

*The*  
**ROYAL CANADIAN  
DENTAL CORPS**  
*Quarterly*



TABLE OF CONTENTS

	<u>PAGE</u>
Current Developments in Field Equipment - Kettlys.....	1
Antibiotics and Their Use in Dentistry - Reynolds.....	2
Materials Used in Removable Partial Dentures - Gillis.....	6
Flexible Clasps for Chrome-Cobalt Partial Dentures - Richardson and Gareau.....	8
Relining and Rebasings Complete Dentures - Franklin.....	9
Extraction of Tooth From Tongue - A Case Report - Wilcock.....	12
A Labrador Adventure - Fell.....	13
Welcome to the Corps.....	15
Promotions.....	15
Releases.....	16
Postings.....	16
Training.....	17
Vital Statistics.....	19
General News.....	21
Directorate News.....	22
RCDC School News.....	22
11 Dent Coy News.....	22
12 Dent Coy News.....	23
13 Dent Coy News.....	23
14 Dent Coy News.....	24
4 Fd Dent Coy News.....	24
CBU(UNEF) News.....	25

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THE RCDC QUARTERLY

Published by authority of Brigadier KM Baird, Director  
General of Dental Services for the Canadian Forces

Editorial Board: Colonel AC Leman  
Lt Col DH Hillier  
Lt Col SG Bagnall

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SUBSCRIPTION RATES

The RCDC Quarterly may be subscribed for at \$4.00 per  
year by writing to:

Director General of Dental Services  
for the Canadian Forces,  
Army Headquarters,  
OTTAWA, Ontario.

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Cover Photo - DGDS and Unit Commanders' Conference 24-27 Nov 63.

Front Row - L to R: Col BP Kearney; Brig KM Baird; Maj-Gen WAB Anderson, Adjutant  
General; Col IAL Millar; Col AC Leman; Col RHG Cunningham.

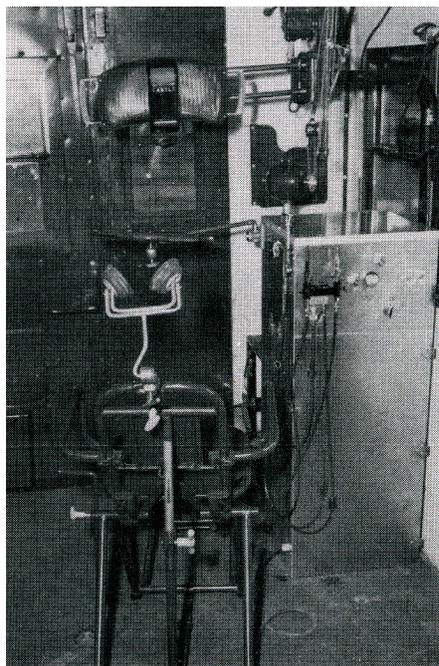
Back Row - L to R: Maj HR Kettlys; Lt Col DH Hillier; Col AT Roger; Lt Col RB  
Jackson; Lt Col GC Evans; Maj AW Brusso; Lt Col LG Craigie;  
Col GR Covey; Lt Col JG Butler; Maj JW Fletcher; Lt Col SG  
Bagnall; Capt WJ Thomson; Capt DH Evans; Capt E Clark.

CURRENT DEVELOPMENTS IN FIELD EQUIPMENT

Major HR Kettlys, CD, DDS

The Royal Canadian Dental Corps is now investigating the possible addition to its field equipment of items which are already provided to dental officers in static locations. At the present time the major deficiency in this regard is the lack of high speed operative equipment. Although still in the experimental stage, field models of the airtor have shown great promise and will likely be installed in the mobile dental vans of the RCDC.

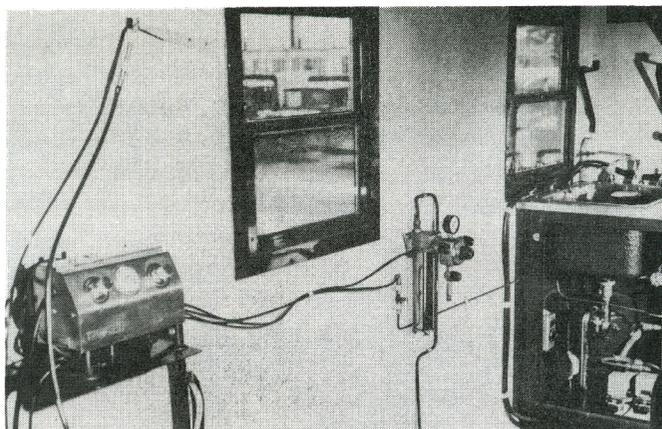
User-trials have been conducted on two adaptations of this equipment and testing will continue during the coming summer to determine which is more suitable to the needs of the Corps. Concurrently with the trials on the airtor, an oral evacuator will be tested under field conditions, and if proven satisfactory, will also be added to the kit in the dental van.



No. 1 DED Model Airtor

The No. 1 DED model was developed at No. 1 Dental Equipment Depot. The cabinet which is permanently attached to the van, is 18" x 18" x 43", and encloses the air compressor and the airtor components. A bracket arm and table, and a dental engine are mounted on the cabinet and the foot-control operates both the dental engine and the airtor. Warm air and a water syringe are included on this model.

This equipment performed well during the 1963 field trials in Camp Gagetown and was favourably commented on by dental officers and patients. The only disadvantage appears to be the size of the installation, a fault which is of particular importance inasmuch as space is at a premium inside the van. The requirement for an evacuator was emphasized by the officers conducting the test.



#### 4 FDU Model Airotor

The second field adaptation of the airotor has been developed by 4 Field Dental Company. This model requires two additional air brake tanks, mounted on the truck chassis and connected to the two standard tanks. The airotor is operated on compressed air obtained through a regulator filter from the air brake system, and one charging of the tanks will operate the equipment for seven minutes. Maximum pressure is obtained in two to three minutes by the truck engine, and operation of the hand-piece need not be curtailed during this period. An air-syringe can be connected to an extra outlet on the regulator-filter.

This model has been tested in Germany, and it performed well under field conditions. Its great advantage would appear to be that it requires no internal compressor, and hence occupies a minimum of space in the crowded van. As was reported in the field trial of the No. 1 DED Model, there appears to be a requirement for an oral evacuator.

The reaction of patients to the field equipment used by the RCDC has always been gratifying to the clinical officer. The original mobile van was developed during World War II. The newer model introduced in 1953 incorporated innovations such as the interior heater, the pressure system for hot and cold water, and an improved interior lighting system. This clinic continues to elicit favourable comment from patients who do not expect to find this type of dental accommodation and modern equipment in the field. The inclusion of the airotor should serve to enhance the reputation that the RCDC has established in providing the best possible dental service for Canadian servicemen everywhere.

