

The

ROYAL CANADIAN DENTAL CORPS

Quarterly

PREVENTIVE DENTISTRY

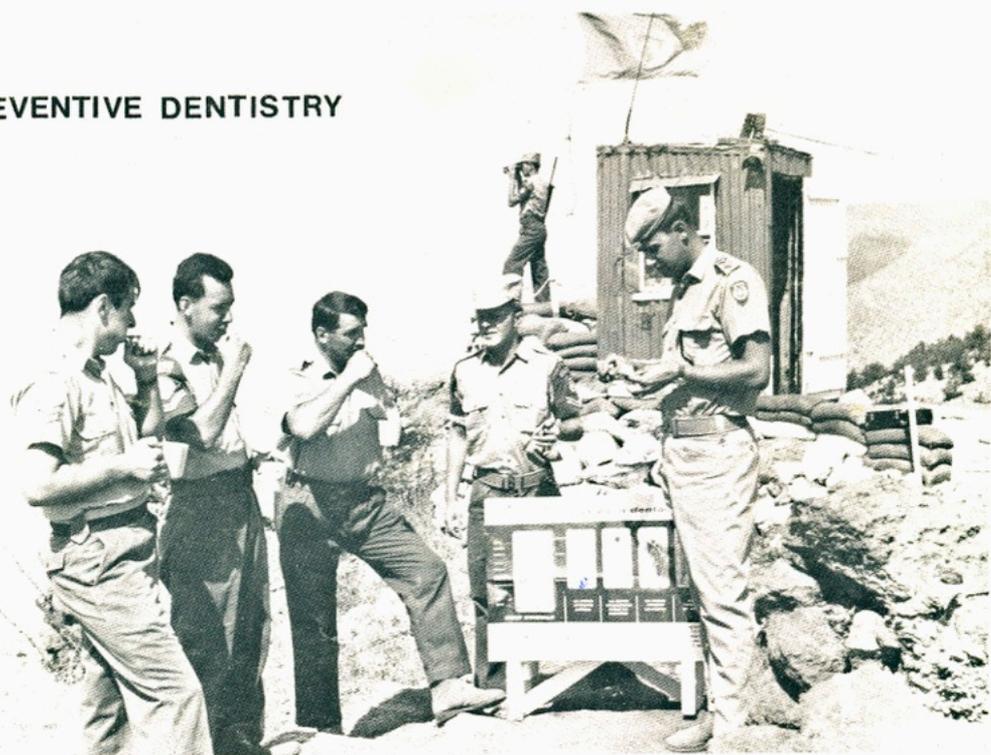


Table of Contents

	<u>Page</u>
The Military Concept - Chatwin	2
The Recruit Center - Donely	6
The Service College - Erskine	8
The Static Base - Begin	9
The Land Force - Cobb	13
The Isolated Location - Collier - Green - North	15
The Large Groups - Hillier	17
A Letter From Camp	20
Mouth Protectors - Nadeau	23
The Annual Recall - Matheson	24
The RCDC News	27
Training	40
Vital Statistics	41

The RCDC Quarterly

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Cover Photograph

An Outpost in Cyprus.

**PREVENTIVE DENTISTRY
IS
PREVENTION + TREATMENT**

THE KEY TO SUCCESS ...

- ★ fluoride protection
- ★ annual recall
- ★ achieve fitness
- ★ maintain fitness

THE MILITARY CONCEPT

Major JVP Chatwin, CD, DDS, DDPH



What do we mean when we speak of Preventive Dentistry? The word prevention itself is some 2,000 years old meaning at that time "to come before", evolving with the passage of years until it has come to mean "stopping something happening". Stopping something happening when applied to dentistry becomes a philosophy of practice which is discussed in over a dozen current textbooks and literally hundreds of articles. When the educators speak of Preventive Dentistry they are really talking about comprehensive dentistry. They associate two aspects, prevention plus treatment, with the concept. No program can hope to succeed without involving both these components.

The RCDC program incorporates both prevention and treatment and we are very fortunate that we have a number of positive factors on our side. There has been time to assess the work of others and hopefully to side-step the traps. We have an excellent dentist/patient ratio and a decreasing service commitment. There is a built-in accounting system without which a program cannot work and a period is set aside each week for treatment. On paper the Corps meets the formula for Preventive Dentistry as do all the US Services but there is one cardinal difference--patient selection. Treat the man who needs the lesser amount of clinical time first--make him fit and then keep him in that condition for the remainder of his Service career by means of an annual birthday recall. Finally, the Corps defines a state of dental fitness, which while not optimal by civilian preventive dentistry standards, is practical, attainable and offers for the first time a goal to aim for.

The question today is not whether it is possible to prevent caries but rather how to best apply the preventive measures available to the profession. Nowhere is there better documented evidence of the impossibility of meeting the dental needs of a population than in the recently distributed Report on the Dental Condition of the Canadian Forces. We have one dentist for each 750 men; a ratio better than four times as favourable as found in the civilian community. We have in the past devoted almost 80% of our treatment operations to restorative procedures, yet we found we had only reduced the backlog of treatment among serving members by 1/3. We have no hope of achieving a dentally-fit force using the treatment approach alone.

In 1963 the US Navy made a significant finding from which they developed their Preventive Dentistry Program and the Corps has applied the preventive aspects of that program to the RCDC program. Captain Grossman of the USN tells the story.

The US Navy found after two years of careful study at the Naval Submarine Base, New London, Connecticut, that there was strong evidence that they could markedly reduce the incidence of caries in a military age population. Upwards of a 70% reduction in carious increment was observed in young adult naval personnel after 6, 12, 18, and 24 months using a 3-agent cariostatic treatment procedure consisting of

* Editor's Note

Extracts from a presentation at the Preventive Dentistry Workshop held in Trenton in Sep 1969.

an annual prophylaxis, a topical application of aqueous SnF₂, followed by the daily use of a fluoride dentifrice. This study was important for several reasons:

1. It reinforced the findings of other investigators that stannous fluoride is an effective cariostatic agent for young adults.
2. SnF₂ was found to be more effective if used in three ways because each has an additive effect.
3. A 15-second topical application was found to be as effective as a 4-minute application.

The next step was to reduce the time needed for the prophylaxis.

As early as 1951 the Swedes had shown that children under supervision could clean the crowns of their own teeth and when this was followed with a topical fluoride, real benefit accrued. The US Navy applied the concept to young adults and Foster found that carefully coached patients could and did get the crowns of their teeth essentially as clean in 10 minutes using an ordinary toothbrush and the special pumice paste containing SnF₂ as did the average dental auxiliary using an engine-driven rubber cup.

Using the self-preparation we can multiply the numbers we can provide preventive benefits to within the same time frame by 6 or 8 times over the conventional one-to-one approach. What are the benefits in time and money to the Corps? Again US Navy studies give the answers. Incorporating the self-preparation method the US Corpsman raised his production from 2,000 to 12,000 men per year, doing six men in the time he formerly used to do one.

The caries increment in US Naval personnel averaged 2 plus DMFS per year. Studies showed that they could prevent at least one lesion per year. The average USN dentist places about 200 restorations per month, or a minimum of 2,000 per year. It can readily be calculated that one auxiliary using the technique described can prevent six times as many carious lesions per year as a dentist can correct in one year if the lesions are allowed to develop. One dental auxiliary can, in one year, prevent as many lesions as six dentists working full time can correct. Thus, the new program should substantially reduce the backlog of untreated caries.

There are side benefits too. Many hours have been expended in giving lectures with little change in the oral health habits of the average serviceman.

An essential but missing step in our educational efforts for developing desirable habits and attitudes has been patient involvement. With self-preparation, the patient becomes intimately involved in the treatment procedure. A dentist or a therapist can do one prophylaxis and a topical fluoride application in about one hour. Using the self-preparation method they can do the whole exercise plus an examination for six men and still have a few minutes left in the hour to instruct the group in home care. Here our health education efforts in the group situation can be rewarding.

In the Corps, using self-preparation, there are two group sizes we talk about. The small group method (6-8 men) and the large or blitz method with size determined by the numbers of parentals to supervise the sub-groups. Certainly, control effectiveness fluctuates in direct relationship to the group size--the smaller the group the better the control. Using paper products it only requires initiative to adapt the method to fit the situation.

APF wetting agent is recommended for the pumice. Brushing with SnF₂ can be a traumatic experience. The USN did a Subject Acceptance Study of the SnF₂ self-treatment--59% said the SnF₂ did not taste bad, 32% said it did and 5% said it tasted very bad. The USN continues with SnF₂ because they argue the involvement factor is

valuable. The taste does nothing for our image and since we are primarily interested in cleansing rather than cariostasis in this first step APF is preferred.

The topical application should be 10% SnF₂ which has been proven effective in 15 seconds. One arch is done at a time in most cases. APF can certainly be used. This is a matter of professional choice. It will, it is felt, prove to be as effective in 15 seconds as is SnF₂ but testing is slow. Not many years ago we applied fluoride for four minutes per quadrant three times a year. It was supposedly only effective in youngsters. Today 15 seconds once a year is effective up to 24 years of age.

Finally we recommend home use of the fluoride toothpastes on the basis that they are replacing to a degree the fluoride that is leached out of the enamel with time. If our patients are going to brush their teeth at home they might as well take advantage of this compensating effect.

One large problem area remains. To be effective fluoride must be applied annually. If we do not re-involve this year all those who had a treatment last year the effect is gone and we are back where we started. It's up to the base or unit preventive dentistry officers to program the personnel through each year.

Another problem area is the recently enlisted man. The increasing shortage of professional dental manpower and the increasing cost of treatment accentuates the problem presented to us at enrolment. A public health measure is needed and the recruit is ideally suited to our program. He needs, on the average, a lot of work and if we can keep him from slipping back by preventive treatment until we can get around to treating him we can control the backlog. With the treatment phase being initiated at Cornwallis the recruit picture is brightening.

The preventive measures we have discussed will give us a big boost towards the goal of a dentally-fit force, but without the treatment phase the Corps can not reach that goal.

There have been treatment oriented plans in the past. Perhaps the best known is the categorization plan. Groups were screened and sometimes detailed examinations were performed. Categories were assigned and some effort was made to move people up the scale. Little restorative treatment resulted but lots of teeth were extracted. No long-term useful purpose was served and our image, especially in the recruit centre, suffered often for the man's whole Service career. The backlog is too great and maintenance care is a continuing problem. Deterioration and new DMF surfaces, will always be with the profession and any treatment plan that does not incorporate maintenance care has no hope of success.

The mechanics of the treatment phase of the Corps plan are known. From the examination we colour-code the chart and raise blues to red each week, while maintaining those personnel who are dentally fit in that condition by means of an annual birthday-month recall.

This annual recall includes the maintenance care. The treatment concept, however, meets with resistance among some officers, and it all boils down to patient selection.

Fee and time study schedules prove the value of treating the man with minimal requirements first. It's more economical in all respects to treat the cavity rather than leave it and then face the root canal--extraction--replacement sequence. We can raise an argument when we apply this concept to a comparison of a young serviceman and a 25 year major needing a bridge. Who most deserves our treatment time? Patient selection is a difficult subject but we must accept two facts: Under the voluntary approach we made no headway at all--a reduction from 9 to 6 hours. Secondly with the existing laboratory resources we can never hope to do all the prosthetic work facing us. Our treatment priorities can be listed in order of magnitude:

restorative, periodontal, prosthetic. In a military service the first is the one which cripples force effectiveness. The RCDC program will whip the first with benefit to the second and certainly our existing laboratory capability can continue to handle a satisfactory degree of prosthetic treatment.

Understandably, due to dispersion, many "users" are not sure of where the Corps is going and in some cases that there is even a need to change existing patterns. A few extracts from the evaluation reports show this fact clearly.

