

*The*

**ROYAL CANADIAN  
DENTAL CORPS**

*Quarterly*



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## The RCDC Quarterly

Published by authority of Brigadier-General BP Kearney, MBE, CD, QHDS

This publication serves as a means for the exchange of ideas, experiences and information within the Royal Canadian Dental Corps. Views and opinions expressed are those of the authors and are not necessarily those of the Director General of Dental Services or the Department of National Defence.

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

Director General of Dental Services  
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## Cover Photograph

SGT George Shechosky and his ice sculpture entitled "The Jester". This work of art by SGT Shechosky and other members of the SGT's Mess was painted in a gaudy combination of red, blue and yellow and won first prize in the CFB Moose Jaw Winter Carnival.

## THE RED TAPE IN PREVENTION

BGEN BP Kearney, MBE, CD, DDS, QHDS, FICD



Personnel of the Canadian Armed Forces are provided with free dental care. Not spelled out anywhere, but inferred, is a requirement for the Dental Service to make all personnel dentally fit, to maintain them in that condition and to bid them farewell, after long and faithful service, with sparkling dentitions--either their own or the Queen's or combinations thereof.

Throughout the years since World War II, this has indeed been our goal, although knowing full well that we fell far short of it. Throughout those years, and until very recently, our dental officer strength remained well below our establishment figures which were based on a ratio of one dental officer to 750 Service personnel. Whether such a ratio was or was not an adequate one remained of purely academic interest as years went by with little improvement in dental officer strength.

During these lean years we provided treatment on the basis of "the greatest good for the greatest number". This involved bringing as many as possible of the "bad" category mouths into a "pretty good" or "not so bad" category (depending on one's point of view). In fact, a very great deal of our time was spent in bringing those individuals who demanded treatment, to a very high level of dental fitness. We got by this way, actually with very few complaints, but the rub came when we were faced with the panic situation of getting large bodies of troops into a dentally fit condition to proceed on operations or exercises. I do not apologize, gentlemen. Really, I think we did quite well with the resources available.

As of now though we have a rather different situation. Our dental officer strength has improved considerably and our clientele has been reduced although, in honesty, this latter factor has had less impact than one might imagine, as our responsibility for dependant care has increased. We have expanded the duties of our auxiliary personnel in the treatment area and we have available to us new and improved agents and methods for preventing and treating dental disease.

With all these factors in mind we set up a series of studies to determine the true magnitude of our treatment problem and, hopefully, the most effective means of coping with it.

On the premise that the total dental treatment requirement is composed of that being brought into the Forces, that already existing within the Forces, and that occurring as new disease and deterioration of restorations, we broke our studies into three main parts:

### \* Editor's Note

This paper was presented at the Canadian Forces Medical Service Clinical Conference held in Kingston Ontario, April 24-25, 1969.

- a. the treatment requirements of new entrants,
- b. the treatment requirements of serving personnel, and
- c. the annual maintenance requirement.

I shall briefly describe each of these three studies.

#### New Entrants

Beginning in December 1966, examinations including bite-wing x-rays, were made on the first 400 male applicants to present themselves at each of the six Personnel Selection Units in Canada for a total sample of 2,400. All examiners had been previously standardized as to method by the study director. A treatment plan was formulated for each individual and all treatment procedures required for optimal dental fitness was recorded. By plotting these required procedures against previously determined treatment timings, it was possible to arrive at the dentist/hour cost of providing the treatment.

Similar examinations were made and treatment planned for female recruits, officer candidates and Service College entrants. The numbers involved were, of course, smaller and probably less significant and will not be used in this presentation. Of interest, however, is that the caries experience of these latter groups was little different from that of the male recruits. That is, their DMFT was similar 'in toto' but contrasted within its components. Generally, the girls and officer candidates were lower in the "decay" and "missing" components and higher in the "filled". These are not surprising findings as they reflect frequently reported socio-economic, educational and oral hygiene factors.

This study showed the average male recruit requires almost nine hours of dental treatment.

#### Serving Personnel

The Director of Personnel Requirements Control provided a random selection of 640 names of serving personnel from service nominal rolls. Of these, 604 were located and examined by dental officers following detailed written instructions. Eight of the group were serving in the USA and were examined by US Army or Air Force dental officers. Of the 604 examined, 96% were between 21 and 49 years of age.

Again treatment plans were formulated and it was determined that serving members required, on the average, just under six hours of treatment to obtain optimal dental fitness.

#### Annual Maintenance

To determine the annual maintenance requirements, 25 dental officers were selected and each was required to make dentally fit 15 servicemen who intended to remain in the Service for at least one year after fitness was established. These 15 men, to limit bias, were selected one chance morning of the week, being the first 15 to enter the clinic who could be used in the study.

These men were re-examined 365 days after being made dentally-fit and any new requirements recorded. They were also questioned as to any treatment they might have received during the year from any other Service source or from civilian source while away from their base.

This study indicates that the time required to re-establish fitness after one year has elapsed, ie. the annual maintenance care requirement, averages 1.9 hours; this figure includes the annual prophylaxis and topical application of fluoride.

The dentist/hours for each of the three components of the dental treatment problem are as shown in Figure 1.

Average Treatment Commitments per Serviceman	
Recruit Care	8.87 hours
Serving members backlog	5.93 hours
Maintenance Care	1.99 hours

Figure 1

By plotting these figures, rounded off to even numbers, against the total personnel of the Forces, now approximately 98,000 with an annual intake of 8,000, we find:

New entrants require - 72,000 hours  
 Serving personnel require - 540,000 hours  
 Annual maintenance requires - 180,000 hours

This all adds up to a figure well in excess of 700,000 hours. Our resources are something under 200,000 dentist/hours per year.



It was immediately obvious that within our resources we could handle the treatment load being brought into the Forces--and--we could, more or less, also take care of the annual increment of treatment requirements occurring to Forces personnel. It was equally obvious that looking after those two components of our treatment problem left us with minus something with which to do anything about that monumental backlog.

Most obvious of all perhaps is the now certain knowledge that, if we hope ever to attain our goal of a dentally-fit Force, some very distinct changes in concept and methods must be incorporated into the system.

These changes must be directed towards reducing the first two components of the treatment problem with a view to providing more and more hours toward whittling away at the backlog.

Considering first the treatment requirement brought into the Forces by new entrants. There is little or nothing that can be done to reduce the amount of dental disease which the recruit brings with him although one can anticipate a gradual reduction in it as a result of ever-increasing consumption of fluoridated water as more and more communities adopt this method of caries prevention. What can be done, however, is to adjust or re-define dental fitness standards for the Service person during his initial engagement period and this we are doing. He will be freed of active carious and periodontal lesions and maintained in a state which, in the judgment of the dental officer, will make him unlikely to become a dental casualty for

one year. Prosthetic appliances for this group will be rare and when placed will be of a type requiring the least expense and time in fabrication. Minor carious lesions may not be restored but simply held static through annual topical applications of fluoride. He will not have had the advantage of a complete dental service but will be in better dental condition than he was when he entered the Service.

This may appear a rather sneaky approach to a problem but is a very realistic and sensible one when it is considered that less than half of recruit intake are likely to become career personnel. By this approach it is hoped to reduce the new entrant treatment requirement by as much as 50% of the dentist/hours required for optimal fitness; a saving in excess of 30,000 hours.

An even more significant reduction can be obtained in the annual maintenance care requirement by application of proven preventive measures. US Navy findings show a reduction of upwards of 70% in new carious lesions to be obtainable by use of the 3-pronged method of fluoride prophylaxis, topical fluoride application and daily use of a fluoride-containing dentifrice. By this means a reduction in the maintenance care requirement of even 50% would result in a saving of 100,000 treatment hours.



To achieve this kind of saving we instituted the RCDC Preventive Dentistry Program on April 1, 1968. Basically, the Program requires all clinically-employed personnel, dental officers and therapists, to devote one full working day per week to applying these preventive measures. This amounts to an investment of 20% of available hours, ie. approximately 40,000 hours to obtain the reduction of 100,000 hours; a net gain of 60,000 hours to apply to the treatment backlog. We now believe that by making increased use of self-preparation techniques that we can cut the time required by clinic personnel to one half-day per week, ie. 10% of treatment time for a net gain of 80,000 hours.

The other main element of the Preventive Program involves all dental officers devoting their efforts one day per week, to making dentally-fit at least two patients who require less than three hours of treatment. Their charts are then coded red and they are recalled annually during the month of their birth dates for re-examination, fluoride and immediate correction of any new defects. The remaining time each week, approximately 60%, is devoted to "demand" dental treatment or "business as usual".

The ultimate aim of the program is, of course, to have everyone dentally fit and on annual recall with the more caries-susceptible mouths on semi-annual recall. The program is kept under constant review and will continue to be subject to amendment as a result of our experience with it and to incorporate improved methods and agents as they become available.