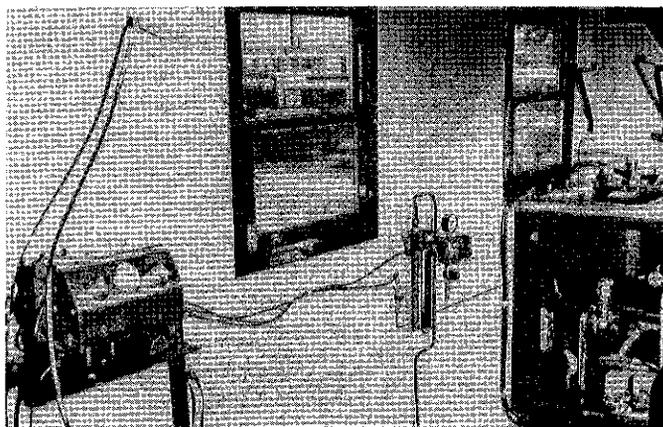
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#### ANTIBIOTICS AND THEIR USE IN DENTISTRY

Capt LA Reynolds, DDS

Antibiotics have caused drastic changes in the practice of dentistry over the past few years. Oral infections that were once uncontrollable are now treated with facility and it would be impossible to estimate the number of lives that have been saved by the use of antibiotics since the first practical use of penicillin two decades ago.

Unfortunately, in many instances, the prescribing of these drugs has been almost a routine and automatic procedure, the attitude being that they might do some good but wouldn't do any harm. Alarming problems have arisen which make it increas-



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ingly evident that the profession must adopt a new perspective if these drugs are to maintain their position as important adjuncts to surgical management.

It is the purpose of this paper to define antibiotics and the dangers inherent in their utilization. A description of the antibiotics most used in dentistry is presented, followed by some of the indications for their prophylactic use.

Saleh<sup>1</sup> defines antibiotics as: "a group of substances elaborated by bacteria, fungi, or actinomycetes, which in minute quantities inhibit growth and even destroy organisms".

An ideal antibiotic has been described<sup>2</sup> as one that is "effective against pathogens, leaving non-pathogens and normal cells unchanged with no local or systemic effects". However, no such antibiotic exists, and hence certain principles must be observed in prescribing those which are available.

#### POTENTIAL DANGERS ACCOMPANYING ANTIBIOTIC USE

Three types of serious sequelae are sometimes noted following the use of these drugs:

##### 1. Reactions Exhibited by the Host

The most serious of this type is the anaphalactoid reaction, which can be fatal. Reactions are most likely to occur after parenteral administration. The danger can be minimized by taking a careful history, and, if the patient has demonstrated an allergic manifestation, some other drug should be used.

##### 2. Development of Resistance

The emergence of resistant strains is an increasing and perplexing problem. These resistant strains are mostly due to continued exposure to subinhibitory concentration of these drugs. Three steps are suggested to overcome this problem:

- a. prescribe a large dose;
- b. continue therapy for at least a three day period; and
- c. combine therapeutic agents.

##### 3. Superinfection

Normally an equilibrium exists between the various organisms in the body. However, with antibiotic therapy, the organisms which are sensitive to the antibiotic may be destroyed and the less sensitive continue to flourish. For example, glossitis and stomatitis are not uncommon following administration of tetracycline. The tetracyclines suppress the normal bacteria, which control the yeast-like organisms which are associated with these conditions and permit them to flourish. As a result thrush or other forms of monoliasis may develop.

#### ANTIBIOTICS IN COMMON USE

The list of antibiotics now on the market is fairly long and new ones are constantly being developed. However, since most of the pathogens are gram positive the drug of choice for those diseases treated by dentists will probably by either

penicillin, tetracycline, or erythromycin.

1. Penicillin

Spectrum - effective against most gram-positive cocci and some gram-negative neisseria and spirochaetes including those found in Vincent's Infection.

Action - bacteriostatic and bactericidal, depending upon the concentration.

Dosage - 600,000 to 1,200,000 units daily. Much larger doses may be given with little danger of toxicity. The average adult dose of phenoxymethyl penicillin (Pen V) is 125-250 mgs., 4 times daily.

Administration - orally intramuscularly or intravenously. Pen V is administered orally.

Precautions - penicillin is frequently involved in untoward reactions which may progress to generalized respiratory or vasomotor collapse. This drug should not be prescribed for patients who have a history of any type of allergy including asthma, and hay fever. Injectable steroids should be available for use in case of a severe allergic response.

2. Tetracycline Derivatives

Spectrum - effective against gram-positive and gram-negative organisms. These drugs are referred to as the broad spectrum antibiotics.

Action - bacteriostatic.

Dosage - 250 mgs., 4 times daily.

Administration - oral. Under compelling circumstances the drug may be given intravenously.

Precautions - these drugs destroy the oral and intestinal flora and a staphylococcal enteritis may ensue. The absorption of Vitamin B is affected and hence a vitamin supplement is required.

Chlortetracycline (aureomycin) and Oxytetracycline (tetracycline) are similar in action to tetracycline (achromycin) but tetracycline is the drug of choice.

3. Erythromycin

Spectrum - effective against gram-positive organisms. This drug has essentially the same spectrum as penicillin.

Action - bacteriostatic.

Dosage - 250 mgs., 4 times daily.

Administration - oral.

Precautions - there are occasional gastro-intestinal disturbances.

The following instructions have been developed by Zubrow and Spatz as a guide to the prophylactic use of antibiotics<sup>2</sup>:

1. Antibiotics may be used to prevent or minimize infection arising from oral surgical procedures:
  - a. creation of an oral antral fistula;
  - b. recovery of fractured anaesthetic needles;
  - c. surgical treatment of cysts and tumors;
  - d. impacted teeth;
  - e. multiple extractions and chronically inflamed areas; and
  - f. single extractions in acutely inflamed areas.
2. Antibiotics may be used to prevent infection when accidental trauma has occurred:
  - a. damage to floor of mouth; and
  - b. fracture of mandible, maxilla and facial bones.
3. Antibiotics should be used to prevent infection arising from surgical procedures when there is some abnormality in the patient's general condition:
  - a. Addison's disease - insufficiency of the adrenal cortical secretion with depression of metabolism and resistance to infection;
  - b. Agranulocytosis - low white count and lowered resistance;
  - c. Aplastic anaemia - no production of leukocytes - no body defence;
  - d. Diabetes - hyperglycemia - lowered renal resistance to infection and delayed healing;
  - e. Steroid therapy - suppression of body defences by the steroids; and
  - f. Rheumatic or congenital heart disease - Bacteremia occurring during extraction may permit organisms to lodge on damaged endocardium and cause subacute bacterial endocarditis.

The decision whether or not to use an antibiotic must be made in each instance and blind adherence to this guide is not recommended. Often it is better to wait for the earliest sign of post surgical complications before initiating antibiotic therapy, thereby giving the patient's defensive mechanisms an opportunity to function normally.

