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### The RCDC Quarterly

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

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### Cover Photograph

The Canadian Forces Dental Services Badge

## THE NEW BADGE

COL. G.R. COVEY, MBE, CD, QHDS, DDS, FICD.



In the second issue of the first volume of the Royal Canadian Dental Corps Quarterly, published in July 1960, the then Lt Col CM Cornish, CD, DDS, wrote an article on "The Corps Badges". In this article he traced their history of design from the first Canadian Army Dental Corps badges worn by our personnel in the Canadian Expeditionary Force during the First World War through to the present RCDC badge. It was apparent that new badges were created each time there was a change in organization, function or designation of the military dental component.

In a recent CFHQ policy statement to organize officers and men with common and associated tasks into groupings within the Canadian Forces, the dental "service grouping" was designated as the "Canadian Forces Dental Services" and this title later appeared in Annex A to CFAO 2-10. In keeping with this policy, DGDS was requested to provide a design for a new dental badge. Subsequent submissions of proposed designs from all dental ranks yielded a great variety of ideas from which the new badge was evolved. A coloured hand-painted replica of this badge was approved by the Chief of Defence Staff and forwarded through the Governor General to Her Majesty the Queen with the following official description: "Within a wreath of stylized maple leaves Or, a cartouche vert edged Or, charged with the Rod of Aesculapius and a Crusador sword in saltire argent, in front of which is the Greek symbol Delta argent, the whole ensigned with the Royal Crown Proper". Approval of the badge as shown on the cover was received from Her Majesty on 14 August 1969.



CAP BADGE

What is the significance of the badge? The wreath of stylized gold maple leaves indicates that it is Canadian and although it has ten leaves, they do not represent the ten provinces by intention but are stylized because the leaf on the Canadian Flag is stylized. The gold cartouche, which according to the Oxford Dictionary is archaeologically speaking, an "oval ring containing hieroglyphic names and titles of Egyptian Kings etc", has no real significance in our badge other than to contain the "device". To explain the device, it contains three parts. First, the "Rod of Aesculapius" — a rod or staff with a single serpent entwined around, which appears in ancient representations of Aesculapius, the God of Healing. Since it is the only true symbol of the healing arts, it appropriately identifies dentistry as one of the healing sciences. Secondly, the "Crusador sword" depicts the military environment of our dental service. Thirdly, the "Delta" is the fourth letter of the Greek alphabet which in this emblem denotes dentistry. Finally, the "Royal Crown Proper" ensigns the whole and indicates allegiance

to the Queen. Inherent also in the significance of the badge design is the fact that it maintains the general outline of the RCDC badge and thereby provides some measure of continuity. Further, the device is an adaptation of the recently approved Canadian Dental Association symbol for dentistry and finally, since the dental service for all elements of the Armed Forces will continue to be provided from a single dental source, it is truly distinctive.

Without getting into too much detail in this article either concerning pattern description or method of wear of cap and collar badges for both officers and men, it may be of interest that the officers' cap badge has gold-plated cartouche, leaves and crown, the device being silver-plated, and the badge fully pierced so that the cap material shows between the device and the oval. It is worn by all officers Colonel and below, including officer cadets. The men's cap badge is made of non-polishable brass and white metal with solid brass centre (stippled rather than pierced).



RIGHT

COLLAR BADGE



LEFT

The collar badges consist of the device only and are worn in pairs - serpents facing inward. Both officers' and men's patterns are pierced, the former silver-plated, the latter white metal.

The latest information on the issue of the new badges is that they have gone to tender, the contract is let and it is expected that they will be available during the summer of 1970.

May we all wear our new badges with the same pride and distinction that we felt for our former Corps badges!

## ----- LETTERS -----

Director General of Dental Services,  
Canadian Forces Headquarters.

Dear General Kearney:

As you know, on November 11th the Board of Directors of the Royal College of Dental Surgeons of Ontario visited the University of Western Ontario to meet with your staff conducting the special course for the Czechoslovakian dentists.

As a member of the Board, I am most pleased and reassured with the thorough retraining the Czech dentists are receiving, but as a Canadian citizen, I am even more thrilled with the efficient and intelligent officers in our Canadian Forces. Their knowledge of dentistry and their interest in the "students" and in the program was most evident. My concept of army dentists living a "soft", unproductive and uninteresting career sure has changed.

My compliments to you as Director General of Dental Services and best wishes for continued success.

Yours sincerely,

T. Wachna, D.D.S., F.R.C.D. (C)

# ANNUAL MAINTENANCE CARE

MAJOR J.W. JOLLY, CD, DDS, DDPH



Annual maintenance care - a benefit or a nuisance? Obviously, to the patient it is a definite benefit. Many of our dental officers feel that it is a benefit. Apparently, as pointed out by Major Chatwin in his recent article, "The Military Concept",<sup>1</sup> some consider maintenance care to be a nuisance.

The statement, "Operators will be working just to keep up with the requirements of dentally fit personnel"<sup>1</sup> gives food for thought. This is a true statement, which gives rise to another question. Is annual maintenance care a time-saving device or a waste of time?

To answer this question, it was decided to analyse the amount of time spent on providing maintenance care to twenty "Red recalls" recently seen by the writer and to show the type of treatment required to maintain fitness. The following chart shows the results of this analysis.

| MAINTENANCE CARE FOR 20 SERVICEMEN |        |                          |
|------------------------------------|--------|--------------------------|
| Treatments                         | Number | Time Required in Minutes |
| Examinations                       | 20     | 20.3                     |
| Radiographs                        | 13     | 14.1                     |
| Prophylaxes                        | 20     | 768.6                    |
| Oral Hygiene Instructions          | 2      | 30                       |
| Topical Fluoride Applications      | 20     | 221.6                    |
| Scalings                           | 2      | 60                       |
| Amalgam Restorations (Surfaces)    | 14     | 182.9                    |
| Crowns                             | 1      | 94.3                     |
| Silicate Restorations              | 2      | 44.5                     |
| Partial Dentures                   | 2      | 131.5                    |
| Other                              | 4      | 39.6                     |
| TOTAL                              | 100    | 1790.7                   |

Since actual timings were not available for such a retrospective study, the timings for the various operations were computed from the procedure timings in "The Dental Condition of the Canadian Forces".<sup>2</sup> The only exceptions were two scalings, estimated at 30 minutes each, and the two oral hygiene instructions of 15 minutes each, since average timings were not available for these operations.

The annual maintenance care for these twenty individuals was completed in 29.85 hours of chairtime (1,791 minutes). That is an average of 1.49 hours per person

per year in this particular instance, which compares well with the 1.99 hours per man found in the large Corps study.<sup>2</sup>

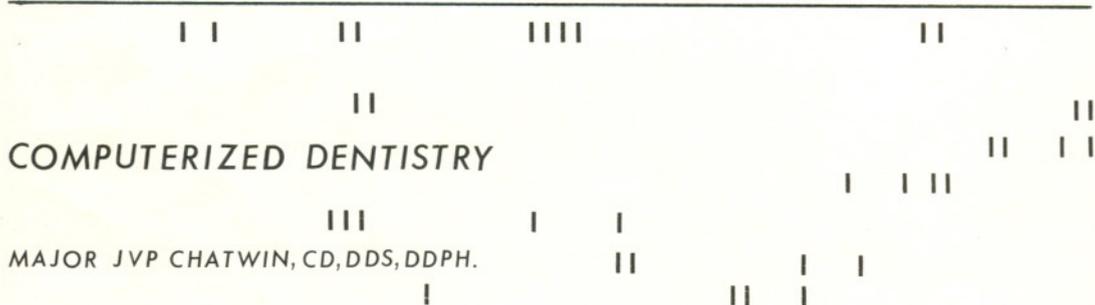
If we assume that it took a total of 84.60 hours (an average of 4.23 hours per man)<sup>2</sup> to originally make this group of twenty dentally fit and since we know that they were maintained in only 29.85 hours, then we have a net saving of 54.75 chair-side hours. That is enough time to raise at least eighteen Blue charts to Red status and is considered a worthwhile saving of time.