By and large, the program has been readily accepted and is well supported. Quite naturally it got off the ground more quickly in some locations than in others. I think we have very few officers who do not believe that, with this programmed approach to our problem, we do indeed have a real hope of licking it.

In its first year of operation we have exceeded our targets in both the fluoride protection aspect and in red charts. We treated approximately 44,000 patients with fluoride during the year and put in excess of 15,000 red charts in the bank. I consider this a highly creditable showing and believe that we can expect a marked reduction in the magnitude of our problem within five years' time, when we shall repeat our studies.

Before closing, I wish to tell you very briefly what we are doing at the Recruit Schools and what we hope to do. Early in the recruit course, all the new entrants are brought to the clinic in groups of 50. Three hours are allotted to each group. They are conducted through fluoride self-preparation and then receive fluoride topicals followed by dental examination and documentation. Finally they are given instruction in oral hygiene using a combination of films and lecture-demonstrations. They receive no treatment while on recruit training other than that of an emergency nature.

With the opening of our expanded facility at Cornwallis this summer, which will triple the capacity of that plant, we propose to retain certain of the recruits for a period of up to one week following successful completion of their training. The ones retained will be those who require the least treatment, ie. those who can be quickly converted to red-coded charts and can be expected to remain in this category throughout their careers in the Forces. The numbers retained will be the maximum which can be made dentally-fit within the interval between graduations.

We have, of course, similar plans and hopes for the French-speaking recruits at St Jean but are, in fact, planning a more modest expansion there for the interim period prior to that School's move to Valcartier. We have plans for a Preventive Dentistry cum Examination centre at Valcartier, separate and distinct from the proposed clinic in the new hospital.

In summary, the Dental Service has a very large problem on its hands. However, we now have the problem defined and are of the belief that it is not insurmountable. I predict, with confidence, a marked reduction in the magnitude of the problem over the next five years.

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#### READING DEVELOPMENT

Major PR McQueen, DDS



#### Introduction

Today's Niagara of printed words literally makes it impossible for a reader to keep his head above water. While men of Isaac Newton's era were well introduced to all sciences, comparable men of 1969 must concentrate on specialties of narrow scope within one science. This is by necessity not choice. For the student or the mathematician the volume of literature is too great to allow the pleasure of random reading.

This increasing volume trend will do two things, it will continue and it will accelerate. It is a real problem. Speed reading has evolved as one answer; more can be read in the same time.

### Theory

Speed reading is not a gimmick. Speed reading is a form of optical calisthenics and mental sweat. It is the activation of a dormant potential which is the ability of the eyes to record and the brain to interpret at a rate far greater than normally employed.

How do we read normally, and how do we waste or neglect that potential to read faster?

The average reader "sees" by moving his eyes along the lines in a series of rhythmic jumps. After each jump the eyes rest, then focus on one or two words then jump ahead. This procedure continues but with intermittent regressions, during which the eyes move back to preceding words for confirmation. This reading of one or two words at a time is spasmodic and is the pattern of the average person reading 250 words per minute, while he is capable of thousands. The process of interpretation is similar, words are mentally assembled, one or two at a time like building blocks, into phrases and sentences. Unfortunately, the words must be "remembered" until the whole sentence is seen. Regression occurs when a word is forgotten.

We are, what we learn. "Look at Spot run, look look look." Courses in reading development try to break these patterns. Reading patterns are habits and habits are difficult to change.

### Procedure

The first goal of reading development courses is to establish the base line for the reader. How fast does he read and what percentage does he retain (comprehension)? Subsequent progress testing scores both factors by calculating the gross reading rate, followed by a short test of comprehension. If the reader correctly answers 70% of the questions, then this is his comprehension score. This percentage value is applied to the gross reading rate to determine the actual or net reading rate.

It is common for the gross reading rate to rise rapidly during the first weeks, usually at the expense of comprehension which may fall from 90% to 30%. This explains the comment "I read it in record time but can't remember a thing". Practice effects the turn-around and comprehension soon rises.

The nucleus of speed reading is FORCE. A forced rate of looking at the words and a forced effort of interpreting what they mean.

The reader must push his rate above the comfort level. If words are missed, they are by-passed. The time needed for regression cannot be permitted. The chances are good that the missed information will be repeated later in the article. One method of pacing is to slide the fingers below the line with the eyes following the fingertips. The emphasis is on key words.

The snarling beast lunged at his hand. Heaving at the door he managed to close it. He sank to the floor in fear and pain looking at the blood on his wrist.

The underlined key words hold the gist of the idea.

This rapid pacing must be practiced if it is to replace sporadic reading with a smooth flowing scan. The search for key words makes the reader identify or read in phrases rather than words.

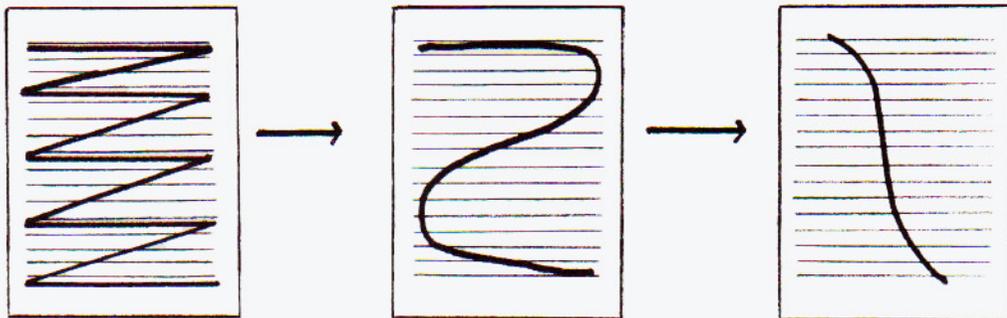
The next step is to increase the pace. The fingertips now move across and down the page in a zig-zag. This practice converts the reading from phrases to sentences.

For example:

Jack be nimble. Jack be quick.  
Jack jumped over the candlestick.  
The second degree burns were attri-  
buted to a broken shoe lace.

The nucleus of speed reading is FORCE. A forced rate of looking and a forced rate of interpretation. As the student learns to "see" by sentences, he must learn to interpret by the sentence. He can no longer read passively waiting for ideas to gel, instead it must become an active process. It is made active by curiosity, what does the author mean, why - how - when? The reader must dig for the ideas. If the reader is searching for the meaning he will maintain a flowing chain of ideas, synchronized with the flowing method of looking. Forced interpretation or active reading is difficult to master, which explains the initial drastic drop in comprehension.

As he progresses, the "Z" increases in size until the whole paragraph is included. This eventually produces a reverse "S" pattern. The ultimate goal is to move the hand down the center of the page in a vertical straight line. Perhaps those Chinese characters should be recognized after all.



Speed reading has limitations--technical instructions, graphs, and charts still require slow methodical study. Its best application is fiction, current affairs, and routine publications.

Finally, old habits return like weeds. Reversion to formal reading habits is a common result. I can learn you English, but you must practice.

#### Summary

This is an exposition of one method of teaching speed reading. It is not intended as a lesson or course.

While this article progressed from step to step rapidly, speed reading courses are of several weeks duration and usually require one or more hours practice per day. Most students commence the course at 250/300 WPM and complete it with 1500 WPM.

This article contains approximately 800 words, one minutes time for a speed reader, how much time did you waste?

## COMMON COMPLICATIONS ASSOCIATED WITH MINOR ORAL SURGERY

Captain GS Zwicker, DDS



This article is intended to direct attention to the more common problems of minor oral surgery which face the general practitioner and to indicate the generally accepted methods of treatment.

Most dentists master the art of exodontia at least to their own satisfaction, and the majority are capable of removing teeth quite painlessly, nevertheless problems can arise before, during, or after surgery. Granted, these are problems which also face the most prominent men involved in oral surgery, but the general practitioner is more likely to feel slightly uneasy with apprehensive patients before or after an injection of local anesthetic, or feel inadequate when faced with post-operative bleeding, swelling, or intense pain.

As members of the health profession, dentists restore and maintain healthy conditions. Often, however, disease conditions overpower normal reparative processes and sound judgement and knowledge must be utilized in providing the patient with proper therapeutic care.

### Pre-surgical complications<sup>1,2</sup>

#### 1. Infection

Faulty sterilizing procedures are seldom a source of complications since the advent of the disposable needle. However, in the dental office where these needles are not used, such things as serum hepatitis, broken needles due to brittleness following repeated boilings, and pain associated with chemical deposits on the needles from sterilizing solutions are sometimes encountered.

#### 2. Injection Technique

Perhaps the most prevalent problem results from careless and sloppy injection techniques. Patients very often report that the pain of the needle penetration was negligible but that the injection of the solution was uncomfortable. Painless injections are almost inevitable if the injection site is properly prepared by wiping the area clean with a sterile gauze pad and applying a mild antiseptic followed by a quick and deliberate insertion and slow administration of the drug.

