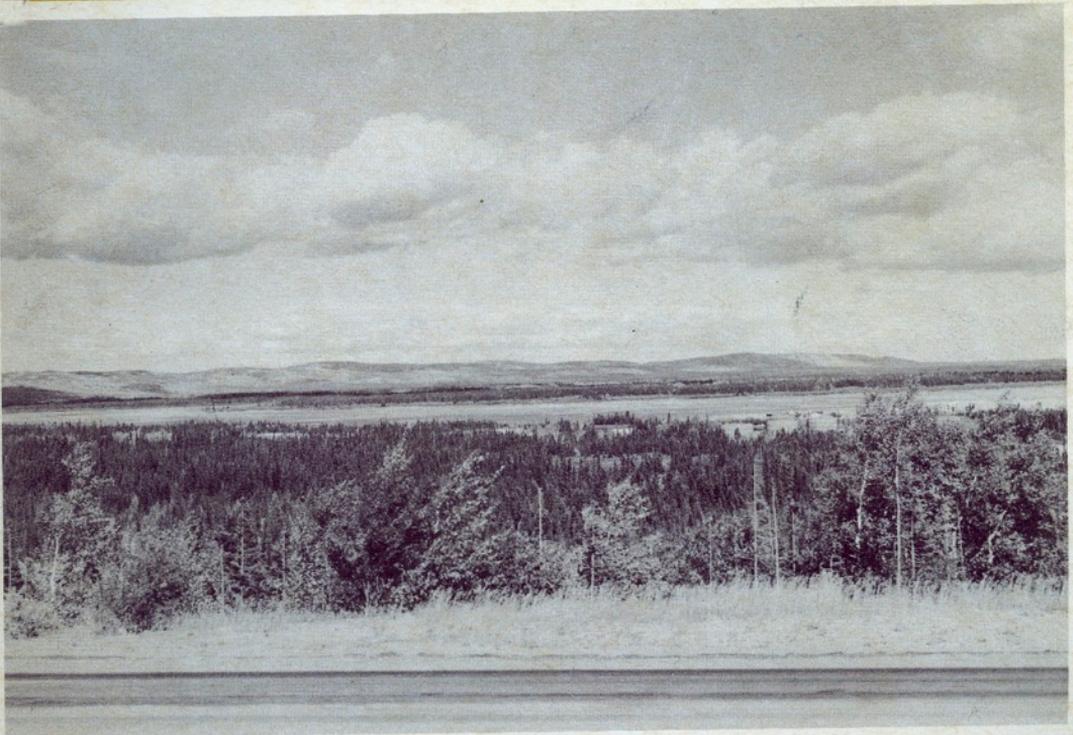


*The*

**ROYAL CANADIAN  
DENTAL CORPS**

*Quarterly*



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## Cover Photograph

Scenic view from the dental clinic - Goose Bay

## THE DENTAL CORPS IN GOOSE BAY

Lt-Col J.M. Smith, CD, DDS



The story of Goose Bay begins during the Second World War in 1941 when the range of aircraft then in use was relatively short. A staging post on the ferrying route for military aircraft to Britain was urgently required. American and Canadian survey teams searched the then British territory of Labrador for a suitable air-field site. In June 1941 the Canadian group working for the Department of Transport under the direction of Mr Eric Fry selected a site which was almost an ideal one, known to the local residents as "Robert Michelin's Berry Patch". The American team under Col Elliott Roosevelt arrived soon afterwards. Since Newfoundland already had a "Gander", Mr Fry suggested that the new airport be named "Goose". Control of the area was granted to Canada and the Canadian Military have been established there since that time.



Contrary to popular belief, Goose Bay is not in the far north, being on the same parallel of latitude as Edmonton Alberta and Nottingham England. The climate is one of mostly clear dry weather with temperatures ranging from  $-35^{\circ}\text{F}$  to a possible high of  $95^{\circ}\text{F}$  and an average annual snowfall of 140". The site is a level sandy plateau 150 feet above sea level lying between the mouths of the Churchill (Hamilton) and Goose Rivers. Although it is 150 miles inland, the airport can be reached by ocean-going ships via Hamilton Inlet, Lake Melville, Goose Bay and Terrington Basin. The fact that fairly large ships could approach the site meant that construction could start as soon as equipment could be assembled and delivered. The first ship arrived 17 Sep 41 and the first aircraft landed on a temporary runway in November; an almost unbelievable record. Bombers passed through in December, and fighter aircraft on their way overseas first arrived on 4 Jul 42.

Almost from the beginning, American Forces have operated in the area. present USAF Base operates under a twenty-year lease granted by Canada in 1951. The respective Dental Corps have always co-operated very closely. In fact, in recent times, "The Greater Goose Bay Dental Society" has been a relatively large and active group.

As the air station grew in size and importance it became a major responsibility not only for the RCAF but also for the Canadian Army which supplied ground defence, anti-aircraft coast artillery and service troops. The RCN provided escorts for the ships bringing construction equipment, troops and supplies.

For a time, the threat of a North American invasion via the North East Route was a very real one and the area defences were manned accordingly. On 13 Mar 43, the Goose Bay garrison strength was 1300 all ranks. From the fall of 1943, as the danger diminished and the number of troops was reduced, Canadian military equipment was winter-tested in the area. Even after the end of World War II, artillery units from Camp Picton Ont returned to the area for summer training.

The Canadian Dental Corps began its close association with Goose Bay in 1942 with two dental companies being represented from then until the end of the war. No 35 Coy (Eastern Air Command) sent the first dental officer to the area on temporary duty, while No 26 Coy (Military District No 6) had the first permanent detachment. Many readers probably wonder why two dental companies had detachments in Goose Bay simultaneously during the war. At that time, dental companies were assigned the task of catering to the needs of one of the three Services. Integration of the CDC's effort on a regional basis didn't become effective until after the war. Hence, since there were both Army and Air Force personnel in Goose Bay two separate CDC companies supplied detachments to look after their "own". The stories of these two units in Goose Bay will be related separately.

#### NO 26 COY CDC

S.S. "Lady Rodney" lying off Sandy Point between Lake Melville and Goose Bay. Seen from the "C.G.S. NB McLean" ferrying troops and supplies on last 22 miles of their journey. July 1942.



Planning the dental establishment for the Goose Bay area began in March 1942. The advance party of the garrison to be known as "G" Force left Moncton by air on 1 June. It consisted of six officers and forty-six other ranks. The garrison was controlled by the GOC in C Atlantic Command, but for administration was under the district officer commanding Military District No 6. Dental treatment was the responsibility of No 26 Coy. The first main party of 23 officers and 418 other ranks, mainly

perienced woodsmen of the New Brunswick Rangers, plus all manner of provisions and equipment embarked aboard the SS "Lady Rodney" in Halifax 16 Jun 42. The party included a dental officer, Capt KV Allan of Toronto, and Sgt DW Smith, with their necessary dental kits and supplies. This dental detachment was responsible for the Goose Bay area, giving priority to The NBR and RCAF, and emergency treatment to civilians building the military installations.

The Lady Rodney sailed independently to Sydney where she joined a North Atlantic convoy. The troops all armed and carrying ammunition wore life belts at all times. They had two boat drills a day as there was considerable U-boat activity in the Gulf of St Lawrence and Western Atlantic. Accompanied by two corvettes, the ship reached Hamilton Inlet on 21 Jun 42. The draught of the Lady Rodney prevented her sailing over the bar into Goose Bay, necessitating the transfer of troops and stores to smaller ships for the final 22 miles of the trip. Conditions were far from ideal in the early stages, living under canvas in damp chilly weather and with one small cook stove serving 140 men.

The RCAF were well established by this time, however, and a dental clinic was set up in their 35-bed hospital.

In general, the garrison troops seemed busy and happy and a sense of urgency pervaded. U-boat and raider activity in the North Atlantic led to a state of alert in August. The 30th AA Regt RCA had gun posts on towers at 1000 yard intervals around the airfield with a crew of 16 men per gun. Some supply ships en route to Goose were sunk. One carrying the winter's supply of beer ran aground and was lost. (what a tragedy!)

In March 1943 a self-contained dental clinic was completed and it was considered to be the best non-RCAF building in Goose Bay.

During the winter of 44-45, local authorities notified Colonel Roach, the Area Commander in Goose Bay, that children in the school and hospital at the Grenfell Mission were in desperate need of emergency dental attention. Capt Levita volunteered to go there over the week-end. The trip by motorized toboggan was uneventful and treatment was carried out in the small dental clinic in the hospital.

