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Better amalgams through burnishing

Gerald E. Denehy, D.D.S., M.S., and
Kai Chiu Chan, D.D.S., M.S.

DIGEST

Advances in amalgam composition and research ensure that amalgam will retain its prominent place among restorative materials in spite of the many new restorative materials available today. Variance in size and shape of alloy particles and addition or subtraction of various alloy components provides improved manipulation and physical properties. Proper burnishing with materials and methods described here increases surface smoothness, reduces mercury emissions, and decreases marginal leakage and corrodibility.

Over the past years, amalgam has been used in the field of restorative dentistry to an extent unparalleled by any of the other dental restorative materials. Despite the fact that it has often been the object of controversy and occasionally has been referred to as one of the "inferior" restorative materials, amalgam has shown the capacity to provide a serviceable restoration even when grossly misused.

With the advent of many new restorative materials, dentists often tend to overlook the advances in research done with amalgam. Recent changes in amalgam composition, including variances in size and shape of alloy particles and addition or elimination of various alloy components have now given the dentist a selection of amalgam manipulation characteristics and physical properties never before available.

To produce a quality amalgam re-

storation, however, more is necessary than just a good material from a well-known manufacturer. The final restoration is only as good as the operator who places it and the techniques he employs. Even when a conscientious dentist is using a material to the best of his abilities, certain misconceptions he has about the material may affect the final quality of the restoration. Recent research has shown that one common misconception is that of burnishing.

Literature review

In the past, dentists have been taught that burnishing the amalgam restoration before it has reached its final set is extremely detrimental. G. V. Black in his historic textbook on operative dentistry recommended that there be no burnishing, stating that amalgam would be drawn away from the wall on one side when it was being pressed by the burnisher to the other wall.¹

Sweeney stated that burnishing weakened the amalgam primarily in the marginal and sharp angle areas of the preparation.² Phillips agreed with the weakening theory, stating that burnishing draws excess mercury to the surface resulting also in increased tarnishing and corrosion at the margins.³ Although others have agreed with the detrimental effects of burnishing,^{4 5} most of the statements have been based on specula-

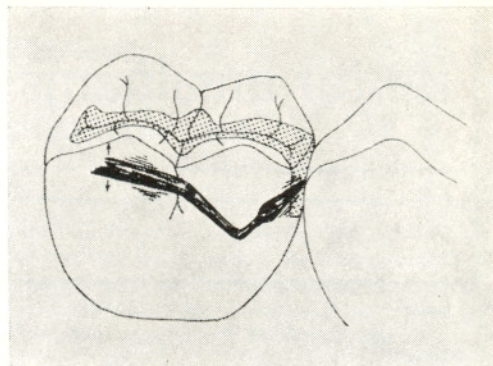
tions and are not supported by research or clinical evidence.

Recent research has not only disproved the theory that burnishing amalgam is detrimental but, in fact, shows that burnishing may be very beneficial to the final restoration. In one of the earlier studies, Kanai found that burnishing reduced the micropores and decreased the residual mercury.⁶ Other studies followed showing increased physical properties including greater surface smoothness and a decrease in marginal leakage with burnishing.⁷ A mercury emission study recently conducted states that burnishing tends to reduce the dissipation of mercury vapor from the surface of dental amalgam.⁸ Corrodibility has been shown to be less on burnished specimens than on unburnished polished specimens and significantly less than on unburnished unpolished specimens.⁹

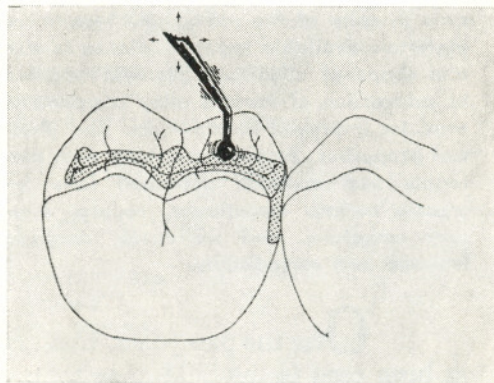
Materials and methods

The most convenient burnishers which are used in burnishing an amalgam restoration are a double-ended "football" shaped burnisher* and a double-ended "ball" shaped burnisher.** The double end allows for differences in size and shapes for different areas of the restoration. The "football" burnishers work best on the proximal surfaces and margins and marginal ridge areas (Fig. 1). The larger "ball" burnisher works well on the inclined planes and occlusal margins (Fig. 2) and the small "ball" burnisher is excellent for defining the occlusal anatomy (Fig. 3). While the previously described burnishers are recommended, a dentist may use any shape or type of burnisher which he feels works best for him.

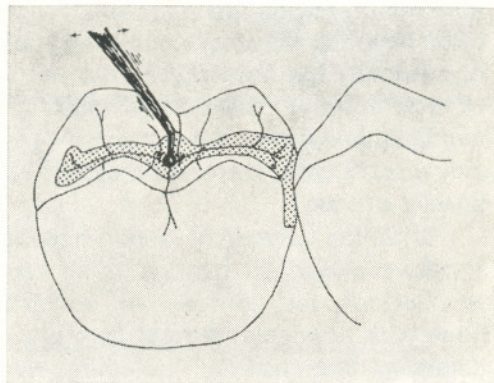
Burnishing should be done with even pressure, in a back and forth motion on the amalgam and marginal areas,



BURNISHING THE PROXIMAL SURFACE and margins with the "football" shaped burnisher. Fig. 1.



BURNISHING THE INCLINED PLANES and occlusal margins with the large "ball" burnisher. Fig. 2.



DEFINING THE ANATOMICAL GROOVES with the small "ball" burnisher. Fig. 3.

and should basically be a two-stage process. First, the amalgam should be properly condensed and grossly carved.

Then it should be burnished after it has started its initial set. At this time, the anatomy may be well defined with the small ball burnisher and the rest of the amalgam and margins burnished with a light burnishing pressure. Any recontouring or removal of flash may now be accomplished with the carver. The restoration should be checked for occlusion, any prematurities removed, and then the final burnishing should take place. By this time the amalgam should have set to a hard consistency, and firm burnishing pressure may be used over the entire restoration especially on the margins. Because of the time factor, the faster setting alloys are recommended for burnishing.

While burnishing may require a slightly greater amount of the operator's time when the restoration is placed, this is more than compensated for by the virtual elimination of time consuming polishing procedures. If later polishing is deemed necessary, usually minimal procedures will suffice.

Discussion

Although amalgam is a relatively stable material, physical changes do occur in the restoration after it has reached its final set. This is easily demonstrated by the evidence of corrosion, tarnishing, and marginal breakdown present in many amalgams after several years of service. Proper polishing procedures greatly decrease this physical breakdown. The majority of amalgams, however, are not polished sufficiently to prevent this deterioration.

Both authors have been burnishing amalgams on a clinical study basis for the past three years. Follow-up observations on these restorations have shown some interesting results. All properly burnished amalgams have remained vir-

tually unchanged. This is true for both burnished restorations which have been polished and those which have remained unpolished. Marginal breakdown is negligible and no corrosion or tarnish has been noted.

One possible explanation of these findings is that burnishing is actually a continuation of the condensation process after carving. The net result is that weak marginal areas and areas of flash are removed at the time of burnishing rather than later during mastication. Through the burnishing process, the amalgam is compressed and "prechewed" resulting in a margin that is strong, tight, and secure.

Summary

Recent research has shown burnishing the amalgam restoration to be beneficial to the physical properties of the final restoration. Release of surface mercury vapor is decreased, micropores are closed, corrodibility is significantly less, and there is a greater surface smoothness with decreased marginal leakage after burnishing.

Instruments and a technique for burnishing have been described.

To produce an amalgam with optimum physical properties and provide the maximum service to his patient, it is recommended that a dentist use a good quality alloy. He should know the working properties of this alloy and manipulate it to the best of his ability. And finally, the dentist should thoroughly burnish all amalgam restorations.

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**Hollenback Number 6.

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DENTAL DIGEST

Reprinted from the August, 1972 edition

THE DENTAL ASSOCIATE OFFICERS' FAREWELL

MAJOR R.G. PEEBLES, CD.