#### 3. Inflammation

It is known that local anesthesia is difficult to obtain in the presence of inflammation. This is explained on the basis of  $H^+$  ion concentration or  $pH^3$ . Normal tissue has a  $pH$  of 7.2., but to attain a level of 5.35, at which local anesthesia is optimal, manufacturers adjust the  $pH$  of local anesthetics to 3.5. However, in an area of inflammation, the  $pH$  is 4.5, a reading already lower than the optimal value of 5.3, and therefore total anesthesia is not likely, at least with infiltration techniques. Inflammation is a very real process and it results when cells are damaged, such as by very rapid administration of the anesthetic solution. In other words, slow injections usually produce better anesthesia.

#### 4. Anatomy

Inadequate knowledge of the anatomical relationships of the trigeminal nerve can also lead to faulty anesthesia. With minor exceptions, landmarks hold true and proper injection sites are easily found. Accessory nerve distribution<sup>4</sup> can lead to problems, ie, a superficial branch from the cervical plexus, the transverse cervical, can innervate the area of the mandibular bicuspid. The problem here is overcome by an awareness of the nerve distribution.

#### 5. Trismus

The most common source of pain is that of trismus, usually encountered following inferior alveolar blocks whereby the needle either penetrates the median pterygoid muscle or the deep tendon of the temporalis muscle. Paraesthesia and neuritis are also quite common, especially in the lingual nerve. This can be avoided by maintaining the path of insertion at a proper level and using proper medial and lateral landmarks.

#### 6. Intravenous Injection

The use of aspirating syringes has led to the infrequency of hematomas and intravascular injections. The latter can lead to quite severe convulsive attacks, due to rapid absorption of the drug. Should this happen, maintenance of an airway and the administration of oxygen will usually suffice. The administration of drugs in severe cases of drug toxicity - that is short acting barbituates in small (50 mg) incremental doses intravenously or mild stimulants such as caffeine benzoate - depends on the type of anesthetic used. The benzoates are Central Nervous System stimulants while the aniline derivatives are CNS depressants.

#### 7. Adverse reactions

Psychic reactions are quite common, but syncope is easily treated, using ammonium chloride inhalants and by elevation of the extremities. However, we must be able to differentiate simple shock from cardiovascular, cerebrovascular and respiratory problems. Extremely apprehensive patients should be detected, and premedicated with 1.5 - 3 grains of sodium pentobarbital (Nembutal) or sodium secenal, 30 minutes pre-operatively. Allergic reactions, although extremely uncommon, are possible and if suspected, pertinent sensitivity tests should be performed on mucous membrane. Should an unsuspected reaction be encountered, administration of oxygen followed by a proper drug may be necessary. Adrenaline ( $\frac{1}{2}$  - 1cc of 1/1000 solution IV) or a substitute such as Solu-Cortef (100 - 300 mg IV) are the drugs most commonly found in the dental office.

The use of a proper and thorough preanesthetic evaluation and patient history should uncover allergic tendencies and as well reveal such conditions as diabetes mellitus, cardiac disease, hemophilia, rheumatic fever, hyperthyroidism and renal impairment. However, these problems though important, are relatively uncommon and are not discussed in this paper.

#### Surgical Complications

A thorough knowledge of dental anatomy and an awareness of maxillary and mandibular bony architecture is necessary if extractions are to be uncomplicated<sup>5</sup>. It should be basic knowledge that most roots have a distal curvature, if a curvature exists; that maxillary first bicuspid usually have a lingual root; that mandibular premolars and most incisors can be rotated easily; and that mandibular molars are first luxated to the lingual and maxillary molars to the buccal, because of the lingual and buccal cortical plates respectively. Remembering this, root and bone fractures can generally be avoided.

Consideration of the mandibular canal and the maxillary sinus when attempting

to remove, by elevators, mandibular third molars and maxillary root tips is mandatory. Controlled tooth division and proper flap design must be utilized in cases of dilaceration, hypercementosis, ankylosis, crown loss and impactions. Healing is always more uneventful with properly positioned suture lines.

To carry out procedures which will aid in avoiding problems during the removal of teeth, the use of properly exposed radiographs and intelligent interpretation should not be overlooked. The use of right angle radiography<sup>6</sup> is extremely essential in avoiding gross distortions of anatomical structures.

### Post Surgical Complications

#### 1. Dry Socket

Every dentist has observed abnormal post extraction healing and the condition of localized alveolar osteitis or dry socket<sup>7,8</sup>.

A great number of etiologic agents has been suggested, but no single agent appears to be responsible. Something prevents the formation of granulation tissue and resultant organization and osteoplastic activity. Traumatic surgery and definite burnishing of the socket walls is easily detected, yet the majority of patients seem to return with dry sockets following a routine extraction after having left the office 24 - 48 hours previous maintaining pressure on a moistened cotton sponge which held in place a seemingly normal amount of blood.

Foreign body contamination, eg, bone fragments, calculus, and amalgam scraps have been suggested as possible etiologic agents. Improper sterilization of instruments is also possible, since many dentists simply place supposedly sterile instruments in a drawer, forgetting that while they are frantically selecting another instrument with their "bloody" hand, they are also contaminating every instrument in the drawer. Extra precautions should be taken for patients with a history of dry sockets to see that normal bleeding follows extraction. Patients should be given written instructions as to proper post-operative care. Those instructions suggested by the US Naval Dental School<sup>9</sup> with minor modifications are quite complete and are as follows:

- a. Maintain firm biting pressure on the dressing for 30 min. Expect a small amount of bleeding for 24 hrs. If bleeding becomes excessive, return to the office.
- b. No smoking for 4 hrs. In order to promote healing a protective blood clot must form. Do not disturb this clot with strong mouthwashes (including alcohol), the tongue, sucking, food, etc.
- c. As the anesthetic wears off, control pain as directed, either with Aspirin or a prescribed drug. If throbbing pain develops within 24 - 48 hrs, return to the office.
- d. On the day following surgery, use saline rinses - add one tsp salt to a glass of very warm water - at least four times daily (after meals and before retiring).
- e. Some relief may be afforded by using an ice-pack 4 - 6 hrs following surgery, at 20 min intervals.

#### 2. Post-operative Swelling

Post-operative swelling is generally a healthy response but if severe can present problems. Good oral physiotherapy will usually suffice, but occasionally such drugs as Orenzyme (Merrill-trypsin - which breaks down protein macromolecules which clog capillaries and lymphatics) or Statima (Frost-carbazochrome - prevents capillary hemorrhage) can be useful, following suggested doses.

Antibiotic therapy<sup>10</sup> is often essential, the drug of choice being penicillin, with erythromycin and the tetracyclines as alternatives, should allergic reactions or resistant strains exist. The dosage is basically standard; using the metric system 250 mg are given four times daily; after meals and before retiring for 4-6 days. Definite instructions should accompany such drugs.

### 3. Post-operative Pain

Post-operative pain sometimes becomes unbearable and if so mild narcotics such as ASA, phenacetin and caffeine plus 15-30 mg codeine will be sufficient. However, if desired there are many non-narcotic preparations which can be used.

### 4. Post-operative Bleeding

Severe post-operative bleeding<sup>11</sup> is uncommon but in cases where flaps are indicated and not used and great gaping craters exist, massive clots may fill the entire oral cavity. Severing a major vessel, eg. inferior alveolar artery, can be embarrassing. Treatment consists of applying pressure, utilizing socket dressings and placement of tightly tied sutures.

The possibility of systemic problems such as hemophilia or the intake of anti-coagulants should not be overlooked and should be detected in the medical history of the patient.

#### Summary

The purpose of this article has simply been to outline and briefly discuss the more common problems which will face the general practitioner who carries out a minimal amount of oral surgery. Some problems encountered with the administration of the local anesthetic have been mentioned. Basic surgical and post-operative complications have also been outlined and a brief explanation of treatment has been mentioned. In most cases what has been written amounts to little more than basic common sense.

#### Bibliography

There are 11 references available on request.

#### Acknowledgement

The preceding article was prepared and presented orally at a recent Officers Clinical Course in Oral Surgery, held at CFB Borden under the direction of LCOL AG Andrews whose advice is warmly appreciated.

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#### CANADIAN FORCES STAFF SCHOOL (CFSS)

Major FH Harreman, BSc, DDS



#### Introduction

The Staff School course is conducted in Toronto, at the Avenue Road site of the Canadian Forces College. Its big brother is the course conducted at the Canadian Forces Staff College at Armour Heights (Toronto) site of the Canadian Forces College. CFSS is an integrated school composed of staff and students from the land, sea, and

air environments. The course is designed to train junior officers by increasing their knowledge of "military office work", communication skills (oral and written), and to broaden their knowledge of the Forces. The end result is the development of an officer with an increased employment potential in the Canadian Armed Forces.

### Fields of Study

The fields of study included in the Staff School syllabus are as follows:

#### a. Fields

- (1) Service Knowledge - the structure and operation of the Canadian organization for national defence.
- (2) Warfare - the military profession, elements of strategy, and military technology.
- (3) Geopolitics - the political, economic and social conditions which affect war and peace.
- (4) Military Executive Knowledge - those skills necessary to effectively utilize human, financial, and material resources (management).