Who says "Ski-dooos and Huskies" are new? Capt H Levita and party leaving Goose Bay for North West River and near tragedy - January 1945.



On the return journey a howling blizzard came up suddenly and the Captain and his party were soon hopelessly lost. Fortunately, the other vehicle had returned to camp earlier and reported the group missing. Canadian Army, US and civilian search teams started out, but it was a local trapper who finally spotted a ski stuck in the snow as a signal. The men, two to a sleeping bag, were found after ten hours trying to survive in the cold with little in the way of food or equipment. An agonizing trek through the deep snow to a cabin about a mile away followed, but the weather cleared the next day and the party with their rescuers returned to Goose. Thus, a mercy mission almost ended in tragedy.

#### RIGOLET CLINIC

Goose Bay defences included a small coast defence battery placed in action in June 1942 at Rigolet, about 120 miles east of Goose Bay. At this point Hamilton Inlet is joined to Lake Melville by a narrow channel and this was defended by 108th Coast Battery RCA.

Dental officers of 26 Coy and staff from Goose made periodic visits to Rigolet. Capt KV Allan and Ptes Kennedy and Holmes made the first of these visits and sailed aboard the "Fleurus". Facilities were few but the local Hudson's Bay Company factor urgently required dental treatment and this may have prompted him to offer facilities for a clinic in an old office building. There was no running water, electricity or even a bathroom, but there was space and it was dry and heated.

Dental treatment was brought up to date for military patients as well as some of the local civilian residents. One of these, a woman whose income came from fishing, had suffered from toothache for 10 years! A trapper who came for extractions told of a toothache the year before while out on his trapline. The ache was so bad that in desperation he heated a piece of wire red hot and jammed it into the tooth. The shock nearly killed him, but it stopped the ache! Dr Allan records that the favourite toothache remedy used by the residents living in isolation was a mixture of Sloan's liniment and iodine.

A second clinic in Rigolet was ready for the summer of 1943. It was a 16 X 21 foot corrugated iron quonset hut. Electricity and running water were provided and all supplies and equipment were carried in by the dental detachment on periodic monthly visits. The last recorded visit took place in September 1944.



In January 1942 the CDO, Major HS Crosby, made arrangements for treatment of the 56 RCAF and 400 construction personnel at station Goose Bay. In March that year Capt GV Turnbull and Sgt Jones flew in from Moncton in a DC 3. Portable equipment was set up in the temporary building occupied by the medical officer. There were no hangars at this time and only a short gravel runway. The first clinic closed 1 April when the detachment returned to Moncton.

On 15 Aug 42 the station diary records, "at long last the RCAF have their own dentist. Capt SW Weiler arrived today". This posting followed a request to the CDO from the station CO stating that accommodation for a clinic was available. The new group found the space in question occupied by the 26 Coy CDC detachment. The latter had been serving all personnel in the area, which may explain the diary reference to their "own" dentist. In any case, the new dental detachment couldn't work until alternative accommodation had been found for the 26 Coy detachment.

The first permanent RCAF clinic was located in the Station Hospital, the building which is now the Corporals' Club.

Capt CI Coburn arrived on 4 Dec 42 flying from Dorval in the unheated cargo space of a Hudson bomber. He writes:- "equipment consisted of a stationary fountain, portable foot engine, an electric operating light and my two CDC trunks. No prosthetic laboratory or X-ray facilities were available and water had to be kept running all the time to avoid frozen pipes. We wore overshoes in the Clinic".

By March 1944 the staff consisted of two dental officers, assistants, technician and an orderly. The clinic equipment had been improved considerably with the addition of an X-ray machine.

At that time, Capt Archy Cohen wrote:- "I had one frightful experience which I shall never forget. One day a Ventura aircraft took off with personnel homeward bound on leave etc. The plane was airborne some fifty feet or so when it suddenly went haywire and crashed. It quickly burst into flames and before it could be brought under control all hands perished. The resulting conflagration was so intense that identification was undertaken with the greatest difficulty. My job was to identify these men from their dental charts and I shall never forget the bodies stretched out on the cement floor. After hours of gruesome work proper identification was finally made. The bodies were burned beyond recognition and the stench of seared flesh remained with me for weeks afterward".

About this time, some of the additional treatment responsibilities included the Radio Unit at Grigg's Harbour and the RAF Detachment at Goose Bay. The latter, at times quite large, exists to this day serving Transport and Bomber Commands.

During the spring of 1945 the Army clinic was closed and the detachment withdrawn. The troops remaining in the area became the responsibility of the 35 Coy (RCAF) Clinic reversing the situation of 1942!

When the war was over it was decided that the RCAF hospital building should be converted into a Trans Canada Airlines hotel. By this time it had been decided that one dental detachment was sufficient for future requirements and the dental clinic was once again moved to a barrack block which has since become the airwomen's barracks. Treatment for civilians and the few first arrived dependents was pretty well confined to emergencies. The civilian employees in the area now included many ex-servicemen, and since there was no civilian dentist, DVA documents were forwarded to the CDC detachment and treatment for veterans made up a major part of the clinic workload for a time.

By March 1946, the RCAF and Army strength was about 400 all told and it was learned that the station was expected to continue in operation indefinitely.

#### NO 50 COY CDC

On 23 Mar 46 all officers with the exception of the CDO were posted to 50 Coy CDC with its headquarters at "HMCS Stadacona", Halifax. This had been a Navy company since its establishment in June 1943. On 1 Oct 46, No 50 Coy was re-designated 12 Coy CDC (CA(AF)).

#### 12 COY CDC (and 12 COY RCDC)

The early days of the Goose Bay Clinic after being taken over by 12 Coy were transitional ones. For short periods the clinic was unmanned and treatment was at times rendered to Canadian troops by American dental officers. More often, though, Americans were treated in the Canadian clinic.

By May 1947, with work up to date and the station strength reduced to approximately 150 personnel, the detachment was withdrawn. Maj SK Oldfield and Cpl R Fortin flying from Dartmouth reported for a short period of temporary duty during the summer. All equipment was removed when they returned to Halifax and the clinic closed.

In September 1947 Capt WW Anglin and Sgt WD McDougall were sent to Goose Bay on temporary duty, but the assignment was changed to a permanent one after a month and the clinic was reopened.

By this time treatment was being provided for service dependents on the same basis as for servicemen. Civilians paid cash according to the DVA schedule of fees with employees and dependents of other government departments paying in a variety of paper-creating ways. At times patients came from far away places including Frobisher Bay 800 miles to the north, Fort Chimo and Mingen.

At this time the work load was tremendous as the huge American Base was without a dental officer for over a year. Parades were held in the US Clinic every Friday and the operating rooms of both the US and Canadian hospitals were used as required for multiple extraction cases.

1 Apr 49 was an important day as Confederation made Newfoundland Canada's 10th province and Goose airport became Canadian territory.

#### 15 COY RCDC

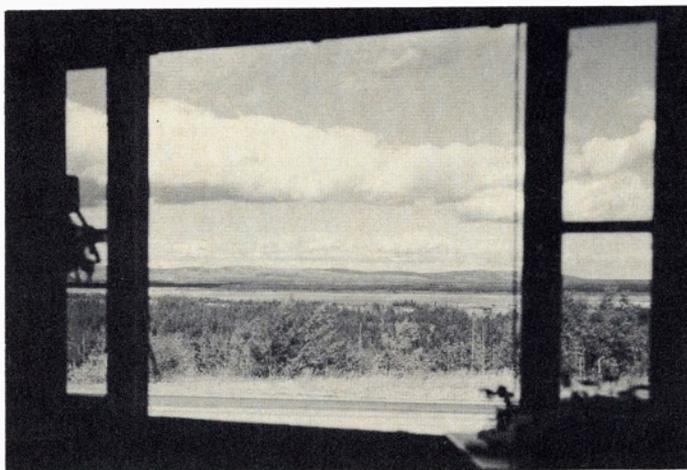
In December 1950 the clinic was removed from the responsibility of 12

ly and became a part of 15 Coy with headquarters in Montreal. However, supplies and equipment continued to be provided by 12 Coy until October 1951. A laboratory technician was posted intermittently from the central lab at 25 COD Longue Pointe, but the lab has been manned full time since June 1959.

The building occupied by the clinic had been mainly given over for emergency married quarters and the clinic itself was large enough for only one dental officer. This inadequate accommodation led to the renovation of an abandoned Hudson's Bay Company store as the new clinic. The view from the treatment area of this building seen through picture windows would alone have made the change worthwhile.

