



*Royal Canadian
Dental Corps*

QUARTERLY



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THE RCDC QUARTERLY

Published by authority of Brigadier KM Baird, Director
General of Dental Services.

Editorial Board: Col GB Shillington
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E D I T O R I A L

Good Public Relations - High in Value - Low in Cost

Although the RCDC is referred to as a tri-service organization, it must be realized by all personnel that the Corps is definitely a component of the Canadian Army. The entire career of every individual is, therefore, governed by the rules and regulations that apply to all members of the Army. We are enrolled as soldiers, trained as soldiers and at no time can we be considered otherwise.

The tri-service function of the RCDC, however, ensures that the majority of personnel will see service during their careers with the RCN or RCAF. Each of these Services has customs which, although different from those of the Army, must be respected and sometimes adopted during periods of attachment to the Navy or Air Force. It is the responsibility of the individual to fit himself into the life of the particular ship or station to which he is attached in such a manner that he will not only reflect credit on the RCDC, but be accepted to all intents and purposes as a member of that establishment. The use of good public relations is essential in gaining this acceptance.

Public relations has been defined as "Good performance - publicly known and publicly appreciated". In the RCDC it includes every factor and circumstance that may influence the attitude of the Services towards the RCDC, its work and its personnel. Public relations becomes a summation of the personal and professional contacts between Corps personnel at all levels and those for whom they provide a service.

Good dentistry is extremely important, but it is not the complete answer! It must be combined with a friendly, sympathetic and sincere attitude towards the patient by everyone in the clinic. A satisfied patient is probably our most important public relations asset. If every dental officer, no matter how difficult the case nor how sorely tried his tolerance will look beyond the immediate problem to the time when the patient will speak of him either favourably or unfavourably, he has performed in a manner which will enhance RCDC--Service relations.

There are many ways in which each member of the Corps can maintain or even increase the respect which the RCDC commands amongst Service personnel. The importance of such things as neat and correct dress, cleanliness and good deportment cannot be over-emphasized.

In order that we may fulfil our aim of providing an efficient dental service, under conditions favourable to ourselves, we must have the co-operation and respect of all three Services. Remember gentlemen, your past is your future.

NO 11 DENTAL COY RCDC(R)

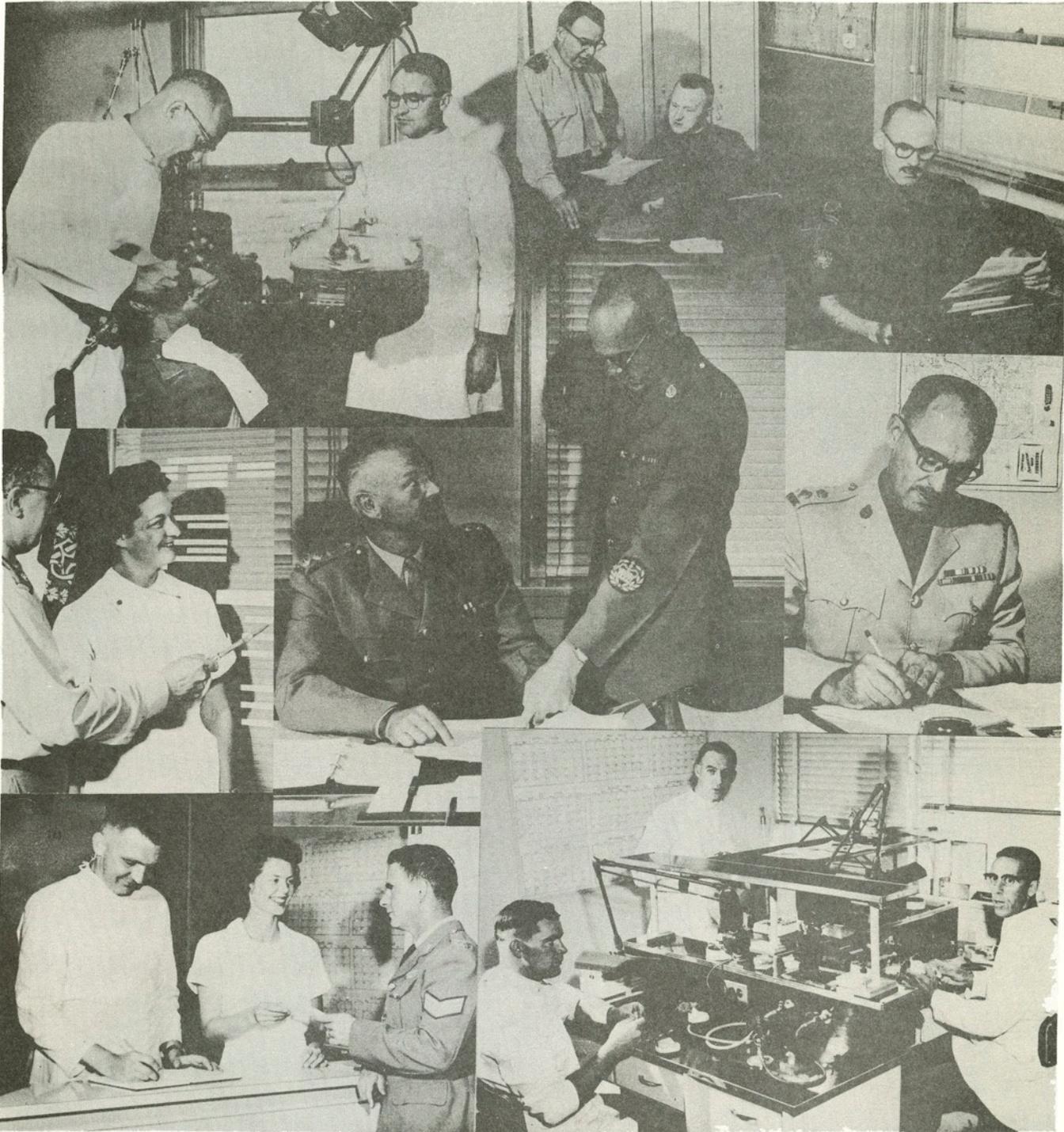
Colonel IAL Millar, CD, DDS

No 11 Company provides dental treatment for the Navy, Army and Air Force located in Alberta, British Columbia, the Yukon Territory and the Northwest Territories. There are sixteen full-time clinics maintained and staffed by one to five dental officers and auxiliary personnel. This includes the sea-going clinic in HMCS Cape Breton. In addition there are six part-time clinics, two locations where a set-up is made in existing quarters for visits and two mobiles maintained and staffed at regular intervals. Locations are widely separated with climatic conditions varying from the relatively mild weather of the West Coast to the frigid cold of the North. Although facilities for rendering treatment in static clinics are generally standardized, the requirement to provide treatment in the North, and other isolated spots, for dependents, employees of the Federal Government and natives, combined with environmental differences, can make an intra-company posting a new experience in every sense. Indeed, administratively, socially and recreationally it can be a complete reversal - providing a new stimulus to exercise or to develop latent interests. And, of course, this wide dispersal of personnel working and living under such varying circumstances continuously introduces interesting administrative details for Company Headquarters and the Quartermaster. Company Headquarters situated in Edmonton, and Quartermaster Stores in Calgary, admittedly adds to this, but is in keeping with the general dispersal of the unit.

Treatment is carried out by 28 dental officers and two Part V Dental Surgeons with five dental technicians clinical, 15 dental technicians laboratory and 37 dental assistants composed of 22 Army (male), four RCAF Airwomen and 11 Part V female employees.

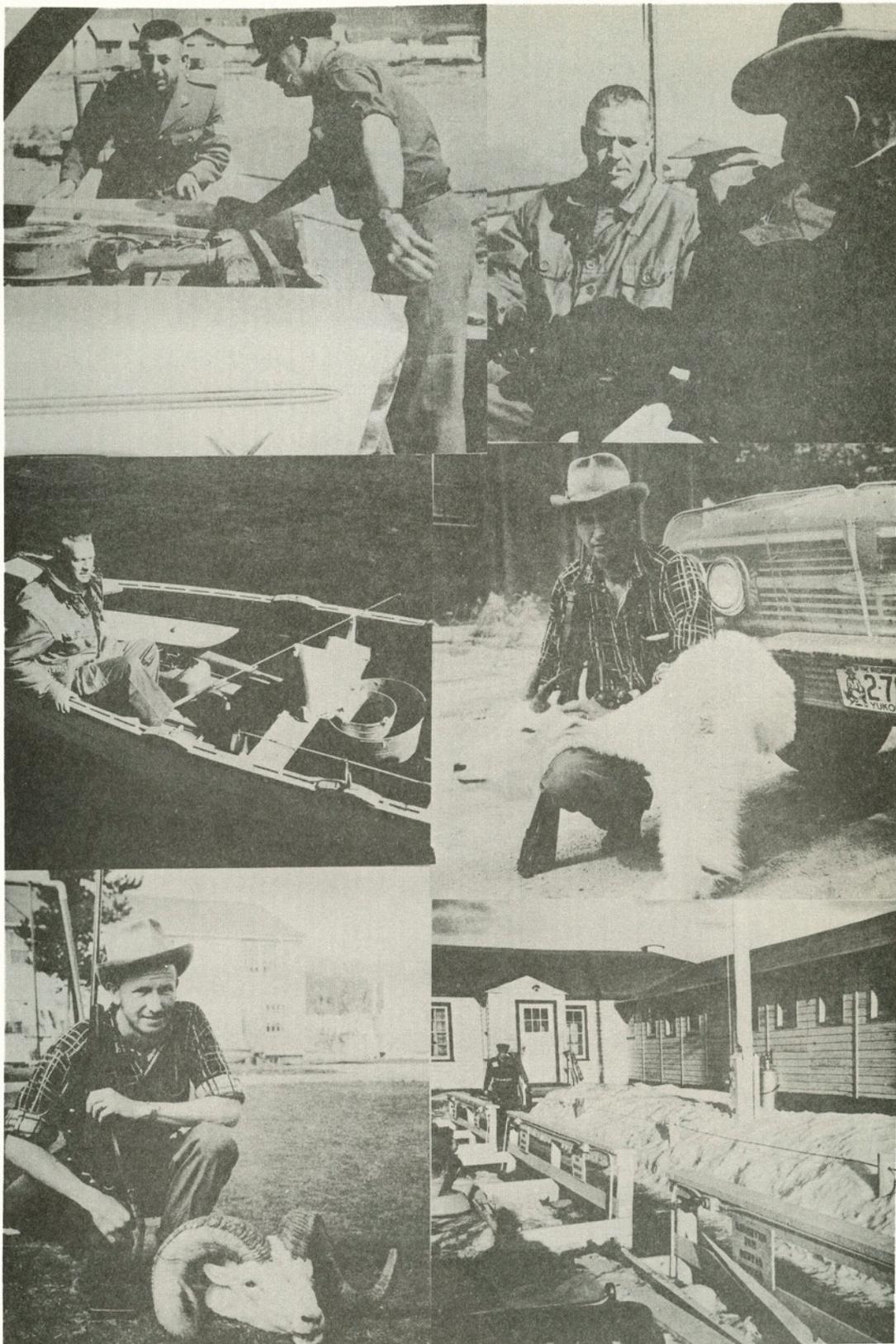
The workload is heavy throughout, but clinics are subject to particular circumstances that create special problems. This is clearly exemplified in the case of No 8 Clinic in HMCS Naden and No 13 Clinic at RCAF Station, Cold Lake. Both are restricted in their capabilities by limitations imposed by their accommodation. The treatment load is well beyond the recognized dental officer:service personnel ratio and their effectiveness could so readily be increased by the addition of extra operating bays. Submissions by the RCDC to achieve this have been made for years, but it still remains as a very special problem for these clinics. Again, to further exemplify an existing circumstance of a different nature, the treatment load at No 25 Clinic, Headquarters Western Command; No 4 Clinic, Currie Barracks, No 9 Clinic, Camp Sarcee, both in Calgary; and No 21 Clinic, Workpoint Barracks, Esquimalt is significantly reduced each year in June, July and August. This occurs because of the Regular Army Concentration at Camp Wainwright followed by the August leave period for units of No 1 Canadian Infantry Brigade Group. The obvious and reasonable action is to select the personnel at these locations for duty at Camp Wainwright and for Northern trips; and of course, it provides opportunities for leave. However, the best laid plans are subject to many influences and no exception occurs in this case. It remains as a recurrent summer situation dictating time for duty trips and leave periods.

