The Canadian Forces Dental Services Quarterly

Volume 17, number 3, 1976

The CFDS Quarterly

Volume 17, number 3, 1976

Published by authority of Brigadier - General W.R. Thompson CD, QHDS, DDS, FICD. The Quarterly serves as a means for the exchange of ideas, experiences and information within the Canadian Forces Dental Services. Views and opinions expressed are those of the authors and not necessarily those of the Director General of Dental Services or the Department of National Defence.

COVER

The 12 Dental Unit Annual Conference was held at CFB Shearwater from 1 to 3 Dec 76.

IN THIS ISSUE

Correspondence concerning The Quarterly should be addressed to:

The Director General of Dental Services,
National Defence Headquarters,
Ottawa, Ontario, Canada,
K1A OK2

ISSN 0045-4850

The Fédération Dentaire Internationale

BGEN W.R. THOMPSON, CD, QHDS, DDS, FICD*

WHAT IT IS

The International Dental Federation, known by its abbreviated French title as the ''FDI'' is a world organization of national dental associations working together to advance the science and art of dentistry and the status of the dental profession in the interest of improved dental and general health for all peoples.

Founded in Paris in 1900 on the initiative of Charles Godon, the FDI is the oldest international organization in the health field after the International Committee of the Red Cross. The original idea of forming a permanent body to sponsor international dental congresses was soon expanded to include studies of problems relating to public dental health, armed forces dental services, jurisprudence and ethics. The Federation has had a profound influence in all of these fields.

MEMBERSHIP

In its early years the Federation's programme was carried out thanks to the efforts of a few internationally minded individual dentists primarily from Europe and the USA, but during the reorganization after the Second World War it became evident that if the Federation was to fulfil its required role it should become a federation of national dental associations. By September 1975, 73 dental associations from 71 countries were members of the FDI.

The tradition of the individual dentist belonging to the FDI was maintained by the introduction of the supporting membership, which is open to all individual dentists in good standing with their national dental associations. The present number of supporting dentists is approximately 10,000.

International specialist organizations are eligible for affiliate membership and close liaison is effected with the World Health and the International Standards Organizations.

HOW IT WORKS

The General Assembly, the Council, the Standing Commissions, the Regional Organizations and the Secretariat are the main agencies of the FDI. The General Assembly is the supreme legislative body of the Federation and convenes during the annual sessions. It

*In addition to his normal duties as Director General of Dental Services for the Canadian Forces, BGen Thompson is currently serving as Chairman of the FDI Commission on Armed Forces Dental Services.

constitutes a parliament of dentistry where national delegates from the member countries decide on the Federation's policy and programmes and discuss the increasingly complex social and economic problems confronting the dental profession. From time to time it meets in special session to study a particularly important and broad subject such as auxiliary dental personnel, specialization in dentistry, and targets for public relations in dentistry. The number of representatives from each country is based on the number of members of the present organization to a maximum of five.

The Council, which also meets at each annual congress, is the administrative body of the Federation and consists of 12 voting members. Among other duties, it submits the annual budget and recommendations to the General Assembly, directs and manages the International Dental Journal and other publications, and directs the organization of the annual world dental congress. In the period between annual sessions, administrative duties are carried out by an Executive Committee composed of the President, President-Elect, the Executive Director and the Treasurer.

The Council appoints a number of committees on procedure, nominations etc., but the most important is the Scientific Assembly Committee which is charged with coordinating all aspects of the scientific portion of each annual congress. Other important committees are the Intercommission Group on Definitions and the Committee of Commission Chairmen which coordinates liaison between commissions.

The Secretariat, which has been directed since 1975 by Dr. Eric Ahlberg of Sweden, has a staff of nine, the majority of whom are both linguistically and secretarially qualified. The headquarters office is located at 64 Wimpole Street, London, W1M 8AL, England.

To undertake projects in particular fields, the FDI establishes commissions. There are at present seven standing commissions covering the following areas: Armed Forces Dental Services; Classification and Statistics for Oral Conditions; Dental Education; Dental Materials, Instruments, Equipment and Therapeutics; Dental Practice; Dental Research; and Public Health Services. Each commission has voting members and the number of consultants considered necessary to give international coverage of informed opinion on the subjects under review. In addition each commission appoints Working Groups whose leaders have the right to vote.

To promote closer cooperation between the member associations in the different areas of the world, the Federation also encourages the establishment of Regional Organizations. The European Regional Organization has been functioning since 1964 and the Asian Pacific Regional Organization since 1967.

The regular annual budget is derived in the main from the subscriptions paid by the member associations and supporting members. A category of "Friends of the FDI", consisting of industrial concerns, trusts or foundations which was established in 1967, provides additional income to assist the Federation in the implementation and expansion of its programme.

WHAT IT DOES

The FDI's tasks fall into four main categories:

- provision of a forum for the discussion of mutual problems by the national dental associations of the world;
- cooperation with other international health agencies;
- collection and communication of pertinent data; and
- organization of annual congresses.

ORGANIZATION OF MEETINGS

The organization of annual congresses is a vital part of the work of the FDI. At these congresses not only do the General Assembly and Council meet but also the various commissions. Because of their wide geographical distribution, members of the commissions normally conduct their work by correspondence, however, the congresses allow them to verbally discuss progress and to make future plans.

SCIENTIFIC PROGRAMME

The scientific programme at annual congresses is designed by the Scientific Assembly Committee to provide a résumé of developments in the field of dentistry. They are supported by contributions from scientists, teachers, clinicians and practitioners who are eminent in their own countries. At the annual world congresses, the private practitioner, as well as the public health dentist, the teacher, and the scientist have extraordinary opportunities to broaden their knowledge, make new personal contacts, and establish valuable relationships with others interested in the same problems. They are all welcome to attend the FDI commission meetings and General Assemblies.

THE COMMISSION ON ARMED FORCES DENTAL SERVICES

The history of the Commission on Armed Forces Dental Services dates back almost to the time of the foundation of the Federation itself having been established in 1905.

The only break in this progress occurred in 1936 when it lost its separate identity as part of a rationalization programme when the Commissions of the Federation were reduced in number from 11 to 5. However, the vital role played by the Armed Forces Dental Services in the Second World War illustrated clearly their importance to the Dental Profession as a whole, and soon after hostilities ended the Armed Forces Commission was reinstated with its own separate status.

The Fédération Dentaire Internationale is justly proud of the independent position it enjoys by being a non-governmental organization. Without in any way encroaching on this independence, the Armed Forces Dental Services Commission, nevertheless, provides a valuable governmental link with the Defence Departments of the Federation member countries.