The new clinic was opened in the spring of 1952. It accommodated two dental officers and provided extra space for alternate chairs and an X-ray bay. The first operating unit was installed about this time.

View from clinic window - Goose Bay



One difficulty of this period was that of assigning priorities of treatment. It almost seemed that service dependents knowing they were going to Goose "saved" their cavities for free filling. On posting out, the opposite was true, with the same people suddenly believing in prevention and early treatment. Dependents often felt that they should have first priority for treatment. The result was a continuous pressure on the dental officer to meet the needs of the various groups requiring treatment. The problem was even more acute when there was no dentist on the USAF base. The introduction of fees for dependents in 1963 substantially reduced the demand for treatment from this group.

The late 50's brought the first renovations to the building. New footings were placed, new floors, complete interior redecoration and white asbestos shingles applied over the green tar paper. The improvement inside and out was striking.

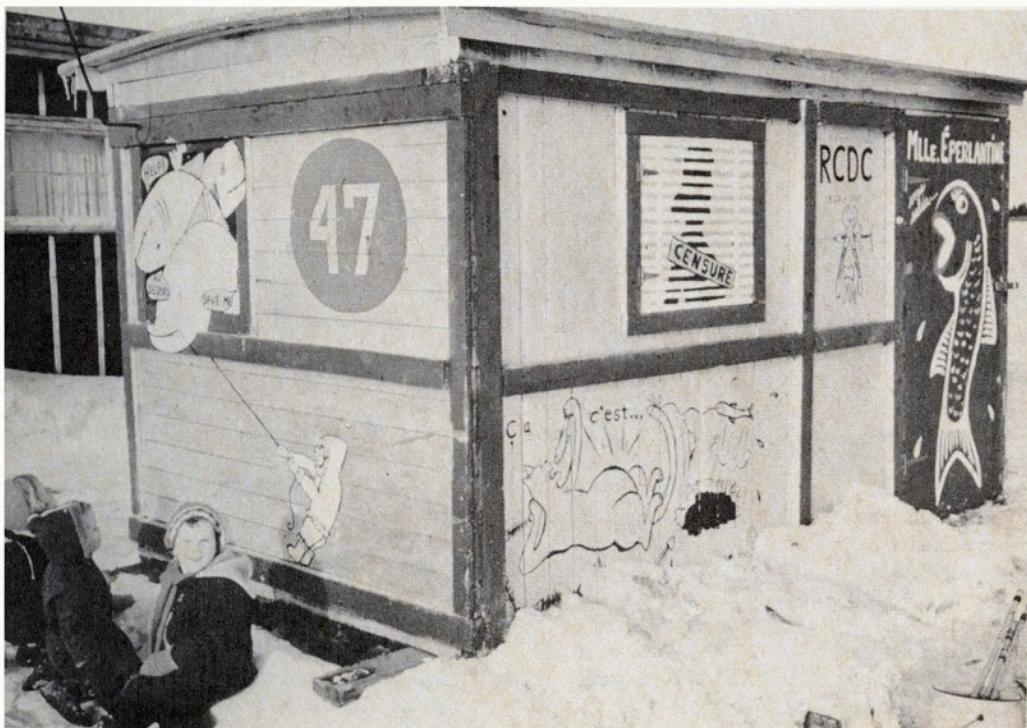
Extensions to the building and complete renovations took place during the summer and fall of 1963. Much of the initial layout was changed to make better use of the space available. The building was extended to allow a new bay for the clinical technician and X-ray, plus a small dark-room. The old X-ray bay became a sterilizing area. Few RCDC clinics can now match this one for location, equipment and facilities. The pioneers of Goose Bay clinics would be amazed at the changes, and possible even more so to see the clinic area landscaped with a lawn.

A tour of duty at RCAF Station Goose Bay is a popular one and deservedly so. The challenge of isolation is being replaced by the challenge of being part of a rapidly developing and fascinating area. The amenities include those common to other well equipped stations, plus outstanding facilities for hiking and camping, boating, fishing in both summer and winter, and hunting. In fact, there is something for everyone, even if he wishes to sit at home and watch TV (1 channel only) or listen to CBC radio Labrador. Those selected for a posting to Goose Bay can consider themselves fortunate.



Clinic Staff July 61 Front  
row L to R: Sgt E D'Avignon,  
AW LA Weins, Sgt DJ Pierce,  
LAW EE Denis, Sgt MO McDonald

Back row L to R: Capt JJY  
Turcotte, Maj JM Smith, Capt  
JRA Vincent.



RCDC fishing shack - Winter 1960-61.

The following list of dental personnel who have served in Goose Bay indicates the year of arrival on posting and the rank held at that time. It is regretted that some names, particularly those of RCAF assistants who served prior to 1960, are unknown to the author and have been omitted.

#### NO 26 COY CDC

1942 - Capt KV Allan, Lt GA deLagran, Sgts Smith DW, Smith HW, Cpl Hardie RJ, Ptes Holmes LG, Kennedy JS  
1943 - Capt V Toplitsky, Sgts McLanson PR, Rushton DM, Cpl Cresswell WJ, Ptes MacGillivray EV, Stanford CJC  
1944 - Capt H Levita, JR Picard, Sgts Duperron AJ, Fillmore EO, Cpl Chapman T, Pte Dugas JL  
1945 - Sgts Matheson GA, Simpson FR, Ptes Cook VJ, Doucette WP

#### NO 35 COY CDC

1942 - Capts CI Coburn, GV Turnbull, SW Weiler, Sgts Jones, Reddin SO, Cpl MacIntosh R, Ptes Kelly RA, Sleep C  
1943 - Capts J Andrews, EM Bourgeois, Pte Brown LE  
1944 - Capts A Cohen, JT Marshall, Lt IG Nathanson, Sgts Costin WG, McIsaac AL, Cpls Boutlier C, Silbert, Pte Cameron M  
1945 - Capts FJ Forristal, R Parker, Lt A Schwartz, Sgts Kennedy FM, MacDonald JM, Cpls Benard, McDougall  
1946 - Capts CA MacIntosh, W Shadek

#### NO 12 COY CDC

1947 - Maj SK Oldfield, Capts WW Anglin, JD Vautour, Sgt MacDougall WD, Cpl Fortin R  
1949 - Capt H Hart, O/Cdts CE Dexter, EF Dexter, WH MacNeil, TE Spracklin, EJ  
1950 - Maj AR Smith, Pte Jones RK

#### NO 15 COY RCDC

1951 - Sgts Blanke GW, Desjardins C, Egan PAA  
1952 - Maj HS Lankin, O/Cdts WB Donohue, EM Jones, Pte Clarke JE  
1953 - Capts RG Docks, HJ Smart, 2/Lt RA Newton, Sgt Hussey T, Pte Cantin A  
1954 - 2/Lt WD Sanders, Sgt Bourgeois A  
1955 - Capt JB Scott, Sgts Lavictoire L, Mongeau JAN  
1956 - Majs JMA Donely, RA Ramsay, Sgt Tapp JM  
1957 - Capt CS Whitman  
1958 - Capt JJY Turcotte, Cpl McDonald MO  
1959 - Maj JM Smith, Capt VA Low, Sgt D'Avignon E  
1960 - Capts JF Begin, WO Sugars, JRA Vincent, Dr RA Wheatley, Sgt Pierce DJ (RCAF)  
1961 - Maj RA Fell, Sgt Robertson SE  
1962 - Capt JGB Parent, Sgts DeBlois JR, Richardson WS  
1963 - Sgt Innis RB  
1964 - Maj HG Bunston, Capt GDV Dippel

#### RCAF ASSISTANTS

1956-60 - Cpl Torrens CM, AW Harrison M  
1960-65 - Cpl Palmer KP, LAWs Audel MFE, Dennis EE, Gruener I, Herbert MJ, Kilgour SL, Kirley SJ, AWs Boyko VJ, Clutterbuck SJD, Dubuc ML, Harrison J, Kedydy KY, McMillan SJ, Tooper PL, Weins LA, Yuhas E

It is regretted that the photograph on page 11 was inverted by the printers at time of publication.

## LESIONS OF THE LIP

Lt-Col N.A. Butcher, CD, DDS



There's an old adage about "not being able to see the forest for the trees." Dentists are often so engrossed with the work in their usual field of operation that they don't see what they pass in order to get to that field. The lips must always be parted before commencing operative dentistry. How many dentists give them more than a cursory glance or notice only some gross abnormality when the patient presents himself for treatment?