This situation does not apply to the clinics at RCAF Stations where the treatment load remains constant or indeed is somewhat increased as at No 7 Clinic, RCAF Station, Penhold; No 15 Clinic, RCAF Station, Sea Island; and No 1 Clinic, RCAF Station, Lincoln Park by the influx during the summer period of Air Cadets who have emergency requirements. Here again circumstances dictate that facilities must be available for specific periods. At No 5 Clinic, RCAF Station, Namao and No 11 Clinic, RCAF Station, Comox, the requirement is constant throughout the year, but it is of



SOME 11 COY PERSONNEL IN EDMONTON

- Top - left to right - Lt Col Crummey, patient, Cpl Drawe, Capt Woodcock, Sgt Mazerall and WO 2 Peebles.
- Centre - left to right - Capt Woodcock, Miss Fogg, Colonel Millar, WO 2 Peebles and Lt Col Crummey
- Bottom - left to right - Pte Schwarze, Miss Loucks, reporting patient, Pte Monahan, Sgt Keogh and Sgt Thornton



WHITEHORSE SCENES

- | | | | |
|-------------|--------------------------------|--------------|-----------------------------------------------------|
| Top Left | - Ssgt Carpenter and Sgt Moore | Top Right | - Capt Collier, WO 2 Blackmore and Colonel Millar |
| Centre Left | - Col (Navigator) Millar | Centre Right | - Capt (Hunter) Collier |
| Bottom Left | - Capt (Trophyman) Collier | Bottom Right | - Major Harrington leaving dental clinic in old WMH |

interest to point out that No 5 Clinic employs two dental officers and a technician, while No 11 Clinic has one dental officer and the technician has recently been posted away because of the light prosthetic requirement. This is dictated by the role of the station and the consequent age group of personnel. Although No 11 Clinic requires more than one dental officer, and is augmented for periods by officers on temporary duty, a dental technician laboratory is not fully required by the workload. No 17 Clinic at RCSME, with excellent accommodation, is a busy one and subject to the influx of candidates on courses and summer cadets in considerable numbers.

The provision of an adequate treatment programme in the sparsely populated area above the 55th parallel is not easy. No 6 Clinic, Whitehorse, at the RCAF Station and attached to Headquarters Northwest Highway System, accepts the major responsibility. It is staffed by two officers, a dental technician clinical, a dental technician laboratory and three dental assistants. Employees of the Federal Government, their dependents, and natives provide an added responsibility. The remainder of the Northern locations are covered by personnel, usually from Edmonton or Calgary. Regular visits are made to Dawson Creek, Fort Nelson and Aklavik. A mobile is taken to Dawson Creek as suitable clinical accommodation is not available. The onward journey to Muskwa Garrison at Fort Nelson, is by air. Here, the two-chair clinic, moved from the RCAF Station, Fort Nelson, when it closed, was set up within the Garrison compound, and provides quite adequate accommodation. The visit requires three to four weeks at three-month intervals. The Aklavik trip must, of course, be done in commercial aircraft of various types and sizes. In order to economize on excess baggage, the "A", "B", "C" and "D" trunks are not taken. Equipment is scaled down and packed in cartons. Also the technician laboratory performs the role of a dental assistant as well as carrying out his normal functions. Even with this weight reduction the detachment still makes up a large part of the payload load of a small aircraft such as the Otter. The Aklavik trip takes two to three weeks and must be made every six months. Regular visits are also made by personnel from the Vancouver area to RCAF Station, Holberg and RCN Masset. Because there are no roads to these establishments, access is by sea or air. Delays are frequent and are expected due to weather. Indeed, the delay of a week is not considered unusual. The reception of our personnel at isolated places must be experienced to be fully appreciated. Community life centres entirely around service amenities and positive co-operation by everyone in programmes and projects achieves a harmonious and pleasing society. Our visits are obviously treated as a programme or project. The waiting room is full before the clinic is set up and remains so throughout the visit. The unavailability of treatment at other times creates this urgency to take advantage of the visit of the dental officer. If some person is known to have a treatment requirement and seems reticent to appear, there are others to act as whips. The rewarding satisfaction experienced by RCDC personnel on these visits comes not only from the knowledge of the very necessary health service they provide but also from the genuine appreciation by their patients.

Approximately 75% of the families of 11 Coy personnel live in PMQs. Thus, anyone posted to this unit stands a good chance of moving into quarters shortly after their arrival. All in all, we of this unit consider the western way of life enjoyable, adventurous and wholesome.

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TEMPORARY RELINES FOR TISSUE RECOVERY

Major GE Windsor, CD, BA, DDS

The subject of tissue recovery prior to making final impressions in full denture prosthesis, is not new to the science of dentistry. Tissue recovery has been dealt with in all its ramifications in a number of articles in dental journals over the years. Particular reference should be made to articles written by Captain Robert B Lytle of the United States Navy Dental Corps,^{1,2} in which the subject of tissue recovery is dealt with in detail.

This short paper does not propose to delve into all the fundamental scientific causes of the swollen, soft, spongy, inflamed gingival tissues that frequently face the prosthodontist. Rather, it is assumed that this condition is due essentially to the continuous presence in the mouth of a dental appliance. It is further assumed that the appliance has been worn for a number of years and has been removed from the mouth at only irregular intervals for cleaning. It may also be true that the supporting tissues have suffered further abuse through the years by occlusal wear of the artificial teeth, or even a slight original error in the vertical dimension or the centric relation which has resulted in an imperceptible twist or displacement of the denture at each occlusal contact. This, in turn, would doubtless result in a mechanical stress to the supporting tissues and, although not painful to the patient, would ultimately cause a breakdown of the underlying bone and the production of the soft spongy tissue which is very typical of so many of our full denture patients.

In any event, the dentist is quite often faced with the problem of relining an existing appliance or constructing a new appliance on generally soft spongy tissues. Where this situation exists, and provided it is not in the realm of surgical correction, it is perhaps wise to give this tissue an opportunity to regain its original firm healthy tone before relining a denture or taking a final impression for a new denture.

It has been suggested that the easiest and most direct approach to the problem is to remove the appliance from the mouth and quietly drop it into the nearest receptacle and ask the patient to return in two weeks for his impressions. However, since many of our patients are required to meet the public both socially and on the job, it has been found impossible to carry out this direct approach to tissue recovery, hence, the need for temporary relines.

Little can be done for the patient without his co-operation. Many full denture patients wear their dentures continuously day and night. The first step in the programme is to convince the patient that he must leave his appliance out at night so that the abused supporting tissues have an opportunity to recover. He is further requested to massage the entire denture bearing area with a soft nylon tooth brush in order to hasten the recovery of this tissue. This is not easy for the patient and he may complain that his denture does not fit in the morning and that the tissue is very sensitive to massage. However, if he is convinced that this procedure is essential to the success of his new denture, or reline, he will cooperate.

At the end of a week the patient is instructed to leave his denture out for a full 24-hour period and to come into the clinic the next morning for his first temporary reline. Monday morning is often the best time for this appointment since the previous 24 hours may have only limited social and business obligations and allows the patient to leave out his denture without too much embarrassment. If

sufficient recovery has taken place in the first week, normal treatment may proceed as planned, particularly in the case of a simple complete denture reline. However, if adequate tissue recovery has not taken place or new appliances are planned, a temporary reline should be placed in the old denture. This weekly routine of temporary relining should be repeated until the mucosa becomes firm and stable. When this occurs the construction of new dentures may be undertaken. In the meantime, the old denture containing the temporary reline will serve the patient very well and maintain the tone and stability of the underlying mucosa.

The technique for temporary relining is relatively simple. The old denture is cleaned and dried. The denture flanges and undercut areas are left intact and thus aid in the retention of the reline material. Additional retention should be obtained by undercutting the tissue side of the denture periphery and perforating the palate and facial flanges with a large inverted cone bur. The reline material is placed in the denture, the denture is then transferred to the mouth, seated, and held in centric relation by the opposing teeth with a minimum of pressure. When the material is set the denture is removed from the mouth and excess material on the facial surfaces is trimmed away.