Emphasis is placed upon the development of communicative skills, and appropriate knowledge of the Canadian Armed Forces.

### Instruction

Instruction is given by formal lectures, visits, and work in syndicates. Lectures are presented by the Directing Staff, and by military and civilian guest lecturers with specialist knowledge. The syndicates are groups of six or seven officers with a member of the Directing Staff as a tutor. The fourteen-week course is divided into two syndicate periods, with a different group of students and a different tutor in the second phase. The syndicate periods provide the student with the opportunity of working with officers from environments other than his own. This can be a very rewarding experience and considerable benefit can be derived from it.

Instruction is primarily through direct participation, allowing the student to express himself orally or in writing, in a formal or informal manner. Throughout the duration of the course the participants must complete numerous assignments, related to a specific field of study, in a pre-determined format. All written assignments are dissected by the tutor - returned - artistically inscribed with prodigious red ink annotations. All extemporaneous oral assignments are analyzed with computer efficiency; the debriefings are artfully executed, and invariably poignant. Credit where credit is due, the tutors are excellent; they are knowledgeable individuals.

### Author's Comments

It is an extremely humbling experience to be plucked from a familiar, comfortable environment, and thrust into a demanding military setting. I discovered to my amazement that there were officers in the Forces with intelligence, with university degrees, other than the dental officers. It became readily apparent that the professional officer is in an occupation demanding high standards of training and performance. As dentists we must strive to maintain our competence; the career officer must stay abreast of the latest developments in his specific field. The technical intricacies of modern warfare demand continued intensive education of the highest caliber. An inspection of the texts and periodicals that can be found in the Staff School and Staff College libraries, corroborates the complexity of military studies. The quantity and quality of the references in these libraries are astounding; I had no idea that so many excellent books are available to the student of military sciences. Professional military knowledge is indeed extensive, and it is high time that it is acknowledged.

The formal lectures were informative and usually interesting. The civilian lecturers were concerned mainly with Geopolitics, and their topics were related to Canadian Government, Canadian Economy and International Affairs. The lecturers on International Affairs were particularly enlightening; they acquainted us with the major political philosophies, and provided some of the rationale behind current international conflicts.

The military speakers were as competent as their civilian counterparts. The subject matter included organization and function of the Department of National Defence, staff procedures, administration, logistics, the military profession, elements of strategy, military technology, communications (listening, reading, writing, speaking, problem solving), management principles and leadership. Many of the lectures, particularly those relating to communication, were presented ably by the Directing Staff. The military guest lecturers were usually from CFHQ, and gave us the current policies from Ottawa. It is impossible to discuss in detail the contents of these lectures but suffice it to say that it provided the bulk of our work load, with numerous assignments to complement the lectures.

The most rewarding instruction at CFSS comes from the tutorials in syndicate. It is here that the individual temperament and personal experience of officers from different environments and trades are candidly expressed. The different attitudes displayed by members of my syndicate were most enjoyable; the directness and positive approach of a CF-104 "strike" pilot in contrast to the probing, questioning theorist (there's always one of these in a group), is wonderful to observe. The discussions invariably result in debate, produce contrasting opinions, and occasionally completely opposing views. It is interesting to note that even the most heated debates seldom resulted in animosity. The syndicate tutorials are a maturing experience, allowing the individual to criticize and be criticized.

I found the written assignments relating to routine staff duties time-consuming and physically taxing, and the infamous red ink comments appeared frequently on my assignments. This continual criticism can be extremely traumatic, and I blessed the day when one of my syndicate associates developed an enormous abscess which provided me with the opportunity of asserting my professional superiority. It seemed that the continual criticism would never end, and when the time came to present my ten minute extemporaneous speech on Chemical Warfare, I once again looked forward to a pleasant, informative debriefing stressing anew my usual inadequacies. Let it be known that these were perilous times.

### Summary

The Staff School course provides students with an opportunity for concentrated study under competent Directing Staff. The experience gained is invaluable. It has made me appreciate the talent that is present in our Forces and understand the tremendous effort that goes into the training of a professional military officer. I consider it a privilege to have attended CFSS Course 3/68 and am grateful that the opportunity presented itself.

### \* Editor's Note

Major FH Harreman, Major PR McQueen and Lt RW Bowness are graduates of the Canadian Forces Staff School.

## **Notice**

The seventh Annual RCDC Golf Tournament is scheduled to be held at the Circlod Pine Golf Club at CFB Borden 5-6 Sep 69.

## PROFILE OF CFB COLD LAKE

Major HW Brogan, BSc, DDS



This Air Defence Command base was the first flying station built after the Second World War and is one of the largest Canadian Forces bases in Canada. It is situated in Northeastern Alberta, 175 miles from Edmonton.

At CFB Cold Lake there are nearly 10,000 servicemen, civilians and dependants, making it one of the seven largest communities in Alberta. This large base is necessary to support its own operating units - 417 Squadron (CF-104's), 434 Squadron (CF-5's), 448 Test Squadron (AETE), 42 Radar Squadron, Canadian Forces Hospital, and The Satellite Tracking Unit.

Today the base offers some of the best accommodation and recreational facilities available to the armed forces anywhere. The winter is still long and cold, but its impact has been softened by the many winter activities pursued under excellent conditions, such as curling, skating, skiing, bowling and other less energetic but equally enjoyable occupations. The summer, though short, transforms the whole area into a vast resort that offers swimming, boating, camping, fishing, and all outdoor sports. In the fall, the hunting is excellent.

A very good highway links the base with Edmonton, from which other first class highways radiate south through Calgary to the United States; west to the mountain park resorts of Jasper and Banff, and then on to Vancouver and the British Columbia Coast; and east to Saskatchewan. The trip to Edmonton can be made in less than three hours by car. Other good all-weather gravel roads provide access to the local lakes and parks, and directly to points east from Cold Lake via Saskatchewan. These communication links, together with established bus and rail services to Edmonton, have effectively dispelled the sense of isolation that prevailed in earlier days.

The CFB Cold Lake community is a congenial and pleasant place in which to live and work. The base has some of the finest recreational facilities available in the Service and the only problem is trying to take advantage of them all. A few may be reluctant to come to Cold Lake because of its semi-isolated location; however, experience has proven that many are reluctant to leave.

The clinic staff with LCOL RB Jackson in charge, consists of seven dental officers and 14 auxiliary personnel with a total patient commitment in excess of 9500 servicemen, dependants and other civilians.

This clinic is one of the largest in the CFDS. The lab is currently undergoing expansion, and plans are being made to expand the treatment facilities by four units.

This clinic has the greatest number of parachutists of any in the CFDS. Since this is a flying base, it provides an area of common understanding. On occasion, it is subject to a heated conversation during Happy Hours. CPL Vasek, who is a sky-diver, was on TD when this photo was taken. The above personnel have amassed 113 jumps in Dakotas, Boxcars, Hercules and Helicopters.



Back row (L to R) - WO Neill; CWO Daw; CPL Gallagher  
Front row (L to R) - MAJ Brogan; LCOL Jackson; CAPT Pankratz

During the recent Polar Carnival, the Base Commander gave permission for a beard growing contest. In excess of 700 beards of various descriptions provided some unlikely looking servicemen.



Standing (L to R) - MAJ Andrews; CPL Mehler, CPL Craig; WO McFadden; CWO Daw  
Seated - LCOL Jackson who has just signed the Proclamation "that on Monday next ye shall all report clean shaven".

WO McFadden took third prize in the full beard category.

## The RCDC News

### SEVENTH ANNUAL RCDC BONSPIEL

Esprit de corps and extensive social gatherings were again evident during the Seventh Annual RCDC Bonspiel in CFB Borden with over 160 curlers and curling enthusiasts participating on 22-23 Feb 69.

A presentation dinner was held in Building T-70, after the Bonspiel. The prizes and trophies were presented after an excellent meal.

The event was considered an unqualified success thanks to the Chairmen Majors JM Donely and H Marion, supported by Captains Cartwright and Peebles, Sergeants Gardner and Vandervaart, CPL Clint, MWO Krauskopf, CFMSTC (Umpire) and Mrs PS Sills and wives for lending a female touch in decorating for the social functions.

An innovation was the highly personalized service of CFDCS personnel behind the bar which it is hoped was enjoyed by all in the form of generous dispensations. Any suggestions regarding this keep-it-in-the-family service will be gladly received by the CFDCS Associate Editor.