1. "Skeptical of the program in that it appeared as if the dental officers are concentrating on one particular group of service people while neglecting others."
 - We are neglecting no one. With the holding action of fluoride we are extending treatment to the great majority of the force each year and definitive treatment will be available to all with time, something never possible before.
2. "Resistance to the self-prep. arises from the 'Public Health atmosphere' of this approach."
 - No break-through in any health project has come without a public health approach. TB, salk vaccine, the US Navy Brush-In are all examples.
3. "Combination of regular appointments and requirements under the treatment phase of the program results in booking months ahead."
 - There is no intention of involving all those who participate in the preventive phase in the treatment program initially. The Corps could not keep up when we were booked months ahead and working 5½ days a week. The preventive phase stabilizes the serviceman's condition to a degree for a year and the examination serves only as an aid in patient selection for treatment; a specified percentage of hours each week.
4. "Operators will be working just to keep up with the requirements of dentally fit personnel."
 - This is the ultimate aim of dentistry. When the Corps arrives, as we will in a few years, at a maintenance oriented force we will have reached dentistry's goal.



CANADIAN FUND FOR DENTAL EDUCATION

THE RECRUIT CENTER

LCOL JMA Donely, CD, DDS



HMCS Cornwallis was, from 1942 to integration, the main training ship of the RCN and as such its primary function was the training of recruits.

With unification of the Canadian Forces the role of CFB Cornwallis has changed little. Since July of 1968, when the Canadian Forces Recruit School was formed, the basic training of all English speaking recruits for the three elements of the Canadian Forces has been conducted here.

Recruit training is presently of eight weeks duration, with a new course of approximately eighty men commencing each Monday. A class of female recruits begins every nine weeks for a duration of eight weeks and numbers approximately sixty.

Originally, with naval trainees, the dental emphasis was placed on treatment since many of the recruit graduates were immediately posted to ships. An attempt was made to place these men in Category 11 condition before departing. Thus a large portion of treatment consisted of surgery and prosthodontics.

The present role of the dental facility has changed greatly with the emphasis now, as throughout the Corps, on preventive dentistry.

During the winter and spring of 1969 the old dental clinic plus a portion of the base hospital were completely revamped to provide facilities for a 60 seat lecture room, a self-preparation clinic to accommodate 12 recruits, a laboratory and a 14 chair clinic.

The staff consists of seven dental officers, three therapists, ten dental assistants and two laboratory technicians.

There are three basic programs running concurrently:

1. "In Routine Preventive Program" for recruits,
2. "Recruit Holdover Program", and
3. "Base Preventive Program".

The "In Routine" Program begins with a forty-five minute lecture on Monday afternoon to all new recruits. This is given by the therapists on a rotational basis and includes correction of any errors on the dental documents and completion of the patient history questionnaire (Serial 2 of the DND 422 Dental Record). This is accomplished by using Visu Graphs as a training aid. A few minutes is then spent on the role of the RCDC, Service sick parade routines, and an explanation of what will be done for the recruits during their stay at Cornwallis.

With motivation in mind, the various aspects of the Preventive Program and the reasons for each are explained i.e. self-preparation, topical application of a fluoride agent, the design of a toothbrush and the use of a fluoride toothpaste. This is then followed with a demonstration of correct brushing procedures using a brushing chart and a large typodont. The recruits are then programmed through the clinic on Monday afternoon and Tuesday morning in groups of up to forty individuals. Each group is further divided into three sub-groups and phased through the following four stages which operate concurrently:

Stage I - Self-Preparation Clinic

On entering this stage all recruits are given a cursory examination for gingival lesions which might preclude fluoride application. The therapists are responsible for supervision of this phase on a rotational basis. Considerable enthusiasm is lost if an individual continually repeats himself. Since the recruits have previously been shown the brushing technique, only a quick review is necessary at this time.

Stage II - Examination

The examination is carried out by two dental officers with dental assistants for charting and is the only portion of the recruit program completed by dental officers.

Stage III - Topical Application

Acidulated phosphate fluoride is being used for this procedure for convenience and patient acceptance. All dental assistants are trained in the procedure and two per week are assigned for this duty.

Stage IV - X-Ray

A therapist takes two posterior bite wings of every recruit. A Panorex x-ray has recently been installed and the therapist staff trained in its use. Shortly, a Panorex film will be taken of each recruit during his training at Cornwallis which will then follow him throughout his service career and form a more permanent record of his dental condition on enlistment.

The examining dental officers are responsible for transferring the radiographic findings to the dental records and noting the patients colour code on the dental envelope plus the approximate treatment time required for blue chart personnel.

To reinforce this program, a film on oral hygiene is shown to the recruits late in their second week of training.

The Recruit Holdover Program involves the blue chart or minimal treatment recruit and all of the Communication Research trade. The dental staff has authority to hold back for one week following graduation, up to forty blue chart recruits for definitive treatment. The Communication Research trade personnel are posted from Cornwallis to CFS Gloucester for trades training. With the limited dental facilities at Gloucester and the fact that these men are posted from there to isolated units (e.g. Alert) recruits of this trade may be held back for two weeks following graduation, regardless of their dental condition, to make them dentally fit. Recently this has been averaging about fifteen men a month.

During the recruits' fourth week of training, a list is made of the personnel to be held back for the one or two week period. This is sent by signal to Training Command HQ who then deletes the names of personnel who, as a result of the hold back, would be unable to commence trades training on schedule. TCHQ adjusts the posting instructions (COS date) to reflect the additional time allowed for these recruits to receive dental treatment in Cornwallis. The confirmed list is then made available

to the dental staff the following week. Since the number of appointments required for hold backs has previously been ascertained, it is relatively easy to program these patients to the dental officers. Once the recruit is held for dental treatment, he becomes the responsibility of the Base Holding Unit. A master appointment schedule for the following week is passed to them every Thursday. They ensure that the patients are available for treatment at the prescribed times.

The time remaining from the recruit program is devoted to the Base Preventive Program which involves the permanent staff on the base.

The benefits of the recruit facility are very apparant. Recruits are now passing on to their environmental training having received the benefits of the preventive phase of the RCDC Program and in many cases dentally fit.

THE SERVICE COLLEGE

Captain TJ Erskine, DDS



The clinic at Royal Roads services three hundred cadets and military staff. The patients are mainly between the ages of seventeen and twenty-one years, in excellent physical health and subject to all the emotional stress of college life plus a considerable strain imposed by a heavy commitment to military training and athletics.

As may be expected when examining recruits, a high incidence of gingivitis (close to 60%) was noted. Speculation on causative factors would include the suggestion that these boys had been under a good deal of strain and that their routines of brushing had been upset due to travel. Anyone who has had the privilege of watching the pre-course routine unfold will testify that the cadets have little time to eat and less to brush.

The new cadets became part of a special study being conducted by the Royal Canadian Dental Corps. Brigadier-General Kearney and Major Chatwin addressed the cadets and gave them their first information on preventive dentistry as practised in the Canadian Forces. In one day the entire junior class was given a dental examination, x-rayed, allowed to do a self-preparation and, in selected cases, given a topical fluoride application. The study divided the cadets into three groups. Two groups received slightly different fluoride topicals and the third group was the control and received no fluoride. These cadets will be examined in the fall of 1969 to determine which group benefited most during the one year interval. Despite the fact that one-third of the cadets did not receive all the elements of the Preventive Dentistry Program, they were all classified as "red", (no treatment required), "blue" (less than 3 hours of treatment required), or "no category" (more than 3 hours of treatment required) and treatment was given to upgrade them during the year.

Since the initiation of the Preventive Dentistry Program emphasis has shifted from the "dental cripple" to the relatively caries free serviceman. Clinic routines were re-oriented, to seek out and treat the "blues" and at the end of March a survey of charts showed these results:

	<u>Junior Cadets</u>	<u>Senior Cadets</u>
Red	19%	40%
Blue	37%	52%
No Category	44%	8%

The cadets in the blue category averaged three restorations needed per man. The most striking feature is the disparity between the numbers of first and second year cadets in the "no category" area.

All cadets have been fitted with the vinyl mouthguards and instructed in their care. However, a survey showed that only 15% of the cadets used the mouthguard routinely and only another 25% used them more than half the time. The Physical Education staff was fitted with the guards to evaluate them and hopefully encourage wider use of the device.

In the second term three fractured incisors were treated, however, none were fractured during contact sports. A fractured condylar neck received during a rugby game was treated by the oral surgeon, Major Eadon. The cadet was not wearing his mouthguard and it has not been clearly determined how the blow was delivered. No witnesses.

Only the Junior B hockey players must wear their mouthguards as a condition of play. This is done for insurance reasons and the referee is responsible for checking to see that the players at least start the game with mouthguards.

THE STATIC BASE

Major JF Begin, BA, DDS



The introduction of any type of dental program depends for its success on many factors. One thinks of the type of base, the dental manpower and their motivation, the attitude of the section heads and the base commander, the time involved, the background evaluation of the problem and the efficient implementation of the solutions.

The aim of this article is to examine some of the problems involved in the implementation of the preventive philosophy on what could be termed a static base, i.e., a base with a relatively permanent strength, the only movement of personnel being those on summer postings, T.D., courses or leave, as opposed to an arms base where troops move out periodically on training exercises and where groups of people can more readily be treated by sections or sub-units.

Since no two bases are exactly alike, the program should have a practical application based on local situations. Base Winnipeg is unique in that it houses not only the base itself with its HQ and the various sections such as aircraft maintenance repair and servicing, supply, engineering, transport, etc., but it also has the Air Navigation School, and the Central Flying and Navigation School. Training Command HQ is here, as are units of Mobile and Transport Commands. Winnipeg also houses fourteen lodger units such as HQ Prairie Command, Prairie Region Medical HQ, HMCS Chippawa, etc., and is also home for approximately eleven other miscellaneous and smaller units.

Needless to say during this time as well as subsequently, the Base Commander, the Commander Training Command and all commanding officers of units and section heads were kept informed of our intentions and proceedings by means of circular letters and by direct contact. Dental staff meetings allowed a forum for exchange of ideas and for defining duties and responsibilities, and as a result, the full support and enthusiasm of clinic personnel was gained and maintained.

Since the clinic had the manpower available to see base personnel on a man for man basis, it was decided to postpone self-preparation until the second year of the program. The two most pressing questions to be answered prior to the Preventive Program were:

- a. what orderly room control and documentation procedures would be most efficient?
- b. in what manner would the patients be contacted or recalled?

In answer to the first question it was originally thought that patients could be brought in by units or sections, but this would have adversely affected the operational role of many smaller sections by depleting them of their strength. The least disruptive way would have to be found. Also no real support was gained for the idea of grouping personnel according to age. Many patients are already in the habit of an annual medical examination in the month of their birth and, as the dental clinic is situated in the base hospital, it was finally decided to divide the filing system into twelve drawers, one for each month of the year, with an alphabetical cross-index file for reference. The advantages of the month of birth filing and recall system are:

- a. the dental staff knows exactly the work load in each month in relation to the manpower available and thus the work month can be planned in advance to achieve a goal each month;
- b. having already classified all patients, we could start with Category III patients and reserve the end of the month for lower categories;
- c. easy for personnel to remember;
- d. least disruptive for all sections and units; and
- e. easy orderly room control.

It was planned at first to have the actual recall of patients published in Daily Routine Orders as a list of those who were to report each day. This idea was soon dropped when it was realized that the dental staff would never really know how many were available because of leave, temporary duty and courses. The idea of having a Duty NCO (non-dental) call in patients would also leave too much uncertainty and we would lose control. A notice in Daily Routine Orders to have people call in the month of their birth also left too great a margin for delinquency. The only certain way of knowing that every patient had been notified was to have the dental assistant call each patient personally and set up a definite appointment. This method proved effective, is appreciated by the patient, and leaves very little margin for error. Patients away when called are contacted the following month. The only disadvantage is that people transferred in after the month of their birth would normally have to wait until the following year to be seen. These people, however, receive care as required.