Various impression materials have been used for the purpose of temporary relines. Zinc oxide and eugenol pastes have been used with only limited success. They flake away from the denture too easily and rarely stay in place for more than three or four days. An added disadvantage is the continuous eugenol flavour and the possibility of some chemical irritation. Silicone impression material has been used with considerable success and sets with a tough, cohesive rubber-like consistency. Because it adheres poorly to the denture base, the denture flanges should be undercut and the facial and palatal areas perforated to provide adequate retention. Temporary relines of this material have been found to be very comfortable for the patient and have been kept in place up to eight weeks.

Temporary relining of complete dentures in an effort to effect a certain degree of tissue recovery prior to the construction of a new denture requires a little extra time for both the patient and the dentist, but is not a laborious or difficult procedure. The improvement in tissue tone and stability gained in the denture base certainly justifies the additional time consumed.

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Blessed is the man who, having nothing to say, abstains from giving us wordy evidence of the fact.

-- George Eliot

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THE DENTAL OFFICE EMERGENCY - ITS PREVENTION AND TREATMENT

Major LA Richardson, CD, DDS

The word emergency may be defined as an unforeseen situation calling for immediate action. This definition implies that the situation will quickly follow a retrograde course if corrective action is not taken. In the dental office, every precaution must be taken to prevent the occurrence of these emergencies, but should they occur, the dental officer must be prepared to deal with them.

This article will be limited to a discussion of the prevention, the recognition and the immediate action indicated to deal with an unforeseen difficulty when treating an otherwise healthy patient. No attempt will be made to cover the field of medical or surgical emergencies which might be related to dental practice.

DRUG IDIOSYNCRASY

Although drug idiosyncrasy is a relatively rare reaction, it can be violent and difficult to handle. The majority of anaesthetic and drug allergies reported by patients are of psychogenic origin and will be dealt with separately. This does not mean that these reports can be ignored but rather that special precaution must be taken before treating such patients.

Drug idiosyncrasy is marked by a sudden onset of symptoms which are not particularly related to the dosage. It usually starts with a stimulation of the central nervous system. The progressive signs are talking, pugnaciousness, dizziness, vertigo, vomiting, twitching, convulsions, asphyxia and death. The antidote for this type of reaction is oxygen and an intravenous barbiturate such as $\frac{1}{2}$ to 1 gm of pentathol or an intramuscular injection of 5 to 10 cc of paraldehyde if the condition proceeds to the stage where convulsions occur.

A drug allergy may also manifest itself as a depression of the central nervous system. The patient will usually faint and show signs of severe shock with weakened heartbeat and respiration due to depression of the respiratory and cardiac centres. The antidote is oxygen under pressure, or if unavailable, artificial respiration by the mouth to mouth method and the subcutaneous or intravenous injection of 1 cc of 1:1000 epinephrine if indicated to elevate the blood pressure.

An allergic reaction to a drug may also take the form of respiratory oedema or bronchospasm. This can best be treated with an injection of epinephrine as above or intravenous antihistamine such as 10 to 50 mg. of benedryl or chlor-tripolon. An intravenous injectable hydrocortisone is also now available which is an effective agent to raise blood pressure and reduce oedema and bronchospasm. A patient in bronchospasm should be kept sitting up instead of being placed in a prone position.

THERAPEUTIC ERROR

This class of misadventure includes such things as incorrect labelling, selection of the wrong bottle or drug in error, confusion of prescriptions, error in manufacture, etc., about which nothing further needs to be said.

The most common therapeutic error is the injection of local anaesthetic into a blood vessel which may give a toxic effect due to the rapid systemic distribution of the drug. This is, in effect, an overdose. The onset of symptoms may be similar to those of drug idiosyncrasy with stimulation of the central nervous system followed by depression if the condition advances sufficiently. The patient is treated symptomatically with oxygen, placed in a prone or shock position, and intravenous barbiturates administered if convulsions occur.

These unintentional intravenous injections can be avoided if an aspirating syringe is used to enable the operator to check that the needle is not in a blood vessel before injecting. A needle of 25 gauge or larger must be used for such an injection as blood will not pass through a finer needle.

SYNCOPE

This is the commonest and mildest emergency situation that we face in the dental office. It is a symptom rather than a systemic condition and a result of vasomotor collapse, usually initiated by psychic causes, although it can result from drug idiosyncrasy, quick positional changes, or various systemic disorders.

Syncope is recognized by the patient's pallor, sweating and tachycardia which may lead to loss of consciousness, and changes in blood pressure and can progress to shock. The condition is easily treated by placing the patient in a prone position to alleviate the cerebral anoxia. Inhalation of spirits of ammonia acts as a stimulant and administration of oxygen will offset the cerebral anoxia and hasten the resuscitation.

PREVENTION

If the patient claims an allergy:

1. Test the effect of the drug if evidence of the allergy is vague or inconclusive. This can be done by means of:
 - a. A drop injected intradermally on the forearm. If there is an allergy a red flaring will be seen at the injection site within 20 minutes.
 - b. A saturated cotton pellet placed in the nostril will produce a redness of the mucosa within 15 minutes if an allergy is present.
 - c. A drop placed in the conjunctival sac will give an immediate redness and inflammation if an allergy is present.
2. Use a substitute drug if possible. Novacaine and lidocaine have different structures and hence there is no cross-allergy.
3. Protect the patient from the drug in advance by:
 - a. Controlling the allergy with antihistamines, etc
 - b. Having emergency resuscitation materials at hand.

The following items should be readily available in the dental office to deal with medical misadventures:

1. Spirits of ammonia.
2. Oxygen and mask.
3. Epinephrine 1:1000.
4. An intravenous short-acting barbiturate such as penthathol in readily injectable form, or paraldehyde for intramuscular injection.
5. An antihistamine such as chlor-tripolon or benedryl in injectable form.
6. Tourniquet.
7. Airway.
8. Suction.

Certain risks must be accepted in treating patients and, therefore, preparations must be made to deal with them as they arise.

TREATMENT

It is evident that the treatment of an emergency resulting from drug idiosyncrasy, therapeutic error resulting in an anaesthetic toxic reaction, or syncope is entirely symptomatic. When such a situation arises immediate action must be taken since all of these conditions follow a retrograde course if not intercepted. In an emergency there is no time for a thorough diagnosis or medical consultation. There is also no time to deal with these situations effectively if prior preparation has not been made. The correct procedure is to immediately attack the symptoms in the following manner:

1. At the first sign of syncope, or in a case with a history of syncope, place the patient in a prone position.
2. Apnea - give oxygen under pressure if available or use mouth to mouth artificial respiration as a second choice.
3. Convulsions - inject intravenously $\frac{1}{2}$ to 1 gram of pentathol, or intramuscularly 5 to 10 cc of paraldehyde.
4. Vascular collapse - place patient in a prone position and inject subcutaneously or intravenously 1 cc of 1:1000 epinephrine.
5. Allergic oedema and bronchospasm:
 - a. Place patient up right.
 - b. Give oxygen under pressure.
 - c. Give epinephrine as above.
 - d. Give 10 to 50 mgm of benedryl or chlor-tripolon intravenously.
 - e. Perform an emergency tracheotomy if all else fails.

Other treatments and drugs may be employed later when time permits and the situation is no longer considered an emergency.

SUMMARY

A discussion and comparison of drug idiosyncrasy, toxicity and syncope shows that these conditions are very similar and have a very sudden onset. It is pointed out that these situations can to a large extent be prevented, but when they occur they must be treated immediately and symptomatically without any distinction as to cause or attempt at differential diagnosis.

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FULL GOLD-ACRYLIC VENEER CROWN

Lt Col RE Brown, CD, DDS

At one time or another we have all felt frustration preparing a subgingival shoulder in the presence of blood and debris. It is impossible without a dry field to obtain a clear view of the shoulder and difficult to complete the preparation ideally with smooth, clean-cut line angles.

The following technique is presented for the completion of a full gold-acrylic veneer crown utilizing the rubber dam and a No 212 cervical clamp for the preparation and the impressions. An unobstructed view of the preparation and all its margins can be achieved using the rubber dam just prior to cutting the subgingival shoulder, after the bulk of the tooth has been reduced to the gingival margin with a high-speed water-spray technique.

Method

The tooth is reduced in the usual manner creating a shoulder on the labial and extending through the mesial and distal surfaces with a lingual chamfer connecting the mesial and distal shoulders. The shoulder part of the preparation is cut to the gingival line. The lingual chamfer, using a torpedo-shaped diamond, is cut to the gingival line and forms the final extension of the lingual surface. Since this stone follows the contour of the gingival tissue intimately, little or no bleeding is started. It is recommended that the labial surface be prepared in two planes to protect the pulp and to aid retention by following the original shape of the tooth. Also the transparency of acrylic dictates that sufficient labial surface be removed to obtain sufficient bulk for colour matching.

The rubber dam is applied with the cervical clamp to hold the gingival tissues apical to the final extension of the shoulder preparation and to the lingual chamfer already cut. The cervical clamp must be high enough on the tooth labially to allow at least one millimeter for a gold collar subgingivally.

The preparation is fully visible and the subgingival shoulder is completed to the necessary height and depth. The shoulder margins can now be planed smooth with chisels and made continuous with the lingual chamfer. The shoulder and chamfer margins are given a short bevel. This places the chamfer margin slightly subgingival as well.

Since the preparation and margins are completely visible it is simple to obtain an accurate impression. The cervical clamp, in place apical to the gingival margins, provides a stop for the copper band. Dental floss or wire passed through two holes cut in the incisal end of the band provides a convenient draw string. The copper band is filled with impression material of the operator's choice and seated in place against the cervical clamp.