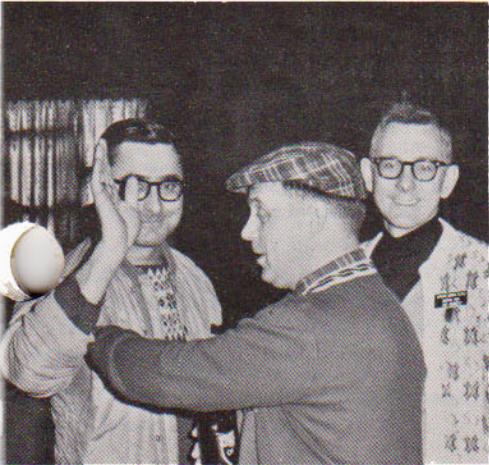


Top Left - MWO Fraser's rink from CFB Petawawa again won the Wansbrough Trophy. BRIG EM Wansbrough (ret'd) presents the Trophy to MWO Fraser JA and the members of his rink (L to R) WO RJ Goodwin, CAPT CW Kearns and MAJ GIJ Bisailon.

Top Right - BRIG EM Wansbrough presents prize to the rink from CFB Toronto skipped by MAJ IA MacDonald, runner-up in "A" Event. L to R CAPT VO Bergland, MAJ CJ Sivell and COL RHG Cunningham.

Bottom Left - "B" Event - WO PD Peterson's rink from CFB ST Jean successfully defended the RCDC(R) Officers' Trophy against a strong Medical rink from CFB Borden-skipped by MAJ T Everson. BGEN BP Kearney, DGDS, presents the Trophy to the winners (L to R) WO PD Peterson, LT R Savoie, MAJ JJB Houde and CAPT JH Nadeau.

Bottom Right - "C" Event - CPL John Clint skipped the CFDCS Borden rink winning the "C" Event for the WOs and Sr NCOs Trophy. BGEN BP Kearney, DGDS, makes the presentation to (L to R) CPL J Clint, MWO EE Mazerall, PTE A Lambert, and MWO J Sadler.



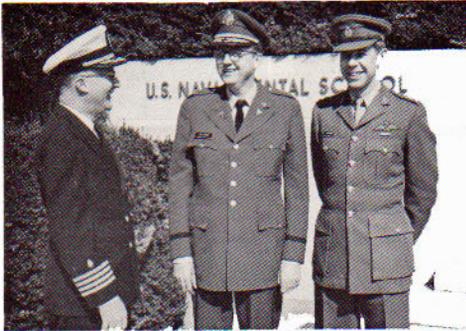
Top Left - MAJ MacDonald shows good form in the hack

Top Right - Teachers and students study the problem

Center Left - The eleventh end

Center Right - Shilo vs London

Bottom - BGEN Kearney presents special trophy donated by CFDS to the U of T DOTP team



CAPT John B Ferris, Executive Officer, greets LCOL EE Floto, Army Dental Corps, and MAJ NH Andrews, Royal Canadian Dental Corps, when they arrived for a tour of the Naval Dental School with a group of 16 students in the Advanced Theory and Science of Dental Practice Course, at the Army Medical Center, on March 28, 1969.

## Division News

The Director General of Dental Services, Brigadier-General BP Kearney, presented a paper to the Surgeon General's Symposium at the 10th Annual CFMS Clinical Conference in Kingston, Ont, 24-25 Apr 1969. This paper is reproduced elsewhere in this edition.

MAJ JVP Chatwin visited clinics in Manitoba and Alberta to discuss and demonstrate aspects of the RCDC preventive dentistry programme.

SGT NAJ Eady attended a Computer Programmer Course at CFMS LaSalle 24 Mar to 30 May 69. Norm took the Introductory Machine Programmers course at his own expense last winter and should do well on the present assignment.

LCOL G MacDougall brought his high school French up to date with a winter course at a local high school and then attended a partial immersion course at the Centre Linguistic, Hull, PQ, 17 Mar to 3 Apr.

Curling teams were active in the Division this year. Brig-Gen Kearney skipped his rink to the Presidents Trophy at the Navy Curling Club. WO Sullivan with WO James, and SGT Dumas won the B event of the SGTs Mess 'spiel and this team with LCOL Richardson skipping, was runner-up in the CFHQ Windup Bonspiel. At this time of year Tom assures us the competition is still pretty tough.

## CFDSS

by

MWO HEG Franzgrote

### Visits

A Sunday excursion to visit the Dental Faculty, University of Toronto was enjoyed by the Pay Level 6 and 7 Therap courses on 2 Feb with MAJ AG Taylor as the conducting officer.

The pretty dental hygienist students and the CFDSS candidates had no difficulty in establishing contact to discuss mutual interests, their work of course.

It was learned that the teaching of certain orthodontic procedures such as the taking of impressions, the shaping and inserting of orthodontic bands and the soldering of corrective wiring is now part of that dental school's hygienist training program. Another point of interest was the possible future acceptance of male students into the hygienist course.

All CFDSS students and staff members taking part in the visit had the opportunity to meet COL CE Purdy, now Professor Purdy, and LCOL WR Thompson now undertaking post-graduate surgery studies.

COL LG Craigie attended the Training Command conference in Winnipeg 20-25 Jan 69 and everyone is wondering where, between Winnipeg and Borden, one can pick up such a convincing tan?

### CPL Norm Hope Top Student on Sr NCO Course



Norm arrived back at the CFDSS on Monday with a smile on his face and a plaque in his hand. Norm had just finished first on his Sr NCO Course, held from 12 Feb to 11 Mar 69, at CFB Chilliwack, BC. The month long course concentrated on problem solving, field exercises, map using, military law and instructional training. Norm, who just recently received his CD, also had the privilege of being parade commander on the graduation parade.

### New Facilities

A new training facility has been built under the direction of CAPT D Cartwright and MWO WD Morris which will provide a modern layout and classroom for the new DENT course starting at the CFDSS in April.

### Preventive Dentistry

A continuous preventive dentistry program is being conducted by MWOs GE Bradley and HEG Franzgrote; WOs H Wagstaff and M MacDonald under direction of MAJ SW Muller. The program uses the self-preparation technique including Acidulated Phosphate fluoride application, bitewing radiographs, a film presentation, classroom oral hygiene instruction and a dental examination.

Dental Therapists on the PL 6 course participated in these dental public health activities thus gaining first hand experience in the newer preventive dentistry techniques.

### Decoration

MWO KE Laurence being presented the clasp to the CD by COL IG Craigie for 22 years of faithful service.



### Promotions

SGT Hans Kalmet was promoted to that rank 1 Feb 69. He has been employed as assistant to the Chief Instructor, LCOL Andrews, and is much sought after for his knowledge and handling of training aids. Hans was born in Barnu, Estonia, is married and has three children. He began his military career with the RCASC in 1958 and has served in Egypt and CFB Borden.

SGT Leverne Hatcher received the good news of his promotion effective 1 Mar 69. He joined the RCHA in 1955, transferred to the RCDC in 1964 and has seen service in Shilo, Manitoba; Debart, NS; Gagetown, NB; and is now employed as Clinical Dental Assistant and Instructor. Leverne is married, has two children and resides in PMOs at CFB Borden.

### Farewell Parties

CAPT V Rausch received a hearty farewell party from all ranks of CFDSS on 21 Mar 69. He has become well known throughout the CFDSS and with many civilian professional organizations for his capabilities in co-operative deep suggestive therapy and hypnodontics. Best wishes for the future in his civilian practice in Waterloo, Ont go with Dr Rausch.

CPL RM Clarke and CPL DG Hewitt were given a draft-beer-barrel party farewell with useful household items as gifts by the officers and men on School staff. CPL Clarke moves on to Mont Apica, and CPL Hewitt chose to retire at this tender age.

### Sports

CPL JA Clint as Skip, MWO EE Mazerall Vice, CAPT NS Misura, Second and SGT B Vandervaart lead contributed a rink to the second annual CFMTS Bonspiel commencing on Friday 14 Feb and consequently won the "A" Event: Colonel Ash Kerr Trophy. They are still grinning and chuckling over their highly respected achievement, but found it a little tougher in the Dental Bonspiel a week later.

CAPT DA Graham, MAJ Bob Bryant (ret'd), CAPT NS Misura and SGT B Vandervaart were the winners of the Melchers Invitational Bonspiel, 18 Jan 69, at Base Borden.

### Travel

CAPT DW Pettigrew and his family returned safely from a vacation trip to the Soest area where he visited his parents.

SGT ADT Gardner travelled with the CFB Borden Sergeants' Mess Hockey Team from Trenton to Lahr 24 Mar 69 to assist in the administration while the Borden team played against the Canadian Sergeants teams in Europe. Anybody looking for an excuse to get a free trip overseas? This could be it.

## **1 Dent Unit**

### Special Events

The Dental officers of the Ottawa area turned out in full force to attend the Ottawa Dental Society meeting held on 20 Jan in the Chateau Laurier Hotel. The guest clinician was LCOL PS Sills who discussed Complete Denture Prosthesis.

On January 8 MAJ J Turcotte addressed the Ontario Dental Nurses and Assistants Association. The topic, The Role of the Dental Assistant in Surgery, was well illustrated with over 100 slides.

### Sports

Dr Grant calculated that, during the RCDC Bonspiel, he curled 100 rocks of approximately 40 lbs each, for a grand total of two tons moved over a distance of 160 feet. He said this was the ONLY reason he was stiff.