The link is established annually when each Minister of Defence is invited to send official representation to the Annual Congress. This approach ensures a large attendance of the Directors of the various Armed Forces Dental Services, thereby encouraging personal contacts and fostering better international relationships.

Through the Commission the assistance of the Defence Ministries in the general organization of the Congress' military programmes is enlisted and, among other things, this arrangement can result in financial support for various events. In addition, it paves the way for the Commission to tour establishments either of dental or general military interest. Without this Defence Ministry sponsorship permission for such visits would often be very difficult to obtain.

The working procedures of the Armed Forces Commission are carried out in much the same way as those of the other commissions, but with a specific military programme conducted for each annual congress. Every endeavour is made to time Armed Forces Commission events so that they do not conflict with the general scientific sessions of the Congress.

The most important scientific event of the Commission during a Congress has become known as "The International Military Conference". This is an open FDI session and all congress participants whether military or civilian are welcome to attend.

During the period following the Second World War, the Defence Departments of many nations have paid increased attention to the post-graduate education of their Dental Officers and this type of emphasis has resulted in a marked increase in their scientific knowledge. This has been apparent from the high standard of presentations at recent International Military Conferences. The main presentation for the 1977 FDI Meeting in Toronto will be "Continuing Education in the Canadian Forces Dental Services".

Between annual congresses, activity takes place in the Working Groups of the Commission. Throughout the years these groups have produced valuable reports over a wide variety of subjects ranging from such topics as "The Dental Officers' Role in Disaster Situations" to "Expanding Roles for Auxiliary Personnel". As might be expected a subject of paramount importance to any organization concerned with the Armed Forces Dental Services is that of maxillo-facial injuries. Officers of the United States Army Dental Corps produced a comprehensive report of such high quality in 1974 that it could well be regarded as a standard reference work on this subject.

At the time of its inception one of the objectives which the Commission set upon itself was to "bring the most potent and convincing data to bear on the government departments in control of the respective military establishments". It is certainly able to claim successes in this direction as its influence has been significant in raising the standards of the Armed Forces Dental Services of the member countries of the Federation. This achievement is in consonance with the statement of the Commission's first Chairman, Doctor William Donelly of the U.S.A. who remarked over seventy years ago: "The military status of a profession should be consistent with its civil status and commensurate with the importance and character of the service demanded".

In October of this year the annual congress of the FDI will be held in Canada for the first time. At this congress the Commission on Armed Forces Dental Services and the Canadian Forces Dental Services will co-host the Military Conference in Toronto and jointly sponsor a tour of the CFDS School at Canadian Forces Base Borden.

Cirhosis & Hepatitis Complicating Factors In Dental Treatment: Report of Case

Major G. Gunther, CD, DDS*

In a survey of military and dependent personnel, Brasher and Rees[1] found that 59% of patients between the ages of 50-59 have some systematic complicating factor in their medical history which could modify their dental treatment. Other authors [2,3] have reminded us that a thorough medical history should always be included in the process of establishing a definitive diagnosis. Not until this systemic phase of evaluation is complete can the dental officer safely proceed with treatment. In the case presented a number of complicating factors made it impossible for the dental officer to adequately provide the treatment required without consultation.

REVIEW OF LITERATURE

Schiff defines cirrhosis as ''a chronic disease of the liver in which diffuse destruction and regimentation of hepatic parenchymal cells have occurred, and in which a diffuse increase in connective tissue has resulted in disorganization of the lobular architecture''[5]. The liver is grossly enlarged and yellow in color with a pebbly surface. Cirrhosis is known to be associated with excessive alcohol consumption as well as viral hepatitis, drug induced hepatic injury, prolonged billiary obstruction, late stages of genetically transmitted metabolic disorders, certain parasitic diseases, and nutritional deficiencies. Cirrhosis occurs seven times more frequently in alcoholics than in non-alcoholics.

*Maj G. Gunther is a graduate of the General Dentistry Residency Program, Walson Army Hospital, Fort Dix, N.J., a member of the Academy of General Dentistry, and a member of the American Academy of Oral Medicine.

Clinical findings are a general deterioration of health typified by anorexia, weight loss, and ease of fatigability. Localized or generalized jaundice is a sign of the inability of the liver to metabolize bilirubin. No system of the body is spared in the syndrome of cirrhosis. Varices of the gastrointestinal tract develop as a consequence of portal hypertension. Upper gastrointestinal haemorrhage is frequently the most lethal complication. The incidence of gallstones and peptic ulcer is greatly increased in cirrhotic patients. Central nervous system abnormality (portal systemic encephalopathy) is manifested peripherally in asterixis (the ''flapping tremor'').

Hepatic coma is a disorder of the central nervous system occurring in cirrhotics. Mild confusion is usually the earlier symptom, progressing through lethargy, stupor, coma and death. Fibrinolytic factors[6] are cited as the cause of bleeding in these patients. Impaired coagulation is the major haematologic manifestation since most of the coagulation factors are synthesized in the liver and are Vitamin K dependent. Ammonia intoxication, complicated by upper gastrointestinal bleeding, overloads a failing liver which is unable to metabolize ammonia to urea.

Although no primary pulmonary abnoralities are evident, oxygen desaturation occurs due to decreased arterial partial pressure of oxygen. The cardiac system is not directly involved though increased cardiac output is frequently observed in cirrhotics presenting with abdominal collection of fluids (ascites). Cirrhosis stigmata are visible in the skin where bilirubin staining of elastic tissue gives the skin a yellowish color (floor of mouth and soft palate included). Spider angiomata and palmar erythema represent additional cutaneous manifestations and are associated with endocrine imbalances. Motor system effect is characterized by pain and tenderness of skeletal muscles. Many endocrine abnormalities such as gynecomastia, impotence, amenorrhea, hyperaldosteronism and diabetes occur as the liver fails to conjugate or metabolize hormones.

CASE REPORT

A 53 year old Caucasian male was referred to Walson Army Hospital Dental Clinic for the removal of multiple non-restorable teeth. His last dental treatment was the extraction of a tooth, without sequelae, seven years prior to this visit. Past medical history revealed unusual and prolonged bleeding from minor lacerations, liver and intestinal disease, hospitalization for tuberculosis, chronic alcoholism with cirrhosis, and neurological involvement (portosystemic encephalopathy).