Other problems soon became evident for which solutions could not be delayed.

a. Scheduling Recalls

The manner of scheduling recalls could take many forms. If an average

of 150-170 Phase I were to be performed each month we couldn't limit each operator to one day a week. At the beginning and for the six first months of the program the first week of each month was set aside almost exclusively for Phase I, which then allowed three weeks per month for follow-up routine work. Later each operator was told to schedule his quota whichever way he preferred - one day a week, two patients a day, mornings only, etc.

b. Treatment

During the first few months an effort was made to treat all patients in each month for restorative work as well as Phase I, but it was realized that the work load was too great and the clinic staff's leave and temporary duty schedule prevented it. Also it was unfair to make patients wait until the month of their birth for regular work, especially in the field of prosthetics and periodontics. The final arrangement reached was that the maximum number of Phase I would be performed in each month of birth and as many Blues made Red as possible, but not exclusive of patients requesting needed routine care.

c. Identification of Charts

The dental assistants were frustrated by the duplication of recalls since no provision had been made to distinguish between charts of patients with Phase I completed but neither Red or Blue and those who had not as yet been contacted. It was decided to add the color code "yellow" for those patients requiring more than three hours work and the dental assistants would henceforth examine each document before contacting patients in order to give only 15 minute appointments to edentulous patients, $\frac{1}{2}$ hour to patients with one denture and a full hour to those with a natural dentition.

d. Oral Hygiene Instruction

The standardizing of each operator's approach to oral hygiene instruction met with only partial success following a whole afternoon's symposium and a day of viewing and discussing oral hygiene instruction films. The views expressed depended on which dental school one attended. The preventive philosophy was well accepted but minor differences of opinion remained as to the practical approach to its teaching.

e. Control of Appointments

Operators' appointment books tended to fill far in advance with "Blue's" and routine work so that very specific times and continual surveillance was necessary to assure that the month's quota was reached.

f. Availability of Staff

The loss of one therapist half way through the program because of surgery and her return to partial duty necessitated that the level 7 therapist revert to a preventive role which, though it maintained the quota of Phase I treatment, decreased the monthly number of Blues made Red.

g. Leave Schedules

The summer postings and holiday schedule in July and August reduced the dental staff and impaired the patient response. The problem was solved by grouping "Jun-Jul" and "Aug-Sep" as combined months to assure maximum availability of patients.

In the first year of the Preventive Dentistry Program the personnel of No 2 Dental Clinic, Winnipeg, with a patient commitment of 2,100, examined 2,050 patients, performed Phase I treatments on 1,827, and brought 983 into the Red category.

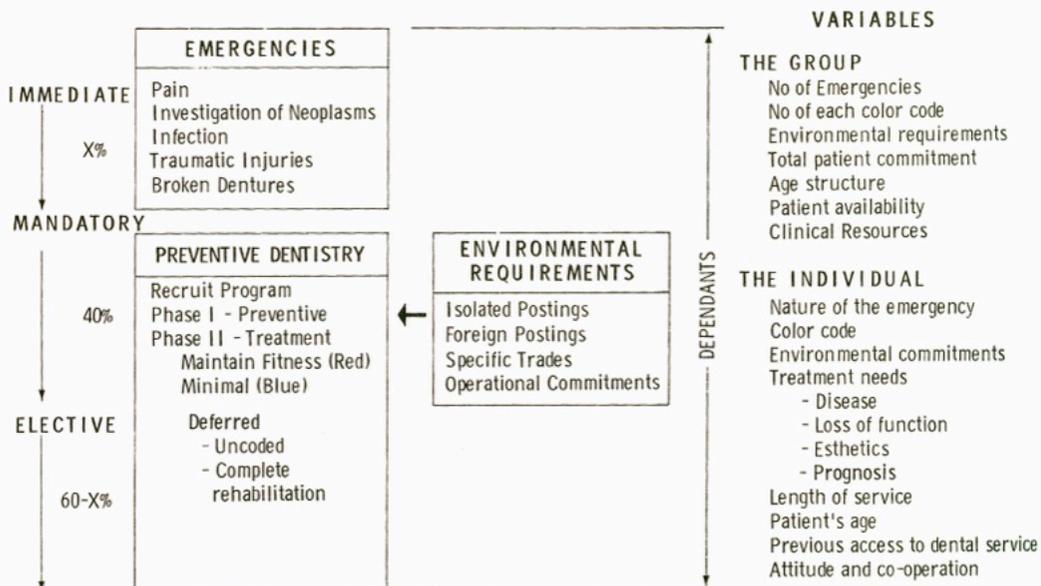
As the second year of the program commenced, the first week of each month was left free of appointments in all appointment books. The new initiative was to complete Phase I in detail on approximately 170 patients and maintain approximately 82 Red chart patients dentally fit. Patients were programmed 35 per day for the five days with any work required to maintain a fitness performed at the same appointment. The self-preparation technique is being used in each operatory at the discretion of the DO but since time permits, the man to man approach rather than group therapy is used. The disclosing tablets or solution is used as well as topical SnF2.

Summary

- a. During the first year of the program, every person on the base was contacted directly or through his section and 87% reported as scheduled for Phase I. Of these, 53% were made dentally fit.
- b. The nature of the base dictates the manner in which the program is implemented. The approach would no doubt be different on a recruit base or an arms base, but the end results should be the same.
- c. It is essential that the base commander and his staff be informed and motivated towards the program and kept abreast of the results.
- d. The complete support of the dental staff is imperative. Their enthusiasm, initiative and sustained interest must be maintained.



PRIORITIES FOR DENTAL CARE



THE LAND FORCE

Major TD Cobb, EM, CD, DDS



The benefits of an annual application of stannous fluoride to the teeth are well known. The excellent results obtained by the US Forces in their program indicate beyond all doubt that the concept must be a priority one in the improvement of service dental health.

The objective, the method, and the specific formulae of solutions and pastes have all been clearly laid down and circulated within the RCDC. It is not the intention of this paper to cover these aspects again but to offer some views on what appears to be the big stumbling block i.e. "getting the patients in the dental chair". None of the theories, good intentions, or materials are worth anything until the fluoride solution is actually applied to the teeth. This is the point in time when an effective protection begins.

The present concept is based on a regular force of approximately 85,000. If, as is intended, they all receive an annual topical application of a fluoride solution approximately 7,500 persons must be treated every month. (Allowance has been made for the inevitable Christmas -- New Year season, leave periods, etc.) 7,500 is a formidable figure. If we are to approach this, we must think in terms of mass production or assembly line methods using the self-preparation technique.

How to Get the Men

In the early stages of the program at CFB Gagetown, attempts were made to obtain personnel from a unit by forwarding lists of names from clinic files to the unit. This failed completely. One must realize that units have training and other functions which are important to them. If one or two men are pulled from each of the many different training activities the unit activity suffers and cooperation becomes limited or non-existent. The answer seems to be, use the natural breakdown of companies, batteries, troops, etc. It is relatively easy to secure a commanding officer's cooperation when he can fit the dental program into his own operational or training program. If the whole of No 4 Platoon reports to the dental clinic at 1400, Thursday what does it matter if two men have complete dentures out of a strength of 32? No 4 Platoon has been processed and proceeds on with its training at full strength. An additional advantage is the arrival and departure from the clinic under unit control e.g. Platoon Officer or SGT. This applies to gun sections, tank troops, squadrons, — the list is endless.

Many units are dispersed through various offices and installations, e.g. pay and communications personnel, clerks, repair and maintenance personnel. In these instances, the approach may be grouping of personnel by shifts or watches. All personnel coming off the night shift in a message center for example can proceed to the dental clinic at 0830. There are many variations on this. The essential point is using the breakdown into groups as seen by the unit concerned. Pay parades seem to turn up personnel apparently unavailable at any other time and the arrangement of a preventive clinic immediately following a few of these is a productive device.

Clinic Organization

It has been found in the Gagetown clinic, that 50 men can be processed in a two-hour period without confusion and maintain order throughout. This is accomplished using a staff of two dental officers, two senior NCO's and two dental assistants as follows:

- a. The first group (approx 25) are given a short talk by a dental officer explaining the object and the method to be used.
- b. The men are then taken in groups of nine to the washroom (nine basins or sinks at this location) where they clean their teeth with a prophylactic paste under direct supervision of a therapist. On completion of this procedure each man is given an x-ray envelope by the therapist.
- c. The group of nine then proceeds to a two-chair dental bay where they receive their topical application of stannous fluoride and are classified (Red, Blue, or uncoded) by the dental officers. The dental assistant writes the man's name on his x-ray envelope and also writes the color classification in the corner.
- d. Each man proceeds to the x-ray room with his envelope where bitewing films are taken and placed in the x-ray envelope which is retained by the x-ray technician.
- e. The men then join their group outside the clinic and march off.

Since there are over 4,000 dental charts on file, no charts are drawn from the files until the following day when the films are developed and read. This saves time when the personnel are in the clinic for their preventive treatment thus shortening their time away from duty or training. The x-ray envelope is the key and ensures an orderly steady flow with a minimum of paper or forms used at the time of treatment.

When the films are processed, read and placed with the individual's chart the following day, the man's name is checked on a copy of his unit's nominal roll.

The system described above applies to CFB Gagetown but may be modified as personnel and facilities demand. The essential feature is the non-use of dental charts during the process. This eliminates all the slowing down by paper work at the time treatment is rendered, and in fact it is not necessary to know in advance the names of personnel who will be arriving.

Summary

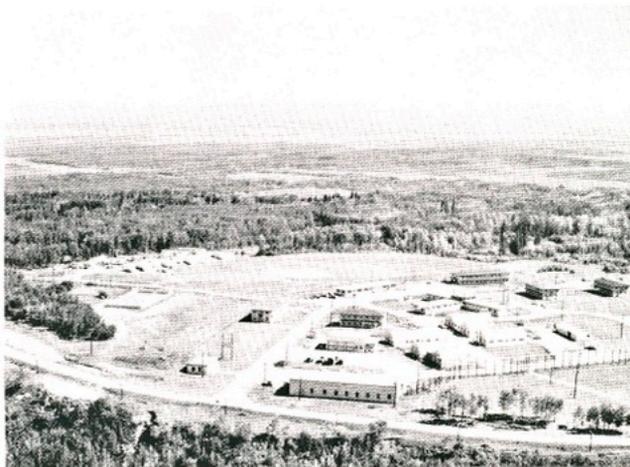
The approach used to process the maximum number of servicemen through Phase 1 of the preventive dentistry program at CFB Gagetown has been described. The success achieved at this base depends on the following three points:

- a. Discuss the plan with the unit commanding officer - in person.
- b. Use a breakdown of personnel into groups suitable to their commitments, disregarding age and dental condition of the personnel. Process them all. Edentulous personnel can be eliminated at the preventive clinic.
- c. Ensure a systematic, and rapid flow of patients through the preventive routine with a minimum of paper work at the scene to enable personnel to return to duty on schedule.

This approach is not applicable to the annual recall of dentally fit personnel.

THE ISOLATED LOCATION

Major WR Collier, DDS
Sergeant BA Green
Corporal RC North



CFS Beaverlodge is a radar station which became operational in February 1953 as the 919th Aircraft Control and Warning Squadron USAF and was taken over by the RCAF on April 1, 1963. The station comprises 215 acres and is situated atop Saskatoon Mountain, (elevation 3,200 ft), in the South Peace agricultural region of Alberta. The closest towns are Grande Prairie 27 miles east, Beaverlodge 14 miles west and Dawson Creek, BC 65 miles north-west. The mean winter temperature is - 6 degrees F. During this visit the mean temperature was 40 degrees below, and ranged from 55 degrees below zero to 25 below. The average snow-fall is 59 inches.

The station has a 24-hour-per-day operational mission and during 68/69 participated in at least 40 exercises which accounted for approximately 5,800 man hours. When these commitments are added to courses, trade training and temporary duty, the very heavy demands placed upon a station with strength of only 10 officers, 19 senior NCOs and WOs and 91 CPLs and PTEs, are readily apparent.

For this reason the dental treatment policy was devised to provide the maximum amount of treatment with the least amount of interference with the operational role. This was accomplished in the following manner:

SGT Brian Green, one of the equipment repair men from Edmonton, checked out the dental equipment and in one day he not only had the x-ray machine operating properly but also, with the judicious use of masking tape, had the unit operating satisfactorily.