## 11 Dent Unit

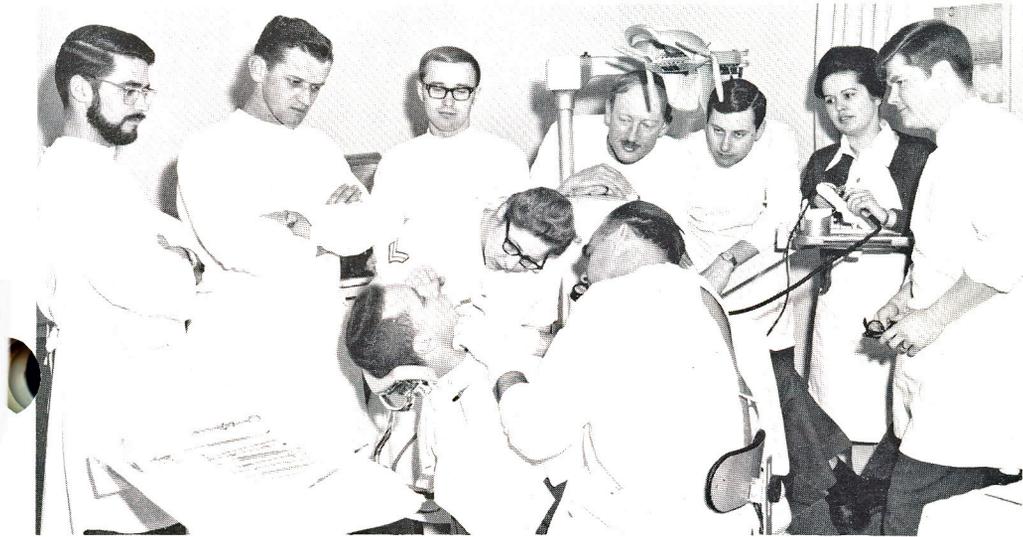
by MWO RD McHugh

### Training

Annual winter training was held at Camp Wainwright 20 Jan to 25 Feb 69. CAPT Berezon and CPL Hughes were the first dental team in, arriving 23 Jan. CAPT Berezon reports they had a record 62 degrees below zero and just about everything froze, eg. vehicles, supplies, and medicine. CAPT Brothers and CPL Mackie arrived on 3 Feb and finished the exercise. They too, suffered through the extreme weather conditions.

Major John Eadon, Esquimalt Detachment, is attending a course in Basic Dental Science at the Royal College of Surgeons, London, England; from 14 Apr to 6 Jun 69. MAJ Eadon has combined his 68/69 and 69/70 annual leave for this purpose and is attending at his own expense.

### Clinical Demonstration - CFB Cold Lake



LCOL AG Andrews, assisted by CPL Koch, demonstrating the removal of a palatal torus. The Chief Instructor of the CPDSS visited Cold Lake from 25-27 Feb to conduct an Oral Surgery Clinic. With Cold Lake's wide choice of patients, a full range of clinical and hospital Oral Surgery was demonstrated.

### Special Events

RCDC personnel in the Victoria area bade farewell to SGT AJC Gagnon on his retirement from the Corps at a "get-together" in the Esquimalt Legion on Friday Feb 28, 1969. A Sandwich Tray was presented to him as a reminder of his days in the Service.

At this Unit's 3rd annual bonspiel SGT Yvonne Dundas of the Griesbach Detachment was presented with wine glasses and a decanter prior to her retirement from the Service. Yvonne has spent 15 years with the Service. Her ready wit and dry sense of humour will be sorely missed. Yvonne and her husband, SGT Al Dundas of the Special Investigation Branch (Air Force) who is being released to pension will shortly take over their 'Ponderosa' out in the Okanagan country and cultivate their vast orchard holdings.

CAPT Tom Erskine Cdn Services College Dental Detachment, finally finished his private pilot's course after a 15 year interruption.

Ian Hunter, who retired from the Corps in 1966 in Edmonton where he served as Unit Quartermaster, paid a visit to this location in March. He has been employed

as a Supervisory Security Officer for a mining company in the far North and recently accepted a similar position at Simon Fraser University.

### Sports

The 3rd annual 11 Dental Unit bonspiel was held the week-end of 11-12 Apr 69. Teams were entered from Cold Lake, Calgary and Edmonton. The Garth C Evans Trophy for the "A" event was won this year by a team skipped by LCOL John Butler from Calgary. John had CAPT Roy Fearon at third, Roy's wife, Lynn, at second and Mary Sisson as lead. The strong Univ of Alta rink composed of 2LTs Graham, Haines, Charlebois and Bradley made John and his rink go an extra end before winning.

The "B" event, playing for the NCO's trophy, recently donated by Dr LW Singer, an Edmonton Optometrist, was won by a rink skipped by young CPL Paul Mehler and his Cold Lake crew. LCOL Bill Jackson, CAPT Hank Pankratz and SGT (AF)(W) Donna Hollins made up the rest of his very fine rink. This proved to be a no-contest affair won after five ends by a score of 10-0. The opposition, if it must be called that, was provided by a Headquarters rink composed of SGT Dick Walker, COL Garth Evans, MWO Ray McHugh and LCOL Don Hiller. "What a bunch of bums!" was heard from the "Gallery Gods".

A team from the Dental Detachment Cold Lake skipped by WO Gerry Shand with MAJ HW Brogan, CAPT Andrews and WO Earle McFadden captured the "B" Event trophy in the Cold Lake Medical Dental Bonspiel March 14-15, 1969.

SGT Marckwort, Edmonton Detachment, spent a busy winter as a ski instructor with the Airborne Regiment. SGT Marckwort is an accomplished skier and his services are much in demand. Helmut is anxious to try the Alps in Switzerland again, real soon!

CAPT MG McRae Comox Detachment won the Zone 1 Men's Singles Badminton Championship held at CFB Comox. He proceeded to CFB Trenton with the team from Comox for Canadian Forces finals. Competition proved to be a little stiffer here but CAPT McRae went to the semi-finals in the singles and doubles before being defeated.



LCOL Andrews departing CFB Cold Lake via the "Teensy-Weensy" Airline. Owner/Pilot/Mechanic is MAJ Brian Andrews. As Cold Lake is a bit off the beaten track, LCOL Andrews took the scenic route, via Cessna 140, to Edmonton to catch the eastbound Yukon.

### Leave

CPL Roy Tallack, Griesbach Detachment, Edmonton, took advantage of an Indulgence Flight to the United Kingdom aboard an RAF Britannia. Roy was to have left Edmonton on 27 Jan 69 but due to temperatures of 20 to 30 degrees below zero the Britannia was unable to get airborne until 3 Feb 69. The flight over carried only six passengers and Roy had ample room to stretch his long legs. Such was not the case on the way back and he ended up buying an Air Canada ticket.

LCOL and Mrs Hillier of the Edmonton Detachment boarded a charter flight in Toronto with relatives for a two-week holiday in the Canary Islands.

## 12 Dent Unit

### Training

CAPT HM Amos, receiving certificate with congratulations from CAPT Howard B Marble, DC, USN, Head of the Oral Surgery Department.



### Honours and Awards

MAJ BA Gaudet was awarded the Canadian Forces Decoration 10 Sep 68. He has been trying ever since to obtain miniatures for his mess kit but apparently nobody has ever heard of a UNEF Medal. How they soon forget the veterans!

### Sunny Vacations for Many Maritimers

In this part of "Canada" the winter weather of rain, fog, snow, freezing rain, then dreary "no weather days" finally drives people to the south for a look at some sunshine. Many members were fortunate in being able to journey to far off places either on duty or leave to reap a bit of "ole sol". The following left for such places as San Juan, Bermuda, Florida — COL SG Bagnall, MAJ GT Crossman, CAPT JF Mullins, MAJ VM McMaster, CAPT ED Cragg, CPL P Maelde, CPL CJN Beauchamp, PTE JD Hopkins, Miss LJ Colter, Miss JF Loring. The real sad part of taking one of these trips is that eventually one must return to face the "Hard times in the Maritimes".

### Sports

CAPT YJA Gagnon from Base Gaagetown was a member of the team that represented 3 Combat Group at the Mobile Command Ski Meet at Valcartier from the 2nd to 8th of March. The team placed fifth out of eight and CAPT Gagnon had the second best overall time of his team.

MAJ RE Dyer has been very busy this last month - he is the President of the Officers Mixed Bowling League at Base Shearwater - they are wrapping up a very successful season.

CAPT OG LePage and WO JE Clarke were participants in the Zone 8 Curling play-downs. Their team was runner-up in the "B" Division.

SGT J Kay skipped his rink to the Championship of the SGTs' Mess Bonspiel at CFB Summerside held during the month of March.

## 13 Dent Unit

### Duty Trips and Visits

SGT DJ Davies from CFH Kingston and SGT EPH Sprathoff from CFB Downsview assisted with the officers clinical complete dentures course 8 Apr to 23 Apr at the CFDS School at CFB Borden.