Physical examination revealed a chronically ill-appearing patient in

no acute distress. He had all the stigmata of chronic liver disease with spider angiomata, gynecomastia, muscle wasting, and pedal edema. The skin was icteric with multiple spider angiomata over the thorax and face. The sclera, floor of the mouth, and palate also appeared icteric. Under the care of his internist, the patient was taking Aldactone, Heptabs and folic acid and was maintained on a low sodium diet.

Admitting laboratory data revealed a prothrombin time of 17.1 and a control of 11.5 and a partial thromboplastin time of 50.7 with a control of 29.7. The results of eight of the twelve SMA 12 laboratory tests were grossly abnormal. The platelet count was low (83,000) and the patient demonstrated positive Australian antigen (hepatitis).

Because of the patient's compromised liver function, a medical consultation was obtained. Recommendation by the internist was that this patient receive only emergency dental care with all elective care being postponed to a later date. On the patient's insistance that multiple toothaches were intolerable, he was admitted to Walson Army Hospital on 9 September 1975 under the care of the Internal Medicine and Oral Surgery departments. His preoperative orders included Vitamin K, 10 mg. IM, STAT. Five units of fresh frozen plasma were typed and crossmatched. The patient was given two units of fresh frozen plasma within eight hours of the operation. At 0830 hours on the day of his operation a third unit of fresh frozen plasma was hung and the patient was taken to the dental clinic.

Although the patient's prothrombin and partial prothromboplastin times were still elevated, he underwent multiple tooth extractions utilizing 7.2 cc of 2% Xylocaine with 1:100,000 epinephrine. Gelfoam and tannic acid were then sutured into the extraction site to aid haemostasis. The patient tolerated the procedure well and was returned to the ward in satisfactory condition under good haemostatic control. Administration of the third unit of fresh frozen plasma was completed at 1630 hours. Slight oozing from the operative site was noted at 2100 hours. Pressure packs were replaced and a fourth unit of fresh frozen plasma was given to the patient with no significant improvement in prothrombin or partial thromboplastin times. At 0200 hours with a haemoglobin of 9.5 and a haematocrit of 29.3, the patient was typed and crossmatched for three units of whole blood. At 0300 hours the patient was given 10 mg. of Vitamin K, IM, and it was noted that haemostasis was complete. At 0700 hours, 11 September, the patient was given a fifth unit of fresh frozen plasma. At 1200 hours the internist noted mild encephalopathy (demonstrated by the flapping syndrome) secondary to the metabolism of blood which had been swallowed. He ordered Neomycin, 500 mg., t.i.d., to sterilize the gastrointestinal tract, and milk of magnesia to clear the blood which had been ingested. Protein was eliminated from the patient's diet. He continued to progress satisfactorily until 12 September when slight oozing was noted and the IV was discontinued. Sutures were removed on 16 September and the patient was discharged on Neomycin, to be followed by the Internal Medicine and Oral Surgery services on an out-patient basis.

SUBSEQUENT HOSPITAL COURSE

The patient was given an appointment for a follow-up examination in the oral surgery clinic one month after suture removal. He was also to be evaluated for further dental care at this time. The patient failed the appointment and upon inquiry it was found that he had been re-admitted to the Internal Medicine service on 16 October 1975, with a two-week history of productive cough and left chest pain. On the afternoon of the second admission, it was noted that the patient had decreased breath sounds on the left side with a foul, putrid odor to his sputum. On 17 October a transtracheal aspirate was obtained for culture and sensitivity of both aerobic and anaerobic bacteria. Although definitive organisms were not isolated, cultures revealed a definite growth of anaerobic streptococcus and bacteroides species. The patient was placed on penicillin G, 10 million units IV daily, with a diagnosis of lung abscess. Despite intensive medical care, the patient's condition continued to deteriorate and at 0445 hours, 22 October 1975, the patient expired with gastrointestinal bleeding.

DISCUSSION

The patient's medical history, along with the results of laboratory tests and the prolonged prothrombin and partial thromboplastin times, supported a diagnosis of chronic liver disease secondary to chronic alcoholism. A positive Australian antigen and the history of tuberculosis with upper and lower left lung involvement further compromised this patient's overall systemic condition. Treatment of a patient with this history should be rendered with two objectives in mind:

1. The provision of dental care to the medically compromised patient must be undertaken in such a manner that postoperative sequelae are minimized. In this case, consultation and laboratory data dictated that the patient be provided only emergency dental care with elective dental care being delayed until his liver function again approached normal. In consultation with the involved specialties of dentistry and internal medicine, a rational approach to the patient's dental problem was developed. Even

with the minimal dental care provided to relieve the patient of pain from multiple abscessed teeth, significant complications arose. However the complications were handled appropriately and the patient's postoperative course following surgery was satisfactory. Because the dental care provided was under local anesthesia with no sedation or postoperative analgesic agent, it is felt that the patient's lung abscesses were not secondary to aspiration during the surgical removal of his teeth nor during his hospital stay for removal of these teeth. Furthermore, it should be noted that in these cases bleeding into the upper gastrointestinal tract (oral cavity) is often a complicating factor. The patient, already on a low protein diet, swallows his own blood which is high in protein (one unit being equivalent to 3 steaks!). The blood thus taken internally is subsequently broken down into ammonia which the liver cannot metabolize, and consequent encephalopathy results. The patient's subsequent admission to the medical service on 16 October 1975 with a diagnosis of lung abscesses and his rapid demise with death occurring on 22 October, exemplifies the need for medical consultation and management of the dental patient with compromised liver function.

2. Protection of the clinician and his staff (thereby protecting other patients treated by these personnel) is of equal importance. Since the patient gave a history of tuberculosis as well as a positive Australian antigen, protection of personnel involved in the treatment of this case was imperative. It is recommended that the dental officer and assistant who treat such cases double glove and wear masks. For the protection of ancillary personnel, instruments should be wrapped in surgical towels and autoclaved before scrubbing and resterilizing. The dental officer should be aware that patients will invariably deny having had infectious hepatitis and that more definitive lab tests are required to establish a correct diagnosis.

SUMMARY

The treatment of a patient with compromised liver function requiring dental care has been presented with emphasis placed on the management of haemorrhage as a complication secondary to surgery. It is imperative that this type of patient be managed primarily by an internist with the general dentist providing the required dental care in consultation. A proposed method of protection for personnel involved in the treatment of this patient has been recommended.

The author wishes to express his thanks to Colonel E.A. Russell, Jr., Chief of Surgery, Walson Army Hospital, N.J., for his invaluable assistance in the treatment of this patient and for his contributions in the preparation of this case report.