It is also worthy of note that eleven of twenty individuals needed only preventive treatment to maintain their dental fitness. Also of interest, only two surfaces affected by new carious lesions were found, and these were both in third molars of young soldiers. The majority of the restorative treatment was replacement of lost or broken fillings; the two dentures replaced old, damaged, ill-fitting ones.

Surely the foregoing demonstrates that annual maintenance care is a benefit to both patient and dental officer and that it is a valuable time-saving device.

References:

1. Chatwin, JVP. The Military Concept. The RCDC Quarterly, Oct 1969, Vol 10 No 3.
2. Report of 2-Year Study — The Dental Condition of the Canadian Forces, 1969.



During the fall of 1968 the Corps conducted a survey to determine the dental condition of dependent children of members of the Canadian Forces. A study was necessary since no dental statistics were available concerning Service dependent school children and secondly, it has been suggested that the transient nature of Service life prejudices the dental health of dependent children.

In past surveys, detailed dental conditions were recorded. This is a time-consuming procedure and the World Health Organization (WHO), moving into the computer age, developed an International Dental Epidemiological Method Series to simplify surveys. The survey used by the Corps in this study is a part of that series. The WHO points out "...instead of recording in detail the status of all teeth or regions of the mouth, only the most severe level to which the disease has advanced anywhere in the mouth is recorded. Thus, if periodontal disease has advanced to the degree that the subject has one or more periodontal pockets he is classified as being in that disease severity group. This provides direct information that the subject is in need of treatment for periodontal pockets, and the relative number of the population in the various severity categories may be used to estimate over-all treatment needs."

To facilitate work in the field, the instrumentation requirements have been reduced to an expendable tongue blade and a small ruler.



# PREVENTIVE PEDODONTICS - THE CAST SPACE MAINTAINER

MAJOR D. R. O'HARA DDS



Interceptive orthodontics is not an every day practice in the Dental Corps and therefore is of limited interest to us. However, all of us, every day, see the results of lack of space maintenance. We often see mandibular second bicuspids or maxillary cuspids crowded out of normal alignment in the dental arch. Worse still, how often do we see the periodontal, esthetic, or surgical implications caused by these conditions? For these reasons, the subject of space maintenance should be of interest and importance to us all.

Space maintenance refers to the preservation for a critical period of time, of arch length in the deciduous or mixed dentition stages. The purpose of this preservation is the prevention of an ensuing malocclusion and its related problems.

There are many ways to preserve arch length. The most ideal means of course, is the preservation of the natural primary dentition. Thanks to modern concepts of endodontics many deciduous teeth that once would have been condemned, can now be retained. However, there still are many cases that cannot be treated in this manner. For example, acutely infected teeth must be extracted in the interests of the health and comfort of the patient.

In 1953, Kronfeld published the results of a 14-year study on premature loss of deciduous teeth in 400 children 4 years of age and older. He concluded that there was a need for space maintenance in 70% of cases of prematurely lost second deciduous molars and in 51% of prematurely lost first deciduous molars.

In 1962, Davey, from the University of Toronto, showed that the largest amount of space loss results where deciduous teeth are lost prior to the eruption of the first permanent molar.

Therefore, we see that there is a definite need for a mechanical means of maintaining space created by the premature loss of deciduous teeth.

Any mechanical appliance that can "do the job" so to speak qualifies as a space maintainer. The tried and proved methods include:

1. cast appliances,
2. the use of preformed bands and crowns in conjunction with soldered wire,
3. removable acrylic partial dentures with or without clasps.

Therefore it is necessary for the operator to select the method that best suits his style. The cast appliance combines simplicity, efficiency and durability.

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## Editor's Note

This paper was presented while Major O'Hara was on course at CFDSS in CFB Borden. Major O'Hara is now in private practice in Kitchener, Ontario.

This paper will discuss the types, indications, advantages, preparation, impression and fabrication of cast space maintainers.

There are two different types of cast space maintainers used in pedodontics:

1. The intra-alveolar space maintainer is used when the premature loss of the second deciduous molar precedes the eruption of the first permanent molar. In this instance, the first deciduous molar is used as an abutment. The casting consists of a chrome-cobalt crown, an arm, and an intra-alveolar extension which is inserted through the gingiva to engage the mesial surface of the unerupted first permanent molar. After the first permanent molar has erupted the subgingival portion of the space maintainer is cut off. The rest of the casting is allowed to remain in position until the abutment tooth exfoliates or until the second bicuspid erupts. Where both the first and second deciduous molars are lost prior to the eruption of the first permanent molar it is necessary to use the deciduous cuspid as an abutment. Once the first permanent molar has erupted the horizontal arm is cut off and a removable acrylic appliance is inserted. This is especially indicated if there is bilateral loss of deciduous teeth.
2. The T-bar space maintainer is used primarily when the first deciduous molar is lost prior to the eruption of the first permanent molar. Although the deciduous second molar is present to prevent some mesial tilting of the first permanent molar it has been found that in a high percentage of cases there will be some loss of space. In this case the deciduous second molar is used as an abutment. The casting consists of a chrome-cobalt crown and a horizontal bar which ends in a "T" shape at the distal surface of the deciduous bicuspid. After the first bicuspid has begun to erupt the horizontal arm can be cut off and the abutment tooth allowed to exfoliate naturally.

The advantages of such a space maintainer are quickly recognized.

1. The material is rigid and will not allow any movement of teeth at either end of the edentulous span.
2. Since the crown of the abutment tooth is completely covered there is little chance of the appliance becoming loose or of the tooth becoming carious.
3. The appliance is comfortable and easily cleaned.

#### Preparation

The abutment tooth is prepared the same way in both cases. Needless to say, because of the need for tooth reduction, permanent teeth are never used as abutments.

1. All carious lesions in the abutment tooth should first be restored with silver amalgam.
2. With a disc placed in a guard a slight slice is taken off the mesial and distal of the tooth to relieve the undercut area. It is important to use a disc guard as any sudden movement on the part of the child could result in severe mutilation of the surrounding soft tissues.
3. The occlusal grooves are then deepened with a round stone and the tops of the cusps and the inclined planes are reduced using a flat stone. The entire occlusal surface should be reduced about 1mm.

4. Using a pencil stone, the undercuts on the buccal and lingual are removed and a finishing line is established.
5. The entire preparation is then smoothed using sandpaper discs.

The amount of tooth cutting is minimal and can be accomplished in a very short period of time without the use of an anaesthetic.

#### Impression

1. A lubricant such as 50% glycerine and 50% alcohol is applied to the preparation.
2. A copper band of the correct size is festooned and cut to extend 3-4mm above the tooth.
3. Small incisions about 2mm in length and about 2mm apart are cut parallel to the length of the band. The small tabs thus formed are bent alternately in opposite directions to provide retention in removing the impression.
4. A compound impression is then made and left in place.
5. After the compound has cooled an overall alginate impression is made and the copper band impression is removed with it.
6. The entire impression is poured in die stone and allowed to set until completely hard.

The T-bar casting is now ready to be fabricated. However one more important step is necessary before sending a cast for an intra-alveolar space maintainer to the laboratory. It is necessary to determine the distance between the distal surface of the abutment tooth and the mesial surface of the unerupted first permanent molar. This is most easily accomplished by measuring the distance on a radiograph and transferring this to the cast. Using a #701 bur a vertical slot is bored into the cast at the correct distance to accommodate the intra-alveolar arm of the casting.

#### Fabrication

The actual fabrication of the casting is a relatively simple laboratory procedure requiring approximately one hour lab time as it may be sprued, invested and cast along with a casting for a partial denture.

It is important that the horizontal bar be kept 1-2mm away from the gingiva for comfort and ease of cleaning. The bar should also be lined up along the gingival crest to coincide with the central groove of the underlying bicuspid.

#### Insertion

The appliance is then inserted using zinc oxyphosphate cement as the cementing medium. The only anaesthetic required is for local infiltration around the area where the intra-alveolar extension is inserted.