After having obtained the copper band impression, the rubber dam is removed and full upper and lower arch impressions are made. Models poured from full arch impressions may be articulated more accurately than those obtained from small crown and bridge impressions. Impressions may be obtained by injecting alginate material around the preparation before seating the filled tray. The copper band and full impressions are given to the laboratory technician to pour in a die stone material which provides an accurate die of the finished preparation and an accurate record for laboratory fabrication procedures. The wax-up is done on the full arch preparation to establish the proximal contact points, incisal edge and anatomy but not the final gingival margin. The labial window is cut out and the wax pattern removed and seated on the individual die of the tooth preparation. All that is necessary is to add wax around the gingival margin to complete the wax pattern. The crown is cast and acrylic added on the labial surface.

Conclusion

The main advantage of this technique is to provide a dry-field view of the tooth preparation and gingival margin. However, rubber dam can be used in conjunction with any technique of the dentist's choice.

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THE DENTAL TECHNICIAN CLINICAL IN THE DENTAL HEALTH PROGRAMME

Ssgt EK Abernethy

By virtue of his training and experience the Dental Technician Clinical can be employed to great advantage in dental public health programmes. He has been trained to speak on home-care measures both to groups and to individuals, and, therefore, can conduct lectures and demonstrations on his own, or assist a dental officer in these tasks.

When the clinical technician is called on to instruct a group he should bear in mind the principles listed on page one of the RCDC Sample Lectures:

1. Know your subject
2. Believe in your subject
3. Address yourself to a person
4. React to the challenge
5. Have an objective.

It is easier to apply these principles when instructing groups not in excess of fifty persons, especially children at DND Schools. It is almost impossible, even with the aid of the teachers, to maintain order in groups of children larger than this. It is most important to select training aids to suit the size of the group. The use of the Speaker's Flip Charts, large posters, and articulating models are most effective when instructing small groups, whereas, films and slides are more appropriate for the larger groups.

The dental technician clinical should be prepared at all times to instruct on dental health. The material for presentation should be vetted beforehand by a dental officer for accuracy and scope. The attendance of a dental officer at the first few lectures would assist the clinical technician in gaining confidence.

At all times when lecturing on oral health, it should be emphasized that dental health is not just the responsibility of the RCDC but also of the individual and the unit. Dental health cannot be divorced from general health and no one can be considered completely healthy unless he is dentally fit.

In addition to lecturing, the clinical technician is trained and prepared to demonstrate the "How, When and Why" of toothbrushing, and training aids are available for this purpose. Through the use of slides and large diagrams depicting the loss of teeth due to disease of the supporting tissues, he can impress on people in the older age groups that it may be necessary to change life-long brushing habits and show how improper brushing can contribute to the development of dental disease.

The Dental Technician Clinical has been trained to relieve dental officers of much of the burden of dental health education. This training should be used to full advantage.

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THE AIROTOR AND VOLUME OF DENTISTRY - AN EVALUATION

Major DH Protheroe, DFC, CD, DDS, MPH

The advent of the airtor has been a boon both to the patient and the dentist. The advantages ^{1, 2} most frequently mentioned as a result of its use are: improved patient response due to the reduction in vibration and the speed with which operative procedures can be completed; reduced tension at the end of the day because patients are more relaxed; less fatigue is evident due to the lighter pressure required and the safety associated with the use of this equipment; the extraction of impacted and ankylosed teeth is facilitated because bone and tooth structure are so easily removed; and finally, the subject with which this paper is concerned, the volume of dentistry performed is increased.

When completed the cost of equipping the RCDC with airtors will be about \$60,000, to say nothing of the costs of installation, shipping and handling. With an expenditure of this magnitude, it was deemed rational to find out if this new equipment, in addition to its other advantages, would appreciably affect the number and type of operative and crown and bridge procedures performed by dental officers.

The design of the study was simply to compare the pertinent operations performed by individual officers before receiving an airtor with those performed during a like period with an airtor available for use. Only data on those officers who remained in the same location and who completed more than 100 duty days during the period studied were considered. In addition, officers were not informed that the study was in progress.

It was realized when the study was designed that it probably would not be possible to produce results which would have statistical significance because variables such as illness, morale, quality of or lack of an assistant and normal increase in production through experience might affect the amount of work performed. However, it was felt that the data would be sufficiently accurate to give an indication of this aspect of the value of the airtor to the Corps. After analysing the information collected, it is considered that the increases shown tend to err on the low side and the following observations can be made:

1. 43 officers operating for 6,861 duty days before and 7,062.5 days following installation of an airtor showed an overall increase in operative and crown and bridge procedures of 12.38%.
2. By using only the data on Majors and Lt Cols, who are all considered to be experienced dentists and have probably reached the peak of their productive capacity, the results were:

22 officers operating 3,671 duty days before and 3,685.5 days after installation showed an increase of 11.30%.
3. Multiple amalgams for the group of 43 officers increased by 15.79%

Multiple amalgams for the group of Majors and Lt Cols increased by 14.59%
4. Single amalgams for the group of 43 officers increased by 1.93%

Single amalgams for the group of Majors and Lt Cols increased by 5.34%
5. Cast gold restorations for the group of 43 officers increased by 1.99%

Cast gold restorations for the group of Majors and Lt Cols increased by 10.91%
6. Fixed bridges for the group of 43 officers increased by 28.22%

Fixed bridges for the group of Majors and Lt Cols increased by 15.15%

The results of a study concerned with the effect of airtors on the volume of dentistry produced by the RCDC have been presented and indicate a marked increase in operative and crown and bridge procedures, particularly, multiple amalgams and fixed bridges. However, when considering these data the limitations imposed by variables such as illness, morale, assistants and normal increase in production must be borne in mind.

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LABORATORY TIPS

WO 2 W Powers, CD

Plaster Matrices for Accurate Chrome-Cobalt Castings

Dental officers and laboratory technicians will both agree that it is a frustrating experience to produce a chrome-cobalt framework which apparently fits the cast perfectly, but does not quite fit the mouth and occasionally the casting may be out as much as several millimeters.

Often this discrepancy originates while the impression is being removed from the mouth as a result of the alginate pulling away from the tray. Usually this is obvious in a perforated tray, but the distortion that may occur should this happen when using a rimlock tray may go unnoticed.

The cast may be checked quickly and accurately against the mouth by means of the following technique:

1. Pour the cast in stone in the usual manner.
2. Block out undercut areas with plasticine, leaving the occlusal surfaces exposed.
3. Lubricate the exposed areas with liquid soap.
4. Cover the occlusal and incisal areas with a mix of Snow White Plaster. This may be strengthened by placing a long bur across the arch in the molar area.
5. Check the plaster matrix thus formed against the patient's mouth.

If, as a result of distorting the original impression, the matrix does not fit the mouth it will be necessary to make a new impression. If the matrix does seat correctly it may then be forwarded to the technician to check the investment cast against the master cast.

This plaster matrix technique takes about fifteen minutes of the technician's time, but may save several days of wasted effort.

Handpiece Cleaner

Handpiece cleaner has proven very useful in removing dirt and grease from instruments and hands. Here are a few hints:

1. Place approximately 1 inch of cleaner in a wide-mouth jar. Articles may then be scrubbed over the jar and excess cleaner will drip back into the jar.
2. Tripoli, rouge and chrome-cobalt polish can easily be removed from metal and plastic with handpiece cleaner by brushing with a stiff bristle brush. A #12 metal center or old toothbrush is ideal for this purpose.
3. Apply a few drops to the moving parts of a Hanau articulator and wipe off the excess with Kleenex. You will notice the easing of the moving parts immediately the cleaner is applied.

4. Apply a few drops of cleaner to the sleeve and post of the Dee surveyor with a cotton applicator, leaving a slight film on the parts. This will provide smooth action during surveying and trimming.
5. Dismantle the Dee adapter and chucks, clean the bearings and the inside of the adapter and chucks with cotton and handpiece cleaner, wipe off the excess cleaner and re-assemble.

Wedge Technique to Hold the Investment Mould Securely During Casting

There are quite a number of cases in which the investment moulds tend to come loose during the casting procedure. The following technique prevents this and reduces the possibility of distortion of the mould from excess pressure applied by the swivel plate:

1. After the investment is set remove the split ring and metal sprue.
2. Fill the sprue hole with baseplate wax to prevent loose investment from entering while trimming the mould.
3. Place the investment mould on the flat plate of the model trimmer with the sprue hole up.
4. Trim approximately $\frac{1}{2}$ " to $\frac{3}{4}$ " deep along the length of the mould where the split ring has left an investment ridge. The amount of trimming will be governed by the location of the waxed model.
5. Place the trimmed side of the investment mould towards you and trim the end of the mould which contains the sprue hole on a slight taper so that the portion farthest away from you will be approximately $\frac{1}{4}$ " shorter.
6. An investment mould trimmed in this way will be held securely in place when the casting arm is released.

To Reduce Heat Loss During Casting

It is essential that the investment mould be maintained at as high a temperature as possible during the casting procedure. This is difficult since the hot investment mould tends to lose heat when placed against a relatively cold metal swivel plate.

To prevent this heat loss to some degree, place about eight sheets of asbestos on the flat side of the swivel plate and cement them on the reverse side with soldering investment. Do not cover the thread with soldering investment as the swivel plate must move freely. The asbestos covering will last many years and effectively insulates the mould.

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THE DENTAL TECHNICIAN CLINICAL

WO 2 RH Daw, CD

To some outsiders a dental prophylaxis is a very simple and boring task to perform and they cannot see why anyone would make a career of it. The Dental Technician Clinical knows this is not true and one of his objectives is to prove it. He can easily fall into the rut of being nothing more than a "tooth cleaner" or he can use the skill, knowledge and ability gained on courses at The RCDC School in such a way that he will make a positive contribution to preventive dentistry.

While the mechanical part of the prophylaxis is being performed, the dental technician clinical must explain to the patient what is being done for him, what causes calculus and the dangers of allowing it to remain on the teeth. Most patients are surprised to learn that more teeth are lost due to periodontal conditions than from caries. At this point, the usual question is: "How can I prevent the deposit from returning?". In answering, explain carefully that the style of brush and the method of cleaning are most important. Some patients will tell you that they brush after each meal and their mouth shows this to be true, except that the brushing technique used has caused abrasion. This type of patient is more than willing to change his habits. Another type of patient is the one who wakes up in the morning and decides it is time someone did something about his teeth for him. He is usually convinced that complete extractions are the only answer. His teeth are almost completely encased in an armour of both sub and supra-gingival calculus. He is quite surprised to find that under the layer of debris, he still has quite respectable teeth, and with encouragement will do a fairly satisfactory job of looking after his mouth and will be seen in the clinic from time to time requesting another prophylaxis. He has been properly educated as to the value of caring for his teeth and is quite pleased with himself.