The Station Commander, Major RS Park was on leave, and liaison was made with the Acting Commander, Captain MG Ramage, and with the Personnel Administrative Officer, LT KW McNichol. The following plan was developed:

- a. because of the nature of the function of station personnel, it was decided that it would be impossible to take groups of men for the self-preparation technique and therefore individual appointments would be required;
- b. the administrative staff, being aware of the exact types and times of duty of every member of the station, volunteered to arrange all appointments and to ensure that they were kept. This they accomplished by making every dental appointment the equivalent of a Commanding Officer's parade, which meant that all the dental team had to do was provide treatment and maintain records.

On checking the supplies it was noted that the fluoride had precipitated extensively, so for the first few days the team concentrated on getting as many patients as possible dentally fit and fluoridate them later when a fresh supply

arrived from Edmonton.

For the first two days visual, digital and roentgenographic examinations were made on as many patients as possible. At night CPL North processed the x-rays, and MAJ Collier examined them, which made it possible to predetermine the number of appointments and the time required for each. This information was passed to the station Pers Adm O who, with his staff, ensured that the dentals never had an idle moment.

Appointment times ran from 0800 hrs to 1630 hrs and, with the cooperation of the living-in personnel, evening appointments were made from 1800 hrs to 2100 hrs.

The following technique was employed:

At least one, and in many cases two quadrants were completed during each appointment. Immediately following the injection of anaesthetic, a scaling and fluoride prophylaxis were performed. The restorations in the anaesthetized quadrants were then completed and the patient was referred to CPL North for the topical application of fluoride.

The following statistics reflect the success of this procedure:

Station strength	127
Number of appointments	304
Number of operations	861
Number of Phase I examinations	115
Number of charts Red tagged	105
Number of charts Blue tagged	10
Personnel not seen due to leave, course or temporary duty	12
Percent of station strength placed in Red tagged file	83%
Number of working days	17

The cooperation received from the Station CO, Major RS Park and his staff was excellent and these figures show what can be accomplished under such circumstances with a crash program for a captive audience.

The most beneficial time of year to conduct a program of this type is in September and October, as most of the postings have been completed and summer holidays are over. A follow-up visit should be made in April.

Approximately 40 percent of the personnel move from one radar site to another and hence, if this type of program could be carried out at all such locations in Canada, the workload of the visiting team would eventually be greatly reduced, and personnel in these isolated stations would be assured of receiving adequate dental care.



FONDS CANADIEN POUR FINS D'EDUCATION
EN ART DENTAIRE

THE LARGE GROUPS

LCOL DH Hillier, DDS, MPH, CD



A most worthwhile learning situation can be experienced from involvement in a simplified program which produces worthwhile results in a significantly shorter time than was heretofore possible. Such was the experience of the dental staff at CFB Vancouver (Chilliwack) when, in five hours seven dental personnel provided 230 cadets with up to 50 percent protection from dental caries for one year.

The methodology of self-preparation and topical application of fluoride solution has been documented elsewhere. Its efficacy is well established and the procedure should now be part of clinical practice. The application of this technique to large numbers may not, however, be as widely appreciated.

It is the intention of the RCDC to provide all suitable personnel of the Canadian Armed Forces with fluoride protection on an annual basis. In most instances personnel are situated at locations served, at least periodically, by a dental detachment, and it is the responsibility of that detachment to provide this treatment. Officer cadets attending civilian universities are not so situated, and hence special arrangements were made to render them this service during summer training at Chilliwack. The program was conducted during the weekend of 10-11 May and Major JVP Chatwin from DGDS and LCOL Hillier from HQ 11 Dent Unit provided instruction and exercised supervision. Administrative details were assigned and completed by the three levels of command.

The dental staff at Chilliwack had not previously received instruction in the methodology of self-preparation and, before the program, their overall attitude can best be described as co-operative scepticism. They had been told to arrange for a "Brush-In", or self-preparation and topical application of acidified phosphate fluoride solution on a schedule of 40 cadets every two hours. From their experience in providing Phase I treatment under the RCDC Preventive Program, such an optimistic goal appeared unattainable. Such was their belief, and even the introductory lecture and slide presentation failed to convince them completely.

Following the briefing, the supplies provided through DGDS were checked, and the weather being favourable, it was decided to conduct the self-preparation outdoors. Chilliwack is ideally situated for this type of exercise, with a parking lot immediately behind the clinic, which is itself relatively isolated and thus free of curious onlookers, particularly over the weekend. Following the self-preparation, the cadets were to file in the back door of the clinic and three cubicles equipped with units would be used to apply the APF solution. Major Chatwin explained that the solution was to be applied for only 15 seconds and that, wherever possible, the complete arch would be treated as one unit. This departure from the more usual one-minute and four quadrant approach provided some assurance to the staff that the pile-up of patients might not be as bad as they had anticipated.

The entire staff was present at 0730 hrs on Saturday morning. Forty-two chairs were arranged in three spokes of twin rows of seven chairs back to back, with an aisle in the center of each spoke for a demonstrator to observe and correct the brushing technique of fourteen cadets. A paper plate containing two disposable cups, a dental health kit, napkin and a supply of pumice mixed with APF solution, was

placed on each chair. Inside the clinic the cubicles had been provided with cotton-tipped applicator sticks, APF solution and cotton rolls. Just as all these arrangements had been checked, the first platoon of cadets was paraded to the back of the clinic area.



Major Nesbitt, Captain Shearer and Miss Whebell acted as demonstrators and Major Chatwin as over-all supervisor of the self-preparation. He had the cadets gather around him for a short briefing on what was about to happen and the benefits to be gained by the exercise. Just as he was about to begin, the entire operation was suspended as the strains of "O Canada" emanated from a strategically situated loud-speaker. The interruption could not have been better timed, and proved to be a good omen for the success of the program.

When Major Chatwin had recovered from the surprise of this musical prelude, he presented his opening remarks, after which he had the cadets line-up in front of the chairs and the self-preparation was carried out. The topical application was then provided by the entire staff, who relieved each other at regular intervals.

As each group was completed, the cadets filed out through the front of the clinic, picked up the paper plates and other supplies which had been laid out in the waiting room and placed them on the chairs for the next group. They also provided a garbage detail, and hence the area was kept clean.

Probably the greatest surprise to the clinic staff occurred when, at 0830 hrs, it became apparent that the first group of 40 cadets would be completed in a few minutes. A phone call produced the second platoon at 0845 hrs instead of 1000 hrs as originally scheduled, and the entire procedure was repeated. Thus it went for the entire morning. The only slight difficulty was that the base administrative staff became so convinced that the dentals were miracle workers they sent two platoons within fifteen minutes of each other. This was just a bit too much for even the, by now, thoroughly convinced Major Nesbitt, and the second group was told to break off and relax under the trees.

Following the first self-preparation exercise, various personnel were appointed as supervisors, and by the end of the day the majority of the clinic staff, including CPL Armstrong, had served in this capacity. By lunch time, only one group remained to be processed and the exercise was complete at 1430 hrs, at which time a debriefing was held.

In reviewing the experience at Chilliwack, several factors are noteworthy. The rapidity of processing was largely due to the detailed preparations and the positive, enthusiastic attitude of the clinic staff. They demonstrated clearly, that any failure to complete the exercise within the time allotted would not be through lack of effort on their part. The co-operation of the base personnel and the cadets was also commendable.

Another factor which reduced the time requirement was the absence of any documentation or formal examination. The emphasis was on the "group" and not the "individual", which is the Public Health approach as differentiated from the more commonly utilized dentist-patient relationship.

Although in this instance 200 dental kits containing toothbrush, paste, and disclosing tablets were provided by DGDS, it was possible, through the unanticipated turnout of 230 cadets, to demonstrate that this program is not dependant on such supplies. The final 30 cadets were instructed to bring their own brush, (only one failed to do so), and the paper plates, cups, etc, were taken from clinic stocks or substituted for.

The almost tasteless APF solution failed to provoke any adverse comments from the cadets, who were most appreciative of the service that had been provided for them. No refusals of the treatment were received and queries concerning regular dental appointments were referred to the platoon sergeants. This fact is mentioned to point up the complete adherence to the Public Health approach, which will suffer appreciably if the patient-dentist relationship is allowed to intrude.

The conducting officers left Chilliwack convinced that the positive benefits of fluoride therapy had been demonstrated to the cadets, and that the clinical staff were truly enthusiastic about this approach for giving selected and large groups the benefit of fluoride therapy.

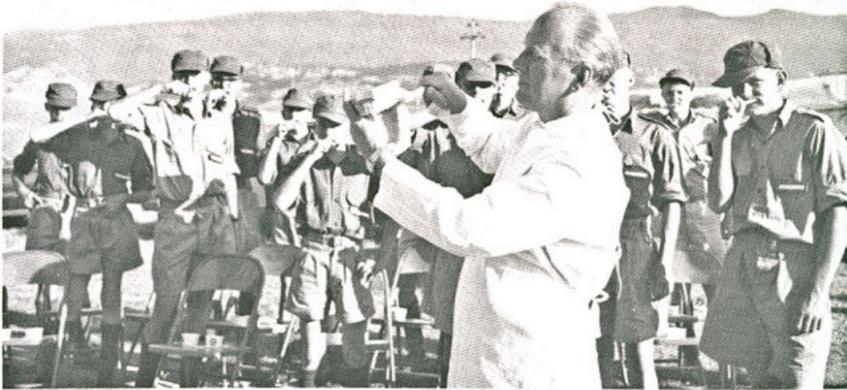
CANADIAN FORCES BASE COLD LAKE COURIER



"---'n 'after we've all brushed our toofy ' pegs, the nice Warrant Officer will tuck us all into beddy ' byes like big sojers ----"

RAY CRYDERMAN

A LETTER FROM CAMP



Dear Ma:

A couple nights ago our platoon took part in that Preventive Dentistry Happening they wrote us about before I came here to Camp Vernon. Some of the other cadets had gone the night before us and didn't seem to think it was too bad, so we weren't worried too much. Maybe we dragged our feet a little bit, but the corporal got us down there in lots of time.

Outside the clinic they had these beat-up old chairs lined up in rows like a fan and I could see a toothbrush, and a couple of paper cups on them. Two of the boys from the Militia were dishing out what looked like a blob of grey goo on a little circle of cardboard. Before I had time to look real close, this old guy, (I think he was an officer, but he had this droopy white gown on, so I can't say for sure), well, he was standing there up on this sort of porch they have outside the door. He coughed a bit, like Dad does when he's been smoking too much, and then he told us all to gather round him 'cause he was going to tell us all about it.

He was waving around the largest set of store-bought teeth I ever did see and the biggest darn toothbrush you can imagine. He had to "Harruumpphh" a few times to get our attention, and then started in on us. He told us that the Dental Corps was doing something pretty new and holding a "Brush-And-Paint-In" for the cadets that would be at Vernon this summer. He said that at the end of the hour that we were there we'd have up to fifty percent protection against decay for the next year. You know I think Doctor Jones is alright but I can't say I'm too happy about having my teeth filled. So I decided if instead of the four holes I had last year I might get away with maybe only two this year, it might be a pretty good deal. He also said that if we use a toothpaste that had fluoride in it all year at home, we would get even more protection, - up to another ten percent I think.

He told us how this was going to come about. First we were to scrub our own teeth in a special way with this funny looking stuff. This would give us about 12 percent protection but the most important reason for doing it, he said, was to get rid of an invisible coat that we had on our teeth no matter how well we brushed with ordinary toothpaste. Getting rid of it would make it so that when we went into the clinic later to have them put on this fluoride liquid it could get right into the tooth and give us that other 40 or so percent protection.

Then he showed us with the big teeth and brush exactly how he wanted us to scrub. He said that we were to start at the part of the tooth close to the gums and sweep towards the end that we bite with and that he didn't want us, this time, to scrub our gums. I didn't know you were supposed to brush your gums ever!