#### Summary

There is no doubt that space maintenance in children should be carried out. As in any preventive measure, a little effort and planning when the tooth is lost can save a great deal of work at a later date. The cast space maintainer is a simple method of accomplishing this end.

\* \* \* \* \*

# THE DRY SOCKET

MAJOR G.S. ZWICKER, BSc, DDS



## The Process of Repair

The basic rules, as outlined in any textbook of general pathology,<sup>1</sup> concerning the process of repair are as follows.

- a. Clot formation is followed by the process of inflammation, which includes vascular dilatation, fluid exudation and the escape of leukocytes, e.g., polymorphonuclear leukocytes, lymphocytes, monocytes and plasma cells.
- b. Fibroblasts and fibrocytes migrate from tissue margins at the rate of 2mm per day along the fibrin strands within the clot. Phagocytes digest white cells and fibrin. Endothelial cells undergo mitotic activity and canalization to form blood vessels -- the process is called organization of the blood clot. The result: granulation tissue. Proliferation of fibroblasts follows, and a scar results.
- c. Epithelial cells proliferate, covering the defect.

The above applies basically to primary healing, but with secondary healing, the main difference is the increased amount of granulation tissue necessarily formed.

## The Healing Socket

The process of healing which usually follows the extraction of a tooth is much the same.<sup>2</sup> Organization of the clot with the formation of granulation tissue is followed by fibrosis, epithelial proliferation and eventually the formation of bone. This too, is secondary healing.

Following the removal of the tooth, the blood in the socket coagulates, trapping erythrocytes within the fibrin meshwork. Within 24 hours vasodilatation of the remaining blood vessels in the periodontal membrane and the appearance of leukocytes occurs. Within three days fibroblasts proliferate from the remnants of the periodontal membrane into the clot; granulation tissue is the result. Osteoclastic activity occurs at the crest of the alveolar bone. Endothelial cells commence proliferation, forming capillaries.

On the fifth day the ingrowth of fibroblasts and small capillaries are evidence of the beginning of organization of the clot. The surface is covered with leukocytes and epithelial proliferation is evident. By the seventh day the clot is becoming well organized and new capillaries have penetrated the clot center with much of the fibrin being destroyed by phagocytes. Hyalin degeneration makes the remnants of the periodontal membrane no longer recognizable and the walls of the socket appear somewhat frayed. Bone trabeculae are often apparent and the margin of the socket exhibits osteoclastic activity.

By the 14th day, mature granulation tissue has replaced the clot. Uncalcified bone trabeculae formed by osteoblasts derived from cells of the disintegrated periodontal membrane are present at the periphery of the socket. Osteoclastic activity has rounded the crest of the ridge and the wound surface is completely epithelialized.

On the 21st day osteoblastic activity has occurred almost everywhere except at the crest. The socket is filled with poorly calcified bone which radiographically does not assume a natural "bony" appearance until the sixth or eighth week. By the tenth week the socket is about two-thirds filled, yet fifteen weeks must pass before the wound site is no longer apparent on radiographs. The crest of the bone, because of resorption, is depressed somewhat.

### The Dry Socket

In about one to two percent of cases following routine extractions and seven percent of surgical cases, the normal healing process does not occur and a dry socket results. The condition has many synonyms: localized alveolagia, local osteomyelitis, alveolitis, alveolar osteitis, painful socket, necrotic alveolar socket, alveolitis sicca dolorosa, postoperative alveolagia and localized acute alveolar osteomyelitis.

The result is a socket bearing a broken down blood clot which is usually infected since blood is an excellent culture medium. It occurs more frequently in mandibular molars and bicuspid and less commonly in maxillary bicuspid. It can occur one to seven days postoperatively and if it persists beyond fourteen days, osteomyelitis can be the result.<sup>4</sup>

### Etiology

The etiologic factors include a vast array of possibilities. Some suggest a seasonal factor, others geographical. The personal factor -- some patients always get dry sockets -- has been considered. The spread of pre-existing infection, trauma, poor blood supply, lack of hemorrhage, entrance of saliva, loss of periodontal membrane, mechanical interference of clot mechanism, introduction of bacteria, unsterile instruments or faulty technique, vasoconstriction due to excessive infiltration of local anæsthetics containing epinephrine, foreign bodies, diseased tissues, excessive flushing and/or curettage of the socket, mouthwashes, sucking the wound, condensing osteitis, residual bone spicules, etc., are also referred to in the literature.<sup>3,5,6</sup>

The role of systemic factors must be considered, e.g., kidney, heart and liver disease, diabetes, blood dyscrasias, syphilis, vitamin deficiencies, oral neoplasms, corticosteroid therapy, irradiation, endocrine disturbances and malnutrition. In fact practically any factor which can cause disease can cause a dry socket.<sup>3</sup>

In a Pittsburgh study of some 23,866 extractions it was found that 62% of the resulting dry sockets occurred following the extraction of vital teeth, thus discouraging the "condensing osteitis, pre-existing disease, low blood supply" factor. Only 56% followed traumatic extractions. There was a lower incidence found with general anæsthesia.

The lower incidence of dry sockets during pregnancy was attributed to the increase in globulin. The high incidence in mandibular teeth was related to the lessened blood supply (e.g., one main artery and dense compact bone), yet the low rate of dry sockets in the maxilla, where infiltration anæsthesia is used most, did not support the local anæsthetic factor.

It was found that the entrance of saliva might be a factor, since when the painful condition subsided, fusiform bacilli and spirochaetes were not evident. Excessive use of mouthwashes was discouraged.

### Symptoms

The symptoms include a partial or complete loss of the clot. The socket exhibits a putrefying odour and the denuded bone produces severe throbbing pain. The pain is constant, sharp and radiating, and usually begins two to four days post-operatively. Edema and trismus may be present.<sup>7</sup>

## Treatment

The many variations in treatment outnumber even the etiologic factors. There is not sufficient space to list all those known to the writer. Some of the more common shall be considered.

Practically all sources agree that the patient should be made comfortable; the socket should be irrigated with warm saline (although one source suggests a dilute phenol solution) with little or no curettage. In general the medicinal treatment can be divided into two aspects: the actual drug and the vehicle. The vehicles used are usually an ointment or a gauze; e.g., five to ten percent iodoform or plain gauze (the former, an analgesic and antiseptic, is preferable in the presence of pus). The local treatment generally is repeated 24 hours after the first application and every 48 hours thereafter until no longer considered necessary.

Personal communication with several colleagues revealed their choice of treatment to be:

- a. iodoform gauze and alphamel, plus acetylsalicylic acid;<sup>8</sup>
- b. iodoform gauze and eugenol (or iodoform gauze and quaiacol plus eugenol if longer retention is required);<sup>9</sup>
- c. gelfoam plus eugenol;<sup>10</sup>
- d. iodoform gauze only;<sup>11</sup>
- e. 5% iodoform gauze plus benzocaine;<sup>12</sup>
- f. iodoform gauze plus oral administration of 1gm penicillin G daily for three to five days;<sup>13</sup>
- g. alphamel plus sulfathiazole;<sup>14</sup>
- h. gelfoam plus polyantibiotic paste (Neomycin, Bacitracin and Polymyxin).<sup>15</sup>

The American Dental Association recommends a liquid (e.g., guaiacol plus glycerine; or guaiacol plus ethylaminobenzoate plus Peruvian balsam; or chlorobutanol plus eugenol) mixed with a paste (e.g., yellow wax, petrolatum, lanolin, eugenol plus ethylaminobenzoate; or petrolatum plus ethylaminobenzoate; or ethylaminobenzoate, chlorobutanol, methyl salicylate and petrolatum). It also recommends penicillin, should systemic therapy be advocated, but states that systemic sulfonamide therapy is not advisable unless a thorough pharmacologic knowledge and an awareness of possible adverse reactions is known to the clinician.

Bernier states<sup>17</sup> that zinc oxide and eugenol should be inserted if pain is present. If pain is not present, he simply inserts gelfoam or fibrin foam. In both cases the gelfoam should be replaced every 24 hours until symptoms subside.