A book could be written about the many other types of patients. There is the type who is terrified through ignorance, superstition and stories about the horrible things that can happen in a dental office, but the most infuriating patient is the one who sits in your chair and acts as though he was anaesthetized from the neck up. His mouth has an odour of ancient plumbing and his teeth can barely be seen through at least a week's accumulation of food. When told of this, he just looks at you as if you were talking about another person. He never answers you throughout the entire appointment and you know full well that all you have said is in vain. As he leaves, you know that he will be back sometime and in the same condition as before.

The service performed by the clinical technician is never simple and far from boring. If only one patient a day thanks you and says how pleased he is with what you have done for him, then you can be satisfied that you have done your job well.

The foregoing has related some of the problems which face the dental technician clinical. In order to cope with these problems the following procedures work well in this clinic and are offered for information to other clinical technicians:

1. Whenever possible, draw the 465s from the file for your complete day's patients. This will relieve the pressure during sick parades and leave you free to call your patients without having to go to the file for each one individually.

2. If possible, be prompt on appointments; but if five or ten minutes more will complete the treatment, let the present patient and the next appointment know that you will be a few minutes longer. In so doing, your next appointment will not think he has been forgotten.
3. Make sure that referral slips are signed and instructions clearly understood. This is for your protection as well as the patient's.
4. Enter treatment on the 465 as soon as the appointment is completed and return it to the referring dental officer before seating the next patient. This procedure will prevent possible loss of documents.
5. Instruments must be maintained in good condition. They should be sharpened at least once a week. When sharpening use care not to remove too much metal as this reduces the life of the instrument. If using a stone in the straight handpiece, do so at low speed which will prevent over-heating the metal and loss of temper.
6. The prophylaxis handpiece must be thoroughly cleaned once a day. At the end of the day the handpiece should be taken apart and dropped in handpiece cleaner and left overnight. In the morning it should be dried and lubricated in preparation for use.
7. Tailor your oral hygiene instruction to fit the personality of the patient. A manufactured talk is easily spotted by the patient and he soon loses interest in what you are saying. Keep the talk interesting but do not adopt a "barber-shop" attitude.
8. The existence of radiation hazards demands good X-ray technique. A few seconds of instruction to the patient will save time later on, ie, instruct him in the proper method of breathing to prevent gagging and the proper method of retaining the film in the mouth. Be sure that the processing solutions are changed at regular intervals. A good radiographic technique can easily be ruined by sloppy darkroom procedures.
9. The patient should be seated as comfortably as possible commensurate with a comfortable operating position for the technician. The patient will be in the chair a relatively short time compared to the hours per day that the technician will be working.
10. Cleanliness of the clinic bay, unit, chair and X-ray should be of a high standard at all times, to say nothing of the personal cleanliness of the clinical technician. In addition, every effort must be made to avoid soiling the patient's clothing.

In conclusion, it is hoped that the information contained in this article will be useful to other dental technicians clinical and that continued progress will be made in the field of Oral Hygiene.

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THE RCDC AT CAMP WAINWRIGHT ALBERTA 1960

Major TD Cobb, CD, DDS

The Annual Summer Training Concentration in Camp Wainwright for 1960 took place during June and July. Early in June the various units of the 1st Canadian Infantry Brigade Group began to arrive from their home stations and by 25th June all were bivouaced throughout the camp area ready for training as a Bde Gp. The services or "logistics" were actually in position by 11 June in order to prepare for reception of the arms units and also to exercise the new logistics concept prior to the arrival of the arms units.

The system of supply and maintenance used this year was that of the "Logistics Battalion". In a nutshell, this is simply the gathering up of all bits and pieces that formerly infested the old Adm Area - Tpt Pls, Ordnance, RCEME Wksps, etc - and the forming of a logistics battalion with a Bn Comd. The components of the log bn are formed into two "heavy companies" which are of about identical composition. The result is the central control and operation of a task and area which formerly was somewhat cluttered and quite decentralized. One of the main advantages of this log bn concept is the maximum use of transport facilities in the most economical way. Demands from the fighting troops all channel through the FLCC (forward logistics control centre) located near or at Bde HQ. The log bn then arranges delivery or service as required. One of the most formidable units in the logistics group located at the HQ Log Bn was the Dental Section.

Major "Ty" Cobb, Sgt "Red" Arnsby, Cpl "John" Dion and Pte "Roger" Monahan together with their two dental vans, generators and jeep entered the field area on 11th June and located themselves with the HQ Log Bn. This HQ was largely composed of RCASC personnel, being in fact HQ 4 Tpt Coy. Being attached to an RCASC unit always has the advantage of good food and the tradition in this case was well maintained.

Exercise "Blue Blade" commencing on 14th June was purely an exercise of service units to test the log bn system. The writer was agreeably surprised to find that instead of being the "cowstail" on movements in cross-country convoy, the new mobiles performance exceeded that of most of the other vehicles in the HQ. This was also apparent on Exercises "Ground Power" and "Thunderbird".

During the period of the concentration 304 patients were treated, all cases being of an acute or relatively emergent nature. Acute periodontal disease was prevalent but no more than on any similar outdoor concentrations operating under field conditions. Some of this may be inevitable since, despite dental health education, the infantry soldier is not in a position or mood for brushing his teeth after three days without sleep and having just finished a cold tin of meatballs at 3 AM in the rain. The demand for treatment varied with the exercises and general training activity. On some days there were no patients, and on others as many as 22. After considering various methods to reduce the number of patients, the solution was produced by Bde HQ who ensured that we became involved in a night move just as soon as we had settled. This system worked very well since as soon as units finally found our new location we would move again and by morning be located some 20 to 40 miles away, artfully concealed in the bush, artfully concealed that is, except for the large red crosses and white circles on the vans. Our Bde Comd in his helicopter and the enemy "Fantasians" seemed to be drawn to these like ants to a picnic much to the distress of the other vehicles of the Log Bn HQ. Several suggestions are offered for rendering dental vans less obvious:

- a. Never enter the field unless the Bde Comd is colour blind;
- b. Paint all other vehicles in the bde with crosses;
- c. Turn the vans upside down; or
- d. Hold the concentration somewhere else in Canada where there are trees.

Note: These have been sent to Geneva for consideration. Satisfactory results were finally achieved by setting up the clinic and lab in the jeep which though crowded, offered no concealment problems.

All movements were confined to the hours of darkness, with direction finding done solely by the Braille system. This worked well under blackout conditions since you could at least locate the steering wheel before starting out. It is at this point one appreciates the cross-country performance of the mobile clinics.

The use of a 10 KW generator was found to be far superior to that of the small 3 KW model. Overloading and resultant breakdown no longer was a hazard. A longer period of operation on one fueling was also an advantage since the petrol must be continually obtained in jerricans. On one occasion, the "re-set" button refused to automatically re-engage so Pte Monahan sat with his finger on the button while five patients were treated. This dedication to duty is mentioned here in order that the Dutch Boy and the dyke do not retain their sole position in history.

Dental equipment in the vans themselves certainly cannot be criticized. During the whole period there was no operating failure in either the clinic or the lab.

After grave and thoughtful consideration and review of the course of events of the past two months, I have drawn the following conclusions from the 1960 concentration:

- a. Field equipment of the RCDC is excellent;
- b. Home cooking is better; and
- c. Field service on exercise in Canada can be more hazardous in some respects than actual operations.

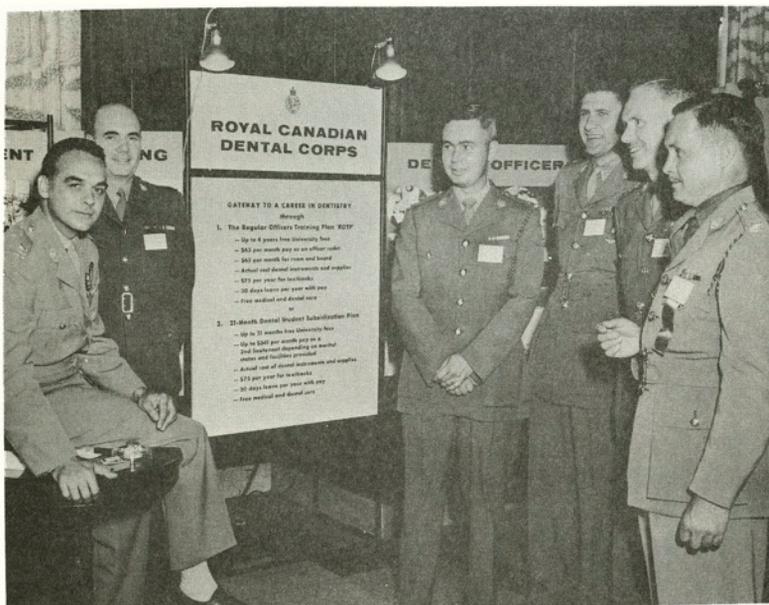
DENTAL OFFICER ALLOWANCE

The announcement of the revised Service rates of pay and dental officers' allowance made just prior to publication of this issue, was received with considerable satisfaction. Although a long time in the making the new scale recognizes the worth of our Corps and should provide incentive and encouragement to those who intend to make or who have made a career in the RCDC. It should also add support to the spirit of the Editorial on page 1.

DIRECTORATE NEWS

CDA Convention

The RCDC was well represented at the Canadian Dental Association Convention held here in Ottawa during September with Brig KM Baird and other officers in attendance. Col HL Harris, Lt Col John Butler and Major Hap Protheroe were available at the RCDC Exhibit to answer questions about the RCTP and Subsidization schemes which were featured in the Corps display. Lt Col Laurie Craigie from The RCDC School and Major John Brick from the Directorate presented a short paper and demonstration with the aid of moulages and a manikin on the diagnosis and preliminary treatment of casualties in the event of a National Emergency. Other members of the Corps seen at the scientific and social events included Col Tommy Marsh, Lt Col Alec Roger, Lt Col Charlie Cornish, Majors Andy Andrews, Murray Donely, Paul Sills and Malcolm Smith and Captains Girard, Lesage and MacPhee.