## Prevention of Subacute Bacterial Endocarditis

This condition is caused by streptococcus viridans. Bacteria gain entrance through such foci as tonsils and infected teeth. Previous damage to a valve, certain congenital cardiac abnormalities and platelet thrombi on the surface of the valves are important predisposing factors. The valvular vegetations form a suitable medium for multiplication of the organisms. They are so protected in the vegetations that the disease almost invariably pursues a relentless and fatal course. Patients with a history of rheumatic fever should always receive antibiotic therapy pre and post-operatively.

Antibiotics should not be used as "a cure all" but, rather for the control of infections in which their usefulness has been proven. In determining whether or not chemoprophylaxis should be instituted the dentist must weigh the potential benefits against the risks. The possibility of sensitizing the patient should be avoided if other drugs can be substituted. However, in certain cases the use of antibiotics is clearly indicated and it is the responsibility of the dentist to exercise judgement concerning the treatment of each patient.

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## MATERIALS USED IN REMOVABLE PARTIAL DENTURES

Capt RJ Gillis, DDS

The rise in popularity of chrome-cobalt alloys which has been gained within the profession during the past few years is of such a nature that the proponents of this metal for the framework of partial dentures may give the impression that its use is almost equated with whether or not a particular dental prosthesis has any merit. It is possible that the choice of this metal over other materials may sometimes be founded on personal preference, which is not a scientific criterion on which to base selections.

In order to determine the relative popularity of the materials available, and as part of a comprehensive study<sup>1</sup>, Dr. John Sower of the University of North Carolina School of Dentistry surveyed eight commercial laboratories concerning the materials used for the frameworks manufactured by them. The reports provide evidence that 83 per cent of such frameworks are fabricated with chrome-cobalt. The reasons for this preference indicate that chrome-cobalt is felt to have a cleaner appearance after use in the mouth, is lighter, shows no harmful effects on the oral tissues and is cheaper than gold.

There is a proportion of the profession, however, who maintain that gold is a superior metal for removable partial dentures. A review of the properties of both metals may be of value to those who use exclusively one metal or the other and may serve to develop a critical evaluation of which one can serve best in any particular circumstance.<sup>2</sup>

### 1. Tissue tolerance

Neither metal has any destructive effect on the oral tissues.

## 2. Ease of casting

Gold has the advantage because of the special equipment required to cast chrome-cobalt and because the latter metal has greater shrinkage on congealing. Although the installation of casting equipment for chrome-cobalt may not be practical in a private office neither is the casting of gold unless technicians are employed on the premises. The time required to cast gold or chrome-cobalt is not significantly different.

## 3. Rigidity

The proper distribution of stress loads requires rigidity and chrome-cobalt has twice the modulus of elasticity of gold. Gold, therefore, requires more bulk to produce the rigidity found in chrome-cobalt.

## 4. Flexibility

When considering flexibility, it is necessary to allow for the entry of a retentive arm into an under-cut area without traumatizing the abutment or causing the metal to bend out of shape. Gold has a definite advantage in this respect, particularly where a stress-breaking effect is required. Usually, however, it is desirable to have a minimum of retention and chrome-cobalt can meet this requirement through the use of the newer and more accurate surveyors which ensure the precise placement of clasps.

## 5. Density

The density of chrome-cobalt is 8-9 gm/cc while that of gold is 12.5-15 gm/cc. This relative lightness of chrome-cobalt is enhanced further by its rigidity which reduces the bulk required and hence dentures of similar design are 60 per cent lighter if chrome-cobalt is used. This would be of particular importance in maxillary cases of the extension type.

## 6. Brittleness

Brittleness is undesirable because it increases the necessity for repair. Gold is less brittle than chrome-cobalt though both metals can develop this property if they are cast at excessively high temperatures.

## 7. Finishing and polishing

Gold has the advantage of being more easily polished conveniently in a dental office, which advantage is offset to some extent by the fact that chrome-cobalt keeps its finish in the mouth.

## 8. Repairs

Ease of repair is no longer a factor for comparison: a technician can repair gold or chrome-cobalt with equal facility.

In summary, the main differences between chrome-cobalt and gold are their density and rigidity. Neither metal is considered ideal in all instances and a choice based on the problems involved must be made for each denture.

The choice between plastic or porcelain teeth is equally important in the consideration of materials used for removable partial dentures. Dr. Sowter found<sup>1</sup> that, on the average porcelain teeth are used for 48.75 per cent of the dentures while plastic teeth are prescribed for the remainder. There is no longer much controversy concerning which type of teeth should be used: it is recognized that each has certain advantages. Plastic teeth are more easily adapted to replace missing anterior teeth and in the areas of the clasps. Porcelain teeth, on the other hand, are less susceptible to wear and maintain the vertical relationship better especially where free-end saddles are required.

There is latitude for personal choice, but once again the selection should be based on professional knowledge rather than mere preference in order that the best possible service may be rendered to the patient.

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### FLEXIBLE CLASPS FOR CHROME-COBALT PARTIAL DENTURES

Lt Col LA Richardson, CD, DDS  
WO1 AM Gareau, CD

A study of the physical characteristics and clinical use of cast chrome-cobalt provides evidence that a more flexible material is often required for the retentive clasp arms of removable partial dentures, especially those which have free-end saddles<sup>1</sup>.

Flexible retentive clasp arms are considered to be advantageous for the following reasons:

- a. Torque is reduced because of the stress-breaking property inherent in this type of arm.
- b. More effective retention is obtained through improved use of undercut areas.
- c. There are fewer broken clasps since a flexible arm, in use and misuse, will distort rather than fracture.
- d. Retentive clasp arms are more readily adjustable.
- e. There is less abrasion of height-of-contour areas of the tooth.
- f. The use of round wire promotes greater cleanliness because there is less contact area between the clasp arm and the tooth.

- g. This procedure is no more demanding of the laboratory technician's time or skill than a chrome-cobalt casting using cast clasps.

The laboratory procedures involved in this type of appliance are simple and they are easily carried out. The RCDC stores catalogue lists three sizes of chrome-cobalt clasping wire and it is suggested that the size selected be in proportion to the size of the tooth to be clasped and with the flexibility desired.

### Blocking-out and Duplicating

All procedures are carried out in the same manner as for normal cast frameworks up to the application of tissue simulation. However, the retentive arms of the clasps are left unwaxed on the refractory cast. Using the selected gauge of chrome-cobalt wire, retentive arms are adapted on the teeth of the stone master-cast. The retaining lugs should be at least a quarter of an inch in length, roughened, flattened and bent for positioning in the waxed up area of greatest bulk. Each clasp is then placed on the corresponding tooth of the refractory cast. A warm spatula pressed gently over the lug will imbed it in the wax.

When all the retentive arms are in place, waxing-up is completed. Tissue simulation is applied and the casting is completed in the conventional manner.

After trimming and polishing the framework, the wrought arms should be re-adapted to the teeth of the master-cast. The wrought clasp arms will require no trimming and very little polishing. Being round they can be adjusted accurately, in any direction, without fear of breaking.

### Reference

1. McCracken, W.L. Survey of partial denture designs by commercial dental laboratories. J. Prosth. Dent., 12:1089-1110, Nov. - Dec. 1962.