From September 1939 to September 1972, and from the Canadian Army Dental Corps through the Canadian Dental Corps and Royal Canadian Dental Corps to the Canadian Forces Dental Services, there was a group of officers who formed an integral part of the Dental Services -- latterly known as Dental Associate Officers.

Non-dental officers were employed in dental units and staff appointments to provide the dental commander with the required Administrative and Quartermaster officer support, without the loss of the services of dental officers who would otherwise be required to fill the positions.

Initially the civilian dental supply houses provided a ready source of potential Quartermasters for the burgeoning Dental Corps while Administrative officers were recruited either from dental faculties or enticed from other Corps. Subsequently, during World War II, senior dental storemen and administrative clerks employed with the Corps were commissioned from the ranks to fill the "A" and "Q" vacancies in the dental units.

Following the Second World War, a policy was adopted that required all tradesmen to qualify as basic dental assistants before being considered for remuneration to other trades in the Corps. The

obvious advantage of this was that when ultimately selected for commissioning, the candidates brought a more comprehensive knowledge of the "workings" of the establishment.

During the 1950's the classification was opened to include Dental Laboratory officers. The senior qualified warrant officers in the laboratory trade fulfilled this need.

In the 1960's selected Dental Therapists were commissioned as DAOs (Hygiene) for employment in larger clinics as members of the dental health team.

DAOs have served with units attached to a multitude of Canadian navy, army, and air force formations in all theatres and when their service in the ranks is included, they had, within their group, personnel who had served aboard HMC ships and in just about every conceivable type of base, unit and station of the Canadian Forces throughout the world.

The DAO system worked well over the years, but the forthcoming integration of the CFDS Supply System with the Canadian Forces Supply System has caused the DAO (Supply) positions to be transferred to the Logistics Branch. Additionally, the 1973 manpower reduction made a significant change in the remaining numbers and rank structure of this group of officers.

Following a series of in-depth studies

on the effects of the greatly reduced establishment of the DAOs, it was concluded that it could not be considered a viable classification. It had become too small with an almost non-existent possibility for promotion.

Investigation of the alternatives available finally produced a solution that offered greatly enhanced opportunities for the serving DAOs. They could transfer to the Logistics, Personnel Support or other classification of their choice, and following further training for "class" qualification, would be eligible for advancement with their peers in the field, where their experience with the CFDS would serve them in good stead. The Administrative positions remaining with the CFDS were changed to Personnel Support and the Laboratory and Hygiene positions reverted to CWO positions of their former dental trades of laboratory technician and dental therapist.

One of the problems of management/leadership is that when an alternative is chosen some will not agree with the choice. In this instance however, I would like to quote an unnamed DAO lieutenant: "It'll sure beat sitting as a captain for 20 years."

In summary, it has been a happy marriage with both sides accruing benefits. Hopefully, from the DAOs' standpoint, we will continue to retain to some extent at least, our ties with our many friends in the CFDS as we go our separate ways.

REPORT OF A CASE

ACUTE LEUKEMIA

Captain P.D. Higgins, DDS.

History. On a Sunday morning, a 29-year old Caucasian woman presented with, in her words, "bleeding, swollen gums."

Oral Examination. She displayed extremely hyperplastic gingival tissue of a pinkish-white colour and very shiny, highly indicative of massive cellular infiltrate. There was a constant oozing haemorrhage from the gingival sulcus area. The palate displayed some petech-

iae. The actual state of oral health was fair and the swelling was extremely disproportionate to the little calculus present. She also displayed considerable external facial swelling which covered the area including the lower face and neck. No nodes were apparent on palpation and salivation appeared normal.

Roentgenographic. Dental tissues were normal. Bone pattern was normal and

there was no apparent blockage of the salivary ducts with sialoliths.

General. The patient appeared quite anaemic and admitted to having a slight fever which had persisted for several days. Her arms and legs displayed extreme ecchymosis; and several areas where obviously minor cuts and scratches appeared to be ulcerating rather than healing. The upper thighs, pelvic area and lower abdomen were one solid mass of deep blue-black. Upon questioning she admitted to being in the middle of "a much heavier period than normal."

Medical History. Since it was apparent her chief problem was not dental in nature but quite likely a blood dyscrasia or associated systemic problem she was further questioned. She had had an operation six weeks previous to presentation and described having undergone tubal ligation and removal of left ovary due to adhesions. She admitted a hypersensitivity to penicillin and a rather prolonged treatment with broad-spectrum antibiotics prior to her operation and for one week afterward. Her "bruising" had started two to four weeks post-operative and had been steadily increasing. She

had arranged an appointment to have the "bruising" treated and was to have seen her family doctor on the Tuesday.

Differential Diagnosis. Acute leukemia or a massive drug-induced pancytopenia.

Tentative Diagnosis. Acute leukemia.

Sequellae. Her family doctor could not be contacted so a medical officer was contacted on the advisability of immediate hospitalization since the oral picture alone was highly suggestive of leukemia. It was decided to allow her to go home and to contact her family doctor on Monday and arrange for immediate consultation. The patient was dismissed and advised that dental treatment would not be rendered until her physician had attended to her "bruising".

Her physician saw her on the Monday afternoon and admitted her to hospital. After preliminary blood tests she was transferred to Ottawa where she died on Wednesday night of acute leukemia.

Conclusion. Nothing could have been done for this patient. The suddenness of onset and termination was demonstrated when records showed her white blood count as 4,000 at the time of her operation and 250,000 at the time of death.

A CASE REPORT

MUCOSAL BURN

Captain G. Gunther, CD, DDS.

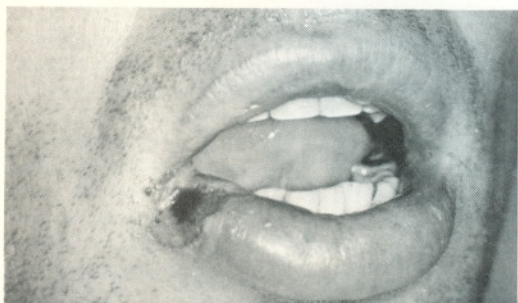
A 28-year old white male presented for removal of a horizontally impacted lower right molar. The tooth was asymptomatic but had communication with the oral cavity. It was determined that this would be a potential source of infection.

The patient was anaesthetized with two carpules of 2% lidocaine hydrochloride with 1/100,000 epinephrine. The dental officer gloved and a new straight handpiece was placed on the belt-driven arm. A mucoperiosteal flap was raised. Bone was removed distally and buccally using the straight handpiece and a 703 bur with saline coolant at the cutting site. The tooth was sectioned and removed un-

eventfully. Closure was effected within 40 minutes. During suturing a patch of white, mobile area of mucous membrane was noticed in the buccal vestibule extending from the vermilion border toward the extraction site. Surgical rubber gloves were removed and the straight handpiece tested for heating.

The patient was advised of the burn to his cheek, placed on a bland diet avoiding acid foods and told to apply vaseline jelly to the outer lip to prevent cracking. APC with Codiene 1/2 grain was prescribed for pain.

Appearance after 24 hours was about



the same as day of operation with crust starting to form at the vermillion border. Pain was minimal.

In five days the verrucous mass on the vermillion border grew to 1.5cm. in area with considerable thickness, which remained for another five days. The patient had "frozen face" appearance and limitation of movement was the chief complaint. The lesion healed completely without scarring in 21 days.

Conclusion. Due to use of heavy surgical gloves, the overheating of an unfamiliar handpiece, resulting in burn to mucous membrane, was not detected until completion of procedure.

Two talk of a trip

A CRUISE TO AUSTRALASIA

*Captain P.F. Stirling, DDS
and Sergeant J.C. Hughes.*

Captain Stirling: A phone call to the Dental Clinic at HMC Dockyard, Esquimalt on a July morning informed Sgt Hughes and myself that we would be the dental team on a four months cruise with the Second Canadian Escort Squadron. We would be situated on HMCS Provider, accompanying HMCS Gatineau and HMCS Qu'Appelle.

To say that the dental personnel involved were apprehensive would be an understatement. To say that the families involved were shocked would be a gross understatement. To say that we were unhappy about adopting a new mode of life would not be at all true. Our apprehension of sea duty was second only to the apprehension of the ships' company at the idea of having two "pongoloid toothwrights" along for four months.