RCDC officers gathered around the Corps exhibit at the CDA Convention are:

- (Left to Right) Maj Andy Andrews, Lt Col Charlie Cornish, Maj Murray Donely, Maj Hap Protheroe, Lt Col Alex Roger and Maj John Brick

First Meeting of the Board of Consultants

On 26th September six of the eight members of the Board of Consultants were welcomed by the Adjutant-General, Major-General JDB Smith, to their first meeting with officers of the Directorate. The Board took part in an informative and stimulating discussion following the presentation of short papers by Directorate officers outlining current RCDC activities and future plans. Present at the meeting were: Dr DW Gullett, Dr JP Lussier, Dr HR MacLean, Dr JD McLean, Dr JW Neilson and Dr DM Tanner.

Corps Conference

Commanding Officers of Regular Force Dental Units and their Quartermasters from across Canada attended a DGDS Study Period and Corps Conference in Ottawa and Camp Petawawa Sep 28 - 30. Members of the RCDC Militia Advisory Staff were invited to attend certain portions of the conference.

The meeting, held under the direction of Brig KM Baird, was chaired by Col GB Shillington.

The Ottawa portion of the conference concluded with a cocktail party and dinner held at AHQ Officers' Mess.

On 30 Sep the conference moved to Camp Petawawa to inspect the new facilities of No 1 Dental Equipment Depot and meet with the Quartermasters who had been in session there for the previous two days.



Pictured are officers in attendance at the recent Corps Conference

Lt Col JG Hamilton to Retire

Lt Col JG Hamilton, Senior Procurement Officer on the Directorate Staff, is retiring at the end of October after 21 years of service.

Graham was called up on August 26, 1939, with the RCASC and transferred to No 11 Company, Canadian Dental Corps at Workpoint Barracks, Victoria on September 10, 1939. He was posted overseas as Quartermaster with No 3 Coy CDC in May 1941 where he became Commanding Officer of No 1 Canadian Army Dental Stores on its formation, and was promoted to Major. He commanded this unit through the Italian Campaign and in to Northwest Europe. After the Second World War, Graham served as Captain Quartermaster with No 11 Coy at Calgary, until 1950, when he became Commanding Officer of Central Dental Stores and was again promoted to Major. On April 1, 1957, he was appointed Senior Procurement Officer at the Directorate and promoted to Lt Col. Graham and Frances plan to retire to Vancouver, BC.

WO 2 Ralph Highgason Retires

WO 2 Highgason was born in Brandon, Manitoba, on October 14, 1908. At an early age his family moved to Winnipeg, where he received his education. Ralph, as he is more affectionately known to his many friends, enrolled in the Canadian Army during the Second World War on October 14, 1942. He was trained as a dental assistant, attaining the rank of Sgt, and served in dental clinics in Western Canada.

On acceptance into the Canadian Army Regular with the rank of Cpl, he remustered to the trade of Dental Storeman and after service with 11 Dent Coy in Edmonton and Calgary was posted to Germany for a two-year tour of duty. On his return in Sept 55 he was posted to 14 Dent Coy, and was employed in the stores section, Fort Osborne Barracks in Winnipeg. WO 2 Highgason was promoted to his present rank on 1 Jul 56 and posted to Ottawa for employment in the Procurement Section. Ralph was posted to 13 Pers Depot on the 25th of July for release proceedings, and will be released on January 11, 1961. He is married with one daughter 10 yrs of age, and resides in Ottawa where he owns his own home.

RCDC Association Annual Meeting

Brig Baird addressed the opening session of the RCDC Association meeting on 29 Sep 60, at which time he announced the successful units in the Annual RCDC Militia General Efficiency Competition.

No 50 Dental Unit of Halifax, commanded by Lt Col GC MacLeod won the Moore Trophy for the fifth time in seven years. The runner-up and winner of the Trelford Trophy was No 55 Dental Unit of London, Ont, commanded by Lt Col AJ Harris. No 61 Dental Unit of Vancouver, commanded by Lt Col FK Currie was awarded the Saskatchewan Dental Association Memorial Trophy as the most improved unit in general efficiency over the past year.

Miscellaneous News

Brig and Mrs. KM Baird attended the Fall Meeting of the Montreal Dental Club 19 - 22 Oct 60.

Col and Mrs GB Shillington attended the American Dental Association Meeting in Los Angeles, Calif, 17 - 20 Oct 60 and then proceeded on a Hawaiian holiday.

Major Harry Protheroe has just returned from two weeks at RMC, Kingston, where he along with his study staff completed phase two and commenced phase three of the Fluoridization Study being carried out on RMC cadets. The staff this year included Maj Tiny Chatwin, Capt Norm Gage, WO 2 Tom Batten, Ssgts Merv Conkey, John Sherry and John Shiner, Sgts Ken Shappee and Terry Therrien and Mrs Ball, Mrs Debiki and Mrs Sharpley.

Congratulations are being offered to Col HL Harris on his appointment as Queen's Honorary Dental Surgeon.

It is rumoured that Lt Col John Butler will shortly be handing over the presidency of the RCDC Bachelor Officers' Club to his room mate Major Paul Sills since he will no longer qualify for membership.

Newcomers to the DGDS sub-staff in the past quarter are WO 2 VO Bergland and Ssgt Joe Card, both from No 1 Dent Eqpt Dep.

Sports News

RCDC personnel in the Ottawa area held a golf tournament at the Glenlea Golf Club in mid-September. Lt Col Butler, Col Harris, Sgt Bill Hill, Brig Baird and Sgt Lloyd Brown made the prize list in this order. Coincidentally Col Harris and Lt Col Butler devised the handicapping system and it is rumoured there will be a new committee next year.

Col Harris and Lt Col Butler along with G/C "Digger" Dagg and Lt Col Bill Timmerman successfully combined their golf and curling skills to make the prize list at the annual Ottawa Hunt Golf and Curling Club Golfspiel marking the opening of the curling season and closing of the golf season.

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NO 1 DENTAL EQUIPMENT DEPOT

This is the first report from the Depot's new location in the wilds of Camp Petawawa. In case you have never had the pleasure of visiting this camp it is situated approximately 100 miles west of Ottawa, up the Ottawa River Valley.

To those who enjoy hunting and fishing this is a paradise but to the city lovers it means many miles of road travel. All agree though that it is a very beautiful valley and that the new accommodation is ideal.

We wish to take this opportunity to say "Au revoir" and many thanks to the following four stalwarts who played an instrumental part in organizing the move of the Depot from Ottawa to Petawawa: Major Brusso, WO 2 Bergland and Ssgt Card who were posted to the Directorate in Ottawa, and Capt Mullins, who was posted to No 12 Coy, Halifax. We also say "Au revoir" to Sgt Everett who has been posted to No 13 Coy, Trenton, as an Equipment Repairer.

Now that we have said our good-byes we turn to introducing and welcoming the new additions to our staff who have arrived since the last issue of the Quarterly was published.

We are most happy to introduce Major Fletcher, our Commanding Officer, who reported from the Directorate just before the move of the Depot commenced. WO 2 Fisk, after a lengthy stay at 15 Coy and a quick trip through The RCDC School has also become a member of the Depot staff. Staff Davison has left his mad whirl of Judo and curling at Trenton and is beginning to get caught up in the maelstrom again. It just goes to show that you should never trust a woman -- his wife got him into it all -- he says. Sgt Yeates finds Camp Petawawa much quieter than the "Night Life" of Montreal.

Cpl Beattie, after living a life of luxury with the RCAF in Trenton for three years, has again returned to Camp Petawawa. Pte Lubitz is no stranger to the Depot having been with the unit from 1951 to 1954 prior to his move to Trenton. Harvey is now happily settled in his first PMQ. Mrs Boisvert, Clerk 2, has come to us from Camp Headquarters and we hope to make her stay here a happy one. Mrs MacQuarrie, Clerk, came from 2 CIBG and is a good person to have on the ledgers as she is Scottish by birth. Mr Faught and Mr Mills, a carpenter and fork-lift operator respectively, are finding the Depot a busy place with plenty of work for everyone.

A number of our personnel are increasing their knowledge this year with various courses. Pte Snutch is on a Jr NCO Course and Sgt Sullivan is taking an advanced course in First Aid with the hope of obtaining his Medallion. WO 1 Church is conducting a Group 1 Dental Equipment Repairer Course for Sgt Tait from 13 Coy and Sgt Hopkins from this unit.

The personnel of the Depot were glad to renew old acquaintances and entertain the Quartermasters from across Canada during the recent Conference held here. Also we welcomed the opportunity to display our new Depot to the Director and his staff and to the Commanding Officers of the Dental Coys who paid us a short visit on 29 Sep 60 as a wind-up to the Commanding Officers and Quartermasters Conferences.

The Dental Equipment Depot has many active sportsmen gathered under one roof. We must admit that some play a mean game of football and hockey from an easy chair in front of the TV, but nevertheless, they are sportsmen. While the summer weather continues a few are still trying to improve their golf. Others are busily engaged in bowling, volleyball and the remainder are deep in thought on ways to baffle the opponents they will meet on the Curling ice.

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THE RCDC SCHOOL

The fall edition of the Quarterly finds the School staff in the midst of their annual change-over from summer courses for the ROTP and subsidized officers to our clinical and trades courses for Regular Force officers and men.

This year saw our first class of Phase 2 cadets at the School. They commenced training with a two-week familiarization visit to HMCS Cornwallis followed by a similar visit to RCAF Station, Centralia. On arrival in Camp Borden on 9 Jul the cadets had been well briefed on the functions of a naval ship and an Air Force Station. For the next seven weeks they concentrated on Corps subjects at our School as well as First Aid and National Survival Training at the CFMS Training Centre. The six cadets agreed unanimously that their summer had been interesting and beneficial.