Some will probably say that the lips are not within their care; that they are part of the face and therefore come within the province of the medical practitioner. However, many patients who never visit a medical practitioner are seen regularly and often by a dentist. Whether the treatment of the lips is within the dentist's field of care is not in question; what is important though, is that the abnormal be recognized and treatment initiated. The early diagnosis of lesions of the lip could forestall gross disfigurement and perhaps even an early death.

Lesions of the lip will be classified under four headings and the common examples of each discussed briefly. The headings are:

- a. Malformations
- b. Neoplasms
- c. Infections
- d. Trauma

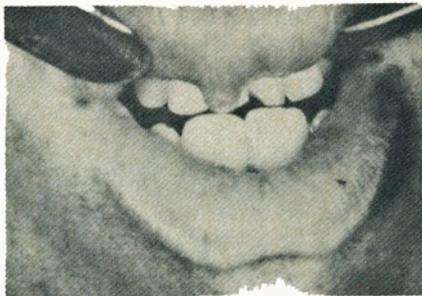
### MALFORMATIONS

Fordyce Spots - This is a symptomless condition resulting from hypertrophic aberrant sebaceous glands and was first described by Fordyce before the turn of the century. It is very rare in children but about 70% of adults show evidence of it in varying degrees. Although more often seen on the inside of the cheeks in the 3rd molar area, they also occur quite often on the lips. They are chamois coloured and when the tissue is stretched appear as slightly raised yellow dots or globules. A few patients have noted a slight itching or burning sensation from them.

Treatment is not usually indicated. Some patients will suddenly discover these and develop a cancer phobia. This condition must be recognized and the patients assured it is not associated with a malignant disease.

Congenital Fits - This is a congenital anomaly with a hereditary tendency. They are well marked circular depressions on the vermilion borders appearing darker on the lower lip and they secrete mucous. Treatment is not usually indicated but patients occasionally discover these and need reassurance if they develop a cancer phobia.

Mucocele - These are described by Col R.B. Shira of Washington D.C. as retention cysts. They are discrete swellings in the lips most often at the lateral incisor region of the lower lip. The overlying mucosa may be thinned out and the lesion shows a blue colour. The cyst may be one sac or in several small sections. Complete excision is the recommended treatment. (There were two cases reported in dental literature in 1964 where two lesions diagnosed as mucoceles were excised, examined histologically and a diagnosis of mucoepidermoid tumor made.) This points to the necessity for microscopic examination.



Extra-oral view of a mucocele -  
"From Goldman: Current Therapy  
in Dentistry, vol 1, St. Louis,  
1964, The C.V. Mosby Company."

Haematoma - Occasionally this collection of blood will be seen following an injury. They often become apparent after difficult dental operations.

#### NEOPLASMS

Papilloma - Papillomas are benign epithelial tumors which sometimes occur on the lips. They may be soft or hornified, have a white to grayish yellow colour, have a peduncle and are fairly movable. Opinions as to malignancy vary. Some feel they are always benign but tend to recur. Others feel that they may gradually transform into malignant lesions. The danger signal is fixation at the base and induration of underlying tissues. Only surgical treatment is recommended.

Fibroma - Fibromas and fibrosarcomas of the lip are relatively rare.

Carcinoma - Carcinoma of the lower lip is the most common form of oral cancer, comprising 25% of such tumors. Following are some points of interest regarding cancer of the lip:

- a. 99% of all lip carcinoma occurs in white people
- b. it is more common in people with thin dry skin
- c. it is more prevalent in people with a history of outdoor life, eg, farmers, sailors
- d. 70% of the lip carcinomas in the U.S.A. occur in people who live, or have lived in southern parts of the country
- e. the ratio of carcinoma of lip between men and women is 19 to 1; and
- f. pipe smoking has been proclaimed a significant factor because of heat intermittently applied to one small area.

The prognosis of carcinoma of the lip is quite good if diagnosed early. It responds well to radiation treatment. Cancer of the lower lip progresses more slowly and does not tend to metastasize as does that of the upper lip. The latter is much less common and the prognosis is not as good. Early diagnosis followed by prompt treatment is most important.



Craterous ulcer of vermilion with rolled, white border - moderately advanced squamous cell carcinoma. "From Kerr, Ash and Millard: Oral Diagnosis, ed 2, St. Louis, 1965, The C.V. Mosby Company."



Two vesicular, crusted herpetic lesions involving upper lip and left nares. "From Kerr, Ash and Millard: Oral Diagnosis, ed 2, St. Louis, 1965, The C.V. Mosby Company."

#### INFECTIONS

Herpes Simplex - This is a common lesion and it may be seen in a very severe form. Little water vesicles appear on the lip and soon erode to form ulcers that show a crusted exudate. This condition is caused by the herpetic virus. Apparently the virus can lie dormant in the tissues until some exciting factor like fever, trauma, food sensitivity, emotional or psychic changes, or menstruation sets it in motion. It usually lasts ten to fourteen days and broad spectrum antibiotics (aureomycin or terramycin) in ointment base are the treatment of choice. Heavy doses of Vitamin B complex will generally minimize attacks in women who regularly get them with menstruation, providing it is given well before the expected outbreak. NOTE: Secondary syphilitic lesions may look very much like these "cold sores," and like them, often occur at the corner of the mouth.

Syphilis - Occasionally syphilitic lesions will be seen on the lip; in fact chancre of the lip is the most frequent extra genital lesion. It usually occurs as an ulcerated, crusted lesion, with raised margins and a red areola varying from the size of a pin head to one half inch in diameter. It may appear punched out and be either shallow or deep. It is usually painless and the glands which drain the area are enlarged. The primary lesion may resemble herpes simplex but the chancre usually lasts three to six weeks. Differentiation from carcinoma is by its rapid development, early marked lymph node involvement, quick recovery and the presence of treponema pallidum in the lesion.

The secondary stage may appear a few weeks or up to several years after the disappearance of the chancre. The mucous patch is slightly raised, light gray and surrounded by a red areola. The corner of the lip is the most common site and it could be confused with the crusty stage of herpes simplex. It is very contagious at this stage.

Tertiary lesions rarely occur on the lips.

Thrush or Moniliasis - These are soft pearly white, spreading, coalescent, slightly elevated patches that do not scrape off readily. They are usually painless and must be differentiated from lichen planus and leukoplakia. There seems to be considerable variation in treatment suggestions. Antibiotics are contra-indicated. Fungicides seem to help.

#### TRAUMA

The lips are subject to trauma from actinic rays, hot cigarettes and cigars, cigarette papers, chemical irritants, loss of intermaxillary space and blows.

Actinic Cheilitis - The lips are swollen and painful and the vermilion border develops a scaly crust.

Case Report: Lt Sherman Spatz of USN Dental Corps recently wrote a case report on a 50 year old active duty warrant officer with this condition. He had a history of much outdoor life and was in exceptionally good physical health. He reported to the dental office with a soreness and tingling in the lip. He was advised that actinic changes had occurred and was told to refrain from further solar exposure. He was observed annually and three years later was referred to oral surgery. A modified horizontal wedge section was removed. The patient recovered and is on regular post-operative observation. The final diagnosis based on microscopic findings indicated that the specimen was consistent with superficial squamous cell carcinoma of the lip. Because of early diagnosis and treatment, and slow metastasis in the lower lip, this warrant officer should be considered cured.

Mechanical Fissures - Anything which causes a decrease in the interaxillary space, with the resulting over folding of the cheek at the corner of the mouth may be the cause of this type of fissure. These are often found in older edentulous patients wearing poorly constructed dentures. The drooling and pooling of saliva is a constant irritant. Increasing the vertical dimension with properly constructed dentures should clear up this condition.

Leukoplakia - This condition appears quite often on the cheek and tongue and not infrequently on the lip. It is characterized by the formation of milky white patches of keratinized epithelium. It may vary from a flattened scaly lesion to one of extreme keratotic activity.

Leukoplakia appears ten times more frequently in men than in women and the excessive use of tobacco is considered to be an outstanding factor. It is necessary to consider other irritants which also may be totally or partially responsible and these include heat, spicy foods, alcohol, local irritation from dentures or rough teeth and syphilis. Col Shira states that in considering leukoplakia we should keep the four "S's" in mind: syphilis, smoke, spirits and spices.

Clinically, the lesion may appear as one of three progressive stages. In the early stage there is a smooth, opaque, pearly white patch with minimal or no surrounding inflammation. Later there is a thickening of the epithelium so that there are leathery plaques now greyish white in appearance and closely demarcated from the surrounding tissue. In the advanced stage there are areas of heavy keratinized epithelium, a warty appearance and fissures and cracks are quite common. In this stage pain is not uncommon.