Sergeant Hughes: One problem with operating a dental clinic on the ships is that dental clinics were not built into them. We had to wait for a dental van to be shipped from CFB Borden where it was being used in the summer training program. It arrived six days before sailing, but Provider, being a supply ship, was not able to load the dental

van until the day before sailing. Items such as two totem poles, dental equipment for the Fiji government, a dog sled, and many, many cases of beer preceded the loading and securing of the dental van.

Capt S: On Saturday, 26 August, a clear and crisp day, we started the first leg of our journey: to Port Moody, up Burrard Inlet, to take on about 60,000 barrels of fuel for the long cruise ahead.

Sgt H: We left Port Moody on 28 August and headed down the Strait of Georgia into Juan de Fuca Strait, then into the Pacific Ocean on our way to Hawaii and Pearl Harbour.

Tuesday we spent setting up the dental van and familiarizing ourselves in boat drills and emergency stations. The next day, Qu'Appelle came alongside for fuel, and your daring dental team turned sailors, decided to go for a ride on a jackstay so that we might do a dental survey of Qu'Appelle's crew. Being the most frightened (?), I went first. I would never have gone across on that rope without the proddings and threats of my dental officer. We completed over 200 dental examinations and had time to see what life was like on a destroyer. The



... 25,000 miles and not even a change of oil ...

following afternoon Provider sent one of her helicopters over to pick us up via a 1/4-inch cable with a life belt attached while it hovered 50 feet overhead. After a jackstay transfer, you get brave enough to try anything.

Capt S: Our first days at sea helped us acquire sea legs (and sea stomachs). After five days at sea, we arrived in Pearl Harbour. Pearl is not a good port really, except to shop at the local PX. It's a long taxi ride (\$7.00) or spotty bus service to Waikiki, and once there, everything is very expensive. Trips have to be made to some of the other islands to escape the rank commercialism of Waikiki.

While at Pearl we took on three USN helicopters and crews, to participate in RIMPAC 72, a ten day exercise in which the Pacific Rim countries (Canada, USA, Australia, and New Zealand), took part. This exercise was interesting, except that we were apparently sunk several times, which we found disconcerting.

Sgt H: After the Rimpac exercise, and a few more days in Pearl, we sailed south on 21 September bound for Suva in the Fiji Islands. Before reaching that destination, we tadpoles had to keep an appointment with King Neptune as we crossed the Equator. This was a very memorable occasion and a lot of fun. On 28 September we crossed the International Date Line, and thereby skipped the 29th of September, and the following morning we arrived at Suva. The Fiji Islands are not too well known in our part of the

world. They consist of two main islands and hundreds of smaller ones. The island we visited was Euti Leau, with a coastline of almost five hundred miles. Being tropical, these islands are always green although in parts of the islands there have been occasional droughts. The two main racial groups are Fijians and Indians.

Capt S: In Suva, I was tasked with presenting some dental equipment to the Fiji Department of Health from the B.C. Dental Association. There is a large hospital in Suva, with a busy dental clinic which also trains dentists. The type of mobile dental equipment we were using on the ship would be ideal so that the Fijians could take it to the many outer islands and jungle areas. They have an active preventive program but are hampered by a shortage of personnel.

The People of Suva are very friendly. Being a duty-free port, most goods such as watches and cameras can be purchased for half the price we pay for such items in Canada.

Sgt H: We left Fiji on 2 October and headed southwest for Australia. After a calm and relatively uneventful cruise we arrived at Sydney on 9 October and spent seven days in port, went out for a nine-day exercise off the east coast of Australia and then returned to Sydney for another six days.

Capt S: Sydney is a large city. The construction in progress is staggering. The skyline was dotted with cranes erected

ting high-rises of every shape and size. The people there feel they have a lot in common with Canadians and were very eager to talk to us, and to almost literally kill us with hospitality. Our hosts in Sydney were the members of HMAS Parramatta and HMAS Sydney and they did their best to see that our every moment (including sleeping time) was spent touring, socializing, playing sports or drinking Australian beer.

Sgt H: In Sydney, don't miss a visit to Taronga Park Zoo, where all the kinds of animals native to Australia can be viewed. Some of the species looked odd to us, such as the duck-billed platypus. A short distance west of Sydney are the Blue Mountains, part of the range separating the Australian desert in the west

from the grasslands on the eastern slopes. These mountains get their name from the blue haze which is always present from the vapors rising from the millions of eucalyptus trees.

We left Sydney for the southeast corner of Australia and the City of Melbourne. This is Australia's second largest city with a population of about two million. It differs quite a bit from Sydney. The people there seem to lead a much quieter life. Melbourne is the financial and business centre of the country. I made friends with a young couple here, and they took me on a tour of the city and the surrounding country.

Capt S: New Zealand was our next stop. Our first stay was in Auckland. Both here and in Wellington, our last stop,

Presenting dental equipment to the Fiji Department of Health on behalf of the B.C. Dental Association, September 1972. (Left to right) Cdr Birch-Jones, Dr Deo Navayan, Dr Stirling, Dr Cassidy (acting Medical Superintendent), Dr Salato.

(Fiji official photo)



the local people adopted us, invited us into their homes and were anxious that we see their country, meet their people, and be well impressed by both. We were. Many Canadians got out into the countryside to hunt and fish.

Sgt H: Auckland is New Zealand's largest city with a population of roughly 600,000. The coast of New Zealand is much like the coasts of Great Britain: everything is lush and green. The North Island is volcanic in origin, and signs of this could be seen almost everywhere we travelled. Rotorua, a short journey from Auckland, is an active geothermal area with geysers, hot springs and a model Mauri village. The Mauri is the native New Zealander who has occupied these islands since about 1300 A.D.

While in New Zealand, Exercise LONGEN took place with the armed forces of the USA, Australia, New Zealand and Canada participating. Apparently this was the largest naval force in New Zealand waters since the Second World War with eleven surface ships and two submarines taking part.

After the exercise, we headed for Wellington, the last of our foreign ports. Situated among the hills of the coastline on the southern end of North Island Wellington is a very pretty city. It has the reputation for being the windiest city in New Zealand, and it lived up to its reputation during our visit there. I went on a tour into the sheep district where a top shearer demonstrated shearing a sheep in 85 seconds; I also toured a butter factory where two tons of butter are made at a time.

Capt S: On a sunny 3rd of December we slipped out of Wellington harbour to begin the sixteen day, 6,500 mile cruise home.

Boredom is the great enemy at sea, and the old salts with whom we were sailing were masters at fighting it. There were deck hockey games, chess tournaments,

skit nights, casino nights, No-day ban-yans (No-day is the extra day we gained recrossing the International Date Line), Christmas carol singing (with appropriate vocal lubricants) and mess dinners. There was also a beard-growing contest in which the dental staff entered with very disastrous results.

The final event of the long trip was the special remodelling job done the last night out to the old green dental van by a mysterious group of people.

The van appeared on the morning of arrival splendid with a double racing stripe on the hood, red and white wheels, yellow frills around the edges and various graffiti which will not be quoted here. It was now the only dental van in existence with silver cylinder heads and a silver universal joint. Most of this "customizing" was corrected prior to off-loading in Esquimalt but the racing stripe stayed. After all, 25,000 miles with not so much as an oil change deserves some sort of mark of distinction!

With all of our adventures ashore and at sea, we were able to do a sizeable amount of dentistry on the cruise. The ships' crews required a lot of dental treatment and were very glad of the opportunity to have it done. We were kept busy in port and at sea by jackstay transfers and never a complaint from any one of the heat in the van or the cramped conditions. The equipment we had performed admirably. The experience of working with a fine group of people made the cruise a success for us. Their co-operation and hospitality to a couple of strangers to their way of life will be a pleasant memory for a long time.

Sgt H: The trip was a memorable event which I am sure we will remember for the rest of our lives. I hope that in the future more of our people will be able to retrace our tracks and enjoy a similar cruise as much as we did.



Exercise STRONG EXPRESS



Captain P.D. Higgins, DDS.