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### RELINING AND REBASING COMPLETE DENTURES

Major EMC Franklin, DFC, CD, BSc, DDS

The refitting of removable prosthetic appliances is one of the most exacting procedures in dentistry and it is the aim of this paper to present a systematic approach to the subject and to offer some techniques which have been found useful in relining and rebasing complete dentures.

A cursory assessment of a patient's dentures cannot be considered an adequate preliminary to the correction of any deficiencies which may be discovered. Rather, a thorough examination of the oral and facial structures, including a case history and radiographic study, must accompany any evaluation of the dentures. It is of particular importance to ascertain any adjustments in mastication the patient may be making to accommodate deficiencies which may have developed in the dentures or which, indeed, may have been built-in originally.

During the clinical examination, the following should be noted:

1. size and shape of ridges;
2. colour and appearance of mucous membrane;

3. pathology of the tissues;
4. displacement and thickness of supporting tissues;
5. relation of ridge crests;
6. movements of the mandible and any possible temporomandibular joint disorders; and
7. erupting third molars or root fragments which may be interfering with the seating of a denture.

An evaluation of the patient's dentures should be based on the answers to the following questions:

1. Was the original degree of jaw separation correct, or has it decreased because of resorption of the supporting tissues?
2. Is the occlusal relation satisfactory or is there instability due to faulty denture-bearing surfaces?
3. Are the borders over-extended or under-extended?
4. Are the borders contoured properly?
5. Are the esthetics satisfactory?
6. Are the denture bases and teeth satisfactory?
7. Is there a fracture in the palatal midline of the maxillary denture which might indicate resorption? and
8. Have the dentures been repaired?

With this information, a diagnosis may be made and it may be concluded that all that is required is an adjustment in the occlusion or the reduction of an over-extended border. On the other hand, the presence of gross defects in the dentures or the supporting tissues would indicate that new dentures must be constructed. If, however, the condition of the oral tissues and the dentures appears favourable, and the main concern is the correction of the borders or the tissue bearing surfaces of the dentures, successful relining or rebasing may be possible. Such procedures are particularly valuable if time is a factor and following the insertion of immediate dentures.

Before relining or rebasing, the denture-bearing tissues must be firm and healthy. Inserting relined or rebased dentures over abused, distorted or traumatized tissue will serve only to perpetuate conditions. The dentures should be left out of the mouth for at least 48 hours. Massage and the use of a mouthwash will help recovery.

The Glossary of Prosthodontic Terms<sup>1</sup> defines "Reline" as "... the resurfacing of the tissue side of the denture with new denture base material...". "Rebase", on the other hand, is defined as "... the refitting of a denture by the replacement of the denture base material without changing the occlusal relations of the teeth."

There are two types of reline, the Intra-oral Immediate and the Extra-oral, and two types of rebase, Complete and Incomplete.

### Intra-oral Immediate Reline

An intra-oral reline is accomplished directly in the mouth using an auto-polymerizing acrylic resin. The main advantage of this procedure is that no laboratory processing is required and it can be accomplished in one appointment.

The disadvantages are that these resins are not as dense nor as strong as the denture base material, they are not colour-fast, they shrink on setting, and they are discomforting to the patient during the initial set of the material because of the heat generated.<sup>2</sup> Intra-oral relines are not recommended.

### Extra-oral Reline

An extra-oral reline is indicated where there is some tissue resorption but the denture is otherwise satisfactory. This technique is useful for an immediate denture or to obtain closer adaptation of a maxillary denture in the area where a third molar was extracted following insertion.

Only the undercut areas are relieved and a free flowing paste of the zinc oxide type is placed in the otherwise unaltered denture. The patient is instructed to close in centric position and the operator gently muscle moulds the impression. Every effort must be made to ensure that the vertical dimension is maintained.

*Peripheral border moulding?*

### Complete Rebase

A complete rebase requires an impression and a template must be made for the teeth. All the old denture base material is replaced with new acrylic resin.

### Incomplete Rebase

For an incomplete rebase all the tissue surface, and a portion of the border area is restored with new denture base material after an impression has been secured. Most of the refitting of dentures is achieved by this method. In the rebasing of complete dentures, the centric occlusion and vertical dimension are frequently altered. Such errors, however, can be minimized by following an exact technique and conforming to some basic principles.

If both dentures are to be rebased, the maxillary denture should be completed first and the patient should wear it for one week before rebasing of the mandibular denture is undertaken.

Having determined the correct vertical dimension, remove all undercuts from the maxillary denture and trim back peripheries 2 mm. Relieve the tissue bearing side of the denture except in three areas which will act as stops, one in the anterior region and one on either side in the molar region.

If the vertical dimension is to be increased, decide how much is to be incorporated into the maxillary denture. Place three stops of compound or utility wax in the three areas mentioned and try the denture in the mouth. Adjust the stops until the correct occlusal relation, and the desired vertical dimension are obtained. ,

*What happens to centric?*

The peripheral borders are then re-established and muscle trimmed accurately. An escapeway is cut in the palate and the impression completed using a free-flowing zinc oxide type impression paste or a rubber base type wash.

Nagle and Sears<sup>2</sup> point out that the operator must be extremely careful to maintain centric occlusion while taking this impression. They specify that the denture should be inserted gently into the mouth while pressure is maintained against the labial flange to prevent forward displacement. The patient should be instructed to

tap his teeth together lightly until the denture is seated, and then to hold them together firmly. The vertical dimension must be checked and patient instructed to move his facial muscles. Remove the denture from the mouth and correct any small defects by painting on wax and reseating the denture.

Pour cast and carry out laboratory procedures for rebasing. The use of a Hooper duplicator or similar device is indicated to maintain proper occlusal positions of the teeth during wax-up procedures. On insertion of the rebased denture, make any minor corrections to borders, and check for any occlusal interference.

After the patient has worn the denture for one week, the mandibular denture may be rebased using the same technique as was used for the maxillary denture. A remount and equilibration of the dentures is the final step of this procedure.

Refitting of complete dentures is a service which has merit in certain cases but it cannot be overemphasized that a careful diagnosis must be made and exacting clinical and laboratory procedures followed.

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*Laboratory Remount?  
Denture accommodation  
of occlusal errors  
prior to remount  
& equilibration?*

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

#### EXTRACTION OF TOOTH FROM TONGUE

##### A CASE REPORT

Capt JB Wilcock, DDS

An officer of the RCAF presented himself for examination on the 6th of June 1963. Victim of an air crash in November 1963, the patient had suffered a broken back, leg, nose, maxillae and internal injuries. All his anterior teeth had been loosened in the accident but had tightened up without the assistance of an appliance.

The patient had also complained of a hard mass in the dorsal aspect of the tongue, almost in the mid line, which affected his speech and mastication, and also caused "clicking" sounds when in contact with his teeth. This latter effect appeared to be his major problem at this time although he was still being treated by antibiotics for his leg injury which was not healing satisfactorily. Examination revealed that the crown of the lower left second bicuspid was almost completely gone, although the pulp chamber was not exposed. It was suspected that the crown or part thereof might be embedded in the tongue.