After he was done gabbing, he had us break off and stand in front of one of

the chairs with all this junk on them. We'd been told that the toothbrushes they had for us wouldn't last very long and weren't the best in the world. He was right. It was pretty long to fit into my mouth and though I think I did a pretty good job with it the way he had us use it, I'll use my own brush regular and just use this one to clean my boots with. Another funny thing was these cups. The one was O.K. It had some water in it that he said was for us to rinse with, but the other one had a rock in it. I couldn't quite figure that one out until he told us that they'd had trouble with the empty cup, which is to spit in. It blew away in the wind (and it sure can get windy here). The rock didn't look too good, but after he explained, it was alright, - and it sure made the cup stay there!

I never brushed my teeth for so long a time in my life and that stuff they gave us to do it with sure tasted like sand. But I guess it works and what taste there was wasn't too bad. And wouldn't you know it, they had us brush "Army style" - by Numbers yet! Ten times in twenty different places. All the time we were brushing this old geezer in the white sack sounding off "one-two-three ...", scrubbing that great big toothbrush of his over the big plates in the same places that we were supposed to be cleaning. And don't think they didn't make sure we did! They had these other three fellows, one in white like the guy on the verandah, one in a green gown and the other one in a grey one. They were going up and down the rows like we were being inspected on parade, making sure we were holding the brush right and scrubbing the place we were supposed to.

They let us spit whenever we wanted, as long as we hit the cup, but we could only rinse out after we finished the uppers and then when we'd done the lowers. "Balloon your cheeks out and swish the water around to get all the powder from around your teeth", the old guy said after we'd got done. Next we had to pick up all the stuff on the chair and dump it in the pails they had all over the place. Then we lined up to go inside.

The clinic isn't any larger than Doctor Jones office, and when we filed in, there were all four of the dental types working at these chairs which they had crowded in. The "whities" were at ones something like you sit in at Doctor Jones', but real ancient. The boys that were being looked after by "Greenie" were perched on a stool like Doctor Jones uses to sit on himself. The poor guys that the younger one in grey was working on just sat in an ordinary chair. But they all seemed to have the same speed - fast, - and you weren't there long enough to get uncomfortable. They had these two rooms and two of them worked side by side in each room. I think this was because they only had one hose between them to dry off the teeth.

Well anyway, they'd get one of us in the chair and stuff some cotton rolls around our bottom teeth and then take up this hose and blow it around. I don't know what they did if they both wanted the hose at the same time. I guess "Whitey" would get it. He seemed to be the boss.

"Greenie" did me and he seemed to gab a lot more than the other fellow. He told me that I had a pretty good mouth but that I ought to get closer to my toothbrush a little oftener. He said that the clear liquid he was going to put on my teeth didn't taste too bad. Like sour lemon, he said. And he was right. Before I could count past fifteen, he yanked out the cotton and put some more in my upper jaw, then painted up there. I'd just decided that the whole deal was going pretty good, when I hear him say: "That's it, Son". I was out of the chair but quick, and the next guy was sitting down. Just as I was leaving, I heard the old geezer, say something that sounded like "Damn", and when I looked around I saw that he'd knocked over the liquid which was in a dish like a small egg-cup. Then he said to "Greenie": "Let's try the tops of those plastic bottles we got from the MIR to hold this stuff. They have a big enough bottom so even I can't tip them over, and they should hold enough for a dozen applications". I don't know what he was talking about, but Greenie seemed to agree with him. I think the old guy's name was Heller and he was running the show, so maybe Greenie was just being nice.

By the time I got out the door of the clinic, (and I was almost the last of our bunch), the chairs were all set up again like they'd been when we got there, and Number 12 Platoon were coming down the road. And it was only forty minutes or so since we'd been paraded over. We'd gone at 1830 hours (that's 6:30 PM back home) and our company, all 123 of us, were back in barracks by 2100. I heard that they did all the boys in camp in five days.

I remembered that the young squirts in A Company are only at camp for two weeks and then another bunch come in and I wondered if these other ones were going to miss out on this chance to have fewer cavities. So I asked our corporal. He knows everything (he thinks). He told me that the old guy (one of the fellows heard someone call him Colonel, but I think he was at least a General), and "Greenie" (Abernasty I think his name was), were going back to Edmonton but that the other "Whitey", who is the Camp Dental Officer (Major Collier, his name is, he's pretty old too), and the young fellow who helps him, (a Corporal East or South or some direction) would be giving the new chaps the treatment as soon as they get there.

Just think, Ma, that's over a thousand of us that those nice dental people have helped. And it didn't take very long and I bet it didn't cost them very much either.

Your Son,

Smiley

Dear Smiley:

Your mother passed this letter on to us.

You are correct but there are real benefits to the Service as well as yourself in this program. If LCOL Heller (Hillier) or WO Abernasty (Abernethy) were to give you the same treatment individually it would take about 45 minutes. We can do six men in the same time and an American study¹ shows how economical it is in terms of time and money. The caries increment in US naval personnel averages over two surfaces per year. Their studies show that they can prevent at least 1 lesion per year. The USN dentist places an average of 200 restorations per month, or approximately 2,000 per year. It can readily be calculated that one auxiliary using the technique described can prevent six times as many cavities as a dentist can correct in one year if the lesions are allowed to develop. Or we can say that in one year one dental therapist can prevent as many lesions as six dentists working full time can correct. Thus, the new program should substantially reduce the backlog of untreated caries. It would also appear to be economical in terms of time and money expended in relation to the health benefits derived.

We have no figures that are comparable but there is little difference between you Smiley and your military cousin south of the border. As you say the program is good for both of us.

1. Practical approaches to large-scale stannous fluoride application. Grossman, F.D. J.Am. Coll. Dentists 58-64 Jan 1968.

The average cost of having one cavity filled would fluoridate water in a community water supply for an individual for about 50 years.

MOUTH PROTECTORS

Captain HJ Nadeau, BA, DDS



The use of mouth protectors by service members engaged in contact sports is one aspect of the RCDC Preventive Dentistry Program that has not been too successful to date. Figures supplied by numerous workers indicate, the value of this protection and the rounded figures pointed out by Heintz¹ are easy to remember. Dental and mouth injuries before face guards or mouth protectors were used comprised 50% of football injuries. There was about a 10% chance per year of such an injury to a player. He goes on to point out that face guards reduced the number of injuries by almost one half. Mouth protectors have virtually eliminated the remainder.

Stenger's five-year study² of head and neck injuries suffered by college football players showed that mouth protectors may afford protection to other than the teeth. Studies carried out by Hickey³ reinforced this contention. These studies indicate that both intracranial pressure and bone deformation were reduced with mouth protectors.

There can be no doubt that mouth protectors can be most valuable in preventing mechanical injury to the dental structures. Added impetus is given to their use by the studies referred to above, however, a survey of the three Service Colleges indicated that these protectors, though supplied, were being worn by a very small percentage of cadets actually engaged in contact sports.

Among the reasons given for not wearing the protector were difficulty of breathing, talking and swallowing. A gagging sensation, lack of comfort, poor fit and even taste were other excuses listed. The list of complaints was a long one and lack of comfort and poor fit are probably legitimate bases for complaint.

An excellent technique for the fabrication of mouth protectors is detailed in the Preventive Dentistry Handbook, but special care and organization is necessary when protectors are made for large groups as in the case of the Service College Cadets. To cope with the mass production of casts the technicians at CMR used an electric hand mixer mounted on a wooden frame. Of 200 casts only eighteen were rejected because of air bubbles or inadequate tissue coverage.



SGT E D'Avignon

Care must be taken in trimming the protector. A horseshoe design covering all the teeth should be used. The finish line in the palate is thinned down, almost to a feather edge, as the patients complain bitterly about anything that interferes with the tongue. The labial frenum and the muscles insertion areas must be well relieved and contoured.

Finally, the protector is flamed to eliminate any sharp edge created by the trimming scissors. Extreme care

must be taken in flaming because it will warp very rapidly from excessive heat.

The mouth protector is then ready for insertion which must include final mouth adaptation and correction. The storage and maintenance instructions are simple: it is kept on the stone cast with the football or hockey equipment. It is washed as frequently as desired, using cool or lukewarm water.

How does our profession get young adults to wear a mouth protector for contact sports? Our main weapon remains persuasion and conviction. Not only must we stress the value of this device at every opportunity; health talks, routine orders, etc, but athletic directors too must be convinced of the need for this protection for their players. Some feel that in football the rigid face bar protector is all that is needed. These do protect against the direct head-on blow but offer little side protection. In the first month of the football season one fractured premolar has been extracted at CMR. This would not have occurred had a mouth protector been worn.

Although the Canadian Forces Dental Service provides mouth protectors for Service College Cadets many are still not using this protection against mouth and head injuries. There is an educational job to be done in this area of prevention.

1. Heintz, W.D. Mouth protectors: a progress report. J.A.D.A. 77:632 Sept 68.
2. Stenger, J.M. et al. Mouthguard: protection against shock to head, neck and teeth. J.A.D.A. 69:273 Sept 1964.
3. Hickey, J.C. et al. The relation of mouth protectors to cranial pressure and deformation. J.A.D.A. 74:735 Mar 67.

THE ANNUAL RECALL

MWO RF Matheson



The preventive dental health program being followed at CFB Trenton is of the utmost importance if one is to be concerned with oral health and a pleasing appearance.

Everyone realizes that strong habits have been formed over the years concerning how often we brush our teeth, and, perhaps more important, just how we brush. If a rigid and proper routine had been adhered to in former years, the need for our preventive dentistry program today would be greatly minimized. However, such is not the case, and surprising is the number of persons who neglect something as important and obvious as the health of the mouth and teeth.

On Base Trenton, the procedure followed is a simple one. Twice a week -- on Tuesdays and Thursdays -- an average of one hundred and forty names are published in Routine Orders. These personnel are instructed to report to a designated area at a given time for the oral hygiene lecture and self-preparation which is a brushing of the teeth with a fluoride paste supervised by the dental therapist.

A annual recall demonstration was held on Thursday, 18 September at the South Side Social Centre, CFB Trenton, when normal arrangements were made to accommodate twenty-four red chart personnel recalled for self-preparation, fluoride application

and examination. On hand to view the proceedings were several distinguished visitors including Brigadier-General BP Kearney, Director General of Dental Services, and his staff of Preventive Dental Officers from across Canada and Europe. These officers were at Trenton attending a two-day workshop on Preventive Dentistry.

The Base Dental Officer, LCOL Anglin, introduced the guests and spoke briefly to the patients. He then invited MWO Kidd to give a résumé of the self-preparation program and to explain its three stages. MWO Kidd also informed the patients at this time of the procedure to be followed at the dental clinic after the "brush-up".

MWO Matheson was called upon to put the patients through the self-preparation. He explained the importance of using the proper kind of toothbrush and demonstrated the correct way of brushing one's teeth. Since his patients had been instructed in advance to bring their own toothbrush, their only requirements at this point were two paper cups, a paper plate, a small container of fluoride paste and a bib. Disposable toothbrushes were available for those who did not have their own. The dental instructors supplied all other requisites. The patients were required to brush each area of the teeth ten times with the pre-mixed fluoride paste, followed by a thorough rinsing upon completion of each dental arch.



Left - Patients being led through the self-preparation stage by MWO RF Matheson assisted by CPL I Linton

Right - MWO VR Kidd ensures patients follow the instructions of MWO Matheson

Having completed the self-preparation stage, the patients and their watchful guests proceeded to the dental clinic where the routine was as follows:

1. Patients reported to the clinic orderly room to obtain their dental documents.
2. One-half of the patients proceeded to the x-ray bay in the west wing, while the other half reported to the x-ray bay in the east wing, where bite wing x-rays were taken.
3. Patients proceed from x-ray to the dental officer's bay for the dental examination. Upon completion of this exam, the patient was given an appointment on the spot if a filling or prophylaxis was necessary.
4. Patients then returned to the orderly room to await topical fluoride application, having left their documents with the dental officer for completion of x-ray reading and signature.
5. Finally each patient was called in turn for a fluoride application.