## Treatment:

- a. Removal of irritants
- b. Scrupulous oral hygiene, including washing the lesion with castile soap
- c. Surgical excision

Leukoplakia is now definitely considered as a precancerous lesion. Where simple hyperkeratosis is present, the prognosis is good. Malignancy has been known to occur in areas where repeated biopsies were made. Where there is dyskeratosis and inflammation the prognosis is not so good. Hoberk found that 10% of 1272 cancer patients had had pre-existing leukoplakic lesions. The treatment suggested is surgical excision. If ignored, a potential malignancy site remains.

## CONCLUSION

Lesions of the lip have been discussed briefly within the following classification:

- a. Malformations
- b. Neoplasms
- c. Infections
- d. Trauma

The dentist has a serious responsibility in recognizing abnormalities of the lip and initiating prompt treatment.

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## EXTRACTIONS DENTAIRES POUR LE PATIENT

### SOUS THERAPIE ANTICOAGULANTE.

Major J.J.Y. Turcotte, DDS, BA



### Introduction.

De nos jours, surtout chez les adultes d'un certain âge, les maladies cardio-vasculaires deviennent de plus en plus fréquentes. Parallèlement, la médecine moderne permet à un grand nombre de malades autrefois voués à la mort à brève échéance, de jouir aujourd'hui d'une existence relativement normale.

Or, comme Darlington le dit dans "Death and Dentistry" (1): "Il existe une relation intime entre la profession dentaire et les maladies cardio-vasculaires." Nous en sommes tous conscients et prenons les précautions nécessaires: histoire de cas, référence au médecin, etc. Cependant, nous devons, de temps à autre, traiter une population particulière comportant un risque chirurgical qui n'existait à peu près pas il y a quelques années à peine. C'est celle des patients sous thérapie anticoagulante à longue échéance.

### Pourquoi et quoi faire?

Les agents anticoagulants tels le Dicoumarol ou l'athrombine K sont les drogues de plus en plus populaires en médecine d'aujourd'hui. On les emploie pour traiter des conditions telles que:

- a/ L'embolie pulmonaire
- b/ la Thrombophlébite
- c/ l'Occlusion artérielle
- d/ la Thrombose veineuse
- e/ l'Occlusion coronaire.

Or, sous traitement médical pour une condition cardio-vasculaire quelconque, le patient qui absorbe quotidiennement une certaine quantité de ces médicaments présente une possibilité d'hémorragie sérieuse lors d'une extraction dentaire; sa coagulation sanguine est retardée. Que peut donc faire le dentiste en face de ce problème?

Les opinions sont partagées. Selon Shira, "la drogue devrait être éliminée et remplacée par la vitamine K jusqu'au moment où le temps de prothrombine soit de nouveau normal." (2) Par contre, on nous dit aussi que: "le danger de formation d'un thrombus au moment de l'arrêt d'un agent anticoagulant est plus grand que le danger de saignement lui-même. La soustraction ou la réduction de l'anticoagulant, surtout combinée avec l'emploi de la vitamine K, peut causer la formation d'un thrombus ou provoquer une embolie." (3) En vue de

ces opinions différentes, voici le traitement présentement adopté par le Département Dentaire du Centre Médical de la Défense Nationale, à Ottawa. (4)

#### Méthode.

a/. Le patient se présente directement au laboratoire de l'hôpital, tôt le matin, pour l'obtention de "son" temps de prothrombine.

b/. Si le temps de prothrombine est inférieur au rapport de 2.5, l'extraction sera faite.

c/. Sédation, normalement Démerol 50mg., Phénergan 25mg., I.M. 30 minutes avant l'anesthésie.

d/. Pression sanguine prise trois fois avant l'opération pour établir la normale du patient.

e/. Infiltration locale ou bloc, selon le cas, Xylocaïne 2% HCL, 1:100,000 Epinéphrine.

f/. Patient amené à la salle d'opération, où l'extraction est faite de la façon la plus stérile possible.

g/. Pression sanguine enregistrée pendant l'opération, une baisse soudaine étant à surveiller.

h/. Extraction d'une molaire ou deux incisives au maximum.

i/. Mise en place d'un agent hémostatique soluble dans l'alvéole, sutures en croix avec soie 000, et pression occlusale sur coton pour les deux heures qui suivent.

j/. Pression sanguine post-opératoire immédiate, une heure et deux heures plus tard.

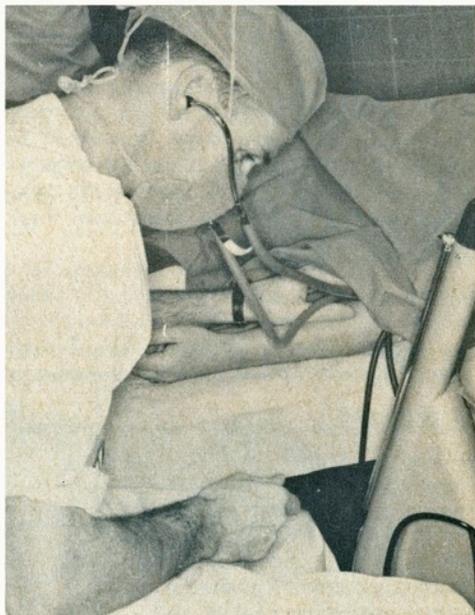
#### Explications.

L'expérience a démontré que le saignement qui se produit après une extraction dentaire faite selon la méthode décrite plus haut, peut très bien se contrôler localement. Le rapport du temps de prothrombine la journée même est important puisqu'il peut varier d'une journée à l'autre selon le patient. La sédation est nécessaire, car nous voulons un patient qui va coopérer tout en étant quelque peu insouciant. La normalité de la pression sanguine du patient est établie, une baisse soudaine surveillée attentivement. Anesthésie locale avec épinéphrine pour assurer une perte de sensation profonde et de longue durée. Le patient est surveillé pendant les trois heures qui suivent l'intervention et sa pression étant normale, le saignement contrôlé, il retourne chez lui pour revenir cinq jours plus tard alors que les sutures sont enlevées.

#### Conclusion.

Le "Club Prothrombine" du Centre Médical de la Défense Nationale compte 150 membres répartis comme suit: Militaires en service actif: 81; Vétérans; 65; Police Montée: 4.

La nécessité d'extraction dentaires pour ce groupe de patients se présente assez souvent et tous sont traités de la même façon. Des dizaines d'extractions faites pour ces malades, une seule a présenté quelques complications. L'extraction de dents a donc pu être accompli alors que le taux d'anticoagulation, d'une importance primordiale pour certains, a été maintenu tel que prescrit.



prise de la pression sanguine pendant la chirurgie.

Le patient prêt pour la chirurgie. L'Extraction commence sous conditions stériles. Une lame de bistouri No 12 détaché le joint epithelial.

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### Summary

The procedure for tooth extraction currently employed at the National Defence Medical Centre for cardiac patients under long term anticoagulant therapy is described.

These patients are treated by the dental officer without interference with their blood clothing mechanism. Provided the Prothrombin ratio does not exceed 2.5 on the operation day minimal dental surgery may be performed.

ORTHODONTIC SURVEY - 1965 - DEPARTMENT OF NATIONAL DEFENCE SCHOOLS

Maj W.H. Harrington, CD, DDS, DDPH

Dental services to the dependants of Service personnel and particularly to dependant children are being made available on a wider scale as certain areas are being declared isolated for dental purposes. In January 1965 a study was initiated to determine the orthodontic requirements of service dependents attending Department of National Defence elementary and secondary schools. The aim was to compile information about these children which would serve as a guide for future treatment planning and would permit an assessment to be made on the need for further training in orthodontics in the overall training program. Unit Commanding Officers were requested to advise dental officers conducting the RCDC annual dental examinations at Department of National Defence schools to include the complete range of conditions ranging from interceptive to complex stages warranting orthodontic treatment and report findings under three general headings.