Approximately 1,000 men, comprising the Canadian Contingent for Exercise STRONG EXPRESS, were dentally examined prior to departure. The examination showed 63% to be fit and 35% to require minimal treatment. Only two members required remedial treatment to bring them to an operationally acceptable level of fitness.

On 17 September 1972 in Bardufoss basin, 200 miles north of the Arctic Circle in Norway, the largest exercise ever held by ACE Mobile Force began. The Canadian Contingent was only a fraction of the 64,000 troops mobilized for the venture.

Capt Higgins and Sgt McRae were the dental team to travel with the Canadian Contingent in the field. Air portability and mobility were the key features of the exercise so the dental equipment taken was the 38 pound Belldent unit and one 15 pound Dental Field Kit.

We left Petawawa by Hercules aircraft on 12 September and arrived in Bardufoss 13 September to be greeted by sunny weather and temperatures of 35°F. There was no snow on the ground at this latitude although every day it could be seen creeping further down the slopes of the mountains ringing the basin. The temperature didn't vary much from just above freezing point so it was rain and not snow that fell almost every day. Because

of this and a shallow permafrost, the ground quickly became a quagmire under the wheels of vehicles. Among the first to arrive, we found a dry spot to pitch our 5-man arctic tent and being attached to NATO Support Element in a static capacity, this area became our living and working quarters for the duration of the exercise.

With exception of the Italian field hospital, the Canadian Contingent was the only one to have a dental team along. The Italian dental office was fully equipped with an X-ray unit and a very sophisticated portable dental chair. Since neither the Italian nor Canadian Dental staff was overworked, both were able to handle a few emergencies from the British Contingent.

Our equipment proved capable of handling the work load. The Belldent is very flexible, being able to use 110 or 220 AC, 12 volt DC vehicle battery or off its own internal rechargeable cells. The handpiece, a variable speed, foot controlled, electrically operated device, was a pleasure to work with under the circumstances. The kit includes a pulp tester and a dual purpose foot controlled electro-surgery unit. The Belldent is also equipped with an amalgamator, a high in-



*Capt Higgins with Belldent unit
and auxiliary L Kit*

Sgt McRae with patient



tensity intra-oral light and an extra-oral, variable intensity lamp on a goose neck. Thus when this is accompanied by an L-kit containing surgery instruments, drugs, denture repair kit, etc., efficiency and capability are at a maximum and portability and mobility are not sacrificed.

Shortly after arrival, Canada hosted a wine and cheese party which was attended by 1,000 troops from Britain, Luxembourg, Italy, Germany, Norway, USA, and Canada. Although it was held outside in a constant drizzle, spirits were high and a sense of comradeship pervaded, making the affair a success.

Several visits to the small towns in the immediate area were made and troops purchased the abundance of souvenir items including reindeer skins sold from stands run by the travelling Laplanders.

The exercise for the most part gave us an excellent opportunity to see an integrated multi-national support group in action, and to appreciate the problems

involved in moving 1,000 men from one environment to another, completely ready to live, sleep, eat and fight.

Generally we enjoyed ourselves despite the rain and the stand-to's at 0300 when the sun came up. We appreciated the friendly contact and exchange with the soldiers of many nationalities and the civilians of Norway. And finally, we feel we've learned a great deal which will allow us to embark on the next exercise with our eyes wide open.

Editor's note. Capt Higgin's report also stated that dental emergencies occurring in members of the Canadian Contingent were among those considered dentally fit on departure, indicating the need for continued dental care in that a dentally fit person is not immune to emergencies. The report also noted the necessity for a portable X-ray unit for adequate diagnosis even in field conditions.



Dedication

WANSBROUGH BUILDING

A ceremony conducted at the Canadian Forces Dental Services School, Canadian Forces Base Borden, on Friday, 20 October 1972, marked the dedication of the school as "The Wansbrough Building."

The Dental Services School has been so named as a memorial to the late Brigadier Elgin McKinnon Wansbrough in recognition of his contributions to dentistry in the Canadian Armed Forces,

Mr. Schwartzkogler, an Ottawa area sculptor, was commissioned by the Director General of Dental Services to produce a bronze plaque to be hung in the main vestibule of the Canadian Forces Dental Services School in memory of Brigadier Wansbrough. The Royal Canadian Dental Corps Association, in remembrance of the Colonel Commandant, provided the necessary funds.

The plaque was unveiled at the ceremony attended by Mrs. Essie Wansbrough, widow of the late Brigadier, and by relatives, friends, colleagues, members of the Royal Canadian Dental Corps Association, Commandant and members of the Canadian Forces Dental Services School.

Following a scripture reading by the chaplain, Major T. Fenske, Major G.G. Hunt, president of the Royal Canadian Dental Corps Association asked the Canadian Forces Dental Services to accept the plaque as a memorial and to arrange for its care. Colonel J.W. Turner, the Director of Dental Treatment Services, on behalf of the Director General of Dental

Services, accepted the memorial "as a sacred trust and shall guard it reverently in honour of the long devoted service of Brigadier Wansbrough to his





Brigadier Wansbrough

country in whose memory the memorial is presented." The ceremony was concluded with a prayer and benediction.

Born in Grand Valley, Ontario, Elgin M. Wansbrough served in the Canadian Machine Gun Corps in the First World War, attended University of Toronto and graduated with a dental degree in 1923. From 1927 to 1939, he served as a militia officer while practicing dentistry in Shelburne, Ontario, and on 27 October 1939 transferred to the Canadian Dental Corps. Brigadier Wansbrough served in Canada and Europe during World War II, returning to Canada in August 1945. On 28 September 1946 he was appointed Director General of Dental Services. In August 1951 he was promoted to the rank of Brigadier and in 1953 was appointed Queen's Honorary Dental Surgeon.

After his retirement in 1958, Brigadier Wansbrough continued to actively support the Corps. He was honorary life member of the RCDC Association and Colonel Commandant of the Royal Canadian Dental Corps from January 1965 to his death on 20 December 1970.