REFERENCES

1. Brasher, W.J., Rees, T.D.: Systemic conditions in the management of periodontal patients. J. Periodont. 41: 349-52, Jun 70.

2. Tarsitano, J.J.: Never treat a stranger. J Am Dent Ass 73: 856-62, Oct 66.

3. Burket, L.W.: Oral Medicine, diagnosis and treatment. pp 283-86, 1971.

4. Mainous, E.G. Boyne, J: Hepatic coma after multiple dental extractions: report of case – J Oral Surg 32(9): 682-4, Sep 74.

5. Schiff, L: Diseases of the Liver, Fourth Ed, 1975, pp 833-9.

6. Nichols, C., Roller, N.W., Garfunkel, A, etal: Gingival bleeding the only sign in a case of Fibrinolysis. Oral Surg 38(35): 681-90, Nov 74.

7. Crawford, J.J.: New light on the transmissibility of viral hepatitis in dental practice and its control. J Am Dent Ass 91(4): 829-35, Oct 75.

Don't Recommend Flossing - Teach it!

A/Maj P. Larose, BA, DDS*

*A/Maj Larose is presently attached to the Canadian Forces Dental Services School in Borden, Ont. He is currently Head of its Department of Preventive Dentistry and Course Director for Dental Clinical Assistant training.

"I can't floss, it makes my gums bleed!"

How often have you heard this comment from your patients? Or, "I can't floss my back teeth, it makes me gag!"

So your patient is given a piece of floss and asked to demonstrate his or her flossing technique. Most patients blindly snap a six inch length of floss between two teeth and wiggle it around the interdental papilla – occasionally cutting through it – perhaps even sawing the free gingiva with a "shoeshine" motion.

They've been *told* to floss – very often. But has anyone actually taken the time and effort to show these patients why, where, and how to use dental floss?

PREREQUISITES – WHY?

The patient has to be made aware that he has a problem before he undertakes to solve this problem. "Solutions to non-existent problems don't make sense," Dr. Barkley used to say. So, using *everyday language* the patient is told about *his* plaque and its relation to *his* caries, periodontal disease and breath odour. This theory session should not last more than 15 minutes on the first day. Before any attempt is made to introduce flossing, the patient must be *convinced* he desperately *needs* to remove *all* his plaque from *all* the surfaces of *all* his teeth.

YOU DON'T HAVE TO FLOSS ALL YOUR TEETH: ONLY THE ONES YOU WANT TO KEEP!

INTRODUCING THE SKILL

Flossing, like walking, is a skill that must be learned through repetition and practice. The most efficient way to teach a motor skill is to break it down into steps:[6]

a. **DON'T CLEAN "BETWEEN TEETH":**

Many patients are under the impression that flossing is merely a question of getting the floss between two teeth and pulling it out again! The object of flossing is not to clean the interdental papilla, but to scrape the plaque off the proximal surfaces of the teeth. That's where the plaque sticks. Make sure this is quite clear to your patient before you begin.

b. **SECURE THE FLOSS TIGHTLY:**

Cut a one and one-half to two foot length of floss (unwaxed preferably – but waxed floss is better than no floss!). Now, unless the floss is tightly secured from both ends it will slip, the patient will become frustrated and his flossing career will end very quickly.

The easiest and most effective method of securing floss is to wrap a few inches around the middle finger of one hand and the remainder around the middle finger of the other hand.
(Fig. 1)

That's not your method? Try it – just for a few days. You'll find the most nimble fingers, the thumb and the index, are free to guide the floss interproximally. One thumb and one index are used for the maxillary teeth; both index fingers for mandibular teeth.

c. **SHORTEN THE WORKING LENGTH:**

The longer the length of floss between the guiding fingers, the harder it is for the patient to control. A *maximum* of one inch of floss should be left between the guiding fingers, one-half inch for most teeth. Any additional floss will only cut through the free gingiva.

d. **FINGER CONTROL:**

"Place one finger on the inside and one on the outside of the tooth." These instructions may seem ridiculous to you, but the flossing "trainee" is usually nervous and requires these details, especially when working with a mirror.

e. **SAW GENTLY, DON'T SNAP:**

The floss is slipped or eased between the teeth with a gentle and *controlled* sawing motion — just past the contact area. This is the *only time* a sawing motion is used; and it must be done with controlled pressure. The floss must never be allowed to snap into and cut the papilla.

f. **"HUG" THE TOOTH:**

Once the floss has passed the tight spot, direct it to one side of the papilla. The guiding fingers simply pull the floss mesially for the distal surface and distally for the mesial surface[3]. (Fig. 2)

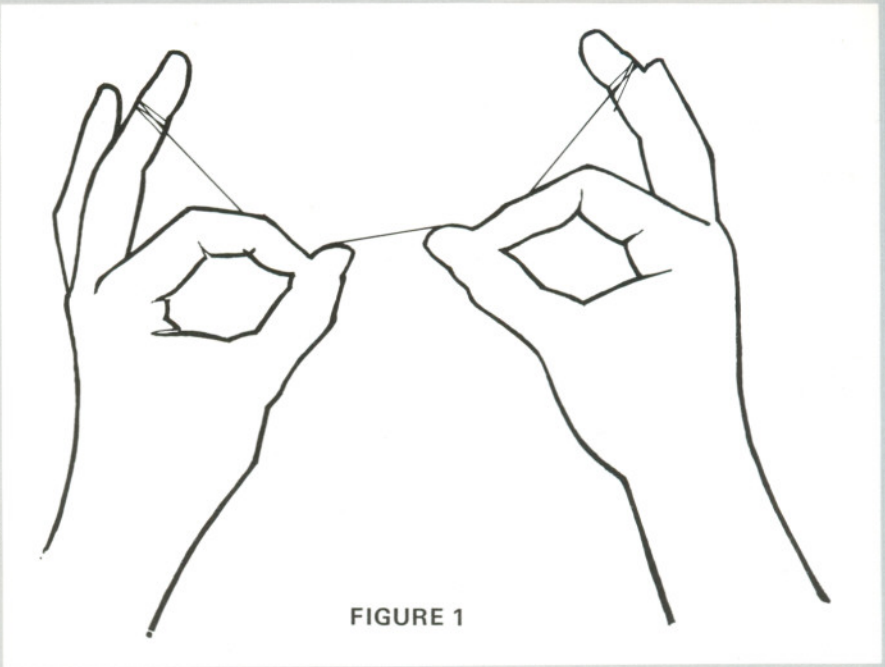


FIGURE 1

If the tooth is "hugged" correctly, some of the floss will disappear into the interproximal sulcus: make the patient see the floss in this position. (Fig. 3) That's where the bugs are; that's where you want to remove them from.