The seven cadets and five subsidized officers in third phase spent three months at the School on Special to Corps subjects. The training for this phase is climaxed with the award of three trophies for achievement in training. Winners this year were:

Honour Cadet	-	O/Cdt Harold Brogan - Dalhousie
Chief Instructor's Trophy Proficiency Award	-	2 Lt Jean Paul Roussel - University of Montreal
Field Exercise Trophy	-	O/Cdt Morley Deyette and O/Cdt Kerry Mathers - University of Toronto

Fletcher Trophy

Friday, 16th September saw the invasion of the local Golf course by the Sneads, Hogans and Middlecoffs of The RCDC School. This annual event for the coveted Fletcher Trophy was won this year by the School Adjutant, Capt Chas Casterton. The entry list this year was the largest in the three-year history of the event and the competition was keener than ever. If it hadn't been for a couple of really sneaky putts that stayed out any one of four or five could have won. WO 2 Tom Batten, Colonel Kearney and RSM Van Ryssel were all just a stroke or two away. Lt Col Jay Turner and his cohort Lt Col Laurie Craigie were neck and neck coming down the stretch when Jay claimed two "lookouts" that Laurie agreed to spot him. Bruce Morse was heard somewhere in the woods off the seventh fairway taking a well-known club manufacturer to task and emerged seconds later with his five iron in two pieces.

The nineteenth hole was played at the Sgts' Mess and was undoubtedly the best played hole of the day. There were no bogeys, several pars and it was reported that some of the boys succeeded in getting the bird.

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11. DENTAL COMPANYTOS

Sgt Merv Fediuk, on completion of the Dental Technician Clinical Course, has been posted to a choice location at RCAF Stn, Cold Lake. Watch it Merv -- people have been known to get married while up there.

Sgt Gerry Shand has returned from CBUME with the usual roll of savings and an understandable dislike for sand. He is now in the process of renewing old acquaintances at his new attachment to RCAF Stn, Cold Lake.

WO 2 Vince Blackmore (ex The RCDC School) is now in the hunters and fishermen's paradise at Whitehorse. Proof of the pudding' is a report from the Far North that he caught a 24 lb trout ---- apparently when Sgt Johnny Moore weighed it later in the day, it had dehydrated to around 4 lbs.

Ssgt Alex Ponton has joined our overworked and underpaid (or so they claim) QM staff from 12 Coy Stores.

Major Dave Carmichael's love for sand and sea (acquired while with CBUME) has been satisfied by a posting to HMC Dockyard, Esquimalt.

Sgt Mickey Kidd and Cpl Pete Eastwood have been TOS but have not as yet put in an appearance.

SOS

Sgt Mike Pasquini has returned to his native haunts in Ontario on posting to 13 Coy prior to his release next year. Good luck Mike.

Cpl Don Gardner enjoyed a spot of leave at Aylmer, Quebec where his family will remain during his 12-month vacation (with pay) at CBUME.

Capt Rolly Lanthier is anxious to see the famous Egyptian dancing girls. The CA(R) and CBUME are obliging.

Capt Larry Kelly and family have set up housekeeping in Germany where Papa is serving with 4 Fd.

Retirement of Capt Gord Woodcock

Captain "Gord" Woodcock, our Adm Offr, is to retire after 20 years of service. "Gord" enrolled as a Private with No 15 Coy CDC at Halifax in Oct 40. He served with that Coy until Feb 45 when he transferred as a Staff Sergeant to the Infantry on AG draft for overseas. After more than four years of service, he had to take basic and advanced training at Yarmouth and Aldershot, NS, respectively. At the end of the war "Gord" was serving in Debart with the Infantry. In September he transferred back to the Dental Corps with 35 Coy at Halifax and in the spring of '46 he was posted to 50 Coy at HMCS Stadacona. In June of the same year he was posted to 31 Coy in Vancouver and following the disbandment of that Company he returned to Halifax as a Corporal.

In March 1950 he was posted to the Directorate and served in Ottawa for 13 months. While there he was promoted to Sergeant and Staff Sergeant. In Sep 51 he was posted to 13 Coy at Trenton and promoted to WO 2. Commissioned in Jun 53 he

served as Administrative Officer until Jul 54 when he was posted to this unit. Capt Woodcock's retirement plans include a position on the staff at University of Alberta Dental Faculty and joining the local Militia Dental Unit. To quote Capt Woodcock, "I am very reluctant to leave the Service and the Dental Corps, however, I must consider the future and the University of Alberta has offered an opportunity for a continued career". All members of No 11 Coy wish every success to "Gord" in his new position.

RELEASE

Capt Cal Edwardh has taken his release from the Corps and is comfortably set up in Edmonton. His offices are within shouting distance of HQ Western Command.

ATTACHMENTS

Capt Guy Tremblay has moved from RCAF Cold Lake to RCSME Vedder Crossing for a sample of life at an Army School.

Sgt Bingo Shaw also left RCAF Cold Lake and headed out to Vancouver for a spell at HQ BC Area.

Pte Roger Monahan has moved bag, baggage and family from Edmonton to RCAF Cold Lake.

Sgt Art Nicholson is apparently well settled in Vancouver after many moons at RCAF Comox.

Cpl Ed MacInnis made the trek over the mountains from RCAF Sea Island and found rations, quarters and work at RCAF Penhold.

SEA DUTY

Major Bob Fell and Sgt Johnny Christensen made a noise like "Whirly Birds" when they were air lifted, by helicopter, from HMCS Cape Breton and placed on standby for Congo duty. As of this writing they are still with us, but -----?

Sgt Ron D'Eon was also flown out but returned to sea duty in HMCS Cape Breton and has since been joined by Capt Dave Gardner and Sgt Red Armsby.

MARRIAGE

Miss Ruth Loucks of 25 Clinic, Griesbach Barracks, has taken the matrimonial leap. She and Lt Earl Mansfield (2 PPCLI) were married at Norwood United Church in Edmonton on 10th September. The beautiful bride, her gown and flowers have all been described in glowing terms. On detailed cross-examination the ladies of the congregation decided there had been a groom but as usual were extremely vague in their descriptions. Never mind, Earl, it was ever thus.

LEAVE

All clinics report that the summer leave period has been enjoyed to the fullest and all points of interest on the North American continent seem to have been visited.

HUNTING

Capt Bill Collier has, in addition to the mountain goat and sheep trophies photographically displayed elsewhere in this issue, shot a black bear. He shall henceforth be known as the Head (or is Chief a better word?) Hunter of 11 Coy.

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12 DENTAL COMPANY

A goodly number of personnel have arrived to replace those posted overseas earlier in the year. Major Al Taylor, Capt John Marshall, Capt Hal Bunston and Ssgt Wendy Wentzell all from 35 Fd Dent Unit have recently joined 12 Company. Capt Hal Bunston is the only stranger to the area and is quite settled in. As a matter of fact he camped in his PMQ for two weeks before his furniture and effects arrived.

Our two Dalhousie graduates, Capts B Johnston and Sid Campbell are becoming acclimatized at Gagetown and Stadacona respectively. Capt Campbell has already done half a dozen TD trips and must be wondering what "settled down" means.

Capt Bill Curry, a recent Dalhousie graduate, and a member of 50 Dental Unit (M) has now ceased his call-out and is practising in Halifax. Capt John Nasedkin, a University of Alberta graduate called out from Western Command Supp Reserve, is leaving in mid-October for the UK for a couple of years.

Capt Murray Dewis, Dalhousie University (1959), having completed a year's call-out, has now gone on to the University of Toronto to take graduate training in Orthodontics. His strong golf game was greatly missed by HQ Eastern Command in the Tri-Service play-offs here this fall.

Major Tom Gaudet has been promoted and posted once again, this time to Chatham, NB. Capt Bill Shaw has moved from Halifax to Camp Gagetown. Ssgt Art Brown has been promoted and is now on posting from St John's to Halifax. Sgt Bill MacDougall has now taken up residence in Fort Churchill. His organizational ability will be missed here. Cpl Bill Harmer is off to CBUME for a tour of duty.

Our other travellers have been Capt Ike Gordon on temporary duty to St John's and Capt John Marshall on TD to Gander.

Lt Col and Mrs Laurie Cameron held a corn and weeny roast for the officers and their wives at his ranch in Windsor Junction. Outside of Capt Jack Quackenbush roasting (and burning) a batch of corn and upsetting the portable burner and nearly breaking his leg in a couple of pot holes and Capt John Mullins missing a stop-sign returning home (it was a T intersection), the party was a complete success. Lt Col Cameron's brother, Dr RF Cameron (former Major 41 - 46) also attended and helped to fight the good fight all over again.

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13 DENTAL COMPANYPromotions, Transfers, etc

Ssgt BA McLeod's promotion to WO 2 was announced in Jul 60. "Mac" was born at Dromore, PEI in Apr 23. He joined the NPAM in Jul 39, enrolled in the RCA at Montreal in Sep 41, transferred to RCOC and went overseas in Dec 42 to 4 VRD, Borden, Hants as Driver IC where he served until Aug 44. He volunteered for RCIC and was posted to the Cape Breton Highlanders in Italy and served with that unit as a rifleman from Oct 44 to Jun 45 when he was returned to Canada on the formation of the Pacific Force. In Jun 46 Mac transferred to the RCDC as GD and was posted to Toronto. In September of that year he moved to Trenton for employment in 13 Coy Stores. He was posted to 1 Central Dental Stores in Sep 49, promoted Cpl 27 Apr 50 and A/Sgt 15 Aug 52. After serving a year in Korea where he was promoted Ssgt he returned to 12 Coy in Jun 54. In Jul 56 he was posted to 35 Fd Dent Unit and on his return from France in Aug 59 was posted once again to Trenton where he happily resides in PMQs with his wife and two children.

L Cpl JG Kennedy's promotion to Cpl was announced in Jul 60. He was born at Glace Bay, Cape Breton in Sep 34. He enrolled in the RCDC 16 Oct 51 and trained as a DA. In Nov 54 he returned to civvy street having served a year's hitch in the Far East. He re-enrolled in Mar 56 with RCEME, subsequently transferring to the RCDC in May 57 and is now employed in QM Stores. Cpl Kennedy resides in PMQs with his wife and two children.