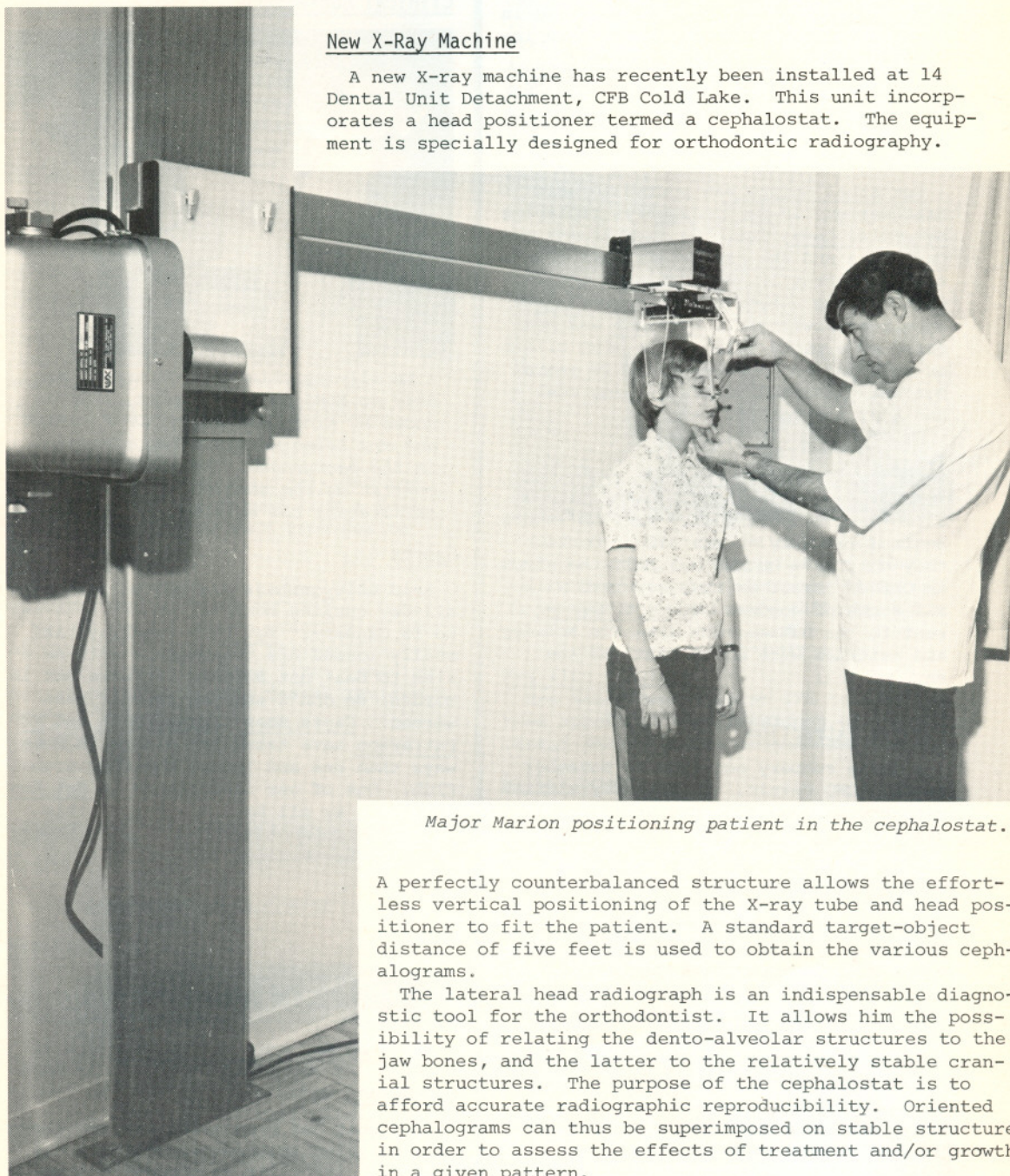


Gathered beneath the bronze plaque of the late Elgin McKinnon Wansbrough immediately after the unveiling and dedication ceremony of 20 October 1972 are (l to r): Maj T Fenske; Dr WG Berry, a close friend of Brigadier Wansbrough; Col LG Craigie, Commandant of the CFDS School; Mrs Essie Wansbrough, widow of the late Brigadier; Col JW Turner, Director of Treatment Services; and Maj CG Hunt, President of the RCDC Association.

CFDS NEWS

New X-Ray Machine

A new X-ray machine has recently been installed at 14 Dental Unit Detachment, CFB Cold Lake. This unit incorporates a head positioner termed a cephalostat. The equipment is specially designed for orthodontic radiography.



Major Marion positioning patient in the cephalostat.

A perfectly counterbalanced structure allows the effortless vertical positioning of the X-ray tube and head positioner to fit the patient. A standard target-object distance of five feet is used to obtain the various cephalograms.

The lateral head radiograph is an indispensable diagnostic tool for the orthodontist. It allows him the possibility of relating the dento-alveolar structures to the jaw bones, and the latter to the relatively stable cranial structures. The purpose of the cephalostat is to afford accurate radiographic reproducibility. Oriented cephalograms can thus be superimposed on stable structures in order to assess the effects of treatment and/or growth in a given pattern.

1 DENTAL UNIT

by Warrant Officer J.M. Patterson

Gloucester Clinic Closed

The clinic at CFS Gloucester closed in October. The equipment has now been installed in a new clinic at CFS Carp, staffed on a one-day-per-week basis by Maj Wood and Sgt Hollins.

Arrivals and Departures

Sgt Ethel Snippa was posted to unit headquarters in early January, replacing Sgt Giles Cote, retiring in February ... Capt Ames and Sgt Hannay are back from a tour in Cyprus ... Sgt Hannay won't be with us long - he's off to Europe this summer on posting ... WO Piche was honoured at a party held at the NDHQ clinic on retiring in November after 29 years. Don was presented with a fishing reel and a picnic cooler.

Trips

Major Cyrenne and Sgt Hollins were on a two-week temporary duty trip to London England recently. From all accounts they must have bought out half the shops in Oxford Street as they returned with all sorts of goodies ... Capt Spencer went to the Bahamas for a week's holiday and returned with a tan that was the envy of all.

Painful Extraction

A purse robbery occurred in November in the NDHQ clinic. The unlucky victims were Pte Dawn Duncan, Mrs Greene, Mrs Mantle and Mrs McNamee.

Christmas Party

The unit Christmas party was held at CFB Ottawa (South) Golf Club on 8 December. Capt Cherun and WO King, with financial assistance from the dental officers in the Ottawa area, arranged a very successful evening. BGen Evans drew the first door prize won by Capt Dessureault, a very popular win. Capt Spencer and Cpl Diane Manuge also won door prizes. Diane took this opportunity to announce her forthcoming wedding to Cpl Tony Nolet on 12 January.

Honors and Awards

WO (W) JM Patterson walked away with the Top Student Plaque on the WOs Qualifying Course ending in November 1972 at the CFWOs School, Esquimalt.

Clinical Conference



An all-day clinical conference was held at NDMC on 20 November. Photo shows WO King, Mrs Aubin, Dr F Musaph and Mrs Kelso with the panthomograph in the background. Dr Musaph is demonstrating the phantom head used in calibrating the machine.

Sports

Avid unit curlers are headed for an all-day curling bonspiel at CFB Petawawa on 19 January. Sgt Rene Tremblay has really loaded his team - this will be a rink to beat not only in Petawawa but in Borden, so don't say you haven't been warned. Capt Ames, Dessureault and WO Patterson have taken the plunge in more ways than one and joined the NDHQ Scuba Club. One of our instructors is Sgt Ron Lindsay. We all hold him responsible for our bloodshot eyes and tired, aching bodies every Wednesday morning.

11 DENTAL UNIT

by Sergeant R.S. Walker

Expansion

This unit has been allocated two floors of a building in Naden adjacent to the present clinic. It is planned to use

this space to house HQ 11 Dental Unit, a preventive dentistry centre, central dental laboratory and clinic offices.

Visits

BGen GC Evans visited the unit 31 Oct-1 Nov ... Maj JL McNeill, Capts DE Watson, RJ Fennell and B Kendall attended a clinic at Madigan General Hospital, Tacoma, Washington on 20 October. Professor Hugo Obwegeser from Zurich lectured on "Maxillo Facial Surgery Today."

Social Scene

The unit Christmas party this year was held in the Junior Ranks Club, Workpoint Barracks on 7 December. Former members of CFDS attending were: Gerry Shragge, Harry Latham, Perc Gourlay, Gordie McKay, and Dr Norm Butcher. Miss Vin Phillips from Currie Barracks Clinic, Calgary, also attended. There were cries of "fix" when the two spot dances were won by LCol Protheroe and LCol Harrington.

Provider Pongos

Our unit sailors, Capt Stirling and Sgt Hughes, have returned from a four month voyage aboard HMCS Provider to Australia.

Fort Benning Dental Residency

Maj ED Cragg, now in practice at Dental Clinic No 3, in the Kelley Hill area of Fort Benning, is the first Canadian dental officer to take dental residency at Fort Benning.

12 DENTAL UNIT

Lieutenant D.E. Fraser

Visits

Maj KP Buchholz attended the Winnipeg Dental Association meeting, 16 December ... Maj NH Andrews completed a series of four one-hour lectures to the senior students of the Victoria General Hospital School of Nursing in December ... Capt JD Rowat attended the Fall Clinic in Montreal ... LCol MN Deyette visited the unit in early November to interview dental officers in Greenwood, Cornwallis,

Halifax and Shearwater ... MWO Bennett and MWO Hutchinson were in the unit area for inventory checks at Shearwater, Cornwallis and Greenwood in late October ... MWO Bennett and Sgt Longford were on inventory checks to Gagetown, Moncton, Chatham and Summerside in late November ... LCol DH Protheroe paid a liaison visit during 12-17 December ... Maj NH Andrews and Sgt PD Whyntott were in Bermuda 4-25 November to render dental treatment at the station and to soak up a bit of the good old sun.

Gagetown Prosthetic Laboratory



LCol TD Cobb cuts the ribbon (?) during the official opening of the prosthetic laboratory at Gagetown. Assisting is WO Chris Christiansen while Cpls Bob Clarke and Deon Allen look on.

Mrs Vice President

Mrs Sandy Reath, DA at CFB Halifax, has been appointed Vice President of the N.S. Dental Nurses and Assistants Association.