When these five steps had been completed, the patient was warned not to rinse his mouth for at least one half-hour, after which he was then dismissed with the admonition that he would be recalled one year hence.

With the dismissal of the patient, the work of the dental personnel is sometimes just beginning. The x-rays previously taken are checked for less obvious problems than those discovered by the dentist during the course of his oral examination, and if treatment is required the patient is given an appointment by telephone.

Thus passed another routine Thursday in the Preventive Dentistry Program which has been carried on at CFB Trenton during the past year.

* Editor's Note

Educators stress the value of personal face-to-face communication since this has been found to be the most effective method of stimulating desired behaviour.

The Corps attempts to approximate the face-to-face situation by having the service members in rows facing an instructor who is constantly moving up and down the row or aisle directing, correcting and complimenting the group on their efforts. The classroom technique demonstrated in the above article was staged for the Preventive Dentistry Workshop, and with a group who were familiar with the method, was most successful. However, the row technique shown below allows closer control and is the better teaching technique.



The object of the "brush-in" is to remove as much of the plaque or membrane as possible so that fluoride can be applied to a cleaned tooth surface. The effectiveness of the brush-in varies in direct proportion to the size of the group and the degree of control exercised. Periodic checks following brush-ins should be made using disclosing solution and the greater effectiveness possible with close control becomes apparent.

Editor's Audit

At last glance the number of articles and news items available for publication in the Quarterly was approaching nil. We need everything from four page articles complete with charts, tables, drawings, photographs and references to short little descriptions of helpful hints or improved techniques. How about an illustrated description of your new interest in yoga or a story with pictures of that recent trip up the Amazon? Does a point raised in a recent issue or elsewhere need clarification or elaboration? Raise your pen before your voice. We're approachable and can read your letters better than your minds. Happiness is a full in-basket.

The RCDC News

Specialist Training



LCOL WR Thompson recently completed the 3rd year of the residency program in oral surgery at the Faculty of Dentistry, University of Toronto and at the Toronto General Hospital. In July the Royal College of Dental Surgeons of Ontario certified LCOL Thompson as the first specialist in oral surgery in the Canadian Forces.

He received his previous oral surgery training at the US National Naval Medical Center, Bethesda, the Walter Reed Institute of Dental Research in Washington and Doctors Hospital in Toronto.

LCOL Thompson entered the service after graduation from the University of Toronto in 1949. He served in various locations including Korea, Europe, the RCDC School, National Defence Medical Centre and on the staff of Division of Dental Services and is now located at CFB Trenton.

MAJ JJN Wright recently completed requirements for certification as a specialist in periodontics at the University of Toronto and also obtained a Master of Science in Dentistry degree in oral pathology.

After receiving his DDS from University of Alberta in 1956 he received graduate training at the Royal College of Surgeons in London, England and was the first RCDC officer to attend the Advanced Theory and Science of Dental Practice Course at Walter Reed Army Medical Centre given under the auspices of Georgetown University. On this one-year course he received the Highest Achievement Award for obtaining the highest academic standing on the course. MAJ Wright is now in London, Ontario.



MAJ LA Reynolds recently completed his requirements for certification as a specialist in periodontics.

In 1967-68 he also attended the Advanced Theory and Science of Dental Practice course followed by dental resident training in periodontics at Walter Reed General Hospital.

He received his DDS degree from Dalhousie University in 1957 has received graduate training at Royal College of Surgeons in London England. He is now stationed at the CFDS.

MAJ IW Susser completed graduate training at the School of Hygiene, University of Toronto and received his Diploma in Dental Public Health.

He joins a group of dental officers trained in this specialty consisting of LCOLs DH Hillier, DH Protheroe, WH Harrington, MAJs JW Jolly, JVP Chatwin, and Dr PH Guevremont.

After receiving his DDS at McGill in 1952 he received graduate training at the US Naval Dental School in Bethesda and Royal College of Surgeons in London, England. He is now stationed in Winnipeg.



Czechoslovakian Dentists

A team of RCDC personnel headed by Major AG Taylor is conducting a program at University of Western Ontario to retrain 16 Czechoslovakian dentists to Canadian standards and methods. The program commenced 15 Sep 69 and will terminate 30 Jun 70.

The program was proposed by the Royal College of Dental Surgeons of Ontario and the training costs are being paid by the Province of Ontario.

Major JJN Wright, Captain W Budzinski, Sergeant JA Atherton, Corporals TJM Cooper and GG Albertson and Miss KS Heenan are also members of the team with part-time temporary duty assistance from LCOLs WR Thompson, PS Sills, MAJs JVP Chatwin, LA Reynolds, DA Charles, CAPT HA Pankratz, MWO JH Sadler, CPL LPJ Nadeau and perhaps others as the program progresses.

COL IG Craigie, Commandant of the CFDS, is co-ordinator of the program.

Dental Officer Training Plan Summer Training 1969

A colourful ceremonial parade and inspection by the Director General Dental Services, BGEN BP Kearney, marked the completion of the twenty-first year of subsidized undergraduate summer training at the CFDS School.

It may be of interest to note that a one-year subsidization plan was introduced in 1948 for the final year at university.

The training in 1969 consisted of clinical work at the CFDS School, where candidates worked in syndicates of four students for two days at a time rotating from clinical managers to all the disciplines found in a military dental service and lectures and demonstrations on dental and military subjects. Periods of several days at a time were spent at the Meaford and Borden ranges where dentistry under field conditions was practiced under canvas and in the mobile vans.

These exercises also provided experience in general military field activities.

The program had the following objectives as stated in the field training program administrative orders:

- a. To demonstrate the operation and maintenance of field equipment.
- b. To train candidates in the establishment, operation and maintenance of a Field Dental Unit.
- c. To provide a practical exercise to train candidates in the establishment of a Field Dental Unit Headquarters.
- d. To provide Phase I preventive dentistry treatment in the field.

This program has been devised to fulfill these objectives and to determine the scope of future field training for DOTP candidates.

Comments from the candidates were enthusiastic and a great time was had with plenty of fun to fill the off-duty hours and evenings.

Excursion trips were arranged for the DOTP candidates of both phases to visit the facilities of the Dental Faculty at the University of Toronto and the Astra Drug Company in the Toronto area.

Phase 3 candidates went by air to Washington, DC, and 2LT JD Rowatt gives this account of their visit with the dental services in the District of Columbia:



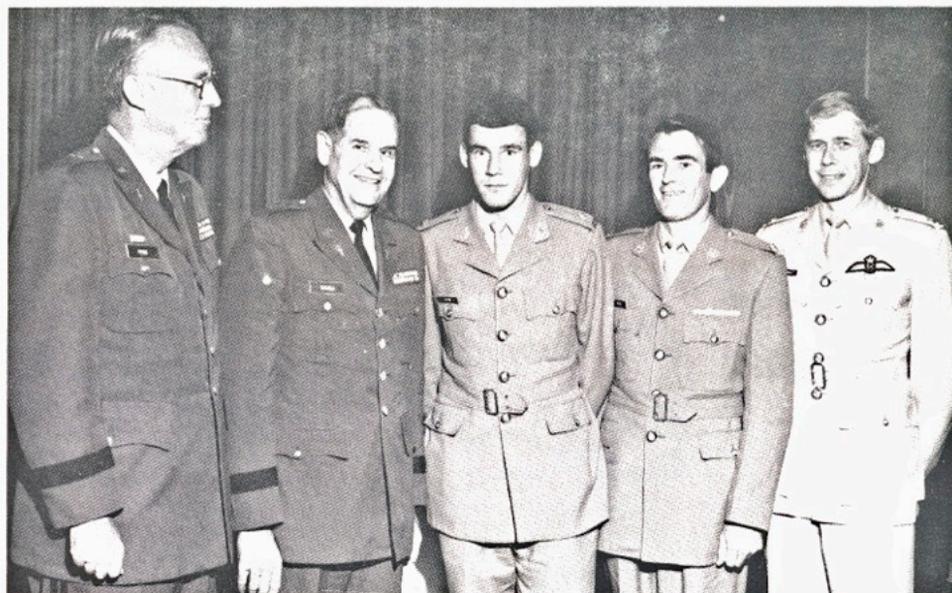
Top Left - 2LT RA Hunt, University of Manitoba, receives Second Phase Honour Cadet Trophy.

Top Centre - 2LT BP Schow, University of Alberta, receives Chief Instructors Trophy.

Top Right - 2LT FR Margetts, University of Alberta, receives Third Phase Honour Cadet Trophy.

Bottom Left - Paint Remover??

2LT TA Bradley, University of Alberta was Third Phase runner-up and 2LT CG Milne, University of Alberta was runner-up for the Chief Instructor's Trophy.



L to R - BGEN James Pegg, MGEN Robert Shira, 2LT Floyd Jackson, 2LT Eric Dalzell, MAJ NH Andrews.

"On Saturday morning, 12 Jul 69, thirty-four Phase 3 DOTP candidates left CFB Downsview for a familiarization tour of US Army and Navy Dental Corps facilities in Washington, DC. On arrival at Andrews AFB we were met by MAJ N Andrews, who explained the do's and don'ts of Washington.

We were welcomed on Monday, 14 Jul 69 at the US Army Institute of Dental Research by BGEN James S Pegg, Director of Dental Activities, Walter Reed Army Medical Centre. Then came an address by MGEN Robert B Shira, Assistant Surgeon General and Chief of the Army Dental Corps, followed by a tour of research, laboratory and clinical facilities of the US Army Dental Corps at WRAMC.

The following day we visited the Naval Dental School, National Naval Medical Centre at Bethesda, Md. where CAPT WC Wohlfarth, Jr, DC, USN greeted us.

A tour of dental facilities occupied most of the morning, and was followed in the afternoon by a series of lectures and discussions on a variety of topics ranging in scope from intraoral photography to new concepts in bone grafts.

Wednesday afternoon the tours continued at the National Institute of Health in Bethesda. Here the emphasis was placed on the research aims and facilities of the NIH in combating oral disease.

One of the highlights of the stay in Washington was a series of lectures and case presentations in the US Army Institute of Dental Research Room at WRAMC. COL LH Guernsey showed us a variety of the oral surgery services provided at WRAMC. LCOL JP McCaslaud discussed removable prosthodontics with emphasis on maxillo-facial prostheses. LCOL PD Crowe continued the lecture series with a talk on fixed prosthodontics emphasizing diagnosis and treatment planning.

After lunch, LCOL JS Siebert showed case presentations demonstrating the use of bone marrow in the treatment of refractory lesions of the periodontium. COL SN Bhaskar ended this day with a series of seven short films illustrating a variety of techniques and new materials applicable to a general practitioner.

The last day was spent inspecting the facilities of the Armed Forces Institute of Pathology and observing its relationship with WRAMC in providing information to the rest of the medical complex.

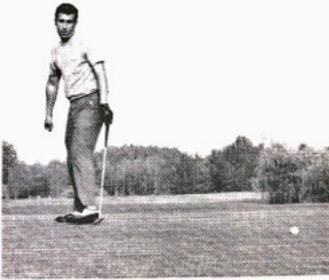
To say that the trip was educational would be an understatement. We were provided an insight into the tremendous scope of dental services and research which would possibly be unattainable elsewhere. All of us were thankful of having had the opportunity to spend such an enlightening week, and most of us are determined to get back to either the US Army or Navy installations some day for a more extended visit."

Seventh Annual RCDC Golf Tournament

Once again Dental Duffers and Sandbaggers from Dental Units all across Canada returned to the hallowed ground of Base Borden to pay homage to the art of golf and sociality. 120 golfers participated in the annual RCDC Golf Tournament, including the Director General of Dental Services, BGEN BP Kearney and BGEN KM Baird (ret'd).

The weather was great, the golfing outstanding and the get-togethers at Building T-70 were something to behold.