g. **SCRAPE, DON'T SAW:**

Sawing or "shoeshining" with floss will cut the gum, abrade the tooth and remove very little plaque. The idea is to scrape the plaque off the tooth under the gumline using an up and down motion only. Five or six strokes should the job. Then, move to the adjacent tooth surface and repeat around all teeth following a regular pattern.[7]

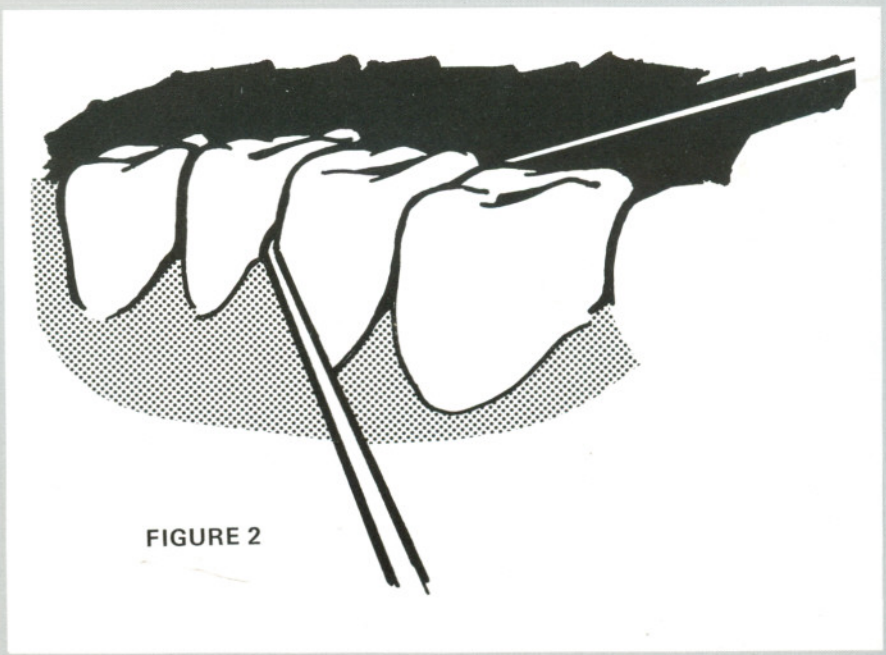


FIGURE 2

h. **BLEEDING?**

Good . . . provided a safe flossing technique is used! Bleeding will occur only in areas where the gum is diseased, e.g. where the bugs have already done their thing! Blood on the floss is evidence of gum disease, proof the patient needs to floss. Bleeding should stop within a week of daily flossing "when the skin grows back on the gums". If it doesn't his technique is faulty and it's *your* responsibility to correct it.[4]

j. **ENCOURAGE, DON'T CRITICIZE:**

Most people don't spend hours each day with their hands in their mouths! Their first attempts at flossing are usually terrible and any criticism will only drive them closer to giving up. Instead, say: "Good! . . . That's the general idea . . . You might find it easier if you placed your fingers closer to the teeth etc. . . . " or whatever point requires most improvement.[5]

k. **RECALLS:**

Learn to floss in one easy lesson? – Forget it! If your patient learns how to hold the floss and finds a few interproximal spaces on the first day – rejoice! A minimum of two reinforcement visits are required, preferably within the first week. Faults must be corrected; speed and accuracy must be developed before the patient is left on his own. Don't wait until his next annual recall to check on his progress. Flossers must be re-motivated at least every six months.

m. **STRESS RESULTS – NOT PERFORMANCE:**

It has been proven that the longer patients spend cleaning their mouths, the less disease they have.[1] But the mere act of flossing daily does not guarantee freedom from disease. Initially the patient may floss mainly to please you, to win your praise; but results are what your patient should strive for. Improved gingival health (no more bleeding gums), reduction of caries incidence (no more drilling), fresher breath – these are the true rewards of plaque control.

"Flossing – The One Day Deodorant"

n. **FLOSS HOLDERS:**

A flossing "trainee", recognizing his initial incoordination, will occasionally suggest a floss holder of some type. Don't fall into the advertiser's trap; floss holders only complicate the procedure.[2] Just threading the caddy and advancing to a lenght of fresh floss every couple of teeth requires more coordination and certainly more time than using good old Mother Nature's fingers.

Encourage your patient not to give up. Practice and patience will make him a proficient flosser – sooner than he now thinks.
ABOVE ALL, KEEP IT SIMPLE.

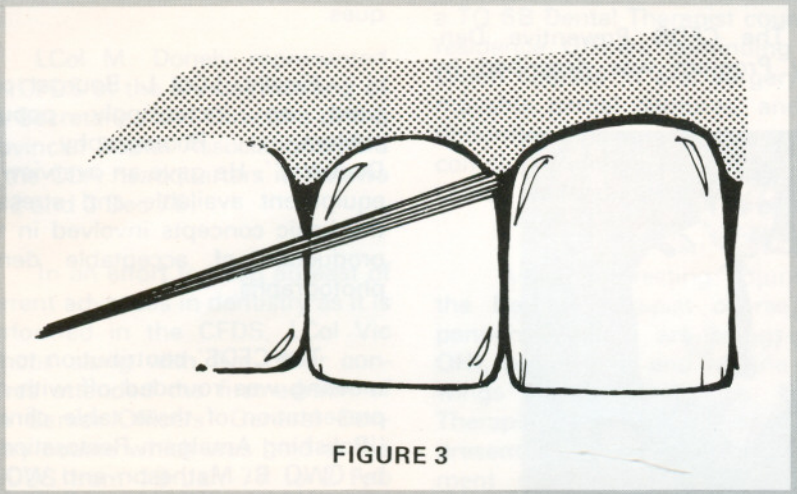


FIGURE 3

SUMMARY

It is not sufficient to "recommend" dental floss. Once the patient has been properly motivated to floss his teeth, step by step instructions must be given, as for teaching any skill. It is the clinician's professional responsibility to ensure that his patients are flossing efficiently and his legal obligation to ensure that they are not traumatizing their tissues in doing so. Frequent follow-ups are encouraged. Floss holders are not recommended.