Social Scene

12 Dental Unit held a Christmas dinner and dance on 8 December in the Spanish Room of CFB Shearwater's Sergeants Mess. It was one of the best events we've had in a long time. The outstanding efforts of Sgt Robbie Roberts and the unit entertainment committee made it a most enjoyable and successful event.

Recently Major and Mrs Jolly received an official invitation from the naval side of the house to attend the commissioning of HMCS Huron at Sorel, Quebec. Due to other commitments, Maj Jolly had to decline the invitation but he wondered what it would be like as an XO of a ship after being in several posts in the clinic and unit area of CFB Halifax.

Retirements

Sgt Ron D'Eon was sent on his way in the traditional manner by the Shearwater Dental Clinic on 31 December. Ron is taking up employment on an oil rig off the coast of Nova Scotia in the vicinity of Sable Island.

After a tour of service which encompassed almost 30 years, Col SG Bagnall, Command Dental Officer and CO of 12 Dental Unit, retired in November and is now



Col Bagnall receiving a Maritime Command plaque from Commodore RW Cocks, Chief of Staff Logistics, Maritime Command.

the Executive Secretary of the Nova Scotia Dental Association.

To mark his retirement, officers of Maritime Command Headquarters gathered for a luncheon on 26 October. Col Bagnall was presented with a Maritime Command plaque. On 2 November some 80 members and wives of 12 Dental Unit and visitors gathered in the Men's Mess, Windsor Park for a dinner and dance to say farewell to Col and Mrs Bagnall.



Col Bagnall being "mugged out" of the Service. MWO Kirby presented the "loaded" mug on behalf of all Canadian Forces Dental Services members.

DENTAL SERVICES SCHOOL

by Sergeant R.K. Delmage

Visits

LCol LA Richardson, from NDHQ/DGDS, in October, to discuss dental assistant training standards ... Major C Brown, from TCHQ, in December, on liaison ... Forty-five English language teachers and Secretary of State translators, on a familiarization tour of the School, 30

November ... Sgt Gary Albertson (accompanying LCol Richardson) on an accreditation study of the dental assistant programs of several colleges on behalf of the Canadian Dental Association. Ports of call were: Toronto, London, Welland, Winnipeg, Edmonton, Calgary, Hamilton, Windsor.

Christmas Party

The CFDSS Christmas party this year was held 9 December. The evening consisted of a cocktail hour, sit-down dinner and dancing to a fine orchestra. By the end of the evening, the crowd was in the festive spirit and ready to face the

season at hand. The committee responsible for such a fine evening were: WO Jerry MacDonald, MWO Bill Parker, Sgt Daryl Mason and Cpl John Walker.

Sports

Several members of the School are at present tackling the Bruce Trail, a walking path which extends for some 465 miles. To date, two walks of 25 and 32 miles have been completed. As each leg is done, it is recorded in personal log books and crests are awarded by the Bruce Trail Association. Cold weather has driven the walking buffs indoors but we are sure that warmer weather will see them on the trail once again.

13 DENTAL UNIT

by Captain L.R.J. Hatcher



St Nick is a RED

On 15 December, in blinding blizzard-like conditions, the duty air traffic controller was greeted by a strange HO HO HO and a request for landing instructions at the Preventive Dental Annex. Permission was granted and a safe landing accomplished (just short of violating a stop sign). St Nick stepped lively from his sled.

Although his main reason for dropping in was his annual maintenance check, he did leave behind some colourful gifts.

He was greeted on arrival by MWO Kidd who was in charge of the brush-in and master of ceremonies. It is difficult to recall if MWO Kidd told St Nick he was again a RED but in any case all who

attended unanimously agreed it was the jolliest time ever.

Parachuting

MCpl GE Sykes is now the Director of the Sports Parachuting Council of Ontario.

Au Revoir

Members of HQ 13 Dental Unit and the staff of the base dental clinic at CFB Trenton gathered on 3 November to bid a fond farewell to WO and Mrs SH (Bud) Lunnin. Bud retired on 28 November on reaching CRA. He had 23 years service with the Dental Services both in war and peace. The Lunnins plan to remain in the Trenton area as Bud is accepting an administrative position at the Warkworth Penitentiary.



WO and Mrs Lunnin with Col WR Thompson. WO Lunnin is holding a replica of the PMQ at 9a Regina Crescent, Middleton Park, where he and his family have resided for the past 16 years.



Mrs WR Thompson presenting Mrs Lunnin with a bouquet on behalf of the dental personnel at CFB Trenton.

Long in the Tooth



LCol WW Anglin being presented with his 1st Clasp to the CD by Col WR Thompson. This clasp is not representative of LCol Anglin's years of service as he is only two years short of his second clasp. LCol Anglin has been the Base Dental Officer at Trenton since July 68.



Sgt WK Jenereaux receiving his CD from LCol Anglin. Sgt Jenereaux was posted to the Trenton clinic from Moosonee in Aug 72.



Sgt NL Highfield presented with the CD by LCol Anglin. Sgt Highfield has been the senior dental assistant at Trenton since Aug 70.

Conferences and Seminars

Twenty-one officers attended a unit dental conference 30 November - 1 December. During the two days, the group was addressed by MGen H McLachlan, Commander Air Transport Command, BGen GC Evans, DGDS, LCol MN Deyette, PCO/Dent, Maj HS Wood, DENTTS-3 and Maj MB Fisk, CO 1 DED.

The conference allowed for the free exchange of information among all officers attending, the above-noted speakers and the CO, Col WR Thompson. The conference concluded with a suggestion for its continuance in forthcoming years with the addition of perhaps a half day devoted to clinical presentations.

Recently the Petawawa Dental Clinic hosted a two day dental seminar for the Renfrew County Dental Society. Members of the Society and guest lecturers were welcomed by LCol GE Windsor. The seminar was conducted by Dr JA Hargreaves and Dr RO Fisk, dental specialists and professors at the University of Toronto.

The seminar provided an opportunity for dental practitioners to exchange views, discuss professional problems and learn of the recent advances in dentistry at dental research and teaching institutions.

14 DENTAL UNIT

by Mrs M Dykes

The Wheat ...

Unit members at Winnipeg, Edmonton and Cold Lake had the opportunity to meet and chat with BGen GC Evans during his recent liaison and inspection visit ... Maj LA Reynolds, CFDSS, visited CFB Winnipeg dental clinic while in Winnipeg attending the Summer Officer Training debriefing conference at TCHQ ... MWO Jack Fraser was a promotion board member for Cpl/MCpl to Sgt medical and dental

tradesmen, at NDHQ ... Cpls Gary Bowser and Roy Tallack attended a weekend laboratory course on Esthetics, Phonetics and Function Denture Technique sponsored by Mr Cec Waters of Dentsply at McKay Dental Laboratories in Winnipeg ... Maj IW Susser lectured on Preventive Dentistry in the Cdn Forces to the fourth year dental students at the University of Manitoba ... On 28 October the dental officers of CFB Cold Lake dental detachment attended a dinner meeting of the Northeastern Alberta Dental Society. Maj HJ Marion presented an illustrated lecture on "Preventive and Interceptive Orthodontics for the General Practitioner."



Miss Diane Martin is undergoing six months on-job training as a dental assistant at CFB Cold Lake. Her training has been set up under the auspices of the Department of Indian Affairs. Here she is assisting Capt CG Milne at the chair.

and the Chaff ...

Sgt OW Mandrusiak was recently appointed the president of the Recreation Curling League at CFB Shilo ... Cpl MF Audet was appointed the Barrack Warden at the CFB Cold Lake servicewomen's quarters

... Mrs Kay Coombe and Mrs Shirley Bolger travelled to San Francisco to attend the American Dental Assistant Association Convention during October. They discovered the Association had neglected to make hotel reservations for them, so they attended a cocktail party, visited the famous Fisherman's Wharf and returned to Winnipeg the following day. It must be nice to be affluent HS PHS 3s and be able to afford such an overnight trip! ... While on TD recently to Yellowknife, Cpl John Wesley purchased a ticket on the Grey Cup Game from the flight steward and won the \$500 pool sponsored by 435 Squadron ... Sgt OW Mandrusiak was presented with his CD at CFB Shilo on 7 October.