A radiograph of the tongue was taken using a Rin Plastic X-Ray Holder. The patient was instructed to tilt the tongue on an angle while he held the packet firmly in place and a 3/10 second exposure was made with a setting of 90KV and 15MA. It was discovered that the crown of the bicuspid was firmly embedded in the tongue, and that it contained a large MOD amalgam restoration.

Anaesthesia was obtained by combining infiltration with a bilateral lingual nerve block. The tongue was elevated with a gauze pad held in the thumb and forefinger and an incision made with a No 15 Bard Parker scalpel. The tissue was laid back with a periosteal elevator and the crown was located easily. Because of the uneven

contour of the fractured surface, the crown was firmly attached by dense fibrous tissue which required careful dissection. The tooth was removed with tissue forceps and there was very little haemorrhage. A gauze pack was placed over the area and the patient instructed to hold it in position for 30 minutes. A bland diet was prescribed for three days and the patient dismissed. There were no complications and the wound healed uneventfully.

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A LABRADOR ADVENTURE

Major RA Fell, CD, DDS

At RCAF Station Goose Bay, Labrador, the statement "Everything is available at The Goose" acts as a potent morale-booster and, when it concerns matters of sports and entertainment, the expression is basically true. Almost everyone belongs to some organization or other, not the least of which is the Terrington Basin Boat Club of which I am a member. This membership led to an experience which proves that high adventure is also to be found at The Goose.

During the past summer, by pooling resources with two friends, I became part-owner of a 37 foot boat which, though built in Newfoundland some 35 years ago, has a single plank carvel type hull which is still sound. We had christened her "Wilmador", a name formed by combining the first syllables of our wives' names, and throughout the summer spent all our free time fishing and exploring Lake Marville and Grand Lake. Lake Marville, which is a salt-water extension of Hamilton Inlet, is ninety miles long by twenty miles wide and at times gets very rough.

By the end of the summer even our wives and children were well acquainted with the craft which sleeps six and has a galley, head, radio, depth sounder, marine compass and even a windshield wiper. Much of this equipment we installed ourselves during the evenings.

Having heard of a bay where the ducks and geese were flocking in the thousands, six of us decided to make the most of the long Thanksgiving weekend and we left the dock at Goose Bay on Friday evening the 11th of October with a full load of fuel, food, guns and ammunition.

We navigated all night by compass and, shortly after dawn, arrived at the small settlement of Rigolet where we stopped to refuel and question the natives concerning the waters ahead. Continuing on our way, we anchored at full tide just off Pompey Island shortly after dark.

The actual adventure began when, during the night as the tide went out, the boat heeled over on her starboard beam which made sleeping somewhat difficult, to say the least. However, by morning the tide was in again and we were floating peacefully at anchor. After a good breakfast, the five others left on a hunting expedition and I remained behind to clean up both the dirty dishes and the mess which had developed when the boat went over on her side.

Some two hours later the tide began to ebb quickly and once again the Wilmador settled onto her starboard beam. Despite the tilt, I continued cleaning up until, with a sudden lurch, the boat heeled right over and everything inside went flying, including me. Climbing into the dingy, I saw the reason for this development. As the water fell, the boat had balanced on the point of a large rock which was placed just under the stern and my movements had thrown her off this precarious fulcrum.

The hunters returned shortly after, and we were all quite unconcerned because our experience of the previous night led us to believe that the boat would float again

at full tide. It was with some chagrin that we watched the water rising fast; the boat remained exactly where she was; the rock was holding the stern up and we could not move the eight-ton boat free from the rock. As if that was not enough, the boat was flooded and all our gear was soaked. We gathered long poles and, at full tide, waded into the cold water and were finally able to pry the Wilmador off the rock into an upright position. A new and safe anchorage was found and before spending a cold, miserable night ashore in wet sleeping bags, we baled the boat dry.

The next day, every possible part of the engine was dismantled, cleaned and dried. The battery was still charged and we were full of hope when the starter motor turned over; however, there was no spark and the magneto did not respond even though we dried and heated it by the fire.

On Tuesday morning we had no better luck with the engine and were quite discouraged until an RCAF Search and Rescue Otter caught sight of a smoke signal which we had lighted. Having circled and landed, the pilot taxied over to us, put his head out the window and casually asked whether anyone wanted to be rescued. He and the plane were a beautiful sight! The other owner and I agreed that our four guests should return with the plane but that we would stay with the Wilmador. We felt that with a new battery and the help of a marine mechanic the engine could be restarted. The pilot agreed to bring us whatever was needed.

The Otter returned a few hours later but even with the help of the marine mechanic all our efforts to start the engine failed and we became resigned to being towed back to Goose Bay.

On Thursday morning the crash boat arrived and we were in tow by 1100 hours. By mid-afternoon we tied up at Rigolet once more where the captain of a light ship anchored there invited us on board and provided us with our first warm bed in seven nights. Early the following morning we were under way again and, as we entered the open reaches of Lake Marville, it became apparent that we were going to have no easy run for home. The 25 knot wind soon had us pitching and rolling, and cascades of water were crashing over our heads on the cabin roof. At times the crash boat seemed to rise right out of the water, only to disappear behind the crest of another wave.

The pilot wisely elected to seek shelter and we rested for a few hours in the lee of St. John Island. When the waves abated somewhat, we took to the open water once again at a slow three knots. With sixty miles to go and a long night ahead of us, the radio aboard the Wilmador seemed to bring The Goose a little closer. It was necessary to keep baling and, since it was still too rough to light the galley stove, we were restricted to cold food and tomato juice.

Suddenly, something went wrong on the crash boat and her lights dimmed and went out. We tried hard to keep in line behind them as they started to go in circles but all we could see was the crew in the other boat bustling about with flashlights. After some time they came alongside and we learned that there had been a fire in the electrical system and they had lost all but their emergency power - no compass, depth sounder, radio or heat, and very little light. The Sergeant in charge decided to shut down one engine and to hold out against the wind until daybreak. We stood by for the rest of the night and at first light got under way again. Making good time, we arrived back at Goose Bay just after lunch.

Our week-end trip had lasted for eight days!