REFERENCES

1. Ariaudo A.A., Arnim S., Greene J.C. and Loe H.: How frequently must patients carry out effective oral hygiene procedures in order to maintain gingival health? J. Periodontol 42:309-313, 1971.
2. Johnson R.H. Preventive Periodontics Ont. Dent. 50:18-23, Dec 1973.
3. Wilkins E.M. Clinical Practice of the Dental Hygienist, Lea & Febiger, Philadelphia, 1971, 529 p.
4. Woolridge Capt (USN) Legal Implications of Prevention in Dental Practice. Preventive Dentistry Course, USAIDR, Washington, D.C. (4-8 Nov 1974).
5. Young P. Never Call Retreat, Vol II Glacier Press, Boulder, Colorado, 1974, 103 p.
6. Instructor Manual, CFSIT, CFB Borden, Ont.
7. U.S. Navy Film MN 11214 B – Dental Health – Flossing – 1973.

The perplexed look on Maj Rod Carver's face has become known at NDHQ as the "PCO/Dent Daze" - It's a normal and harmless symptom expressing the combined feelings of the hunter and the hunted, which usually occurs after a full day of personnel interviews! On the other hand, LCol Y. Cyrenne seems to show signs of relief... Can anyone blame him?

CFDS NEWS

Division News

CDA CONVENTION

The Canadian Dental Association's annual convention was held this year in Edmonton, Alta, and once again the CFDS was called upon to provide substantial professional input into the scientific portion of the meeting. For the second time in the history of the CDA, an 'Army Day' was organized and set aside for presentations prepared and rendered by dental officers of the CFDS. The presentation covered a wide range of topics and offered the civilian practitioner a broad insight into the type of dentistry currently practised in the Canadian Forces.

LCol D.C. Jones and LCol N.H. Andrews combined their efforts in a periodontology package entitled ''Perspective in Periodontics'', which dealt with examination procedures, diagnostic criteria, periodontal disease, treatment sequencing, and the limitations of periodontal therapy.

The CFDS Preventive Dentistry Program was described by LCols P. McQueen and F. Begin. They reviewed the history and evolution of dental caries research and explained the philosophy and application of the Program in the Forces, including details of its various phases from caries prevention and plaque control to patient education and motivation.

Oral surgery presentations by Maj F. Harreman and Maj J. McCallum touched on three important areas of their specialty: pre-prosthetic surgery, analgesics, and misadventures in oral surgery.

Maj W. Budzinski discussed his approach to a complete program of endodontic treatment, emphasizing the basic principles which make possible the preservation of teeth with pathological pulpal involvement.

''The Distal Extension Removable Partial Dentures'' and ''The Immediate Denture'' were the subject of Maj E. Cragg's contribution to the military sessions. He dwelled on problems faced by the general practitioner, such as partial denture design, impression techniques, and occlusal stresses. Maj Cragg included a summary of current advances in overlay denture techniques.

Finally, LCol L. Bourget pursued an increasingly popular subject, ''Photography in Dentistry''. He gave an overview of equipment available and stressed the basic concepts involved in the production of acceptable dental photographs.

The CFDS' contribution to the meeting was rounded off with the presentation of three table clinics: ''Polishing Amalgam Restorations'' by CWO R. Matheson and WO T. Deloughery, ''Flexible Retentive Arms in Cast Chrome Appliances''

by MWO R. Todd, and ''Custom Mouth Guards'' by WO I. McLean and Sgt M. Fletcher.

From all reports to-date, these presentations were generally extremely well received and, if numerous laudatory comments from attendees and high attendance figures are any indication, ''Army Day' was a resounding success''.

OTHER NEWS

The Director General of Dental Services, BGen Thompson, attended the 12 Dental Unit annual conference which was held this year at CFB Shearwater from 1-3 Dec 76. Then, on 9 and 10 Dec 76, he visited the clinics at CFB Greenwood and Cornwallis, and was guest of honor at the official opening of the new CFB Shearwater clinic.

BGen Thompson journeyed to Trenton on 10 Jan 77 to attend the first Dental Laboratory Technician's Workshop. He was accompanied by LCol F. Begin who provided some interesting background statistical information concerning the operations of the trade.

LCol F. Begin, DDTS-3, attended a meeting of the Canadian Standards Association Technical Committee on Dentistry which took place in Toronto on 9 Dec 76.

LCol M. Donely represented the CFDS at the annual meeting of the Secretaries and Directors of the Provincial Dental Associations held at the CDA headquarters in Ottawa on 2 and 3 Dec 76.

In an effort to keep abreast of current advances in dentistry as it is performed in the CFDS, LCol Vic Lanctis along with five other confreres attended the first edition of the Senior Officers' General Dentistry course which was held at the CFDSS from 19 Jan 77 to 2 Feb 77. Now watch the PDP statistics soar!

CFDSS News

TREATMENT

The CFDSS continues to bustle with activity in an effort to keep up with treatment objectives. However, a couple of familiar faces are no longer seen in the Treatment Wing. Pte Dugas and Pte Williams both have been released prior to their respective marriages. Maj J McCallum, the base dental officer, journeyed to Europe in early December to present a lecture series on oral surgery to the dental officers of 35 Field Dental Unit. A/Maj Larose and Sgt Rector spent two weeks in London, England, on a TD trip to provide dental care for Forces members in Great Britain. Sgt G Bowser has recently returned from Cyprus.

TRAINING

Facilities are being put to their full use with a TQ 4 Lab course and a TQ 6B Dental Therapist course in residence. Officers' continuing education courses in oral surgery, removable partial dentures, and endodontics have recently been completed with a Dental Assistant course planned for early 1977.

As an interesting adjunct to the Dental Therapist course, dependent children are being given OHI, prophylaxis and routine bitewings by the candidates. Dental Therapist course personnel also presented table clinics on instrument sharpening and handpiece maintenance at the O.D.A. Fall Clinic.

VISITS

The CFDSS has received visits this fall from a number of esteemed individuals. BGen Thompson toured the clinic and met with many CFDSS personnel. He also attended the annual R.C.D.C. Association meeting and dinner. Representatives from Training Systems met with CFDSS staff in November and spent time observing and commenting on training functions provided at the school. The new base commander at CFB Borden also inspected our facilities.

OTHER

Several CFDSS members participated in an 18 mile marathon relay run. This motley crew (including Col Richardson as anchorman) managed to finish 3rd. In late November the annual CFDSS funspiel was staged. Staff, personnel on course, wives, boyfriends and girlfriends, etc participated with a great spirit of competition. Col Richardson's foursome came away with top honours while Maj McCallum's talented rink rallied in the final ends to finish last. The evenings activities were capped with a pot luck supper, dancing and liquid refreshment.