Although the central theme was golf, the main purpose of the gathering was for Corps members to get together and have a good time and generate an esprit de corps. The diverse and possibly unsuspected talents in the CFDS came to the fore when BGEN BP Kearney and CPL Danny Danyluck pooled voice and guitar to some popular 'blue grass of home' tunes, and were joined by numerous others.





On Saturday night the banquet was held and after the delicious meal trophies and prizes were awarded.

The RCDC(R) Officers Trophy awarded to the three-man team with the lowest gross aggregate score over 36 holes went to the CFDSS team comprised of COL IG Craigie, CAPT Dave Devine and CPL John Clint. (Top left)

The KM Baird Trophy awarded to the player with the low gross score over 36 holes was won by CAPT Bill Kearns from CFB Petawawa with a score of 73 - 80 for a total of 153. (Top right)

The GR Covey Trophy awarded to the player with the low gross score over 18 holes went to CAPT Dave Devine. (Lower left)

CAPT Dale Graham received the tournament low net. (Lower right) Other gross and net prizes were awarded along with a few novelty prizes.

For the non-golfers there was a putting contest using the strangest putter yet, with a round head, compliments of Club Pro Norm Doyle. WO Pete Peterson walked away with this prize, not without having received fair competition from PTE Micheline Dumont.

C F D S S

by MWO HE Franzgrote

Visits

COL Stanley Johnson, Commander Trinidad and Tobago Defence Force, visited the CFDSS and took a lively interest in all phases of training and treatment.

Mr G Haugh from the Weber Dental Company visited the School 18 Sep 69 and lectured to the DENT PL 4 course candidates and staff personnel on the latest Weber dental equipment.

Mr C Hunt, Ash-Temple Toronto, and Mr John Alpert, mechanical engineer and Vice-President of Air Technic Incorporated, New York visited the School 29 Sep 69 and delivered lectures and demonstrations on compressed air requirements in the dental office and air line dryers in dentistry to the DENT course, staff personnel and No 1 DED staff on temporary duty.

Major SW (Syd) Muller Retires

Major SW (Syd) Muller, 48, is retiring from the Forces this month. During World War II he saw service in Canada, UK, India and Burma. Major Muller was born in Regina, Saskatchewan and received his early education there. After High School he entered Regina College of the University of Saskatchewan. After the war he entered University of Toronto and received his Doctor of Dental Surgery Degree in 1950. He re-enlisted in the Canadian Forces in 1949 and was promoted to Captain in 1950. He has had several postings in Western Canada and was with 1 CIBG in Europe from 1953-55.

In June 1957 he received a Diploma in Dental Public Health from the University of Toronto, and since that time has been on staff of the CFDS as an instructor and also as Base Preventive Dentistry Officer.

Dr Muller has been appointed first Dental Director for the Simcoe District County Health Unit. He, his wife Win, and two children, Kim 17 and Laura 12 will reside in Barrie.

Public Relations for Canadian Armed Forces

PTE(A)(W) Ilse Kuepper took part in this year's Armed Forces display at the Canadian National Exhibition in Toronto as a hostess.

"Tuffy Tieman" Golf Tournament

The CFDS again won the "Tuffy Tieman" trophy in the medical-dental golf tournament held 11 Sep 69 on the Circle Pine Golf Course. Participants were COL LG Craigie, CAPT Max Fisk, CAPT Dave Devine and CPL John Clint, who won one of the main prizes. The medics in stern self-criticism in the Borden Citizen suggest that their people go back to school and take some lessons. They did not specify which school or who should give the lessons but the CFDS golfers have a syllabus prepared.

1 Dent Eqpt Dep

by SGT MD Longford

Change of Command

Major DG Cartwright has replaced Major PL Griffiths as commanding officer. Major Griffiths has retired and is now living in Ottawa.

Promotions

CPL JAL Boulianne, on being promoted to sergeant also accepted another new responsibility. Monique weighed in at 5 lb 5 oz and is the only girl with a Montreal EXPO uniform in her wardrobe.

Division News

BGEN BP Kearney attended the Military Congress of the Federation Dentaire Internationale at New York 11-15 Oct 69.

SGT Paul Dumas won the CFHQ Golf Association "C" Class championship.

The fall will see a number of staff changes. Jim Taylor after a brief stay moves on to ~~DMRE~~ but hopes to qualify for future RCDC golf and curling tournaments.

1 Dent Unit

by WO JAJ Fret

Training

WO Strachan, Med A, attended a one-day briefing on denture repairs and dental emergencies on 7 Aug 69 prior to a posting to CFS Alert.

Honours and Awards

WO CBM Torrens was presented her CD on 25 Jul 69.

Retirements

A ceremony was held at CFB Rockcliffe 2 Jul 69 to honour MAJ Skinner, LT Johnson, SGTs Leonard and Richardson who are retiring after long and faithful service.

11 Dent Unit

by MWO RD McHugh

Conference and Visits

COL GC Evans attended a meeting held in Winnipeg 16-17 Sep 69 on the reorganization of the Canadian Forces Command Structure.

LCOL DH Hillier presided as Chairman at the Preventive Dentistry Workshop held Sep 17-18 at CFB Trenton.

Summer Training

CAPT AF Brothers, CAPT RCA Fearon and CPL Mackie from our Calgary Detachment supplied dental support during the first part of summer training at Camp Wainwright. CAPT JAR Cowan of 14 Dental Unit arrived on 26 Jul and, assisted by CPL Morphett, took over the clinical duties until the completion of the exercise.

MAJ WR Collier and CPL RC North of the Edmonton Detachment spent the summer at Camp Vernon looking after the needs of the cadets. LCOL DH Hillier and MWO EK Abernethy joined the staff there to assist MAJ Collier with the Preventive Dentistry Program for the period 8-15 Jul.

Personnel

MAJ RJ Paturel enjoyed part of Jul and Aug on leave in Denmark and is on his way back there again. It is reported that the purpose of this latter trip is to bring back a Danish bride.

Two former members of the Corps, Mr Vince (Blackie) Blackmore and Mr John Shiner, having passed the examinations set by the College of Dental Surgeons of British Columbia, were duly registered on the 14th of Jun 69 as dental hygienists in that province, where they are now gainfully employed.

MAJ LE Kelly (retired) paid a visit to his old stamping grounds, CFB Chilliwack, on the 15 Aug. Larry is now employed by Northern Health Services at The Pas, Manitoba.

Mr Ken Wallace, who served for many years in the Corps as a dental technician, is enrolled in 1st-year Dentistry at the University of Alberta.

Vital Statistics

Congratulations to SGT Florence Putman, on her recent marriage. Flo used to be known as CPL Schmaltz. However, all that has changed. She was married on the 19th of Jul and promoted SGT 1 Aug 69.

Remember PTE Helen Latimer? Well, Helen is now Mrs Martin, having married an airman on 6 Aug 69. Both these girls are employed at CFB Comox.

Sports

CAPT KHE Rosengart, Holberg Detachment, continues to report rain and more rain. In spite of the monsoon season, however, the salmon fishing is excellent, crabs are caught in abundance as well as prawns.

CPL Tallack's low net of 42 for nine holes was good enough to win the Medical-Dental annual golf tournament held at the Namao golf course on 11 Sep 69. Roy also made the longest drive, which measured 230 yds.

CWO Bob Daw won 1st prize in the Senior NCOs fishing derby held at CFB Cold Lake. His catch of a 9-lb 12-oz pike was tops in that event. MWO Earl McFadden took top honours in the pickerel competition with his catch of 5 lbs 7 ozs.

A fishing derby was held by personnel of the Esquimalt clinic on 15 Aug 69. The weather was not at its best, but CAPT Watson caught a small sea bass in his first attempt at deep sea fishing, and SGT Earl Borden boated a 3-lb salmon.

Grunion Run by CPL DM Eden

"On the 17th of September approximately one-third of the base personnel held a meeting and mass execution at Point Holmes. The sky was cloudy and the sea was throwing waves of a foot to a foot and a half at the gathering crowd huddled around the two bonfires on the beach. The gala occasion was the yearly run of grunion onto the beaches. The object of the evening was not that of catching the grunion but catching the dogfish that follow them on their spawning run. On my arrival at Point Holmes I witnessed about three hundred wet and frozen potentials for Thursday's sick parade. They were armed with baseball bats, golf clubs, ten-foot gaffs, - anything that would render a "Death Blow" to our "Pacific Shark". The Corps was represented by the clinic's three courageous but sick dental assistants. PTE Martin and husband arrived at eight o'clock but retreated to their car and home an hour later. SGT Putman and husband were the only ones that got as far as the water. The only excuse I can give for my cowardly departure after the first half-hour, is that my hip flask isn't quite as large as SGT Putman's. It was an enjoyable evening, even though we did not bring in any prizes."

12 Dent Unit

by SGT GR Jennings

Militia Training

Many militia soldiers were in training at Base Gagetown this past summer. One suspects that a considerable number of these troops are not really of enlistment age. Two factors support this suspicion:

- (1) one sees the occasional sick parade patient with a mixed dentition.
- (2) the Base Exchange keeps running out of ice cream cones.

German Destroyer Visits Halifax

The West German destroyer Hambourg was in the Port of Halifax during July. CAPT KPH Buchholz escorted the dental officer on a tour of HMCS Bonaventure and the dental clinics at HMC Dockyard and CFB Stadacona.



Honours and Awards

SGT Frank Martell shown receiving his 1st Clasp to the Canadian Forces Decoration, the award is being presented by COL MacKenzie, CFB Greenwood.

Canada Games

MAJ JR Robertson was selected as a member of the Prince Edward Island Water Ski Team that participated in the Summer Games in Halifax-Dartmouth during August.

Tennis

Two officers of this unit participated in the Zone 8 Tennis Finals — CAPT OG LePage was on a team that was "runners-up" in the doubles. CAPT ED Cragg lost out in the finals of the singles event. Maybe DPCAS/DOM could find a way to have these officers serve in the same clinic — then we might come up with a winner.

13 Dent Unit

by SGT ES Beattie

The chaotic holiday season is past. Personnel are once more getting settled down to serious employment after visits to such diverse places as the Bahamas, New Mexico and Vancouver. New postings are possibly looking more acceptable with time and some changes. and the work goes on.

The Preventive Dentistry Workshop held at CFB Trenton gave this unit a good start into a new season of work. A small incident occurred during this gathering which may guide anyone posting signs for future such meetings. Several officers and Sr NCOs (Air) were noticed examining the sign over the door where the meeting was held. When asked their reason they replied that they were waiting to see the dancing girls and the writer was referred to the Concise Oxford Dictionary. Upon investigation, it was learned that the definition for symposium is: - an ancient Greek after-dinner drinking-party with music, dancers or conversation - any drinking party--.

Was it Shakespeare who said that . . . a rose by any other name . . . ?

Sports

CAPT CW Kearns from the dental clinic at CFB Petawawa helped Zone 4 win the Team Championship at the First Annual Canadian Armed Forces Golf Tournament held in Ottawa during 23 to 25 July.

CPL MGE Williams of the CFB London dental clinic was an energetic contributor in assisting CFB London to a close second in the Zone 5 Track and Field meet at CFB Borden. He won the High Aggregate Trophy for Track by placing first in the mile and in the 4 x 440 relay and second in the 880 yards and in the 440 yards.

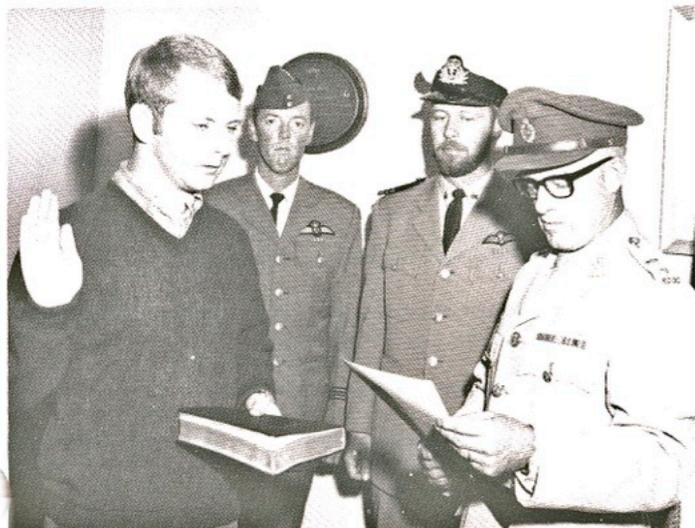
14 Dent Unit

Training

WO RB Johnson has started his studies at the University of Manitoba on leave without pay.