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WELCOME TO THE CORPS

The following personnel have recently joined the Corps and have been posted to the locations shown:

Cpl	HW	Anderson	-	HQ Camp Gagetown, NB
Pte	ZWJ	Mitrikas	-	RCDC School
LAW	EE	Beaver	-	RCAF Stn Rockcliffe
LAW	ML	Behie	-	RCAF Stn Clinton
LAW	JM	Boucher	-	RCAF Stn Parent
LAW	MRJM	Crevier	-	RCAF Stn Cold Lake
LAW	SJ	Kirley	-	RCAF Stn Goose Bay
LAW	LE	Mattatall	-	RCAF Stn Rockcliffe
LAW	LJ	Olson	-	RCAF Stn Camp Borden
Miss	A	Greenberg	-	Fort Osborne Barracks, Winnipeg
Mrs	L	Less	-	RCAF Stn Winnipeg
Miss	B	MacLean	-	HQ Camp Shilo

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PROMOTIONS

The following Corps personnel are congratulated on their recent promotions:

Ssgt	HEG	Franzgrote	-	to WO2(DQMS)
Ssgt	R	Pelletier	-	to WO2(DQMS)
Ssgt	JM	Tapp	-	to WO2(DQMS)
Sgt	RJ	Lowery	-	to Ssgt
Sgt	RF	Matheson	-	to Ssgt
Sgt	HEW	Reid	-	to Ssgt
Sgt	G	Shand	-	to Ssgt
Sgt	HD	Wagstaff	-	to Ssgt
L/Sgt	SD	Posyluzny	-	to Sgt
Cpl	JAJ	Fret	-	to Sgt
Pte	JB	Arsenault	-	to Cpl
Pte	CS	Brown	-	to Cpl
Pte	GN	Fathers	-	to Cpl
Pte	RJ	Forward	-	to Cpl
Pte	DE	Fraser	-	to Cpl
Pte	JJ	Gallivan	-	to Cpl
Pte	RA	Garnhum	-	to Cpl
Pte	JRY	Gratton	-	to Cpl
Pte	GMR	Gravel	-	to Cpl
Pte	JF	Hill	-	to Cpl
Pte	WD	Horne	-	to Cpl
Pte	JP	Lambert	-	to Cpl
Pte	MD	Longford	-	to Cpl
Pte	DK	Mand	-	to Cpl
Pte	LG	Peverill	-	to Cpl
Pte	RJ	Rutledge	-	to Cpl
Pte	H	Snutch	-	to L/Cpl
Pte	RD	Veinot	-	to Cpl
Pte	PD	Whynott	-	to Cpl

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RELEASES

The best wishes for the future are extended to the following personnel who have recently taken their release from the Corps:

Capt	MDG Conrad	-	HMCS Stadacona
Capt	JJPG Houle	-	14 Dent Coy, Winnipeg
Capt	R Lanthier	-	AFHQ, Ottawa
Cpl	JEN Boucher	-	HQ Camp Petawawa
Pte	OR Sorensen	-	RCAF Stn Downsview
Cpl	SAM Ruzycski	-	35 Fd Dent Unit
LAW	EM Fromley	-	RCAF Stn St Hubert
LAW	MM Dann	-	RCAF Stn St Hubert
LAW	MJD Gatien	-	RCAF Stn Rockcliffe
LAW	LP Yakemchuk	-	RCAF Stn Namao
AW2	EL Blackwell	-	RCAF Stn Camp Borden
Miss	AJ Gravel	-	Fort Osborne Barracks
Mrs	R Zagalsky	-	RCAF Stn Winnipeg

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POSTINGS

Postings have been effected for several personnel in recent weeks:

Capt	PR McQueen	-	to CJATC Rivers from HQ Camp Valcartier
Capt	JML Rochefort	-	to HQ Camp Valcartier from CJATC Rivers
WO2	H Thorsson	-	to HMCS Stadacona from HMC Dockyard
Ssgt	RJ Lowery	-	to RCAF Stn Cold Lake from RCDC School
Sgt	JH Kay	-	to HMC Dockyard from HMCS Stadacona
Sgt	EJ Lansey	-	to RCDC School from 4 Fd Dent Coy
Sgt	DT Murley	-	to 1 PD Halifax from CBU(UNEF)
Sgt	HW Roberts	-	to CBU(UNEF) from HMCS Stadacona
Cpl	DJ Davies	-	to HMCS Stadacona from RCAF Stn Greenwood
Cpl	JF Giroux	-	to 3 Det RCAMC from R22eR Quebec
Cpl	WD Horne	-	to HMCS Shearwater from HQ Camp Gagetown
Cpl	OW Mandrusiak	-	to RCAF Stn Trenton from RCAF Stn North Bay
Cpl	GM Martell	-	to HMC Dockyard from HMCS Stadacona
Cpl	LH Pion	-	to HMC Dockyard from HMCS Stadacona
Cpl	AF Randall	-	to HMCS Stadacona from HMC Dockyard
Pte	LI MacLean	-	to HMCS Naden from HQ NWHS Whitehorse
LAW	SD Fitzpatrick	-	to RCAF Stn Comox from RCAF Stn Namao
AWL	SJD Clutterbuck	-	to RCAF Stn Cold Lake from RCAF Stn Goose Bay
AWL	ND Scarbrough	-	to RCAF Stn Winnipeg from RCAF Stn Parent
Miss	IM White	-	to HQ Camp Shilo from RCAF Stn Winnipeg

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TRAINING

Corps personnel have undertaken the following courses:

University of Michigan - Ann Arbor, Michigan

Oral Surgery - 2 Dec - 13 Dec 63 - Major HC Bunston  
 Complete Dentures - 6 Jan - 17 Jan 64 - Major PS Sills

Ent Air Force Base - Colorado Springs, Colorado

Oral Surgery - 3 Feb - 14 Feb 64 - Major RJ Bryant

US Naval Dental School - Bethesda, Maryland

Oral Surgery - 6 Jan - 21 Feb 64 - Major IAC MacDonald  
 Oral Surgery - 6 Jan - 10 Jan 64 - Major GIJ Bissaillo  
 Partial Dentures - 13 Jan - 17 Jan 64 - Capt J Vincent  
 Oral Pathology - 27 Jan - 31 Jan 64 - Capt EW Gazo

Third International Congress of Plastic Surgery, Washington

Lt Col WR Thompson - 13 - 18 Oct 63

Cytological Smear Technique Clinic - University of Montreal

Lt Col WR Thompson - 3 Dec 63

RCDC SchoolDental Assistant Group 1 Course - 21 Oct - 22 Nov 63

Pte JAL Boulianne  
 Pte NL Highfield  
 LAW FB Schmaltz  
 LAW PJJ Lockyer  
 LAW EJ Deveaux  
 LAW EC McRae  
 LAW M Kant  
 LAW ME Mahlitz  
 LAW BDM Lavigne  
 AWL MYC Lachance

Dental Technician Clinical Group 3Z Course - 6 Jan - 19 Jun 64

Sgt LR Barrett  
 Sgt J Dion  
 Sgt JAJ Fret  
 Sgt WA Jackson  
 Sgt EJ Lansey  
  
 Miss A Chretien  
 Miss MA MacWilliam

TRAINING (cont'd)Dental Technician Laboratory Group 1 Course - 13 Jan - 29 May 64

Sgt JIJ	Boulanger
Cpl C	Lachance
Sgt WR	Dawson
Cpl OW	Mandrusiak
Cpl TR	O'Mara
Cpl PA	McCoy

Technical Dental Therapist Group 4 Course - 13 Jan - 1 May 64

WO2 AJ	Greco
WO2 JE	Shiner

APTC Camp BordenSoccer Coaches and Officials Course - 16 Sep - 4 Oct 63

Cpl RS	Walker
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Command Jr NCO Courses