Visits



BGen GC Evans, on a recent visit, discusses some laboratory work with WO G Shechosky, in charge of the dental laboratory at Cold Lake. In attendance are Cpl W Mitrikas, laboratory technician and LCol JJN Wright.

Sports

The fall hunting season on the Prairies always presents a few stories of successful trips into the wilds of the West. The first story was of Capt Kjeld Hansen's bag of a 1,200 lb moose, two deer, 6 geese and some ducks near Hodgson, Manitoba, about 150 miles north of Winnipeg.

Cpl Don McKay of the Dental supply section in Edmonton, and his hunting partner (male), shot two moose during the first days of their trip. This event took place on the Virginia Hills Road, between Fox Creek and Whitecourt, Alber-

ta, despite the great number of hunters in the area and the lack of snow.

During the first week of October, a party of mighty hunters from CFB Cold Lake detachment went on their annual safari to the Nordegg Alberta region. The formidable trio of Cpts RW Rix, CG Milne and GA Boulanger was this year augmented by a great woodsman and cook of somewhat ill repute: Sgt LH Pion. Their convoy consisted of one bus converted into a house trailer, two jeeps, and one snowmobile. This magnificent expedition managed to emerge from the wilderness with a prize bull moose.

Capt G Boulanger has further broadened his already lengthy list of activities and achievements by becoming a member of the CFB Cold Lake Boxing Club. His first appearance occurred on the night of 2nd December when he scored a TKO in the 2nd round against a formidable opponent. Capt Boulanger should no longer have patients who are reluctant to accept his treatment plan!

Promotion



Capt Brian Vandervaart receiving his new rank insignia from Col LR Pierce.

Retirement

A farewell dinner was held at the Griesbach Barracks WOs and Sgts Mess, CFB Edmonton, on 19 October to bid farewell to Major and Mrs VO Bergland. Maj Vern Bergland is retiring after a service career that extends back to 1938, and has decided to remain in Edmonton with the stores section of the Faculty of Dentistry at the University of Alberta.



Major and Mrs Bergland displaying the CFDS Crest presented to them by Col LR Pierce on behalf of the Dental Services.

Long Service



MWO JA Fraser being presented with a 1st Clasp to the CD by Col LR Pierce and LCol JJN Wright at CFB Cold Lake on 20 November.

The Airborne Clinic

by Corporal J.J. Vasek

14 Dental Unit has some peculiar adventurers who think they are birds. They climb into an aircraft with one purpose in mind - to climb out again at a few thousand feet up. This flock is composed of a flying ex-dental officer, Capt (retired) Serge Dion; a flying lab man, Cpl Richard Abfalter; a flying dental assistant, Cpl Joe Vasek; and some Airborne element people on ob-job train-



Cpl Vasek ... the only way to go ...

ing with the clinic: MCpl Rick Portuando, Cpl Lou Deveaux, and Cpl Ken Stewart.

Cpl Abfalter has made only one jump, in which he hit the ground on the wrong appendage, but he hasn't given up. Cpl Vasek has over two hundred jumps to his credit. He placed first in the Intermediate Individual Accuracy Even during the Alberta-Northwest Championships in May. At present semi-retired with a broken foot, he's waiting for the day when he can again flap his wings.

A Picked Up Pick-Up

by Sergeant L.H. Dion

At CFB Moose Jaw, where the winters are somewhat unbearable, I had been searching for some time for a hobby at which to spend the long winter nights. In February 1967 I found it. Pitifully broken, rusted and stripped of whatever usefulness it once possessed, lay my prize: a 1933 half-ton Ford pick-up. It stared vacantly over the frozen prairie, too long ignored to comprehend the excited gibberish of its new owner.

Although I had had previous experience in auto mechanics, I was to learn that the restoration of an antique is a whole new experience. The truck was completely bare of power train, fenders, doors, wheels, front axle, and steering gear. The only serviceable parts were the frame and box. At this point the similarity between the restoration and a jigsaw puzzle became strikingly evident, but with the pieces spread out over the

country, not just on a table. Not only did I have to identify over 5,000 parts, but collect and assemble them. Just consider: 32 individual parts are needed to raise and lower a door's window. I did not have a window, let alone a door.

In the course of restoring the pick-up, I travelled extensively throughout Saskatchewan. Sunday drives with my family invariably ended in the exploration of a car dump, a scrap metal pile, or a search through some bemused farmer's "bone yard". Temporary duty trips to northern Saskatchewan radar stations were also parts-finding expeditions. I am sure Capt Gish recalls the dump at Theodore!



Stripped down



Ready for the Open Road

Every part collected has its related story, but to make a l-o-n-g story short, in two years I had accumulated enough parts to assemble the truck.

With a coat of red paint, a pert little engine, and a foolishly-grinning driver, it made a fine sight on the road. The sudden realization that mechanical brakes in no way compare with hydraulic brakes, and the steering column lock (yes - 1933) slipping into place at 30 mph brought a few moments of special terror.

In July 1970 I was posted to Cold Lake. I drove the truck there from Moose Jaw, a distance of some 450 miles, without encountering any mechanical troubles.

With a thousand hours on the power train since arrival at Cold Lake, I again stripped the truck to the "bare bones". Working on this old Ford pick-up over the past years has given me many hours of pleasure. It is completely removed from my day-to-day tasks and serves as an outlet to relieve daily tensions. Pounding a stubborn kingpin does a lot more to relax a person than pounding a stubborn patient or the Base Dental Officer.

Model Aircraft



Cpl LC Street, CFB Moose Jaw clinic, poses with his most recent masterpiece, a model P51D Mustang with 36-inch wing span, weighing 3.5 pounds and powered by a 0.29 cubic inch Enya engine. It is capable of flying on two 60-foot control cables with semi-stunt manoeuvrability. All fabrication was done by hand. Bombs, rockets and .50 calibre machine guns add to its realistic appearance.

Cpl Street's models include a Sabre Jet Stunt, Cosmic Wind Good Year Racer, P40 Fighter and a Stinson Reliant.

Deadly Dentals

The clinic staff at CFB Moose Jaw have decided that severe winters make indoor pistol shooting an excellent pastime. The basic weapon is the Browning "Challenger" .22 semi-automatic, fired at a range of 20 yards.

The fourteen club members are enthusiastic and are working toward the award of crests for shooting achievements.

NOBODY skips annual recall around here!



Standing: Cpl R Jones, Capt TA Rawlyck, Cpl LC Street. Kneeling: Sgt W Olynyk, Capt RS Sorochan, Sgt NC Petersen.

15 DENTAL UNIT

by Lieutenant V.L. Kwasnik

This'n'That

Dental officers at Bagotville have been complaining about the poor quality of tubing in their dental units - apparently Bagotville mice have developed a taste for Japanese hose ... Col MacDougall, Maj Bisailon and Cpts Meunier,

Roy and Paquin attended the Montreal Fall Clinic, 23-25 October ... Capt RJ Kokotailo returned to CFDS after being with 15 Dental Unit supply from 25 Sep-

tember to 1 December ... Capt JRJ Cote now at Valcartier clinic on posting from Gagetown ... Maj GIJ Bisailon was awarded his 1st Clasp to the CD ...

The clinic staff at CFB St Jean witnessing Cpl Beaulieu being presented his CD by LCol Begin.



New central laboratory staff, St Hubert. (Left to right): Sgt TR O'Mara, Sgt HK Gapmann, Sgt A Schuh, MWO M Beauvais.

Christmas Party

This year's party was held in the Social Centre St Hubert Garrison on 8 Dec. Close to 60 members/wives/girl (no boy?) friends attended despite the adverse weather that night. The guests gathered around the punchbowl on arrival and it wasn't long before many were up and dancing. This year Col George MacDougall broke with tradition and let the Chef do his thing with the turkey.

Physical Fitness

The semi-annual physical fitness tests were held recently at St Hubert. Most of our personnel passed. Our best runner was Sgt Hans Gapmann with a time of 8.59 for the mile and a half ... Sgt Garnhum received an award from BGen Archambault for completing 50 miles running during the noon hour in the "Run For Your Life" voluntary physical fitness program.