The real travellers for the unit were CAPT GW Kearns and PTE JG Allain from CFB Petawawa who took part in exercise "Nimrod Caper" from 1 Mar to 25 Mar 69. This exercise took place in Jamaica. It was reached by Air Canada from CFB Petawawa to London, Ontario and by service Yukon flight from London, Ontario to Palisadoes International Airport in Kingston, Jamaica. From Palisadoes travel was by service Buffalo aircraft to the exercise area near the northern luxury resort of Port Antonio. The requirement for emergency dental treatment for service personnel was small and CAPT Kearns also did some emergency dental work for a few local natives. It is reported that our representatives returned well tanned but with battle scars lacking.

### Mickey Mouse Gets To Pay Level 7

Gremlins, ghosts or shadows of the Keystone Kops? Whatever they were, the unit at Camp Picton was having a hard time. MWO Hopkins had to rectify the same malfunction on three separate occasions. Two visits were within three days. He finally solved the problem by sowing a little seed. In this instance--mouse seed. No, he isn't trying to grow mice. Apparently "Mickey" liked the taste of the plastic air hose in the base of the airtorator hose assembly. At any rate he selected it to do his chewing on until the more enticing seed was provided--much to his sorrow, no doubt. MWO Hopkins now spends his time more productively than "big game" hunting.

### Hospital

WO RJ Goodwin was admitted to NDMC Ottawa with a badly fractured mandible 9 Mar 69. This occurred while 'Bob' was refereeing a hockey game at Deep River. His holiday will last about six weeks. Who says they aren't tough in the 'sticks'? referees so vulnerable, we wonder how the players contrive to survive.

## 14 Dent Unit

by WO WA Jackson

### Duty Trips & Visits

We have duty trips and visits coming out our ears so to speak; since the last edition of the Quarterly it would probably be more news-worthy to mention those who have not taken a trip. (pun intended) But because of our high morale and esprit-de-corps LCOL Butcher has not received a single complaint, possibly due to his absence while on a world tour for a month.

### Farewell Shirley Bolger (nee Korken)

In this service world people come and people go and we become rather used to the flow of personnel. Somehow this rather callous approach breaks down with the loss of a civilian whom we looked upon as something of a permanent fixture, especially when this civilian was a pillar of efficiency and dependability in the Fort Osborne clinic for the past 6 years.

Therefore, despite the apparent joy and laughter that prevailed throughout the farewell party held for Shirley on Friday 28 Feb at No 1 Clinic, CFB Winnipeg, there was an undertone of sadness among the older clinic members to see this model-of-a-dental-nurse leaving us. However, we have thrown off our mantle of selfish gloom and in presenting Shirley with an electric carving knife, CAPT Blasetti expressed all our feelings in wishing Shirley and her husband, Vern, joy & success in their new home in Victoria. The lucky guy.

## Sports

HQ Training Command is sponsoring a Jog-a-thon with the aim of promoting physical fitness through a daily programme of jogging. The bait being dangled before everyone is a gold medal and a challenge that only nine out of the almost 3000 troops on the base could successfully complete 200 miles over a 3-month period 1 Mar to 31 May 69. A silver and bronze medal is also being offered for those attaining 150 or 125 miles. CAPT "Sonic Boom" Blasetti, WO "Jet" Jackson and WO "Rush" Roberts have all attained 100 plus miles. Please send all unwanted jogged milage to 14 Dental Unit, we, puff, need them!

Congratulations to CAPT Boucher who was voted the "most valuable" hockey player in the Armed Forces Western Division Playdowns.

## Dental Floss

Overheard PTE Kurbis say just after developing the 4th full mouth survey one morning. "If I spend anymore time in that darkroom I'm going to turn into a mushroom!"

## **15 Dent Unit**

### Accommodation

QM 15 Dental Unit has moved from CFB St Jean to the heart of the Bomb Centre of Canada, to settle in Building 13 at Longue Pointe. LT Savoie reports that everything is pretty well in place and that he may issue roller skates to his staff to speed up production in this large building.

### Leave

MAJ JFA Marcil had the good fortune to spend three weeks Annual Leave in Fort Lauderdale, Florida. Since MAJ Marcil is an ardent golfer, he spent much of his time on the golf course, and other Corps golfers may be interested to know he found Canadian golf courses every bit as good as those in Florida.

COL Cornish has just returned from a three week camera tour of Africa, where he found that animals, small or large, have some very interesting characteristics, such as the elephant who likes, would you believe it, Mint Juleps.

### Sports

Since the clinic staff of CFB St Hubert has taken up skiing on sports afternoons, it seems that every week someone turns up on the injured list, CPL RK Delmage a sprained foot, SGT JF Hill a badly bruised hip, MAJ JCRR Roy a dislocated shoulder.

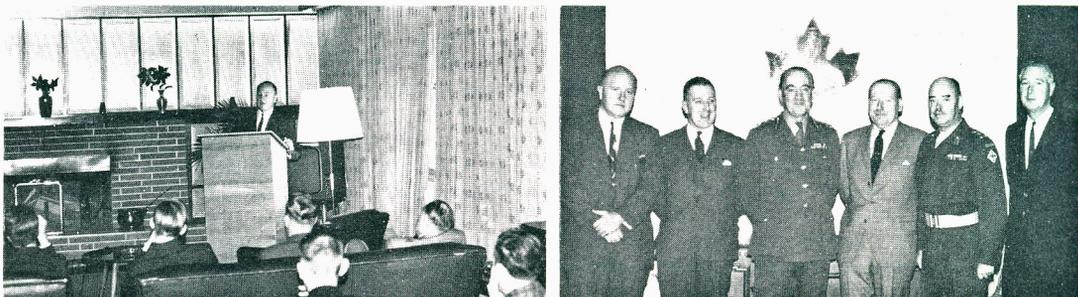
## **4 Fd Dent Coy**

### Professional Meeting

A Professional Dental Officers Meeting was held on 21 Jan 69. A total of 22 Dental Officers attended which included representatives from the British, American and Canadian Forces. Brigadier-General Green, Chief of Dental Services BAOR, along with COL Mackie and LCOL Pearson, RADC, were in attendance.

MAJ Chatwin, Preventive Dentistry Officer, Division of Dental Services, addressed the Professional Dental Officers Meeting, on the subject of Preventive Dentistry

in a manner which stimulated an enthusiastic response from the entire audience. During the cocktail hour that followed, the philosophy and chemistry of Preventive Dentistry was vigorously and heatedly pursued by our visitors. The conversational flavour of stannous fluoride was replaced by a pleasant dinner at 4 CMBG Officers Mess.



Left - Major Chatwin addressing dental officers.

Right - Major JVP Chatwin, DGDS/CFHQ; LCOL Pearson, RADC; BRIG Green, RADC; COL Mackie, RADC; BGEN Gardner, Comd 4 CMBG; LCOL GE Windsor, CO, 4 Fd Dent Coy.

### Marriage

CAPT George Nye was married to Elaine Astrid Ross in the military chapel in Delinghafen, Germany on 14 Mar 69. CAPT H Wood was best man and CAPT Petrie was in the line with his sword raised. Other officers of 4 Fd Coy were in attendance with their wives. Following the ceremony a reception was held in LdSH (RC) Officers Mess. After the usual round of toasts, congratulations and best wishes, the bride and groom disappeared for a 2-week holiday on the sunny island of Djerba.

### Leave

CAPT Griesbach travelled to Cyprus with his family via service aircraft in March. Having served with the UN in Cyprus, he suffered a spasm of nostalgia on seeing the deserted old dental clinic in Lizard Flats and conversely turned green with envy when he saw the new clinic at Camp Maple Leaf.

### Sports

Seventeen members of 4 Fd Dent Coy travelled to Zweibrucken 27 Feb 69 to compete in the annual RCDC Bonspiel (Europe). This was the usual gathering filled with good fellowship and more than enough curling to justify the trip. 4 Field lost the bonspiel but like someone, somewhere, sometime threatened to return.

## **35 Fd Dent Unit**

by SGT DT Moran

### Sports

The sporting highlight of last quarter was the Annual Curling Bonspiel between 4 Fd Dent Coy and 35 Fd Dent Unit. To provide a little background on this event, as far as can be determined, the first Bonspiel was held in 1961. A suitable trophy was produced consisting of a horse cut in half. The winning team would receive the Horse's Head and the losing team would of course be the proud owners of the Horse's Hind End. This is to be an annual event and has been carried on over the years with the odd exception when "Operational Commitments" have cropped up to prevent the gathering of the clan. Operational Commitment is defined as "The H\_\_\_ with you Leon - I have the Head and do not intend to loose it".

Despite the fact that the 35 Fd Dent Unit had very little ice time to practice

their skills, their superior curling carried the day and the Horse's Head was returned to 35 Fd Dent Unit and the Hind End is once again at home with 4 Fd Dent Coy. It is assumed that the latter is prominently displayed in LCOL George Windsor's Office at 4 Fd since the Head has a place of honour in 35 FDU HQ.