A/Cpl HL	Boring
A/Cpl DJ	Davies
A/Cpl GN	Fathers
A/Cpl DE	Fraser
A/Cpl JJ	Gallivan
A/Cpl JRY	Gratton
A/Cpl BF	Hannah
A/Cpl DH	Hardy
A/Cpl JPA	Lambert
A/Cpl DK	Mand
A/Cpl LG	Peverill
A/Cpl LH	Pion
A/Cpl JH	Thorburn

1 Dent Eqpt Dep, Camp PetawawaDental Storeman Group 1 Course - 7 Oct - 15 Nov 63

Cpl MJ	Hall
Cpl HJ	McKinnon
Pte RL	Geddes

Dental Equipment Technician Group 2 Course - 6 Jan - 17 Apr 64

Cpl EA	Duve
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Joint Services and Packaging Course, Montreal

Sgt AF	Semple	-	27 Nov - 18 Dec 63
Sgt AL	Strub	-	6 Jan - 24 Jan 64

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VITAL STATISTICSDIRECTORATEHospital

Col IAL Millar - 28 Nov - 12 Dec 63  
 Capt WJ Thomson - 6 Jan - 13 Jan 64

1 DENT EQPT DEPPersonnel

Our sympathies are extended to Major Fletcher whose father passed away late in October.

11 DENT COYMarriages

Cpl BJ Leong-See was married to Cpl JA Larose at RCAF Station Comox, BC on 23 Nov 63.

Births

To Major and Mrs JJ Walker, a son, James Paul, born 23 Oct 63.

To Capt and Mrs Y Kamachi, a son, Douglas Hiroshi, born 6 Nov 63.

To Capt and Mrs CM Mason, a son, Todd Clifford, born 20 Dec 63.

To Capt and Mrs PP Morin, a daughter, Kari Marie, born 30 Dec 63.

To Sgt and Mrs HK Drawe, a daughter, Kristine, born 21 Sep 63.

To Sgt and Mrs AJ Tait, a son, Donald William, born 27 Oct 63.

To Cpl and Mrs TJ Herrett, a daughter, Kathryn Elizabeth, born 9 Oct 63.

Hospital

Major LE Kelly - 17 Nov - 20 Nov 63  
 Capt BA Gaudet - 26 Nov - 6 Dec 63  
 WO2 W Powers - 24 Nov - 2 Dec 63  
 Sgt MG Dean - 30 Sep - 7 Oct 63  
 Cpl A Schuh - 9 Oct - 11 Oct 63

12 DENT COYBirths

To Cpl and Mrs JG MacDonald, a son, born 16 Sep 63

13 DENT COYMarriages

A/Cpl DH McKay was married to LAW VB Charbonneau at Windsor, Ontario on 23 Nov 63.

VITAL STATISTICS (cont'd)Births

To Sgt and Mrs HM McCurdie, a son, Gary Andrew, born 13 Nov 63.

To Cpl and Mrs NAJ Eady, a son, Michael John, born 2 Jul 63.

Hospital

Major AG Andrews - 3 Dec - 10 Dec 63

Capt MN Deyette - 19 Nov 63

Cpl A Girouard - 27 Nov - 9 Dec 63

14 DENT COYBirths

To Capt and JJLG Girard, a daughter, Marie Danielle Chantel,  
born 14 Oct 63.

Hospital

Sgt AD Lillico - 20 Nov - 29 Nov 63

Cpl NJ Cable - 24 Nov - 1 Dec 63

15 DENT COYBirths

To Sgt and Mrs M Tremblay, a daughter, Marie, born 30 Sep 63.

Hospital

Capt JR Senechal - 17 Oct - 18 Oct 63

Sgt JIJ Boulanger - 2 Dec - 6 Dec 63

Sgt JRM Chayer - 4 Oct - 19 Oct 63

Cpl C Lachance - 19 Nov - 20 Nov 63

4 FD DENT COYBirths

To Sgt and Mrs JG Moore, a son, 2 Nov 63.

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GENERAL NEWS

Queen's Honorary Dental Surgeons

Congratulations are extended to Colonel IAL Millar, CD, DDS, QHDS, Deputy Director General of Dental Services, and to Colonel CE Woods, CD, DDS, QHDS, Assistant Director of Dental Services (Militia) for Central Command, on their recent appointment as Queen's Honorary Dental Surgeons.

The appointment is an honour granted by Her Majesty The Queen to selected dental officers in recognition of distinguished service. Regular Force officers hold the appointment for "tenure of office" while Militia officers are granted the honour for a period of two years.

The four available positions are currently shared between dental officers of the Regular Force and the Militia.

Second Annual RCDC Bonspiel

Preparations for the RCDC Bonspiel at Camp Borden 21-22 February are now almost completed. The committee anticipates an entry of 20 rinks and the first two draws will take place Friday evening. In addition to the many prizes, two trophies will be up for inter-unit competition - the Wansbrough Trophy, established last year by Brig EM Wansbrough and the new RCDC(R) Trophy, donated by the Regular Officers of the Corps.

By now all personnel will have received information concerning this highlight of the curling season. Interested rinks are urged to get their entry forms in immediately so that Capt CA Casterton and his committee can finalize the arrangements for this year's bigger and better bonspiel.

Year-End Activities

There has not been what might be termed a "flood" of unit news items for this issue of The Quarterly. It would appear that over the pre-Christmas period and during the festive season, most of the Corps personnel were too busy with preparations to be out making news. All ranks Christmas parties were held by most units and the traditional calls were made at Officers' and Sergeants' Messes. There was also a good turnout of RCDC(R) and RCDC(M) officers for The New Year's Day Levees all across the country.

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DIRECTORATE NEWSCorps Conference

Senior officers of the Regular Force units gathered in Ottawa for the 14th Annual DGDS and Unit Commanders' Conference held from 24-27 Nov 63 under the direction of Brigadier KM Baird.

Colonel IAL Millar was the Chairman and the opening address was delivered by Major General WAB Anderson, Adjutant General of the Canadian Army. Papers were later presented by Directorate officers on various subjects concerning activities of the Corps.

Following the formal meetings, unit commanders had the opportunity to meet individually with Directorate officers to discuss matters concerning personnel and training in their units.

The social functions connected with the Conference began on Sunday evening when Lt Col and Mrs GC Evans entertained the visiting officers at their home. A Formal Supper Dance was held Tuesday evening at the AHQ Officers' Mess and was enjoyed by all the RCDC officers and their ladies from the Ottawa area. At the conclusion of the Conference on Wednesday, Brigadier and Mrs KM Baird held a buffet luncheon prior to the departure of the visiting officers.

Christmas Party

The annual Christmas Party was held again this year at HMCS Carleton Chiefs' and Petty Officers' Mess and was attended by all service members and civilian personnel in the Ottawa area. WO1 TA Jones, on behalf of the clinic and Directorate staffs, expressed his appreciation to the officers for the enjoyable evening. In reply, Brigadier KM Baird extended to all the best wishes of the holiday season.