A Canadian dental school recommends a manufactured product consisting of iodoform gauze impregnated with thymol, eugenol and acetylsalicylic acid (A.S.A.). This is inserted with methyl salicylate, A.S.A. and eugenol. Topical antibiotics or sulfonamides are recommended if cervical lymphadenopathy exists.

Francis and de Vries<sup>4</sup> recommend, in non-purulent cases, iodoform gauze plus a mixture of A.S.A., eugenol, olive oil and lanolin, (or gauze plus benzocaine and a polyantibiotic paste). In purulent cases, pain is controlled with mefenamic acid or propoxyphene, and infection controlled using Lincomycin. The local treatment consists of iodoform paste; e.g., zinc oxide, iodoform powder, eugenol and beechwood creosote.

Bonnette and Hayward<sup>5</sup> recommend the use of zinc oxide and eugenol to maintain dressings in maxillary sockets. Quinn<sup>19</sup> recommends the routine administration of antibiotics following impactions involving bone removal. Archer's<sup>6</sup> reason for using zinc oxide and eugenol is to prevent the entrance of saliva. Thoma<sup>3</sup> suggests iodo-

form gauze saturated with Ward's surgical cement, replaced every 24 hours until the symptoms subside. Kruger<sup>3</sup> recommends plain sterile gauze saturated with thymol iodide powder and benzocaine crystals dissolved in eugenol.

### Prevention

As one can see, many variations of treatment are open. However, many think that preventive measures are more important, although the American Dental Association<sup>16</sup> states that "no medicament should be used routinely after tooth extractions to combat infection after extraction". Swanson<sup>3</sup> claims a reduction in dry sockets by 34% using gelfoam soaked in a tetracycline solution. Kraus<sup>3</sup> reports the use of trypsin was responsible in not only reducing edema but also reducing the evidence of dry sockets. Quinley, Royer and Gores<sup>3</sup> recommend 50mg. tetracycline hydrochloride in the wound, while Huebsch<sup>3</sup> perforates the socket walls with a sharp instrument to encourage bleeding. Local application of sulfa-cones, terramycin, aureomycin and systemic antibiotics, calcium, vitamin C and D supplements to undernourished patients, and removal of healthy bone have also been recommended.

Perhaps the following steps might be suggested as a preventive measure:

1. record an adequate history, e.g., history of dry sockets as well as systemic history;
2. minimize infiltration of local anaesthetics to minimize the effect of vasoconstrictors;
3. minimize trauma by carefully planning exodontia technique, e.g., surgical flaps if necessary;
4. leave the socket free of debris;
5. aid the clot formation with fibrin foam in large openings;
6. remove interradicular bone in molar sockets;
7. cover the socket with moistened gauze until the clot is formed;
8. if sufficient bleeding is not evident, pierce the lamina dura using a bone bur;
9. encourage gingival bleeding;
10. produce bleeding before the patient leaves.

### Summary

The repair process, including the events which normally take place in the extraction site, was reviewed in an attempt to illustrate that there are many etiologic agents and modes of treatment of dry sockets. Practically any topical or systemic agent which can cause a diseased state has been suggested as possible etiology. The treatment in general consists of topical application of a drug via a vehicle. Systemic antibiotic therapy may be used, although these drugs are usually reserved for purulent cases, or cases of long duration. Routine use of medications should not be practiced preventively but may be indicated following traumatic surgical extractions involving bone removal. Topical antibiotics, sulfonamides or trypsin therapy may be utilized in such cases.

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## «A PAGE IN HISTORY»

### FORT SAINT-JEAN

MAJOR H.J. NADEAU, BA, DDS



The Dental Clinic at the Collège militaire royal de Saint-Jean? Six rooms at the end of a long building which also houses the Medical Inspection Room, quarters for the Members of Parliament taking French courses at the College, and a huge room where officer cadets practice judo. The clinic includes two operating rooms, an office, a laboratory, a reception room and an X-ray room, all very well equipped.

From this description one would think that the building is quite an ordinary one, but it is not so. As a matter of fact, the clinic is set up in a building erected much more than a hundred years ago. After the rebellion in 1837, with Colonel KH Oldfield and Major RE Foster in command, a hospital and several barracks, which could accommodate close to 1,000 men were completed at a cost of £17,231. For the last two years the dental clinic has been installed in one of these barracks.

However, the military history of Saint-Jean and the practice of dentistry in this place go much further back than 1837. In fact, it is more than three centuries ago that the first troops settled on the site where the Collège militaire has been built. In 1665, in order to encourage colonization and prevent the Iroquois from hunting on the Hurons' territory, the French constructed three forts along the Richelieu; those of Sorel, Chambly and Sainte-Thérèse. A year later, two other forts were built: one in Saint-Jean, the other north of Lake Champlain. We know that the French troops going through Saint-Jean were accompanied by Jesuit missionaries who looked after their spiritual needs, thus it is logical to assume that some people also administered dental and medical care.

As these fortifications had achieved the purpose they were intended for, more than eighty years passed before another fort was erected in Saint-Jean. This new fort was built in 1748. At that time, relations between France and England were rapidly deteriorating, and the threat of a war hung over the French colonies.

The task of defending Saint-Jean was then entrusted to Gaspard Joseph Chaussegros de Léry, a military engineer. Peter Kalm, who visited the place at this period gave the following description of the fortifications built by de Léry: "Fort St-Jean has a low situation and lies in a sandy soil, and the country about it is flat and covered with woods. The fort is quadrangular, and includes the space of one arpent square. Each of the two corners which look towards the lake is defended by a wooden building, four stories high, the lower part of which is of stone to the height of about a fathom and a half. In these buildings which are polyangular, are holes for cannon and lesser arms. In each of the other corners facing the country, is a little wooden house, two stories high. These buildings are intended for the habitation of the soldiers and for the better defence of the place. Between these houses, there are poles, two fathoms and a half high, sharpened at the top, and driven into the ground close to one another. They are made of the Thuya tree, which is here reckoned the best wood for keeping from putrefaction, and is much preferable to fir in that point. Lower down, the palisades are double, one row within the other. For the convenience of the soldiers, a broad elevated pavement, of more than two yards in height, is made in the inside of the fort all along the palisades with a balustrade. On this pavement the soldiers stand and fire through the holes upon the enemy, without being exposed to their fire."

The second military establishment was used until the advance of the English troops under the command of Lieutenant-Colonel Haviland. Seeing that he was fighting a lost battle, Monsieur de Villejoie, with the help of twenty men, burned down the fort on the 30th of August, 1760.

At that time, the English, as well as the French, understood the strategical importance of Fort St-Jean. Threatened by the American troops in 1775 during the Revolution of the thirteen English colonies, they entrusted Major Preston with the task of consolidating the fortifications of Saint-Jean. The carpenters built two large redoubts, a thirty-oared galley and a schooner with twelve guns. If these defensive works were unable to stop the Americans, they delayed the enemy long enough to thwart its plans and prevent Canada from becoming the fourteenth American state. "One of the principal reasons why Arnold and Montgomery were not able to capture Quebec on the 31st of December, 1775, was the stubborn resistance put up by Major Preston's small army at Fort Saint-Jean the same year."<sup>1</sup>

The history of this place is full of interest: first, it was Indian territory before being occupied successively by the French, the English and finally by the Americans during the winter of 1775-1776. Although no battle was fought at Saint-Jean from 1776 to the present day, buildings existing at this period, one of which is now used as a dental clinic, housed in succession English troops from at least fifty regiments.

When plans were made to open a bilingual military college, historic Fort Saint-Jean, where French and English had fought side by side, was chosen in preference to the Citadelle of Quebec. It is known that a dentist was attached to the military personnel in Saint-Jean long before 1952, as for instance during the two World Wars. Since the opening of the college, from fifteen to twenty thousand patients have been treated at the dental clinic by the Barbers, the Bossés, the Marcils, the Pigeons, the Berthiaumes and the author.

Today, the Collège militaire royal de Saint-Jean is a green island with streets and avenues lined with trees where birds wing their way and squirrels frisk about. Inside its walls nearly four hundred young men study, work and play together, preparing themselves for a career as officers.