Eight RCDC units situated in Canada and Europe reported results totalled and tabulated as follows:

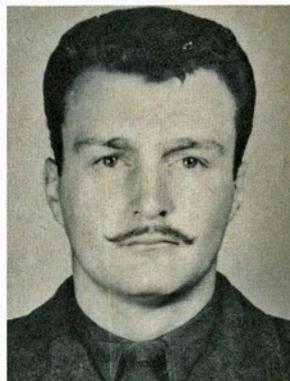
| DND SCHOOL CHILDREN  | NO     | PERCENTAGE |
|--|--------|------------|
| No Examined  | 29,924 | 100        |
| No and percentage requiring orthodontic treatment  | 4,523  | 15.11      |
| No and percentage who have undergone or are undergoing orthodontic treatment                 | 362    | 1.21       |
| Percentage of those requiring treatment who have had or are undergoing orthodontic treatment |        | 7.41       |

In doing this survey it should be recognized that general information of a broad scope was requested. At most it gives a starting point for future studies. The results were expressions of different examining dental officers and vary considerably depending on the individual's training, experience, knowledge and interest. The percentage of Department of National Defence school children recorded requiring orthodontic treatment compared to civilian counterpart was considerably lower than expected. Information from other sources indicates that probably at least 70% of school children would benefit from some orthodontic treatment and that 40% or higher need such treatment. Reasons for this large discrepancy between Department of National Defence and the civilian population are mainly:

- a. The examinations were conducted in class rooms with inadequate lighting, and with only mouth mirror and explorer. Moreover, Radiographs and study models could not be employed.
- b. There was no recording of how many school children missed this examination and who may need or are undergoing treatment.

AFRICA SAFARI - '65

Capt P.S. Wade, DDS



On the 12th of August a Finnish Airways Douglas DC 6 rolled down runway No 2 of Nicosia's international airport - destination "Dark Continent of Africa". Aboard were 88 soldiers of UNFICYP, who counted among their numbers three Canadians all of whom would have a nine day tour to such exotic countries as Egypt, Kenya and Ethiopia.

The first stop-over was Cairo, the leading commercial centre of Egypt and the largest city on the African Continent. Unfortunately it was only an eighteen hour visit and naturally the impressions were vague and fleeting.

The best recalled, of course, was the camel ride which took us around and between the awesome pyramids of ancient and once glorious Egypt. A ride on a camel, even a pyramid camel, is an

extraordinary experience. My gracious steed crouched on the ground with legs folded and as I mounted, the Egyptian handler shouted instructions. The animal then rose in a succession of lurches and grunts. While swaying back and forth and from side to side in a desperate attempt to maintain my balance, I learned at first-hand why camels are known as "Ships of the Desert".



Pyramids of Cheops

Whilst weaving precariously between the pyramids, feeling very much like a sea-sick "land lubber", I was much relieved for the brief respite which followed. As we swung under the 450 foot peak of the mighty Pyramid of Cheops our guide stated that we should stop to watch a professional climber scale the 4500 year old tower of granite. He scaled the pyramid - in 7 minutes. A normal climber we were told would spend some 60 to 90 minutes. Then, after only a few minutes rest, he was on the ground beside us again - a truly phenomenal display of agility and fitness.

As I swerved and swayed away from the pyramids, I chanced one last look backward and was immediately struck by a feeling of insignificance. Once out of their awesome range, though, it was all excitement again as we packed our bags for the second stop on our trip - Nairobi, the capital of the recently independent British East African colony of Kenya.

Our first venture outside the capital was a visit to Nairobi National Park, five miles from the city centre. Travelling in a chauffeur-driven Mercedes through the 44 square miles of parkland was to say the least, a pleasant change from the transportation provided for viewing the pyramids. The park itself is an escarpment which descends to a wide-spread grassplain in which there are numerous small water pans and the long stretch of the Athi River. On one occasion we stopped the car by the river to watch the hippopotami and crocodiles in the water pools, which was interesting enough in itself not counting the baboon which decided to try and hitch a ride on the hood of the car as we moved off. The scramble for cameras was of course hilarious, but, as we learned later there was really no hurry for as a result of many years of safety the animals had long ago ceased to fear humans. Next came an hour's stroll along the bank of the river, stopping every few steps to photograph the almost endless antics of monkeys in every tree.

Once again back in the car, and rid of the baboon, we drove slowly along the road through wandering herds of zebra, wilde beeste, dik dik and impala. The impala surely must be one of the most graceful animals in the world and it was a joy to watch the many hundreds of them jumping in all directions, 30 feet in a single leap and often 10 feet in the air. Eventually, after an hour's search the unmistakable long necks of the giraffes were seen, and shortly thereafter we spotted the king of the beasts. Much to our disappointment he had just eaten and not even the honking horns of our cars could disturb his slumber. Only once did he raise his monstrous head to look haughtily at our column and then it was back to dreamland - some king!



Some king!



Elephants - Amboseli National Park

As dawn approached the next morning, we were well into the Masai-Amboseli National Park, an area of 1259 square miles situated just north of Mount Kilimanjaro and approximately 150 miles from Nairobi. Following the booking of an African guide who subsequently proved to be the most skilled of the twenty available, we felt fully repaid for our early rising. He not only led us directly to all the big game but much to our delight, found more than twice the variety of species seen by our fellow tourists.

This reserve is particularly famous for its rhinoceros, which we were told would charge anything near to him. Unbelievably, that is precisely what happened to our group and we, along with the driver, were completely taken by surprise. Luckily the "rhino" decided our car was too much competition and swung clear by a few yards - not without, I might say, leaving us all too excited to take even one picture.

One of the most memorable experiences in the reserve was a confrontation with two Masai warriors. Semi-nomadic pastoralists, and warlike, their tribe once succeeded in terrorizing the Kikuyu and other inhabitants of the East African plateau, and driving them from their traditional farm lands. Only during the early part of this last century were they pacified by the British. The two proud and intractably independent warriors we saw were covered from head to toe with red ochre well mixed with grease, and demonstrated for us their ability with their flat, razor sharp spears. It is with these spears that they still protect their cattle from raiding lions called "Zimba" in Swahili. We left these proud warriors with some regret, but once again it was time to move on - to Ethiopia.

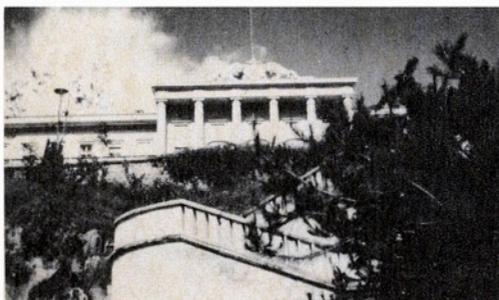


Masai warrior

Viewed from the air, Ethiopia is a land of beauty with deep gorges, volcanic mountain peaks and rugged plateaus all offering a scenic grandeur. Addis Ababa, the capital, had been described in our handbook as an "island floating in a primitive sea", for around the city for a depth of several miles grows a circle of bluish-green eucalyptus trees, originally Australian and imported into Ethiopia at the end of the 19th century. "Addis Ababa" in Anharic means "New Flower". I realized how appropriate this name is, for flowers literally grow everywhere in great profusion.

During our stop in the capital we became increasingly conscious that Addis Ababa was like much of Africa with the old contrasting with the new almost everywhere. It was on the second and last day of our stay that it was explained to us that Ethiopia, one of the oldest independent nations of tropical Africa, being surrounded by Islam, isolated herself from the rest of the world for nearly ten centuries. Not until after the Italian occupation and Emperor Haile Selassie 1st was restored to his throne in 1941 was the country able to make a serious effort to modernize. Unfortunately, the pace appears to be painfully slow.

Our first visit in the city was to the newly constructed Africa Hall, an ultra-modern all-African convention centre. It is an imposing \$2 million structure the impressive stained glass in the lobby of which depicts Ethiopia's struggle for independence. Passing through the lobby into the main convention hall, we learned that the United Nations Economic Commission for Africa, a pan-African group, hold their sessions here.



We also visited the Imperial Palace in Addis Ababa which was not open to the public, but we wandered through the grounds.

The last stop of the tour was the market place where everyone was besieged by traders from seven to seventy. Good salesmen they all were and the bargains were irresistible, especially when animal skins, drums, knives and spears were available for a tenth the asking price. Bargaining is a "must" when shopping in Africa.

In Nairobi and in Addis Ababa evenings were passed visiting the many night clubs and enjoying the local food. Unfortunately night clubs were not quite what everyone expected, since rock-and-roll, the twist and the jerk were very much in evidence. No doubt these are some of the "modern aspects" that were explained to us previously.

On the ninth and last day, bags were woefully packed with souvenirs bulging from all pockets, and twelve hours later following a short stop in Bijouti, French Somaliland, we were lining up for a perfect landing in Nicosia. In retrospect it was a trip of a lifetime and never to be forgotten, for in a small way I feel I have gained an insight into the East African way of life.