1 Dental Unit News

GOODBYE

It would appear that 1 Dental Unit is on the losing end of the posting list as we say farewell to two of our older Unit members.

In Dec a small Unit get together was held for Major Rod Carver who moved "across the street" to take over the position of PCO/Dent.

Another gathering of Senior NCO's and Officers was held at the WO's and Sgt's Mess of CFB Ottawa South to bid good luck to WO Henry King who, after six and one half years with the Unit, left early in the New Year to take up his duties across the pond at Baden, Germany. It was gratifying to see such a good turn out to wish Henry Bon Voyage!

WELCOME

WO Hans Gapman reported to the Capital City from CFB Winnipeg and we would also like to welcome Mrs. S Tremblay and Miss V Holtom to the CFDS.

MISCELLANEOUS

The Ottawa winter is starting to take its toll early this year with many Unit members already taking southern vacations.

Upon speaking to some of our patients, it seems that Florida is going to be heavily populated by CF personnel in the months to come. Perhaps we could ask to have a part time dental clinic installed in that State, adding it to the list of "Jammy Postings" for our classifications.

11 Dental Unit News

ON THE ROAD IN BRITISH COLUMBIA

LCol Taylor and Capt Sproule were on the road this fall visiting some of our outposts in this geographically interesting province. Although visits to CFS Masset are "old hat" for the CO, it was an eye opener for the Adm Officer.

We landed at Sandspit on Moresby Island to be met by a driver who incidentally is a retired "tar" who married a "Haida maiden" and decided that the Queen Charlottes were God's country. He evidently drank from a sacred Indian spring which, according to the legend, suggests that he will invariably return to the Islands. (The AO purposely avoided participation).

After travelling the seventy odd miles of paved highway we arrived at Masset. The town has a mixed population and the numbers appear to favour the Haida Indians, whose original village of Haida is only a few miles out of town. The town and the station are one and the same, there are no gates, fences, or commissionaires to prevent the free flow of people. The Seegay Hotel which understandably is the center of activity is simply a few yards from the station and PMQs, and the Exchange is located in the center of town.

The whole complex is definitely different from the normal military complex. The station is a labyrinth of attached "habitat" styled buildings, whose rather drab appearance fits in well with the fog and rainy weather which normally prevail. However, within this unusual complex one finds a pleasant, comfortable dental clinic manned by Maj Russ Thompson and his assistant, Sgt Dan Smith. Maj Thompson and his charming wife Sharron seemed to indicate a desire to get back to civilization after their tour. Sgt Smith, on the other hand, intimated that he is prepared to stay another year.

The return flight was cancelled because of fog, and this started an uncontrolled stampede to obtain local accommodation. The forlorn expression on our faces must have revealed our plight. Our driver had returned to Masset and no other transportation back home was available. Luckily, a World War II Navy type, Harry MacCrae, offered us a ride back to Queen Charlotte City (small C) where we were fortunate enough to obtain accommodation. He introduced us to "Big Margaret" and her uniquely friendly café where we enjoyed the local colour and some warm conversation. (The town appeared to be a combination of fishermen's coves and a hippy haven).

The rain was belting down as the AO sat intently listening to a static interrupted CBC station from Prince Rupert, trying in vain to obtain a current weather forecast. Could this be 1976? It appeared more like 1938! At any rate we left the next day, pleased to be on our way but with a rare feeling of nostalgia at the uniqueness of our experiences.

CDA CONVENTION

11 Dental Unit was well represented at the CDA Convention in Edmonton, Alta 12 - 15 Sep in the persons of LCol Taylor, Maj Harreman, Maj Kozak, Maj MacInnis, MWO Torrens, WO Braslins and WO Cable. Maj Frank Harreman our oral surgeon took part in the military presentations.

Capt Mel Kropinak from Work Point Det and Capt Jim Brass and his wife attended the convention on their own. Capt Brass returned to find Sgt Garnhum had filled the carport with firewood . . . and it wasn't even Hallowe'en!

At the request of DGDS, the CO of 11 Dental Unit organized a hospitality room to receive military

personnel in attendance. Maj MacInnis, WO Cable and WO Braslins, following explicit instructions from their leader, set up and operated the bar facilities. The party was such a success, that the CO's "bartenders" are strong contenders for the job next fall in Toronto!

ODDS AND ENDS

Capt Jim Brass has succeeded Capt Don Graham at Holberg. Jim hasn't taken long to get involved in his new environment. Among other responsibilities, he is Chairman of the annual "Klondike Daze". Dr Graham on the other hand intends to sail to Europe before settling down to the rigours of civilian practice.

Maj Frank Harreman travelled to Madigan Medical Center in Tacoma, Wash, to witness some of the oral surgery procedures. Majors Mike Bouris and Ed MacInnis of the CF are currently under training at Madigan.

Capt Ron Button of Comox attended French classes each morning from 12 - 29 Oct. He hopes it will help when working with the French speaking cadets. "Ouvrez la bouche . . . Fermez la bouche" . . . Great conversation!

Maj Paul Kozak of Comox was recently stranded in Edmonton but was "rescued" by a 409 (AW) Squadron mercy mission. The flight experienced was beyond description, especially with respect to the aerobatics incorporated into the trip. The clinic staff fears that the pallor on the BDO's face may last longer than his memories of the "flip".

Sgt Brent Clifton reported for duty at the Dockyard clinic on 25 Oct. He settled his family at Shawnigan Lake.

Capt Peter Lobb of the Royal Roads detachment recently had the pleasure of attending the "Call and Admission" of his wife to the BC Bar Association.

Sgt John Wesley has been constantly on the move since taking over his duties at 11 Dental Unit. The combination of visiting the detachments, dashing home to Edmonton to see his family, and attendance at the DET trade review board in Trenton makes him our most travelled ambassador of good will.

12
Dental Unit News

UNIT CONFERENCE

The highlight of unit activities in the past few months was the Fourth Annual 12 Dental Unit All Ranks Conference held at CFB Shearwater 1 - 3 Dec. Approximately 95 unit personnel and guests were registered. Guests included BGen Bill Thompson, Col Leon Richardson, LCol Yvon Cyrenne, LCol Vic Lanctis, Maj Eric Cragg, Maj Rod Carver, Capt Don Grenier, and CWO Colin Adams.

Maj Cragg was the principal guest lecturer but others included Dr AK Elgineidy, oral pathologist from Dalhousie, a representative from Proctor and Gamble in Montreal, and two young ladies from Maritime Tel and Tel.