CO 35 Fd Dent Unit LCOL DH Protheroe (Top Left) is presenting the Hind End of the horse trophy to CO 4 Fd Dent Coy LCOL G Windsor



"The Winning Team" (Top Right)

L to R - CAPT Brian Weeks (Skip), Dr Ivor Hamilton, PTE Marjorie Kent and CPL Dick Gratton



"The Runners-Up" (Bottom Right)

L to R - MAJ Morley Deyette, CPL C Arnold and WO Jim Minnelli.

CAPT Brian Weeks at 3 Wing skipped his team into 4th place in "B" event and walked off with the Canadian Club Trophy.

MAJ Cliff (Mace the Ace) Mason was coaxed out of retirement this winter and put on the blades once again to help out the Lahr Officers' Mess Hockey Team. He managed to end up tied for top scorer in the league and then was out of action for the play-offs with a banged up knee. Two other officers of the Unit, CAPT Bob (Flash) Fortier and LT Paul (Boom Boom) Carrier were also members of the team which ended up first in the league standings but were beaten out by the Corporals in the finals.

### Leave

It is that time of the year again when everyone is trying to use up the remaining few days of annual leave. As usual during leave periods 35 Fd Dent Unit has personnel scattered all over Europe. Italy seems to be the big attraction this time and heading the list to sunny Italy was LCOL DH Protheroe. Other members of the Unit holidaying in Italy were MAJ Pierre Legendre, PTE Marjorie Kent and WO Bob Lowery. CPL Norma Boles went to Spain and Gibraltar, CAPT Jim Stansfield to Spain and Tangiers, Morocco, MWO Harold Kirby to Vienna, SGT Denny Hughes crossed the Channel to England, PTE Kelly MacEllistrum to Holland, MAJ Cliff Mason and CAPT Bill MacKenzie tried the ski slopes at Tyrol, Austria and CAPT Bob Fortier took an extended trip to France, Spain, and Morocco. MAJ Yvon Cyrenne and CAPT Brian Weeks went on a tour to Berlin which was organized by the NATO Junior Officers Club. Apparently Yvon found the Berlin Wall depressing and decided he needed a rest so he went to Nice, France - from the Berlin Wall to bikinis in one short hop! CAPT Bob Cooper split his leave between Paris and Cyprus.

## Professional Training

### US Naval Dental School - Bethesda, Maryland, USA

CAPT DG Jones - Periodontology - 21 Apr-6 Jun 69  
CAPT CW Kearns - Periodontology - 21 Apr-25 Apr 69

### ENT Air Force Base - Colorado Springs, Colorado, USA

CAPT FH Harreman - Oral Surgery - 17-28 Mar 69

### Doctors Hospital - Toronto, Ontario

CAPT W Budzinski - Residency in Oral Surgery - 14 Apr-6 Jun 69

### Canadian Forces Dental Service School, CFB Borden

#### Complete Dentures - 10 Apr-23 Apr 69

Majors TD Cobb and DE McDermott; Capts KPH Buchholz, JHJC Nadeau, DNH Charles

## Training

### Canadian Forces Dental Service School, CFB Borden

#### Dental Assistant Pay Level 3 - 17 Mar-16 May 69

SGT (AF) Smith CW (CFDSS); CPL (AF)(W) Grandchamp MC (11 Unit), CPL (AF)(W) Nowlan SJ (12 Unit), CPL (A) Jeneveaux WK (12 Unit), PTE (N)(W) Latimer HVP (12 Unit), PTE (A) Kurbis DP (14 Unit)

#### Dental Equipment Maintenance Technician Pay Level 4 - 14 Apr-26 Sep 69

CPLs Shave GC (15 Unit), Wilson AM (15 Unit), Timleck LJ (12 Unit) and Kallman LJ (CFDSS)

### Senior NCO Course - CFB Chilliwack - 19 Mar-18 Apr 69

CPLs Albertson GG (CFDSS), Delmage RK (15 Unit), Girdlestone TV (35 FDU), Labrosse - (4FD), Larouche JA (15 Unit), MacGillivray JH (11 Unit), O'Dell RG (12 Unit) Smith DS (12 Unit), Violette JLA (13 Unit)

### Junior NCO Course - CFB Shilo - 24 Mar-13 May 69

PTEs Cooper TJM (14 Unit), Van Hemert J (11 Unit)

### Training with Industry

Ceramco Porcelain to Gold Fabrication - JF Jelenko & Co Inc, New Rochelle, NY  
10-21 Mar 69

SGT Peterson N (14 Unit), SGT Todd RE (1 Unit)

#### Ticonium Equipment Course - Albany, NY

MWO Stewart RG (14 Unit), MWO Hopkins JD (12 Unit); CPL Cliche JPGA (15 Unit)

#### Ritter Equipment Company, Rochester, NY - 10-14 Mar 69

CPL Schultz EJ (11 Unit), CPL Clint JE (CFDSS)

## Welcome to the Corps

A cordial welcome is extended to the following personnel who have recently joined the Corps:

Mrs W Smith (Gypsumville), Mrs P Labreque (4 Fd), Miss F Beaulieu (Winnipeg), Miss Claire Morrisette (Valcartier), Mr S Bingham (DGDS)

## Promotions

MAJ - RB Andrews (11 Unit), JAA Boucher (14 Unit), FH Harreman (14 Unit), DG Jones (14 Unit).  
 To CAPT - TM Jackson (15 Unit).  
 To MWO - MO McDonald (CFDSS), RJ Goodwin (13 Unit).  
 To SGT - Hatcher LR (CFDSS), Kalmet H (CFDSS), Olinik MG (15 Unit), Todd RE (1 Unit), Wadden GM (1 DED), Bosh P (11 Unit), LaPointe MT (11 Unit).  
 To CPL - Cloutier JRA (15 Unit), Desgroseilliers JRAR (12 Unit).

## Retirements and Releases

MAJ PL Falkner (13 Unit), MAJ Y Kamachi (13 Unit); CAPT EI Gerard (11 Unit), CAPT V Rausch (CFDSS), CAPT RE Warren (13 Unit); MWO CS Madge (11 Unit); SGT Chase WF (12 Unit), SGT Gagnon AJC (11 Unit), SGT (AF)(W) Y Dundas (11 Unit); CPL (AF)(W) Mitrikas JE (15 Unit), CPL Heintz A (11 Unit), CPL Strasdin JA (1 DED); PTE (AF)(W) Morton GD (35 FDU), PTE (AF)(W) McCaffery BM (13 Unit); Miss S Morken (Winnipeg); Mrs J Bailey (4 Fd)

## Postings

<u>Name</u>	<u>From</u>	<u>To</u>
MAJ VM McMaster	Cape Scott	Bonaventure
CAPT DNH Charles	CFB Picton	CFDSS
CAPT ED Cragg	Bonaventure	Shearwater
CAPT J Dion	Cyprus	15 Unit (Quebec City)
CAPT GC Post	CFB Trenton	CFB North Bay
CAPT Z Tuckums	1 Unit	Cyprus
SGT LI MacLean	11 Unit	4 Fd (Ft York)
CPL GG Albertson	4 Fd Dent Coy	CFDSS
CPL JAN Audet	4 Fd Dent Coy	15 Unit (CMR)
CPL CJN Beauchamp	Bonaventure	Dockyard
CPL WD Buxton	12 Unit	SHAPE Belgium
CPL GN Challenger	14 Unit	Cyprus
CPL RM Clarke	CFDSS	15 Unit (Mont Apica)
CPL JRAR Desgroseilliers	12 Unit	Cyprus
CPL RM Haiplik	13 Unit	4 Fd Dent Coy
CPL P Maelde	Bonaventure	Stadacona
CPL HJ MacGillivray	4 Fd Dent Coy	11 Unit (Work Pt)
CPL MJC Michiels	13 Unit	4 Fd (Ft St Louis)
CPL DS Smith	4 Fd Dent Coy	12 Unit (Halifax)
PTE GW Bowman	12 Unit	4 Fd (Ft McLeod)
PTE RD Calnen	Stadacona	Bonaventure
PTE JD Hopkins	Cape Scott	Gagetown
PTE GR Lamontagne	1 Unit	4 Fd (Ft Prince of Wales)

## Vital Statistics

### Marriages

MAJ RM MacDonald to Miss Jacqueline Clare Ryan; CAPT GR Nye to Miss Elaine Astrid Ross; CPL (AF)(W) Gruner I to Mr William Grant Linton; Miss Shirley Morken to Mr Vern Bolger

### Births

Daughters - MAJ & Mrs FC Arpin; CAPT & Mrs JLAR Boucier, CAPT & Mrs EL MacInnis (twins); LT & Mrs RW Bowness; CPL & Mrs RG Duffield (CFDSS), CPL & Mrs GG Hildebrandt

### Sons

CAPT & Mrs CJ Sharpe; CPL & Mrs A Jack