Special Events

On 29 Oct LCOL Butcher officiated at the "swearing in" of four DOTP cadets;- Mr WJ Dawson, Mr CB Bullock, Mr KW Howie and Mr GD Duff. He had been requested to act in the same capacity when Mr RS Sorochon and Mr BD Kendall enrolled in September. The enrollees noted the tri-service participation at the ceremony.



L to R

Mr RS Sorochon

CAPT(A) Bury, recruiting officer.

MAJ(S) Anderson, Commanding Officer CFRC

LCOL(L) Butcher

Sports

His Worship the Mayor of CFS Gypsumville (CAPT Wilford) organized a fishing weekend at Gypsumville. Several personnel of the unit motored up north and caught a lot of fish.

MAJ Headley represented the Base Commander of Shilo at the "Prairie Open Golf Tournament" at Gimli, Man. on 15 Aug 69.

15 Dent Unit

by MWO AF Davison

"Quebec Knows How" This statement may be taken with a grain of salt, a little bit of skepticism or however you might wish to interpret it. Nevertheless, 15 Dental Unit has proceeded with a program designed to keep nearly everyone happy from the dental point of view.

The unit has several out-of-the-way clinics - Moisie, Chibougamau, Goose Bay - which have had dental teams in to clean up the dental problems before the freeze-up begins.

Plans have been completed for another successful Preventive Dentistry Program at CMR St Jean. Dr HP Guevremont, CAPT JEG Joubert, WO RJ Rutledge, CPL HBM George and CPL PJ Mehler will join the staff at CMR and CFB St Jean to make this project a success.

COL CM Cornish and LT JP Carrier did a quick survey of the dental facilities at CFS Moisie. LT Carrier is not revealing his plans for a fishing trip next spring when the trout are in season.

Sports

It would seem by reports from clinics that it is all work and no play as no one in the outlying places has captured any trophies or prizes. After a hard fight with numerous coloured leaves, 11 golf clubs, a couple of small white balls and the 19th hole, MWO AF Davison won third low gross at CFB Montreal wind-up golf tournament.

4 Fd Dent Coy

by SGT P Fox

Arrivals in Europe

MAJs DG Jones, EF Foley, CAPTs WA Gray, DC Morgan, WO J Hossdorf, SGTs RA Garnhum, MJ Hall, WB Looker, CPLs MJ Craig, JJ Vasek and PTE A Steeves have recently arrived.

Conferences and Courses

LCOL GE Windsor, MAJ H Griesback and CAPT GR Nye attended a United States Dental Training Conference held at Garmisch, Germany 22-26 Sep 69.

MAJ HS Wood attended a Preventive Dentistry Workshop at Trenton 17-18 Sep 69.

SGT RS Black attended an orthodontic appliance construction course at British Military Hospital Iserlohn 25-28 Aug 69.

Leave

Europe being the leave centre for 4 Field Dental Coy personnel, the following countries were visited - CAPT Grise and CAPT Petrie toured the Scandinavian Countries, WO Dion toured Austria, SGT Kukurudziak went to Holland, SGT Tweed went back to Ireland, CPLs Sadlier, Labrosse and Michaels visited Italy. CAPT Shirkey and CPL Villeneuve went to Spain.

Square Dancing

SGT & Mrs P Fox, along with members of the Soest Belles and Beaux Square Dance Club, put on square dance demonstrations at the Dortmund World Flower Show, the Shutzenfest at Deilinghofen and for the members of the British Army SGTs Mess at Herford.

Shooting

SGT F Schuh won the German Great Gold Pistol Medal at a shoot held in Werl placing first in a field of 150 competitors.

Dent Det Cyprus

CAPT B Hart arrived in August, SGT N Hope and CPL K McDonald arrived in September and will be looking after the dental needs of 2 RHC.

On October 9 the clinic staff visited SBA Dhekelia, a British base with a large hospital. COL French, Senior British Dental Officer for the island of Cyprus, gave a tour of the rather spacious facilities there.

35 Fd Dent Unit

by WO RJ Lowery

Dental Treatment

Temporary duty is much sought after in 35 FDU.

CAPT Fortier and CPL Boles proceeded to CDLS London 4 to 22 Aug to provide dental treatment for personnel in that area.

MAJ Cyrenne and WO Adams journey to TSD Prestwick Scotland 22 to 29 Aug to update the dental treatment for personnel stationed there.

MAJ Legendre took a team comprised of CAPT Lanctis, WO Lowery, CPL Girdlestone and PTE Marcoux to AWU Decimomannu, Sardinia for period 4 to 19 Sep. This team performed recall treatment for service personnel and also treated service dependants.

RCDC personnel in Canada must dream of locations such as these when TD time comes around.

Retirement

A luncheon was held at the Black Forest Officers' Mess on 6 Aug to say farewell to MAJ Cliff Mason prior to his departure to Canada. Dental officers from Lahr and Baden Soellingen attended as well as the SMO and Regional Flight Surgeon Lahr.

Flying Type

LCOL Protheroe recently was the first member of the unit to fly in a CF 104. He reports it is the only way to travel and quite a thrill to watch the air speed indicator move past 1000 knots as you go through the sound barrier. The latter is not particularly exciting since you only feel a minor change in pressure in the ears. Things that strike him when flying in this aircraft are the quietness in the cockpit, the power on take-off, the safety equipment for ejection, the minor effect of turbulence because of the small wings, and the distance travelled in a short time. The greatest thrill, however, was to wave to his wife standing on the balcony at home while travelling 500 MPH, then climb straight up in a slow roll and level off at 20,000 feet, all in a matter of a few seconds.

Promotion

CPL Gratton, our unit equipment repairman, has the honour of being the first master corporal of the unit.

Sports

The first annual Air Division Medical-Dental golf tournament was held at 4 Wing on 11 Jul with approximately 30 golfers and non-golfers in attendance. A very enjoyable time was had by all despite the rain. MAJ Cliff Mason, was the low gross winner.

CAPT Reace Jackson was among the winners on his first golf outing at the 1 Wing-ADHQ July tournament at Strasbourg France.

CPL Tom Girdlestone was the "B" Division champ at the Air Division Quarterly Skeet Shoot with a score of 92 out of a possible 100.

35 FDU History

An updated article on 35 FDU has been requested by the Editor of the Quarterly. It would be greatly appreciated if personnel who have had tours with the unit would assist in this task by sending photos they consider suitable for publication to the unit associate editor.

Professional Training

Walter Reed Army Medical Center - Washington, DC, USA
CAPT JHJ Nadeau - Preventive Dentistry Course - 6-10 Oct 69

Training

Canadian Forces School of Management - Montreal, Que.
CAPT RG Peebles - Middle Management Course 6905 - 14 Oct-1 Nov 69

Canadian Forces Dental Services School, CFB Borden, Ont.

Dental Assistant Pay Level 3 Course - 8 Oct-9 Dec 69
CPLs GG Carscadden, JP Oakley, D Frerichs, GE Sykes; PTEs (A)(W) SE Greene, NL Rivers, IL Kuepper, (S)(W) MR Williams, LE Supple, VJ Arsenault, KL Davis, RAG Gayler, RA Powell, D Purich.

Dental Clinical Assistant Pay Level 6 Course - 1-31 Oct 69
CPLs (A)(W) JM Patterson, SJ Kirley, I Linton, BA Gilkes, JAN Audet, A Busse, HB Clifton, RW Danyluck, DW Mason, H McRae, RG O'Dell, IG Proud, RL Solomon, JH Thorburn, PAG Timmers, GW Porteous.

Junior NCO Course - Cdn Forces School of Communication and Land Ordinance Engineering - CFB Kingston, Ont.

PTE JG Allain - 23 Jun-14 Aug 69
PTE JD Hopkins - 20 Aug-8 Oct 69

Training with Industry

Crown and Bridge Pyroplast Construction Course - Williams Gold Refining Co, Buffalo, NY - 6-17 Oct 69
WO JC Bleakney

Installation Maintenance and Repair of Ritter Co Equipment, Ritter Equipment Co, Rochester, NY - 20-24 Oct 69
ASGT BA Green

Welcome to the Corps

A cordial welcome is extended to SGT JG Cote; CPLs JP Oakley, RE Pockett; PTEs PF King, RA Powell; Mrs J Deschamps, Mrs FL Mitts, Mrs DE Beemer, Mrs L Keyes and Mrs G Gray who have recently joined the Corps.

Promotions

To MAJ - DJ McCallum, DNH Charles, DG Cartwright, EF Foley, HS Wood, GS Zwicker, H Griesbach, CJM Boston, GR Nye
To CAPT - RW Bowness, JR Savoie
To MWO - TW Sullivan
To WO - R Johnson, G Schechosky, WJ Parker, RJ Rutledge, JA Christensen, JF Kennedy
To SGT - JP Lambert, MD Longford, IA Braslins, CSTC Sabine-Pasley, A Jack, EJ Putman (Nee Schmaltz), HKK Gapmann, RS Black, JRY Gratton, PE Harkin, DW Roy, NH Hope.
To CPL - CH Forsythe, JA Muir, GW Bowman, G Allain, TA James

Retirements and Releases

LCOL JM Smith; MAJs SW Muller, DH Skinner, JI Gordon, HG Bunston, DDR Girard, JC Roy, CM Mason, PL Griffiths; LT C Johnston; MWOs JF Marchand, JS Wentzell; SGTs J Leonard, WS Richardson, WR Dowell; CPLs WA Hurding, JE Kayne, DA MacAulay, JRA Cloutier, (A)(W) BM McCaffery, HH Nogler; PTEs (A)(W) BR Caddey, JM Boissoneault, (S)(W) RJ Connolly (Nee Thomas); Miss Y Bailey, Miss F Beaulieu, Mrs R Hill, Mrs C Yeomans, Mr S Bingham

Vital Statistics

Marriages

CAPT EG Schroeter to Miss Donna Holding; CPL (now SGT) (W) FB Schmaltz to SGT (A) CW Putman; CPL (W) SJ Nowlan to HDJ Gagnon; CPL NC Jones to Miss Maxine Roseberry; PTE (S)(W) HVP Latimer to CPL (A) SA Martin; CPL RG Brighty to Miss Marie Vessey in Miscouche PEI NOT to Miss Hugette Miscouche as reported in the last issue of the Quarterly -- Sorry Marie.

Births

Daughter - CAPT & Mrs RCA Fearon (Adopted), CAPT & Mrs RI Stammers, CAPT & Mrs P Kozak, CAPT & Mrs PFG Stirling, CAPT & Mrs AF Brothers, SGT & Mrs CVS Forsythe, CPL & Mrs RW Mullin, CPL & Mrs JG Hughes, CPL & Mrs JAL Boulianne, CPL & Mrs RK Delmage.

Son - MAJ & Mrs CW Hill, CAPT & Mrs RG Kerr, CAPT & Mrs AD Stewart, SGT & Mrs W Olynyk, SGT & Mrs JP Lambert, CPL & Mrs TA James, CPL & Mrs BL Mackie

Twins - PTE & Mrs WWH Catling

Condolence

Sincere sympathy is extended to MAJ CL Gullekson, CAPT GC Post, SGT Frank McKay and Mrs Vera Williams whose fathers recently passed away.



In Memoriam

CFHQ announced the death of Major Joseph Pierre Allyre Legendre as a result of a car accident in Germany 22 October 1969.

Pierre was a graduate of the University of Montreal and joined the RCDC upon graduation in 1962. He served in Calgary, Petawawa and Germany.

All members of the Corps extend sincere sympathy to his wife Bibiane and son Joseph.