DENTAL SERVICES

NDHQ

Quarterly Editorial Board

The inside of the cover of this issue of The Quarterly indicates that Col JW Turner has retired from the editorial board. Since 1966 he has been the senior member of the board and as such has provided the guidance and inspiration required for a successful publication. Col GR Covey has assumed the role of Director of Dental Treatment Services and in that capacity has become the senior member of the editorial board.

DENTAL DETACHMENT CYPRUS

Update

The dental team of Capt PW Williams, Sgt D Hardy and Sgt BL Mackie took over from Capt G Ames, Sgt B Hannay and Sgt M Allen in October. The weather has been super, with only two days of real rain since we arrived. It is bad for the crops but great for us. The natives are friendly.

Christmas Day saw the gung-ho Dents on outpost duties and manning switchboards as contingent duties were done by the officers and senior NCOs to give the junior ranks the day off.

35 FIELD DENTAL UNIT

by Sergeant W.B. Looker

Touring

LONDON: LCol and Mrs Donely, Sgt and Mrs Looker, MCpl and Mrs James, MCpl and Mrs Jones, MCpl and Mrs Craig ... AMSTERDAM: Capt and Mrs Ron Gish ... AUSTRIA: Sgt Bev Gilkes ... CYPRUS: Sgt and Mrs Tom Taylor ... SPAIN: Maj and Mrs Yates ... PORTUGAL: Capt and

Mrs Morrow ... ROME: Sgt and Mrs Wormington ... CANADA: Cpl and Mrs Lamontagne, WO and Mrs Deloughery, MCpl and Mrs James ... the rest of the unit stayed and worked.

Festive Season

The festive season has come and gone for another year in Europe with most military personnel spending a quiet(?) time at home. There was the usual round of clinic parties, regimental and base functions.

Sports

The now famous and much disputed "Horse's Head" trophy has been reported missing from the Lahr clinic. This trophy mysteriously disappeared shortly after the hard fought hockey game in Lahr. The Baden team, who practised regularly in anticipation of this long-awaited game, soundly defeated the Lahr group (hockey team?) of non-skaters. However, revenge is being contemplated by Lahr, and all clinic personnel are now required to take part in regular sessions of P.T. (e.g. arm bending, etc).



The Baden Bad Guys



The Lahr Malingerers. Only two penalties were given out for holding ... the linesmanwoman.

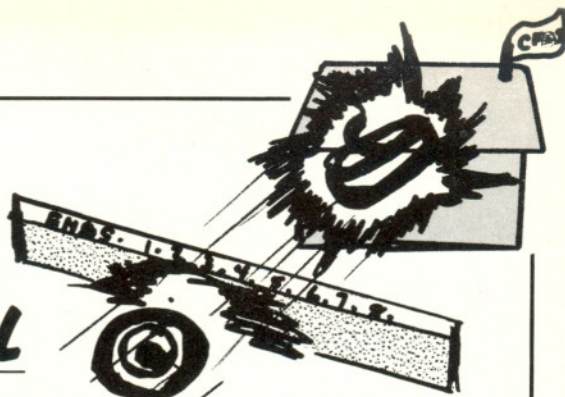
11th ANNUAL

CFDS

BONSPIEL

2-3 MARCH

CFB Borden



Dan

Professional Training

University of Michigan

Endodontics

Maj DE McDermott, 27 Nov-8 Dec 72

Pedodontics

Capt AP Charlebois, 16-20 Oct 72

Walter Reed Army Medical Center

Preventive Dentistry

Capt MS Bouris, 16-20 Oct 72

Dalhousie University

Oral Surgery

Maj HM Amos, 29 Dec 72 - Jan 75

Canadian Forces Training

CF Dental Services School

Removable Partial Dentures/Restorative Dentistry, 18 Oct-8 Nov 72

LCol HR Kettys, Capts JC Ayotte, WO Donald, RJ Burns, RP Schow, FR Margetts

Periodontics, 15-29 Nov 72

Maj JCE McDonald, Capts P Kozak, HA Chestnut, AE Rocque, JD Rowat, EW Graham.

CF School Administration and Logistics

Logistic Offrs Conversion (Sup/Fin)

Capt JR Savoie, 11 Sep-3 Nov 72

Logistic Offrs Conversion (Tn)

Capt JR Savoie, 6-28 Nov 72

Personnel Support (Admin), 9 Jan-

16 Feb 73

Capt WA Jackson, Lt DE Fraser

Packaging, 16 Oct-3 Nov 72

WO JG McPhee

CF School of Management

Advanced Management, 24 Oct-10 Nov 72

Maj W Budzinski

Middle Management

Lt RJ Rutledge, 11 Oct-2 Nov 72

Capt RCA Fearon, 7-30 Nov 72

Banff School of Fine Arts

French Language Training

LCol JJN Wright, 16 Oct-3 Nov 72

Training with Industry

Ritter Dental Equipment Co.

Ritter Dental Equipment, 9-20 Oct 72

Sgt JP Cliche, Cpl AM Wilson

Promotions

Colonel

G MacDougall, 15 Nov 72. Col MacDougall is a 1945 McGill graduate and is now CO 15 Dental Unit. His previous service was in Germany, England, Middle East and Ottawa.



Lieutenant-Colonel

LA Reynolds, AG Taylor

Captain: ST Gordon

Chief Warrant Officer: KE Laurence

Warrant Officer: IA Braslins

Sergeant: TH Taylor

Master Corporal: JM Arbour, RC North, VG Frank

Corporal: LD Payette, KR Lamont, D Duncan

Welcome * Bienvenue

A cordial welcome to the Canadian Forces Dental Services is extended to: Capt ST Gordon, Miss Christine Donovan, Mrs M Bernard, Mrs W Livingston, Sgt W Kosowon, Mrs C Stark, Sgt(W) EA Snippa.

Au Revoir * Farewell

The best of luck to: Col SG Bagnall, Pte(W) VR Mody, WO DR Piche, Maj VO Bergland, Mrs D McLary, Sgt JR D'Eon, Mrs L Audet

Vital Statistics

Marriages

Congratulations and many years of happiness to: Cpl(W) MR Williams and Cpl R Ellsworth; Miss Jean Cusson and Cpl D Purich; Pte(W) LC Vardy and Pte EL Martyn; Cpl(W) TD Manuge and Cpl A Nolet.

Births

Daughters: Maj and Mrs JJ Jacques; Capt and Mrs JG Gagnon; MCpl and Mrs JM Arbour; Sgt and Mrs JF Giroux.

Sons: Cpl and Mrs RA Gayler; Sgt and Mrs LI MacLean; Capt and Mrs F Giesbrecht; MCpl and Mrs HJ MacGillivray; MWO and Mrs WJ Parker; Capt and Mrs DK MacKenzie; Capt and Mrs DR Wright; Sgt and Mrs P Bosch; Capt and Mrs AP Charlebois; Capt and Mrs LR Holland.

Bereavements

Deepest sympathy is extended to: LCol PS Sills on the loss of his mother and to Col LG Craigie and Sgt AF Randall on the loss of their fathers.

In Memoriam

We have learned with regret that Don Playford, a former laboratory technician with the Royal Canadian Dental Corps died January 26th., as the result of an automobile accident near Kingston, Ontario. Deepest sympathy is extended to Mrs. Playford and family.

CFB Gagetown Dental Detachment



(Left to Right) Rear: Sgt Malcolm Longford, Sgt John MacLean, Cpl Mike St Pierre, WO Jim Atherton, Cpl Bob Clarke. Middle: Sgt Bob Scheer, Cpl Lou Parker, Cpl Deon Allen, Cpl Ed Barnes, Cpl Dick Leblanc, Mrs Margaret Hudson. Front: WO Chris Christiansen, WO Al Lambert, LCol Ty Cobb, Maj Duncan Petrie, Capt Paul Lavallee, Capt Les Hudgins, Capt Wally Donald. Missing: MWO Harvey Reid, Sgt Mac Allen.

The circle is nearly closed...



RCAF Station Ottawa dental clinic in May of 1940. Then RCAF Station Rockcliffe, then CFB Rockcliffe, and now CFB Ottawa (North) in 1973.