If you go through Saint-Jean, the friendly and courteous residents will be pleased to show you the way to this institution. At the entrance, you will see a plaque bearing these simple words: "Fort Saint-Jean, 1666", which is more than three hundred years of history.

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## FISHING AND HUNTING IN MANITOBA

CAPT. GEORGE JACQUES, DDS



When I came to Winnipeg three years ago, I admit that I did not know too much about fishing and hunting. I had the impression that fishing was a dangerous and expensive activity, and that the bony and dried meat was not even worth the trip. As for hunting, I could not understand how a person could be foolish enough to spend \$300 on equipment, get up at 4 a.m., travel 100 miles trying to wake up and end up in two feet of swampy, stinking and freezing water waiting for some lonely "honks" and "quacks"; or end up, after a few miles of stumbling on top of a hill, kneeled down silent, facing the cold wind and dying for a cigarette, in wait for an eventual deer, the closest being at least five miles from there. In other words, I thought that fishing and hunting was just boring and useless killing.

Well, it did not take long before I honestly had to change my mind, first about fishing. There are 39,000 square miles of water in Manitoba, including 100,000 lakes, and lots of pickerel, trout, pike, char and goldeye, the latter only found in this province. All you need to catch them is a \$7.00 reel and rod, a few lures and spoons, one or two good friends like Cpls Hannah and Challenger that own a boat, and to be at the right spot. I thought you had to wait for hours before the first bite, and then just pull the fish into the boat. Well, in three hours, Major Harreman and I teased and caught fifty-three pickerel (some mere saugers, mind you), fifteen miles from Winnipeg. One was a four-pounder, and that one was worth the excitement. After a few minutes of strenuous and calculated struggle, my three-pound test line brought him beside the boat. With caution, we presented the net, which was enough to scare him away. Then I pulled hard on the line so to rush him into the boat. The line broke, but happily he was on the inside of the boat when it happened. Another fishing trip I will never forget is when the dental staff in Winnipeg were guests of Capt Wilford in Gypsumville. We are still thankful for his kind hospitality. On the Dauphin River up there, the yellow "Lazy Ike" was the lure to have. A bit of problem with the motor (there was a hidden screw underneath), but sixteen pickerel and three pike in six hours and none less than two pounds! Major Harreman volunteered, to my satisfaction, to fillet them on place. Those fillets were delicious, grilled with a mixture of butter, lemon and parsley. That trip alone was enough to convince me about fishing.

As for hunting, I had to wait for this last fall to really see what it was all about. It was in the marshes of Metley Lake with Cpl Brian Hannah - the first day for duck hunting - that it all started. Walking toward our spot at 5.30 a.m. you could sure hear them. They were there by dozens. Pintails, teal, mallards waiting for the sunrise to take off to the nearby field. At 6.45 a.m. we were well hidden, eyes wide open and all excited. Then, "here they come," murmured Brian frantically. I thought they were there by dozens, but there were hundreds and thousands of them. Around 9 a.m. they came back from the field - some impressive and splendid display! It took three hours to realize that our feet were almost frozen. By that time, we had three mallards and five teal. Incidentally, did you know that as many as five species of geese and fourteen species of ducks either breed in or pass through Manitoba enroute to southern wintering grounds?

A week later, I was initiated to upland game birds. We met a few rabbits and squirrels but when we saw that first flock of about ten ruffed grouse, it paid off for all the walking that took us to that spot. The three of us, Lt Hansen, Cpl Hannah

and myself must have emptied at least twelve shells, but only one bird was hit. Who killed it? We are still debating. I kept for one week a sore souvenir of that trip, having real difficulty to move my right shoulder.



The 17th of November was the opening day for deer hunting in CFB Shilo. Every hunter must dress with a white outer suit plus the compulsory orange-coloured hat. We could see each other at a mile. I had that \$15 British .303 ready for action when, on the second day, the three of us walking side by side, that nice white-tailed doe came out of the woods, fifty feet in front of me. In one second flat, I knelt down and aimed. Some other hunters on my right had also noticed the doe, but I had the chance to be the first to pull the trigger. I felt I was the happiest hunter in the world. A hundred pounds of meat and bone! That was the interesting part, I was told, wait till you open it and remove the "innards". I was in there up to my elbows but it did not bother me.

Did you know that an estimated amount of 5,000 deer have been killed during the 1968 deer season in Manitoba; that there are two moose hunting seasons; and that within 200 miles of Winnipeg you are almost guaranteed your elk and your caribou?

Yes, three years ago, I thought that there was no interest in fishing or hunting. In fact, chasing, driving, flushing, attacking, pursuing, worrying, following, searching for, shooting at, stalking, and lying in wait for game are all facets of hunting; each of these situations making the trip worthwhile whether the animal is killed or not, big or small.

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## RCDC BONSPIEL

The Eighth Annual RCDC Bonspiel will be held at CFB Borden  
27 and 28 February 1970.

## 1 Dent Unit

### Appointments

Major DE McDermott was appointed Commanding Officer of No 1 Dental Unit on 20 October. He succeeded LCol WH Harrington, who was posted to CFB Petawawa.

### Special Events

Visit of Col E.L. Deane, Director Designate of Australian Dental Services.  
On 28 October, Col Deane, accompanied by Major McDermott, toured No 1 Dental Unit. The Australian Director had high regard for the organization of the CFDS and hoped to similarly fashion the Australian Dental Services which are presently three separate entities: Army, Navy and Air Force dental services. One fact which impressed Col Deane was the ready acceptance by other services of "brown jobs" on HMC Ships and air stations.

## Division News

Major JVP Chatwin was busy lecturing on Preventive Dentistry to Czechoslovakian dentists at the University of Western Ontario during January ... Mrs Charline Madore has taken three months leave to produce a new Canadian and has been temporarily replaced by Mrs Gloria Ryan ... Miss Ruth Victor escaped January's cold weather by holidaying in Hawaii ... closely following her southern route were Col and Mrs GR Covey for three weeks ... CWO Pen Griffith-Jones has replaced CWO Jim Taylor in the general office ... Cpl Rick Pockett recently returned home as a one-man "ways and means committee" to see his fiancée and sort out the innumerable details of his forthcoming marriage.

The annual Christmas Party, held on 19 December in the Junior Ranks Mess, CFB Uplands, was hosted by the officers of the Division and 1 Dental Unit and well attended by all personnel associated with the Dental Services in the Ottawa area.

## CFDS School

### Visits

Col Ewan L. Deane, OBE, Deputy Director Dental Services, Australian Military Forces, visited the CFDS 3-4 November.

### Guest Lecturers

Col LG Craigie delivered a speech, "The Dental Therapist in the Canadian Forces Dental Services" to the Ontario Dental Hygienists' Association in Toronto in November.

LCol PS Sills presented a paper to the American Prosthodontic Society in New York during October.

### Professional Seminars

Major HW Brogan and Capt DG Wilson attended a one-day clinic and luncheon of the West Toronto Dental Society 1 November. Guest speakers from the medical specialties covered the theme "Office Emergencies - A New Approach".

Capt DW Pettigrew attended the Annual Winter Clinic of the Academy of Dentistry in Toronto's Royal York Hotel 27 November. Ex-Capt Victor Rausch was one of the featured speakers on "Deep Suggestive Therapy - A Neglected Science".

### Promotions



The welcome news of their promotions to Sergeant is reflected in the smiling faces of (L to R), Bob James, "Danny" Danyluck and Darryl Mason.

Gary Albertson, the fourth new Sergeant in this wave of upgrading, was absent on duty at the University of Western Ontario.

### Awards

CWO Bill Morris was selected for a trip around the world on a Canadian Forces Yukon flight which originated in Trenton, Ontario and included some of the most popular stop-overs in the Pacific, Near and Far East, Africa and Europe. After inoculations and vaccinations he had not heard of in years, he was well prepared to represent Canada in his new green uniform.

