely in his mother's arms and dead John left in a teak coffin lined with zinc and decorated with a large cross.

Anne, the hospital secretary ensured that all the paperwork was in order, and as everyone left the building the alley cat nibbled on a dead pigeon in the road and an army of ants were already transporting bits of it back to base.

The nitrogenous cycle of life reached full circle and the reality of life and death was poignantly demonstrated and the white ford escort turned right with a new life and the black hearse turned left as another was concluded.

Dear members and colleagues

If any of you are in contact with any of our MEPS and believe in the advantages of amalgam please put forward our case for the use of amalgam in dentistry (see attached document) as ultimately it is the MEPs who will vote for or against the use of amalgam in dentistry and every vote counts! The installation of amalgam waste separators will nullify the environmental risk of amalgam. Thanks

Dr Audrey Camilleri

EU DESK UPDATE JUNE 2007 – Dr Audrey Camilleri

PARLIAMENT VOTES FOR A SEPARATE INSTRUMENT TO DEAL WITH HEALTH SERVICES

The European Parliament voted yesterday not to re-introduce health services into the Services Directive. After the Parliament's IMCO committee surprisingly called for health services to be re-inserted into the controversial Directive on 8 May, overwhelming cross-party consensus was finally found that that would be the wrong route for the Parliament to take. In the Parliamentary debate on Monday, many MEPs argued that Parliament had excluded health services from the Services Directive last year because it recognised healthcare as a case apart from other services, and that Parliament would lose credibility if it now changed its position.

The report adopted highlights that all European citizens should be guaranteed equal and affordable access to health care in due time and as close as possible to their home. MEPs also stress the importance of health professionals having sufficient knowledge of the language of the country in which they are working. However, the call for medical tourism not to be encouraged was, by a margin of less than 50 votes, deleted after a last minute amendment by the Liberal Group. The Parliament also asks the Commission to create a legal duty for national authorities to exchange disciplinary information about health professionals.

BOLOGNA PROCESS SUMMIT IN LONDON

Ministers responsible for Higher Education from 46 countries gathered in London on 17-18 May for the biannual Bologna Summit. Ministers discussed the progress made over the last two years towards the creation of a European Higher Education Area (EHEA) in 2010. The London Communiqué concludes that progress has been made on various strands of the process, but efforts over the coming two years must concentrate on central reforms: the move towards a three-cycle degree system (Bachelor-Master-Doctor); quality assurance in higher education; and broader recognition of qualifications and periods of study.

MEETING OF DENTAL EDUCATORS (ADEE) IN DUBLIN

CED members representing their national associations attended a meeting of the Association for Dental Education in Europe (ADEE) on 13 and 14 April in Dublin. The aim of the meeting was to gather input from health ministries, competent authorities and the dental profession on the update of the ADEE document "Profile and competences of the EU dentist". The revision process will be finalised in September 2009, when the ADEE will adopt the version at its General Assembly.

CED GM: BULGARIA AND ROMANIA NEW MEMBERS;

At the General Meeting in London on 11-12 May, the number of the CED's member associations increased to 26 with the Bulgarian Dental Association and the Romanian Dental Association of Private Practitioners becoming full members. Representatives presented their respective associations, before their membership was unanimously approved.

EUROPEAN DENTISTS HIGHLIGHT CONTINUED NEED FOR AMALGAM AND CALL FOR FULL IMPLEMENTATION AND ENFORCEMENT OF EU WASTE LAWS

The Council of European Dentists today highlighted the Importance of maintaining the full range of choice of filling materials to meet patients' needs. The CED also calls for Member

States to ensure full enforcement of already existing EU waste laws in order to minimise the environmental impact of waste amalgam.

At today's European Environmental Bureau conference, Prof. Gottfried Schmalz of the University of Regensburg explained on behalf of the CED that the dental profession takes the environmental impact of its members' activities seriously. This is why in many Member States amalgam separators, which prevent more than 95% of waste amalgam entering the waste stream, are obligatory. In a Resolution adopted earlier this month, the CED calls on Member States to ensure the full implementation and enforcement of EU waste laws, and fully supports examination into whether this is happening.

Prof. Schmalz commented: "In order to best meet the needs of patients, amalgam should remain part of the dentist's armoury, alongside other materials, since it continues to be the appropriate choice in many instances for the repair of damaged teeth."

The CED rejects claims that the use of amalgam poses serious health risks for patients. "Research over decades has failed to show any significant health risk posed by amalgam. Allergic reactions do occur with some patients, but no more than in relation to other restorative materials. Therefore, we should leave the decision of which material to use in individual cases to the dentist and patient", Prof. Schmalz said.

The CED welcomes the fact that the Commission has recently asked two scientific committees for opinions on the health and environmental risks of amalgam and of other restorative materials. CED President, Orlando Monteiro da Silva, commented that it was right that politicians should make decisions on the basis of up-to-date scientific evidence. He also stressed that since all healthcare interventions carry with them some risks, it was essential that Member States promote targeted prevention programmes for oral health, noting the success such programmes have had, particularly in some Scandinavian countries.

TOOTH WHITENING PRODUCTS UPDATE

Tooth whitening is one of an expanding range of minimally invasive techniques of dentistry and not just a simple cosmetic procedure. It is important that a dentist diagnoses the cause of the discolouration, assesses the chances of success of the whitening treatment, checks whether the patient has any other oral health problems, and counsels the patient about the best way of dealing with this aesthetic problem. If problems do arise – such as increased tooth sensitivity or mouth irritation – patients will require additional advice and care.

It is for this reason that most national dental regulatory bodies in the EU regard the process of tooth whitening as the practice of dentistry.

The CED supports the opinion of the Scientific Committee on Consumer Products (SCCP) that tooth-whitening products containing between 0.1 and 6% hydrogen peroxide (H2O2) are **not** safe to be sold over the counter and used freely, but are safe to be used after the approval and under the supervision of a dentist.

The CED welcomes the European Commission's decision not to make tooth-whitening products with between 0.1 and 6% H2O2 available over the counter, but to uphold the SCCP opinion. Any decision to raise the maximum strength of tooth-whitening products for over-the-counter sale is for the SCCP to take, on the basis of up-to-date safety data. The CED finds the present situation at EU level of all tooth-whitening products being considered as "cosmetic products" unacceptable. Tooth-whitening products must be regulated under a regime that::

takes proper account of the nature of tooth whitening as a clinical procedure,

protects consumers from the direct availability of products which, if used without a dentist's prescription, could be harmful,

ensures controlled distribution of tooth-whitening products that are not available over the counter only to dental professionals,

enables the full range of tooth-whitening products to be available under the care of a dentist according to up-to-date evidence-based dentistry.

The CED believes that these criteria are met by the Medical Devices Directive. Tooth-whitening products of a strength higher than that considered safe by the SCCP for over-the-counter availability should be regulated under that Directive.