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RCDC SCHOOL NEWSWins TV Set

Good fortune fell to Cpl ADT Gardner and his family when they won an attractive portable TV Set and stand in the MLS Shopping Centre draw.

Safe Driving Winner

WO2 TL Batten is congratulated for being one of the four winners in Camp Borden of a Safe Driving Award during Safe Driving Week in December.

Sports

Preparations are well under way for the Corps Bonspiel 21-22 Feb and the School expects to "field" three rinks.

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11 DENT COY NEWSFall Cruise

Capt PAA Dailyde and Sgt JAR Shields cruised off to Hawaii on 25 Oct 63

aboard HMCS Cape Breton. During the cruise Capt Dailyde took on "Second Officer of the Watch" duties and gained at least a superficial knowledge of navigation.

### Wins Bonspiel

Sgt G Shand celebrated his recent promotion by winning the first event in the Cold Lake Sergeants' Mess Bonspiel.

### Personnel

Our sympathies are extended to Ssgt H Hodkinson who recently suffered the loss of his father and to WO2 PL Gourlay on the death of his brother.

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### 12 DENT COY NEWS

### Oromocto Curling Club

Major TD Cobb has been appointed Vice-President of The Oromocto Curling Club. He claims that anyone posted to the Maritimes from the Prairies is assumed to be an authority on curling.

### Appreciation Award

Sgt Phil Egan recently received an appreciation award from the "King Lion" at a meeting of the Oromocto Lion's Club. The award was in recognition of Phil's outstanding services to the area.

### European Cruise

Major Phil Quinn reports a very busy social life during the European cruise just completed by HMCS Bonaventure. Capt Ivor Hamilton made good use of this opportunity to visit his home in Scotland. Major Quinn made a trip to Cornwall and visited the scenes of his youth, at least that part of it spent with 224 Sqn in Newquay some 20 years ago.

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### 13 DENT COY NEWS

### Farewell Party

A dining-in-night and farewell party was held recently to mark the departure of Capt Doug Bunt who has opened an office for private practice in Trenton, Ont.

### Gourmets Meet

The gourmets in the Trenton area were delighted to welcome Capt Dan Girard and Sgt Rene deBlois on their return from Moosonee. In addition to their own happy personalities, they brought back a generous supply of arctic char and wild geese.

### Personnel

Our sympathy is extended to Sgt and Mrs MA Craig of RCAF Stn Clinton, Ontario on the death of their son who passed away on the 14th of December following a prolonged illness.

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14 DENT COY NEWSWin Turkeys

The unit Bowling League's annual "Turkey Roll" was held on 19 Dec 63. The skillful bowlers who won turkeys were Lt Col RB Jackson and Sgts DL Fenton, FJ Reid and GH Storms.

Curling

With the curling season now in full swing many unit personnel, at various locations, are participating in club play and as an organized sport. We have not yet heard of any laurels won but we can presume that teams are being sharpened up for the Corps bonspiel in February. A unit bonspiel is scheduled for 4 Apr 64.

Promotions

His many friends will be pleased to learn that ex-Sgt Klaus Buchholz has been accepted under the Dental Officer Subsidization Plan as a 2nd Lieutenant and is now a fourth year student in the Faculty of Dentistry, University of Manitoba.

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4 FD DENT COY NEWSSports

The final 4 CIBG golf tournament for the season took place on 14 Oct and we are pleased to report that Cpl DB Loosely won top honours in the event with a low gross of 83.

Several RCDC personnel are curling at Fort York and Fort Chambly. During December, the rink skipped by Sgt Sullivan, with Lt Col MacDougall as vice and Sgt Posyluzny as second, won the Fort York Yuletide Bonspiel.

Professional Meeting

The first Dental Professional Meeting of the season for the officers of 4 Fd Dent Coy and their British confreres was held at Fort MacLeod on 7 Nov 63. Maj Chatwin chaired the meeting and the guest speaker was Lt Col AJL Wheatley, Oral Surgeon BMH Iserlohn. His topic was "Treatment of the Maxillo-Facial Casualty Under Field Conditions".

A second Professional Meeting was held at BMH Iserlohn on 5 Dec 63. The guest speaker on that occasion was Surg/Lt/Cdr TAH McCulloch who delivered a lecture on Hypnosis. A demonstration followed during which a dental procedure was conducted on a subject in a hypnotic trance.

Leave and Tours

Some members of HQ 4 Fd Dent Coy felt the urge to leave the Brigade area during Christmas leave. Capt Arpin left with a destination of Copenhagen but he didn't quite make it beyond Hamburg. WO2 Riddell and family visited relatives in Belgium. Lt Col MacDougall flew to Majorca and is prepared to discuss the hazards of motor scooter riding on switch-back roads in the mountains.

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## CBU (UNEF) NEWS

### Leave and Tours

Capt RJ Paturel spent four days on a tour of Jerusalem in October and was duty officer at the UNEF Leave Centre in Cairo for two weeks in November. Sgt Sprathoff and Cpl Johnson took seven days leave at the Leave Centre in Cairo during the same month.

Sgt Sapergia, L/Sgt McDonald and Cpl Vandervaart enjoyed a four-day stay in Jerusalem during November. They were members of a specially arranged all-Canadian tour visiting the Holy Land.

Capt JLY Cyrenne and Sgt Sapergia took 14 days UNEF leave and returned to Canada to spend Christmas with their families.

### Special Events

UNEF Medals were presented by Major Pyne to Sgt Sapergia and Cpl Johnson on the monthly detachment parade.

During the past three months, life has been fairly tranquil in the Middle East. November and December brought several heavy rain storms as a result of which, quarters were flooded, roads were impassable and several of the local mud houses turned into mud heaps. Despite the tragedy caused by flash floods, there was considerable rejoicing as the rainfall means there will be plenty of food during the coming year. Every inch of ground has been ploughed and planted and it is a common sight to see cripples, wives, children and any other person who can possibly hang onto the handles of a wooden plough, working in the fields. Tractors, camels, donkeys, cattle and sometimes people are used to pull them. The whole countryside is now a mass of green with cauliflowers, cabbages, carrots and radishes larger than those seen in Canada. The animals are growing fat and the faces of the people are covered with smiles. In this atmosphere, with warm sunny days and cool evenings, the detachment personnel go about their duties dreaming of home, planning tours or holidays, and very happy to be Canadians.

Christmas is always a lonely time away from loved ones and this year has been no exception. Two of our detachment took Christmas leave in Canada and brought back tales of sub-zero weather, warm beds and a wonderful holiday. The rest of us had to make the best of it away from home. The Officers served the men their Christmas dinner, while at the Headquarters Company Christmas party the detachment took an active part in everything, winning four of the six major prizes. Major Pyne and his partner won the double dart competition while Capt Paturel and his partner performed equally well at cribbage. Sgt Sprathoff and Cpl Vandervaart, not to be outdone, took first prizes in the amateur and crazy hat contests respectively.

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