## Courses

Dental Assistant PL3 and Dental Clinical Assistant PL6 course candidates, dressed in the unisex type of combat gear, with the girls using flower power to identify themselves, had a great time in November during several days of field exercises at Meaford, Ontario. In spite of the first snowfall of the season, they managed to be efficient and comfortable simultaneously. There was even time for good old-fashioned frolics, hot coffee, singalongs, get-togethers and displays of artistic talents. An outdoor brush-in was held which they promptly dubbed "Operation Pom-Pom".



Left to right: Top left: Cpl Bev Gilkes, behind tent; Cpl Jim Busse's back; Cpl June Patterson displaying her etchings. Top right, Cpl Bev Gilkes, Cpl Skip Soloman, Pte Ilse Kuepper (patient), Cpl Noel Audet, Pte Susie Green. Bottom left: Pte Ilse Kuepper and young friend ... in the girls' quarters? Bottom right: Cpl Bev Gilkes, PL6, Pte Ilse Kuepper, PL3, Cpl June Patterson, PL6, Pte Marg Williams, PL3.

## Sports

Sgt Ron Danyluck and Cpls John Clint and Pete Nadeau were members of the winning team of the Zone 5 Football Championships Team at Base Borden, competing against teams from Toronto, London and Clinton.

A rink skipped by Capt Max Fisk with MWO Bob Goodwin as vice and Capt Dave Devine as lead won the "A" Event in the 16th Annual Yuletide Bonspiel held 26 to 28 December.

Capt Doug Pettigrew Captures First Place Judo Trophy. York University in Toronto was the scene on November 15 as 1,200 judoka competed in the 1969 Eastern Canada Judo Championships in which Capt Pettigrew represented Base Borden. The division in this big shiai was broken down into white, yellow and orange belts, green and blue belts and brown belts respectively. Doug entered as an orange belt in the under-169 lb class.

Doug fought extremely well, according to his clubmates, as he went through six competitors to capture the first place in his division. He beat out his first competitor with a clean throw by using Tai-otoshi (body drop). His second bout was won on a decision by the referee. Doug beat his third opponent on a wazaeri, (half point) by using ashiguruma (leg wheel). The fourth match didn't last long as he applied juji-jima (strangulation hold) on his opponent, forcing him to submit. This qualified him into the semi-finals. In the semi-final match, Doug used a combination of sasaetsurikomiashi harai (sweeping blocking ankle throw), giving him a wazaeri and immediately went into the kesagatame (scarf hold), pinning his opponent for 25 seconds thus winning the match.

In the final match, Doug tripped his opponent with asaetsurikomi-ashi (blocking ankle throw), gained a half point, then pinned his opponent to win the match and the trophy.

As a result of his fine showing, Capt Doug Pettigrew was promoted to green belt by the tournament officials.

... Any challenger for a bout of judo ... or spelling?

## **11 Dent Unit**

by MWO RD McHugh

### Visits

Capt AF Brothers attended a one-day symposium at the Pallister Hotel in Calgary on preventive and interceptive orthodontics.

Capt RCA Fearon attended a course in oral medicine conducted at the University of Alberta from 4 to 10 December.

Capt DL Poy attended the Vancouver and District Dental Society in Vancouver, 4 November. Dr. Kleinberg of the University of Manitoba gave a very interesting lecture on the biochemistry of dental hygiene.

Dr. Edward Hyde and Ernie Carpenter, former members of the Corps, visited the dental detachment in Chilliwack. Both had been employed there some twenty years ago.

### Personnel

Capt HA Pankratz will be specially employed at the University of Western Ontario from 5 to 30 January to assist in the training of Czechoslovakian dentists.

Goodbyes were said recently to Cpl DM Eden, CFB Comox, on his release at CFB Esquimalt 27 November. Cpl Mabel Koch of the Cold Lake detachment returned to civilian life on 9 December.

### Training and Courses

Capt JL McNeill participated in Exercise NIMROD LEAP with the Canadian Airborne Regiment in Jamaica during November.

Cpl GG Carscaden and Pte D Purich recently completed Dent A (721) PL 3 Course at CFDSS, Borden, conducted from 8 October to 9 December. Cpl Carscaden was the outstanding student, placing first in the class.

### Sports

Capt KE Rosengart was a member of the CFS Holberg badminton team which competed in the Zone 1 Championships held at CFB Esquimalt 8 to 13 December.

The first annual "Best Buck" contest, open to members of the dental detachment at CFB Cold Lake, was held from 5 to 14 November. Six members entered and tried for the trophy donated by Capt Pankratz of the clinic. On the afternoon of 11 November, LCol RB Jackson, Major RB Andrews, Capt HA Pankratz, Capt RW Rix, CWO RH Daw and Cpl AH Peck participated in a deer drive. LCol Jackson proved himself the opportunist of the day by bagging a 300-lb five-point whitetail buck. Capt Pankratz managed to get a whitetail doe in the same hunt to round out a fine afternoon.

Another entry in the "Best Buck" contest was a three-point buck mule deer shot by Capt Pankratz two days earlier. The "Best Buck" trophy was presented to LCol Jackson at the clinic party on 14 November, attended by members and their wives.



Left to right: Capt RE Rix, LCol RB Jackson (trophy winner), Capt HA Pankratz, Major RB Andrews, CWO RH Daw and Cpl AH Peck.

The opening curling 'spiel was held at CFB Cold Lake 11 to 13 October. MWO Jack Fraser and rink placed third in the first event.

The 11 Dental Unit Annual Bonselpiel was held during the weekend of 12-13 December at the Lancaster Park Curling Club, CFB Edmonton. Teams were entered from Cold Lake, Calgary, Penhold and Edmonton. A bonselpiel party was held in the Recreational Centre at Lancaster Park the preceding evening. Approximately seventy-five unit personnel and their ladies attended.

The draw got away on Saturday at 8 a.m. The Jack Fraser rink from Cold Lake and the University of Alberta rink skipped by Darryl Graham were the favoured rinks. The Fraser and Graham rinks met in the semi-final of the "A" Event with the University boys taking a rather easy win and looked good enough to defeat the Dick Walker rink from HQ Edmonton, who came through with two wins to enter the finals. However, Walker and his boys proved to be just a little too tough and after losing an early lead came on again to win in the final end. Dick and his crew put together three good games and took the Commanding Officer's Trophy for their efforts. This is the second time the "Dick Walker" name has gone on the trophy as the winning skip. The rink skipped by Sgt Harry Ayerst won the NCOs' Trophy donated by Dr LW Singer for the "B" Event. Harry and his team defeated a rink skipped by Major Bill Collier in rather handy fashion.



"A" Event Winners

Garth C Evans Trophy

Left to right:

Skip: Sgt Dick Walker  
 Vice: Col Garth Evans  
 Second: Sgt Ken Shergold  
 Lead: LCol Don Hillier



"B" Event Winners

Dr LW Singer Trophy

Left to right:

Skip: Sgt Harry Ayerst  
 Vice: Cpl "Happy Jack" Schultz  
 Second: Capt Paul Kozak  
 Lead: Cpl Doug Morphett

In Hospital

Capt RW Rix spent a few days in the base hospital at CFB Cold Lake as a result of a knee injury sustained in a recent hockey game.

Mrs Howson was admitted to hospital in Victoria on 23 November and will be absent for about six weeks.

Congratulations

...to Major RJ Paturel on his recent marriage. Major Paturel travelled a long way to tie the knot in marrying Miss Ragnhild Gade Thomsen in Redsted-Hvidbjerg, Denmark, on 22 November. Prior to his leaving for Denmark, Major Paturel was honoured at a stag party held in the Wardroom, CFB Esquimalt.

**12 Dent Unit**

Invitations

The following is an extract from a Routine Order published by HMCS Cape Scott:

"DENTAL - For those who did not have the opportunity to sample the new "Dental Cocktail" (Fluoride): Please leave your name at the dental clinic within the next few days. You will be piped 10 at a time and the party will commence in the forward washplace. Bring your toothbrush; from here it will continue aft to the dental clinic where you will be given one for the road. There are no age restrictions for these parties. However, real teeth are a necessity."