## The RCDC News

### RCDC Bonspiel

The Fourth Annual RCDC Bonspiel was held in Camp Borden 18-19 Feb 66. 32 rinks competed in three events and there were approximately 170 Corps personnel in attendance - making this the largest RCDC assembly in peace-time.

Following the finals, a presentation dinner was held in the CFMTC Serge Mess. Trophies, crests and prizes were presented with appropriate complimentary remarks. (and some not so complimentary from the bystanders)

Members of the RCDC(S) staff who formed the Bonspiel Committee are to be commended for their efforts in organizing this event so efficiently.

### "A Event" - for the Wansbrough Trophy

Capt Cliff Mason's 11 Coy rink from Edmonton, curling superbly throughout the bonspiel defeated Maj Jim Wright's RCDC(S) rink in the final.

Winners - Front row L to R  
Skip - Capt CM Mason, Sgt  
RA Neil, Sgt KJ Shergold,  
Pte RE Osborne

Runners-up - Back row L to R  
Skip - Maj JN Wright, Cpl RS  
Walker, Capt CH Loken, SSgt  
HC Kirby



"B Event" - for the RCDC(R) Officers' Trophy.

The RCDC School was not to be denied some consolation - as Lt-Col Harry Frotheroe's rink defeated Maj Bill Collier's foursome from 14 Coy in this event.

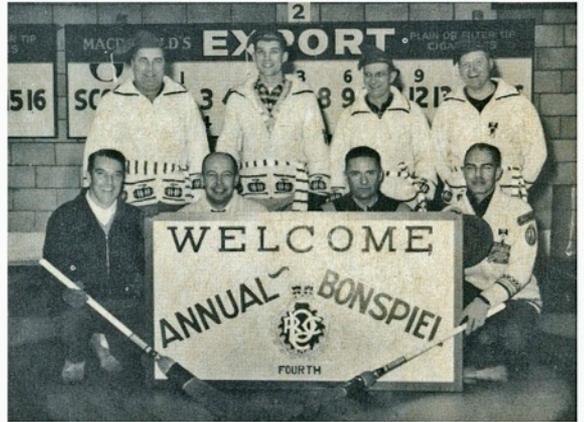
Winners - Front row L to R - Maj AG Andrews, Maj JMA Donely, Col GR Covey, Lt-Col DH Frotheroe - skip  
Runners-up - Back row L to R - Sgt Johnson RB, Pte Falmer WG, Capt MH Harach, Maj WR Collier - skip.



"C Event" - for the Warrant Officers' and Senior NCOs' Trophy.

Last year's "A" event winners from the Directorate skipped by Brig Baird took a fancy to the new WOs' and Sr NCOs' Trophy and posted the necessary win over WO2 Archie Davison's 15 Coy rink.

Winners - Front row L to R - Mr AL Wiffin, Lt-Col SG Bagnall, Lt-Col Brusso, Brig KM Baird - skip  
Runners-up - Back row L to R - Lt-Col FD Charman, Capt DG Jones, WO2 Davison AF - skip and SSgt Wood DB



The RCDC School reports that plans are already underway for the Fifth Annual Bonspiel.

## 1 Dent Det

### Meetings

All officers of No 1 Dent Det attended the seminar conducted by Col Lister, US Army Dental Corps, at NDMC on 17 Jan 66.

Officers of No 1 Dent Det attended a lecture with coloured slides conducted by Mr A Gee of Denco on 11 Feb 66. His subject was "Trends in Dental Equipment."

### Lt-Col JA Lauziere Retires

Lt-Col "Ad" Lauziere has retired from the Armed Forces after a long and colourful career. He had war-time service with the RCAF and later donned the kahki uniform to serve in North West Europe. Since 1949 he has been a member of the RCDC and has had a variety of postings ranging from Germany to Camp Shilo. On 30 Mar 66 a party was held at 13 PD to honour Lt-Col Lauziere. Col BF Kearney presented him with a RCDC plaque and extended best wishes on behalf of the Corps.

## 1 Dent Eqpt Dep

### Commissioned from the Ranks

Congratulations are extended to Lt TM Jackson on being commissioned and promoted to the rank of Lieutenant Specialist Officer effective 16 Feb 66. He has had many years of service, commencing with the CDC in July 1940.



### Sports

The two curling rinks from this Unit won the annual Curling Challenge Trophy held between 1 DED and 1 Central Medical Equipment Depot.

Maj JW Fletcher is again commended for his prowess as a bowler. He won a trophy and cash for having the high 5 game cross in the Upper Ottawa Valley Carlings Men's Team Bowling Tournament held on 29 Jan 66.

## 11 Dent Coy

### Special Events

No 13 Dental Clinic Cold Lake personnel participated in the station Polar Carnival Week by creating and entering a dental exhibit in the parade of floats. They also carved an eight foot molar to compete in the ice sculpture event.

### Curling

RCDC personnel in Calgary won the main event in the Calgary CFMS Bonspiel after being asked to supply a rink to balance out the number entered. From L to R - Maj JJ Walker, WO2 Kennedy FA (Skip), Pte Vasek JJM and Capt GA Johnson.



## 12 Dent Coy

### Duty Trips

Major RH Headley and Cpl Thorburn JH comprised the dental team involved in Exercise "White Caribou". It is reported that they had a somewhat hazardous six days since Newfoundland was hit by heavy snow storms. They also were involved in Exercise "White Express" which took place in Norway.

Cpts FGC Arpin, IM Hamilton and JO Strom, Sgts D'Eon DR, Grundy FG, MacDow CE and Cpl Albertson GG returned from their last trip aboard HMCS Cape Scott and Bonaventure looking as though they had spent a couple of months in Florida. They spent time in the following ports: San Juan; Rio de Janeiro, (particularly gay because the visit coincided with the yearly carnival); Montevideo; Puerto Rico; Bridgetown, Barbados; and Chagarumus Bay, Trinidad.

## 1gt Brown AD Retires

Personnel in the Halifax area attended a party to honour SSgt Brown AD who is retiring on medical grounds after 25 years of service. Col Cunningham presented him with a suitably engraved beer mug. Best wishes are extended to Art in his new environment.

## Sports

Capt HS Wood and Pte Beauchamp C/JN were members of the Halifax garrison bowling team that competed in the Eastern Command tournament in Camp Gagetown 17-18 Feb. They did well, finishing 2nd and 5th respectively.

A dental rink consisting of Lt-Col JG Butler (skip), Sgt Clarke JE, Sgt Schell EL and WO1 JE Shiner won the Supply Bonspiel at HMCS Cornwallis on 22 March.

## Death of RCDC Officer

CFHQ recently announced the death of Major HJ Cashin, 34, on 11 Apr 66. Major Cashin's home was Sydney, NS. As a subsidized student he was commissioned as a second lieutenant in the RCDC in October 1956. On graduation from the Dental Faculty of Dalhousie University he was posted to 14 Company and promoted to captain 1 Jun 58. He served at various RCAF Stations and Army Camps including Fort Churchill, Man. In August 1964 he was promoted major and posted to 12 Company and prior to his death served at HMC Dockyard, Halifax. All members of the Corps extend deepest sympathy to his wife Eileen and two children.

## **13 Dent Coy**

### Special Events

In the last issue of the Quarterly, Capt George Moore's retirement from the RCDC was duly recorded.

He wonders if he will have to wear a beard on retirement like Capt John Lincoln. This photo was taken at the party held at RCAF Station Trenton on Capt Moore's retirement.



From all reports, Colonel and Mrs Roger are thoroughly enjoying their trip to Morocco, Spain and Portugal.

## **14 Dent Coy**

### Red River Threat

Personnel of No 14 Dent Coy assisted Cpl Roy in banking his home with sand bags in readiness for the rising Red River in his community.

### Meetings

Lt-Col Anglin, Major Brown and Capt Buchholz attended the clinical program of the Winnipeg Dental Society on 21 Mar 66. Dr Kenneth R Cantwell of the

University of Oregon Dental School spoke on "Complete Utilization of Rotary Instruments" and "Sound Amalgam Restoration".

### Sports

The Manitoba Dental Association held its annual bonspiel at the Granite Club. Capts Doyle, Buchholz, Mori and Anderson represented No 14 Dent Coy and reported two wins and two losses.

LSgt Cable NJ recently passed his Bronze Medallion Life Saving Course.

## **15 Dent Coy**

### Dental Public Health

No 6 Clinic at Goose Bay sponsored an excellent Dental Public Health program during the first week of February. Co-operation from Station authorities helped to contribute to its success. The program included the following:

- a. examination of and lectures to school children
- b. DPH films shown at school and over the local TV station
- c. posters placed in every section
- d. articles in the RCAF newspaper
- e. radio and TV spot announcements made daily during the week
- f. a controlled panel discussion on TV.