Pte PJ Dumas' promotion to Cpl was announced in Jul 60. He was born at Cochrane, Ont in Sep 40. He enrolled in the RCRs in Oct 57, subsequently transferring to the RCDC in Jul 59 and qualified as DA in Oct 59. Since then he has been employed at the Cdn Forces Hospital, Kingston, Camp Ipperwash and this HQ.

Major JW Jolly departed Centralia with his wife and family for Fort Churchill on 22 Sep 60. Major PE Fafard, formerly at RCAF Stn, Clinton, will be taking over at Centralia. Capt L Dombowsky was SOS to 7 Pers Depot, London, for release 13 Sep 60, and will open a practise in Weyburn, Sask. Capt DA Warrick was posted from RCAF Stn, Camp Borden to Camp Ipperwash to replace Capt Dombowski.

Sgt JCA Therrien was posted to this unit Jul 60 on completion of the DT Clinical Course and is employed at RCAF Station, Clinton.

Dr KN Munro, employed at RCAF Stn, Downsview for the summer, has returned to the University of Toronto to undertake graduate training in Orthodontics.

Sgt A Pasquini arrived from 11 Coy in Aug and is employed at HQ Eastern Ontario Area, Kingston where he intends to reside following his release in Mar 61.

Pte WL Wylie, a Clerk Adm Gp 3, transferred to the RCDC from RCASC while in Germany and reported to Trenton in September with his wife and son.

Mrs GM McNamee was appointed at No 1 Clinic, Ottawa to replace Mrs Wilma Conkey who has moved to Petawawa with her husband, Ssgt Merv Conkey.

Courses

The following are attending courses which commenced in Sep:

Sgt	AJ	Tait	-	DER	Gp 1
Cpl	HM	McCurdie	-	DT Lab	Gp 3
Pte	JEN	Boucher	-	Jr NCO	
AWL	JA	Bowes	-	DA	Gp 1
AWL	MJ	Glowachuk	-	DA	Gp 1
AWL	AC	Hughes	-	DA	Gp 1

Marriages and Births

Sgt JCA Therrien was married to Miss Gertrude Ellen McNamara at West Saint John, NB Jul 60. Sgt and Mrs Therrien now reside at 19 William St., Clinton, Ont.

A daughter, Leslie Barbara, was born 24 Aug to Capt and Mrs Hugh MacKay.

A son, Edward Gray, was born 5 Aug to Capt and Mrs Ed Baird.

A daughter, Jillian Love, was born 22 Aug to Capt and Mrs JJ Mitchinson.

Miscellaneous

Dr WO Gardiner entered the Ottawa Civic Hospital 12 Sep and we are all pleased to hear he is now back at work.

Major Paul Fafard was a judge at RCAF Station, Clinton for the annual driving rodeo on the afternoon of 17 Aug. Major Pierce is happy to report that all the drivers missed Paul.

Major Pierce and Major Fafard reported in Aug that they would be participating in the Clinton annual inter-station Golf Tournament at Goderich, but did not anticipate that the RCDC would win a prize, unless there was one for determination, effort and score manipulation. (No word as yet of any prizes!)

14 DENTAL COMPANY

On 14 Jul Major "Joe" Bourque departed Fort Churchill for 15 Dental Coy and duty at Camp Valcartier. We trust that the Major and his family are now happily settled in their new location and have become acclimatized and adjusted again to life on the "Outside".

Ssgt Roger Savoie, who left on 8 Jul to augment the "Q" staff at The RCDC School, is being congratulated on his promotion to "Staff" which he attained on reporting to his new location. Sgt "Kelly" MacFarlane, his replacement, has reported in from 35 Fd Dent Unit, Metz, France and is rapidly becoming ensconced in our QM Stores.

The many friends of Pte JG MacDonald, who is employed in the clinic at RCAF Station, Saskatoon, were saddened with the news of the death, on 10 Jul, of his nine months old son Joseph Ian Gerard MacDonald. Our sincere condolences are extended to the MacDonald family.

Sgt JR Cahill, who was employed at RCAF Station, Saskatoon, was SOS 24 Jul on posting to Germany. We wish the Cahill's a very enjoyable tour.

Cpl Demedash reported 9 Aug on posting from The RCDC School and is now employed at RCAF Station, Winnipeg.

Capt George Moore arrived from 35 Fd Dent Unit for duty as Adm Offr on 22 Aug. Housing accommodation has been secured and the Moore's are busy settling in.

With the advent of the fall hunting season all the pseudo Nimrods are oiling up their "shooting irons" and feverishly making plans for the hunt. Capt "Dave" Cook

the general co-ordinator for the HQ Man Area Officers' Mess Duck Lodge, is busy preparing the Lodge and arranging bookings for duck and goose hunters. Opening day was Friday, 16 Sep. The Lodge is situated near Winnipeg on one of Canada's best water fowl fly-ways, where hunters have consistently reported great success.

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15 DENTAL COMPANY

Most members of this company are now back from the summer portion of their annual leave and we must say that all returnees at least look as if they had enjoyed themselves. All, of course, are of the opinion that there should be more and longer periods of leave. Cpl Chayer returned from leave with a young lady from New Brunswick as his wife. Congratulations, Marcel. A wreath will be considered when The RCDC Fund can afford it.

Major Bob Dyer has been appointed chairman of the Boy Scouts Association at St Jean, Que. F/Sgt Pat Savage won a silver medal at RCAF St Jean swimming meet. Cpl Alf Hussey and WO 2 Dick Lobb are now settled in and busily at work. A new addition to our establishment at Valcartier is Pte Ferland - welcome aboard. Miss Vivien Falardeau arrived at Valcartier 29 Aug to replace Miss Josette Routhier. Miss Routhier is retiring to married life as the wife of F/L JM Cote, MD, and will reside at Holberg, BC. 11 Coy take note of a good assistant. AW1 MacDonald, Bagotville, has been promoted to LAW - congratulations.

Future Corpsmen: Capt and Mrs Marion - nine pound boy; Sgt and Mrs Bourgeois - seven pound boy; Sgt and Mrs Southin - nine pound boy. Congratulations to all and a special thought to Tony and Mrs. Bourgeois whose tiny son is in hospital with pneumonia and whooping cough.

Report from Goose Bay has it that snow has fallen on higher ground. Personnel at Goose Bay have been taking advantage of the fishing facilities. Anyone wishing souvenir sardines, mounted of course, may obtain them by writing direct. Fishing from the river banks is changing to fishing through a hole in the ice. Sgt Mike McDonald is NCO IC Dental fishing shack, an ingenious device which he prepared from a large packing crate and is now modifying for winter use. LAW Yuhas has now married, moved to Happy Valley, and taken over operation of the station Beauty Parlour. LAW Kilgour has left the Service also and is now registered at McGill University for the Diploma course in Physio and Occupational Therapy. Good luck and best wishes to Eunice and Sylvia. Many of the new arrivals at Goose Bay are bringing cars. Capt Turcotte has purchased a Vauxhall and Capt Vincent had his TR3 shipped in recently. In the words of Malcolm Smith - "Trees are getting fewer and cars more common - there must be a relationship".

A successful golf season has recently been completed by this Command HQ under the chairmanship of Lt Col PC Martin, RCAPC, aided and abetted by Capt Harrison who acted as secretary, treasurer, tournament committee, match committee, prize committee, etc. Class A Team captained by Capt Harrison took first prize in elimination competition with other units in the Montreal area.

Good luck to contact trainees AW1 Lamoureux, Giacobbo, McNeil, Toope, Dubuc and Pte Thompson who all proceeded on the DA Group 1 Course at The RCDC School this September.

12 Aug saw the retirement to civilian status of one of our best-liked figures - Sgt Cleo Desjardins. Everyone was sorry to see him go and it is indeed with all our hearts that we wish him luck and prosperity.

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35 FIELD DENTAL UNIT

Annual leaves taken by almost all personnel left this unit "a little thin on the ground" during the past couple of months. However, reports from our travelers to Italy, Spain, French Riviera and Switzerland extolling the beauties of these areas made the increased efforts required from those remaining on duty more than worthwhile. It is probable that more square feet of skin per mile were burned, tanned and photographed than ever before (Bikinis make interesting mementos).

We welcome the recent arrival of A/Sgt Helmut Marckwort from 13 Coy during July, and congratulate him on his promotion-posting. A/Sgt Marckwort is settled in No 2 (F) Wing, Grostenquin, and is busy seeking accommodation for his family, at present visiting in Germany. At the same time, we regret that Sgt Tony Bourgeois' posting to this unit was cancelled at the last moment.

We are happy to have LAW Dot Fisher, who arrived in mid-September as replacement for Cpl Dundas, in our midst. Cpl Dundas has done an excellent job for the unit, and we wish her a pleasant journey as she flies home in early October, for a well-deserved leave prior to reporting for duty at RCAF Station, Namao.

We were especially proud to learn that Capts Ian MacDonald and Lou Kelland were successful in their recent Captain to Major pre-course examination, and offer our congratulations to both. No doubt the news of success helped Ian to a speedier recovery from an attack of infectious hepatitis and hastened his return to duty. If not, certainly the news that he and Lou were to proceed to Canada in October for the six-week qualifying course at The School must have hastened his convalescence. Lou has had his share of TD, as he has just completed a three-week tour at Langar, England, to be followed by his trip to Canada.

LAW Rathe, Dental Assistant at 1 (F) Wing, Marville, was successful in her recent Gp 2 trade test, and we offer her our congratulations.

Our Ticonium laboratory is functioning smoothly after mechanical difficulties delayed the start of operations.

Lt Col Covey was given a signal honor recently by his appointment as PMC of the 1 Air Division HQ Officers' Mess. The tour of duty will extend from 1 Jul to 31 Dec 60 and is guaranteed to keep him busier than usual, with many social events and VIP visits to be planned. He has frequently been observed taking a briefcase home, containing either "dental" or "mess" homework.

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The number of hours a dentist puts in is important, but it may not be as important as what the dentist puts into the hours.

-- Author Unknown

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It is well for a man to respect his own vocation whatever it is, and to think himself bound to uphold it, and to claim for it the respect it deserves.

-- Charles Dickens

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