BGen BP Kearney cuts the ribbon to officially open the new clinic and Preventive Dentistry Centre at Cornwallis as Capt (N) HR Tilley, Base Commander, and LCol JMA Donely, Base Dental Officer, look on.

### Sports

Capt Joe Cote has become the hockey star of the Gagetown Warriors in the Southern New Brunswick League.

### Apologies

The brevity of this report is regretted; however, as one of our Base Dental Officers reported: "Hard work is not very interesting".

## **14 Dent Unit**

by WO JM Roberts

### Special Events

Despite rumours of closure of some Canadian Forces Bases in the Prairie Region, CFB Rivers is trying to stay in the flying business even if they take the big airplanes away. The base has now started a model aircraft club. Capt Earl Nind has for some time been a keen enthusiast of this hobby and became involved in starting the club, ending up as secretary-treasurer.

Even considering the ".08" legislation recently put into force, the members of this unit were still able to attend and enjoy many festive season activities. This may be due largely to the fact that CFB Winnipeg made a Defensive Driving Course available in early December, heavily attended by RCDC personnel.

### Sports

WO HD Wagstaff represented CFB Gimli in the Veterans' Zone badminton play-offs held in Winnipeg 11-12 December. The Gimli team placed "runners-up" in the doubles.

Major RH Headley and Cpl GW Mandrusiak were on a CFB Shilo curling team in the Zone 3 play-offs but unfortunately were knocked out in their third game.

## 13 Dent Unit

by Sgt ES Beattie

### Visits

CFB Petawawa dental detachment was visited on 27 October by Colonel EL Deane of the Australian Army Dental Corps, accompanied by Col JW Turner and LCol JW Fletcher from Ottawa.

### Personnel

Cpl WR McIntosh suffered a serious heart attack and was admitted to St Joseph's Hospital, North Bay, on 16 November. Some time in January, when he has recovered sufficiently to make the trip, he will be transferred to NDMC in Ottawa. While Cpl McIntosh recuperated, his position was filled by Sgt EL Schell from Trenton and Cpl MGE Williams from London. Cpl GE Sykes may be posted from CFB Winnipeg early in February to relieve the situation.

Remuster - Capt DM Hodges - from dental officer to newspaper columnist. Capt Hodges' column "Dental IQ" is a feature in the CFB Petawawa weekly newspaper. His style is easy for the prospective patient to read and understand. Possibly a few more such authors would benefit the profession and the Dental Services. (...and the Quarterly?)

CFS Moosonee has acquired a neophyte politician. Cpl JE Thomson has been elected councillor in the PMQ Council elections. In a community such as Moosonee, this is an important position. The Council plays a large role in boosting and maintaining the morale of the station. Perhaps in the future, some can say they "knew him when...".

### CORPORALS "A" AND "B" RECEIVE CD



Col RHG Cunningham presents the CD to Cpl GM Anderson (left) and Cpl BF Breadner.

Cpl Gerry Anderson enrolled in Vancouver on 8 August 1957. In 1966, in Germany, he transferred from the PPCLI, completed training as a dental assistant at CFB Borden, and was posted to the dental clinic at CFB Trenton. He completed his dental lab technician PL4 course at Borden in December 1967 and has since been employed in the dental lab at Trenton. His main sport is golf in which he has won several trophies.

Cpl Barbara Breadner enrolled in Toronto on 25 February 1957. After basic training, she served at CFS Falconbridge and in Metz. She completed an administration course at CFB Borden then returned to 1 Wing, Marville and later moved to Lahr, where she was promoted Corporal. She is at present employed in dental administration at CFB Trenton. Barb is an accomplished softball pitcher.

## Retirement



Major HG Bunston was presented with an engraved silver tray from 13 Dental Unit personnel on his retirement. On hand for the occasion were, left to right, front row: Cpl MG Williams, Major Bunston, Sgt TR O'Mara, LCol WR Thompson; back row: Sgt WG Harmer, Capt RI Stammers, Major L Dombowsky.

## Sports

Personnel of the North Bay clinic are entered in the CFB North Bay volleyball league.

At CFB Petawawa, Capt GE Rocque is playing hockey for the 2 Service Battalion team, and Cpl PR Coss is playing for 2 Service Battalion in the base basketball league.

LCol RA Fell and Major IAC MacDonald were winners in the CFB Kingston curling eliminations held 3 to 5 December and competed in the Zone 5 playdowns in Toronto, 5 to 9 January.

At CFB Trenton, a truly dedicated coach, MWO Roy Matheson, has been an enthusiastic supporter of both the midget baseball and pee-wee hockey leagues. He was instrumental in obtaining trophy donors for the baseball league and also getting the league's first end-of-season banquet which was thoroughly enjoyed by a messhall full of boys and girls. Roy was handicapped in that he was unable to provide the transportation he needed for his teams with his convertible. This situation has now been rectified for the hockey team. He now has his convertible plus a new ten-passenger station wagon and can be sure that both boys and equipment reach the games, and practice, on time.

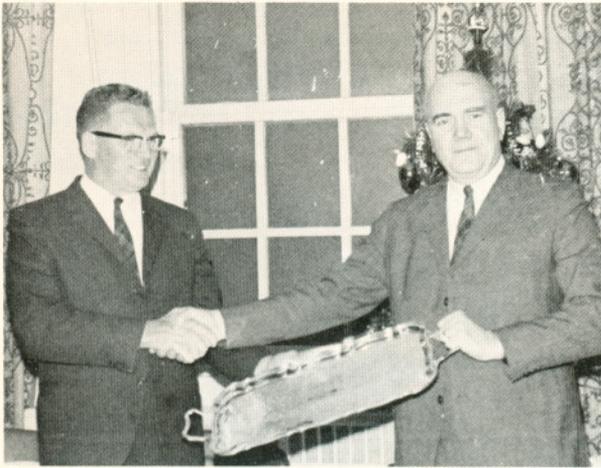
## **15 Dent Unit**

by MWO AF Davison

## Retirements

The annual "All Ranks" Christmas Party was combined with a retirement party. It was truly a "unit" party as personnel arrived from Valcartier, St Jean and St Hubert to wish Colonel CM Cornish and WO GH Couture the best in civilian life.

On 29 January, Col Cornish will receive the Key to Outside of the City of Montreal. His passport is in order and he has a clean bill of health. So we must say "au revoir" and "bon voyage" to a good Commanding Officer and a fine gentleman.



Top left: LCol G MacDougall presenting a silver tray to Colonel Cornish.  
 Top right: Col Cornish admiring his private "hot line".  
 Bottom left: WO Couture receiving a retirement gift from Major JJB Houde.  
 Bottom right: Major BA Gaudet requesting a posting.

Colonel Cornish has been an active RCDC officer for the past 28 years. He has served from coast to coast in Canada, two years in Europe and a short stay with the Navy in Northern Ireland. Many personnel have used his sympathetic ear to better their career and ease their peace of mind. An active curler, skier and world traveler, his stories and injected notes of humour will be missed by all who have known him.

Col Cornish was presented with a silver tray and a private telephone so that he could keep in touch with activities in 15 Dental Unit.

WO Couture was given a briefcase and Mrs Couture a bouquet of flowers. A candlelight dinner was held at CFB St Jean to honour WO Couture on his retirement.

## 1 Dent Eqpt Dep

### Awards

Sgt JAL Boulianne has been awarded the CD. Following his recent promotion, CWO L Lawson received his warrant, now being issued in the new Canadian Forces style.

## 4 Fd Dent Coy

by Sgt P Fox

### Conferences

LCol GE Windsor and Majors DG Jones and EF Foley attended a dental conference in Nurnberg from 21 to 23 December.

### Visits



BGen BP Kearney and Major CA Casterton with members of 4 Fd Dent Coy during a visit in December.



BGen Kearney (right) and LCol Windsor discuss plans for relocation of dental equipment.

MWO JW Hutchinson visited the dental detachment on Cyprus and reported that the weather made him reluctant to return on schedule.