### Special Events

A sugaring-off party was held in a maple grove near St Jean recently and was well attended by RCDC personnel and wives/girl friends from the area. Entertainment included a sleigh-ride, dancing, and of course refreshments. Capt RF Cooper was chief organizer and sugar tester. (or is it taster?)

## **RCDC School**

### RCDC Displays

The National Survival and DOSP displays were transported to the Faculty of Dentistry, University of Toronto, to assist the staff in putting on an "Open House" on 13 Feb 66. The displays will be left in their museum until the end of the semester.

STANDING: L to R: Maj RJ Bryant, Maj HG Bunston, Maj GIJ Bisailon, Maj IW Susser, Maj VM McMaster, Maj WH Murray.

SEATED: L to R: Maj AG Andrews, Lt-Col DH Frotheroe, Col GR Covey, Maj DH Newell, Maj JJN Wright.

Officers' Casualty Care Course  
and Officers' Clinical Course  
14 Feb - 18 Mar 66.



The annual contest between medical and dental officers' rinks in Camp Borden for the Garth Evans Trophy resulted in the Dentals once again being victorious. The DOs' rinks were skipped by Lt-Col Protheroe and Maj Wright.

## 4 Fd Dent Coy

### Professional Meetings

The regular monthly professional meetings are continuing with Major Begin as program chairman. The January meeting considered "Surgical Aspects of Periodontia". The February meeting was hosted by RADC officers at British Military Hospital Inzerlohn where films on "Flexibility in Operative Dentistry" and Surgery for Immediate Denture Insertion" were viewed and discussed.

The US Army dental officers in Kassel hosted the professional meeting on 18 Mar 66. Canadian, German and Belgian officers were in attendance. A display of field dental equipment was set up including a Canadian mobile clinic. The Alston airtor connected to the air brake system of our mobile clinic attracted much attention. Col RB Shira, USEUR Dental Surgeon, was the after-dinner speaker.

The dental NCO study group, chaired by WO2 Abernethy, has been considering the benefits and techniques of fluoridation and the role and employment of dental tradesmen. Sgt Reid has been elected as the new chairman of this group.

### Curling

Murren - Switzerland  
 SSgt Sullivan in action.  
 Some form! Some background!  
 Col Richardson and SSgt Sullivan curled in the German Curling Association International competition in Murren. SSgt Sullivan's rink won "A" division of the Men's League Fort York Curling Club; and with his wife as vice-skip, he won "A" division of the Fort York Mixed League.



## 35 Fd Dent Unit

### Meetings

35 Fd Dent Unit was host to the 767 Medical Detachment (Dental Service), US Forces, Verdun Area January Education Meeting which was held at 1 Air Div HQ, Metz, on 7 Jan 66. 18 officers attended, consisting of 14 US Army and 4 RCDC.

### Curling

Maj Dickie's rink from 3 Wing attended a bonspiel in St Gallens, Switzerland. It was the first all Canadian rink to win first prize in a major bonspiel there.

LAW Sandy McMillan, Dent A, 3 Wing, was on the rink that won the first event in the Annual WF Air Div Curling Bonspiel held in Baden-Baden, Germany.

## **CBU (UNEF)**

### Special Events

A farewell party was held for Maj Roy, Capt Nattress and Cpl MacLean who will be leaving for Canada shortly on rotation.

### Leave

Capt Chernesky proceeded on six days leave to Cairo, Luxor and Aswan; and Sgt Lindsay went on four days leave to Sharm El Sheik on the Gulf of Aquaba with the Canadian Signals Detachment.

## **CCUNCYP**

### Rotation

The clinic personnel are looking forward to their return to Canada in April and are looking back at the tremendous experience of the past six months.

## **Training**

### University of Toronto - Toronto, Ontario

Lt-Col WH Carter - Occlusion and Occlusal Correction - 21-26 Feb 66

Maj JMA Donely - Orthodontics Course in Dentistry 18-22 Apr 66

### University of Michigan, Ann Arbor, Michigan

Maj EMC Franklin - Oral Surgery - 14-25 Mar 66

### The Doctors' Hospital, Toronto, Ontario

Maj IAC MacDonald - Oral Surgery - Mar-May 66

### US Naval Dental School, Bethesda, Md., USA

Lt-Col HR Kettlys - Fixed Partial Dentures - 18 Apr - 3 Jun 66

Capt JJB Houde - Fixed Partial Dentures - 18-22 Apr 66

### RCDC School - Camp Borden, Ont - Officers' Casualty Care Course and Officers' Clinical Course - 14 Feb - 18 Mar 66

Majs GIJ Bisailon, RJ Bryant, HG Bunston, VM McMaster, WH Murray, IW Susser

### Central Officers' School, RCAF Stn Centralia

Capt CA Casterton - Military Management - Jan 66

### Training with Industry - Ritter Training School - Rochester, NY 18-30 Apr 66

Ssgt Hopkins RG

### No 1 Dent Eqpt Depot - Camp Petawawa, Ont - Dent Storeman Gp 3 Course 4-29 Apr 66

Cpls Hall MJ, McDonald RW, McRoberts DT, Thompson RE - Gp 2 Course 10 Jan - 22 Apr 66 - Pte Strasdin JA

### Junior NCO Course

Cpls Challenger GN, Clark JDW, Danyluck RW, Deveaux CW, Girdlestone TV, Hagglund FN, Kalmel H, MacGillivray JH, McEwen JB, Peck AH, Porteous GW, Sharp NB, Schultz EJ, Timmers PAG, Violette JLA, Ptes Bristow GB, Larouche JA

### RCDC School - Camp Borden, Ont - Dental Assistant Gp 1 Course - 21 Mar - 6 May 66

Ptes Anderson GM, Baxter HE, Beauchamp JNC, Bernard PB, Bernier JG, Bowman GW, Clint JE, Cliche JPGA, Cloutier JRA, Delmage RK, Eastabrooks AL, Evans RV, Feeney DC, James TA, Kukurudziak TRJ, Kilgrain BC, Maelde P, McIntosh WR, Mehler PJ, Morin EAJ, Osborne RE, Renwick WH, Scheer RB, Shave CC, Tallack RJ, Vasek JJM, Veilleux JNY, Walker JM

## Welcome to the Corps

Capt - EI Gerard.

Ptes - Anderson GM, Bernard PB, Bowman GW, Bowser GG, Burt GR, Butson JF, Cliche JPGA, Estabrooks AL, Evans RV, James TA, Maelde P, Tallack RJ, Vasek JJ, Veilleux JNY.

Part V Dental Nurses - Mrs KA Cameron (4Fd), Mrs EM Patterson, Mrs WA Vaness (4Fd).

## Retirements and Releases

Mrs EE Alsop, SSgt Brown AD, Cpl Geddes RL, Dr JP Lantier, Lt-Col JA Lauziere, Sgt McGunigal G, Capt GJ Moore, Miss CD Spurgeon, LAW DA Titus, Pte Vance RF.

## Promotions

To Lt - TM Jackson

To Cpl - MacGillivray JH, Mattatall LE, McMillan SJ, Patterson JE.

## Vital Statistics

### Births

Son - Cpl and Mrs Arsenault JB; Sgt and Mrs King HC; Capt and Mrs DR O'Hara; Capt and Mrs GR Rowe; WO2 and Mrs Therrien JCA; adopted a son - LAC and LAW Titus; Cpl and Mrs Veinot RD; Capt and Mrs BH Weeks.

Daughter - Sgt and Mrs Dawson WR; Sgt and Mrs Hill DF; Cpl and Mrs Walker and Mrs Werkmann AE.

### Marriages

Pte Bristow GB to E Pauline Johnston; Sgt Flesher LG to Mrs Katherine Mary Waldbauer; Cpl MacLean LI to Miss Donna Norton; Capt JML Rochefort to Miss Emilie Robert.

### Deaths

Deepest Sympathy is extended to Pte Wesley JA on the death of his wife, Lorraine.

- Cpl Bussell WE - mother
- Sgt Grundy FG, Capt MD Taylor - father

## Notice

Greetings received from the Minister of National Defence.

"For Brigadier KM Baird, OBE, CD, Colonel Commandant, RCDC from Minister of National Defence. My very best wishes to you and all ranks of The Royal Canadian Dental Corps on the 51st birthday of your Corps, 20 April 1966".