### Training

Exercise MARSHMALLOW, the annual NATO exercise, commenced at 0001 hours 13 October with the Canadians acting as the aggressors and the dental section drawing the most blood. 4 CMBG won the war in two days but since it was a ten-day exercise, they had to do it over again.

### Sports

LCol Windsor and his team won the "A" Event of the CLFE Opening Bonspiel.

The unit is participating in recreational curling in preparation for the RCDC (Europe) Bonspiel with 35 Fd Dent Unit.

### Festive Season

A christmas party for all ranks at Headquarters and the Soest area was held at the Lindenhof Gastatte (more commonly known as "The Green Shack") on 12 December.

## **35 Fd Dent Unit**

by WO RJ Lowery

### Preventive Dentistry Centre

The Preventive Dentistry Centre, staffed by Capt JW Montgomery, WO RJ Lowery and Pte(A)(W) ML Marcoux has virtually completed all Phase 1 treatment for 1 Wing personnel — over 1,000 treatments in two months.

### Dependents' Clinic

A new dental clinic was opened at the Canadian Caserne in Lahr on December 2. This clinic, which will provide treatment for service personnel stationed at Air Division Headquarters as well as dependants and other civilians in the Lahr area, consists of four operatories and is staffed by Capt WD McKenzie and Cpl(A)(W) ME Mahlitz. Two civilian dentists, Drs Ivor Hamilton and Chad McIntosh, are providing the treatment for dependants.

### DGDS Visit

BGen BP Kearney and Major CA Casterton visited the unit from 8 to 11 December. A briefing of all ranks was held in Lahr on 8 December and personnel were informed who would be returning to "The Land of Round Door Knobs" in 1970. Tears seemed to be the order of the day.

A dinner was held in the Black Forest Officers' Mess on 8 December to honour BGen Kearney. All unit officers and their wives were in attendance as well as several guests including the Commander, MGen DC Laubman, the Regional Surgeon and SSO Pers.

### Training

LCol DH Protheroe and Major JLY Cyrenne attended the USAFE Dental Conference at Berchtesgaden, Germany, from 17 to 20 November. This was an interesting conference by virtue of its size (1,200 were registered), and the fact that all of the health disciplines were represented. General sessions were held in the mornings and specialty seminars in the afternoons.

### Promotions

Our first Master Corporal, Dick Gratton, held the honour for only three months before he lost his crown and gained an additional stripe. Our new Master Corporal is Cpl(A)(W) ME Mahlitz.

### Christmas Party

The unit Christmas Party was held at a local gasthaus in Lahr on 13 December. After cocktails and dinner, a dance was held. An excellent time was had by all as a result of WO Denny Hughes' and Sgt Dan Hardy's hard work in arranging the party. Sgt Ron McDonald was St Nicholas and Capt Cooper was Black Peter. There were nearly as many lumps of coal given by Black Peter for misdeeds during the year as there were Christmas presents.

## Dent Det Cyprus

### Morale



In mid-December, the CBC did their annual "Christmas Thing" entitled "Showtime in Cyprus".

Left to right:

Lt R Wen, Pioneer Officer, Black Watch; Miss Debbie Lorie Kaye; Capt BL Hart, Dental Detachment.

### Sports

Sgt HJF Hope, the fastest sergeant on the island, placed first among the sergeants in the cross-country run.

## Professional Training

### University of Michigan, Ann Arbor, Michigan

Major IAC MacDonald ... Crown and Bridge ... 10-21 November

Capt DA Graham ... Endodontics ... 1-12 December

Major TD Cobb ... Occlusal Adjustment ... 12-16 January

### United States Naval Dental School, Bethesda, Maryland

Capt JS Dion ... Oral Surgery ... 5-9 January

Major GS Zwicker ... Oral Surgery ... 5 January (seven weeks)

Capt DL Poy ... Oral Pathology ... 12-16 January

Major CL Gullekson ... Crown and Bridge ... 9 February (seven weeks)

Capt ED Cragg ... Removable Partial Dentures ... 16-20 February

### Ent Air Force Base, Colorado Springs, Colorado

Capt HM Amos ... Oral Surgery ... 9-20 February

## Training

### Canadian Forces Dental Services School, CFB Borden

#### Officers' Clinical (Periodontics), 11-25 February

LCol DH Hillier, Major WR Collier, Capt DL Brown, Capt DJG Chausee, Capt YTA Gagnon, Capt GC Post

#### Dental Laboratory Technician PL5, 7 January - 17 February

Sgt RS Lindsay, Cpls GM Andersen, JMM Arbour, P Maelde, JM McKenzie, WH Renwick, RJ Tallack, JH Taylor, JM Walker, DC Feeney

#### Dental Equipment Maintenance Technician PL5, 7 January - 17 February

Sgt BA Green, Cpls JPGA Cliche, JA Clint, EJ Schultz, JA Wesley, Pte HE Lubitz

### Canadian Forces Air Training School, CFB Borden

#### Basic Electricity, 3-21 November

Cpls JA Schultz, JP Cliche, JA Wesley, Pte HE Lubitz

Junior NCO Course, CFB Shilo, 7 January (seven weeks)

Ptes DP Kurbis, EAJ Morin

#### Training with Industry

Ceramco Porcelain to Gold Course, JF Jelenko Company, New Rochelle, N.Y.,

19-30 January

Sgt H Markwort

Installation, Maintenance and Repair of Ritter Co. Equipment,

Ritter Equipment Co., Rochester, N.Y., 3-7 November

Sgt PE Harkin

Ticonium Equipment Installation and Maintenance Course, Ticonium Co., Albany, N.Y.

1-5 December

Cpl JA Clint

### **Welcome to the Corps**

A cordial welcome is extended to Pte(S)(W) EL Joneson, Pte(L) AS Cromwell, Pte(L) FL Cotton, Pte(L) D Bowering, CWO(L) PM Griffith-Jones, Mrs K Atkinson, Miss S Weiss.

#### **Promotions**

To COLONEL: WR Thompson  
MAJOR: HJ Nadeau  
LT: WA Jackson, B Vandervaart, LR Hatcher  
CWO: WD Morris  
MWO: (A)(W) CM Torrens, AL Strub, JE Raymond, AMC Jerome, RK Jones  
WO: N Cable, DJ Davies, TJ Deloughery  
SGT: JR Ritchie, JAN Audet, RW Danyluck, RK James, DW Mason, H McRae, PJ Armstrong, JAL Boulianne, RG Brighty, RK Delmage, AF Randall, DS Smith, GK McDonald, HE Ayerst, JD Cormie, ML Allen, GG Albertson  
CPL: GR Lamontagne, AD Hurley

### **Retirements and Releases**

Col CM Cornish, Majors VM McMaster and JCRR Roy; WO GH Couture, Cpls DM Eden, (A)(W) ME Koch, JEL Frechette, HH Nogler; Mrs EJ Powell, Miss GL Thorp, Mrs P Labreque.

### **Vital Statistics**

#### Marriages

Sgt JAN Audet to Miss Linda Phillips ... Major RJ Paturel to Miss Ragnhild Gade Thomsen ... Cpl JD Chaisson to Pte(W) ML Marcoux ... Cpl SF Boulanger to Pte(W) MML Dumont.

#### Births

Daughter: Cpl and Mrs PJ Mehler ... Cpl and Mrs RM Clarke (adopted) ... Capt and Mrs RJ Burns ... Cpl and Mrs MJC Michiels ... Capt and Mrs JGL Dessureault ... Capt and Mrs JC Steel.

Son: Capt and Mrs JAR Fortier ... Cpl and Mrs TJ Parent (adopted) ... Major and Mrs RM MacDonald ... Cpl and Mrs JGJ Labrosse ... Sgt and Mrs JD Cormie ... Cpl and Mrs G Porteous ... Capt and Mrs WJ Percival.

#### Condolences

Sincere sympathy is extended to Capt JW Montgomery and Major RJ Headley on the loss of their mothers and to Cpl(A)(W) BF Breadner and WO SH Lunnin on the loss of their fathers.