As is usual in 12 Unit conferences, unit participation was high. LCol Pete McQueen gave a presentation on dental caries and Maj Bob Fortier spoke on occlusion. Normally table clinics are presented, however, this year it was decided to try 30 minute "mini-presentations." These were an unqualified success. Capt Rick Hockney gave a case report on "Angular Cheilitis and White Lesions"; Capt Ken MacDonald's and MWO Jim Bleakney's subject was "Embouchure Dentures"; MCpl Diane Nolet subject was "Five Attributes of a Dental Assisant"; MCpl Andy Baird and Pte Reine Dufresne spoke on "Your Widow"; and Cpl Ratacjzak gave a most interesting description and demonstration of a mercury vacuum he has developed.

On the social side a "Meet and Greet" party was held 30 Nov and an excellent buffet dinner and party on 2 Dec.

LCol Pete McQueen was chairman of the conference and the measure of his success was reflected in the almost universal comment that this was the best conference yet.

BGen Thompson addressing 12 Dental Unit Conference.

EDITOR'S NOTE

How many readers know what an ''embouchure'' denture is? Don't feel bad! Few of us did until Capt Ken MacDonald and MWO Jim Bleakney gave their presentation. It is simply an appliance constructed for wind instrument players.

OFFICIAL OPENING CFB SHEARWATER

The culmination of three years effort was the official opening of the CFB Shearwater Dental Clinic. Capt Betty Toporowski was in charge of arrangements. BGen Bill Thompson was guest of honour and the ribbon was cut by Col Ben Oxholme (Base Commander) following short addresses by Gen Thompson, Col Oxholme, Col Protheroe and Maj Hudgins (BDentO).

Col B. Oxholme is shown cutting the traditional ribbon at the official opening of the CFB Shearwater dental clinic. Accompanying him are (from L to R) May L. Hudgins, Col H. Protheroe, and BGen Thompson.

After the opening, the Base laid on a Wine and Cheese party to mark the occasion. Approximately 100 personnel from CFB Shearwater and 12 Dental Unit attended.

Much credit for obtaining this magnificent facility goes to Maj Les Hudgins and his staff as well as their predecessors, particularly Maj Bill Gray who did much of the planning. The cooperation of the Base Commander of CFB Shearwater and his CE Section is also acknowledged.

Everyone seems to want to get into the act in the new clinic at Shearwater!

ANNUAL CHRISTMAS PARTIES

All detachments held their annual Christmas parties in Dec. The one for Halifax-Shearwater personnel was excellent. It was held at the Dartmouth Police Club on 8 Dec. Dancing to a live orchestra followed a delicious hot buffet dinner. WO Norm Hope was in charge and did a superior job.

13 Dental Unit News

RETIREMENT – FAREWELL

A retirement mess dinner in honour of LCol G.E. Windsor was

held at CFB Petawawa on 25 Nov 76. LCol Windsor is retiring from the CFDS after 30 years of service. Come the month of May 1977, Scottie and George will be sailing south towards the sunny island of Grenada where they already own a retirement home. Needless to say, George will be able to concentrate on golf, his prime hobby, 365 days of the year.

BGen D. Loomis, Base Commander, CFB Petawawa, and the following CFDS officers were among the many guests attending the dinner:

BGen W.R. Thompson, Director General of Dental Service
Col L.R. Pierce, Commanding Officer, 13 Dental Unit
LCol M. Deyette, Commanding Officer, 1 Dental Unit
LCol F. Begin, NDHQ/DGDS
LCol D.G. Jones, Base Dental Officer, CFB Trenton
Maj G. Gunther, 1 Dental Unit

Col L.R. Pierce is shown presenting an engraved tray on behalf of 13 Dental Unit to LCol G.E. Windsor.

Ribbon cutting ceremony opening of the Preventive Dentistry Annex, CFB Petawawa on 20 Oct 76. Pictured left to right: LCol J.H. Marion and Col G.R. Cheriton, Deputy Base Commander. 13 Dental Unit Detachment staff in background.

CONFERENCES/CONVENTIONS/PROFESSIONAL MEETINGS

The usual busy fall was experienced by dental officers attending professional meetings and conferences at home and afar. A few of the highlights follow:

Attending the CDA Convention in Edmonton 12-15 Sep 76 were LCol D.G. Jones and WO T.J. Deloughery.

Maj E.F.A. Foley, Capt B.H. Hamilton and Capt R.G. Smith travelled to Toronto to attend the Toronto Academy of Dentistry Winter Clinic on 25 Nov 76. Also attending were Maj G.D. Petrie and WO R.J. Lowery from the Toronto detachment.

The Bay of Quinte Dental Society was again hosted by the CFB Trenton Dental Officers on 4 Nov 76 for an afternoon and evening professional session. The guest speaker was Maj E. Cragg from CFDSS Borden whose presentation was entitled "Removable Prosthetics".

The dental officers of CFB Petawawa hosted a professional development meeting for the Renfrew County Dental Society on 22 Oct 76. The guest lecturer was Dr. Richard M. Courtney who spoke on Oral Pathology.

Maj E.F.A. Foley, Capt B.E. McPhee and Capt L.C. St. Pierre attended a meeting of the Kingston and District Dental Society on 17 Nov 76. It is also notable that Capt

St. Pierre was recently elected Secretary of the Society for the year 1977.

ACCOMMODATION

The Preventive Dentistry Annex at CFB Petawawa was officially opened on 20 Oct 76 by Col G.R. Cheriton, Deputy Base Commander. LCol H.M. Peacock, BAdmO also attended and 13 Dental Unit Det was well represented by LCol J.H. Marion, Capt R.E. Riley, WO T.J. Deloughery and Pte (W) R.A. Gammon. Utilization of this facility is restricted to morning sessions, since dependants care occupies the afternoon periods.

CYPRUS

Once again, 13 Dental Unit is contributing to CCUNCYP. Sgt L.A. Lambert and Cpl J.J. Vasek are serving a six-month tour in Cyprus from 18 Oct 76 to 18 Apr 77. Capt D.J. Bays joined them on 10 Jan 77.

WHO ARE THEY?

During a recent in-depth house cleaning at this Unit's CFB London Detachment the attached photographs, circa 1939-41, came to light. Perhaps some reader may be able to identify these former members of 21 Dental Company, Canadian Dental Corps.

It is known that the Private on the left, in photo No. 1, was a Laboratory Technician whose first name was Murray; he was better known to the present CO of 13 Dental Unit as 'Sergeant' (Sir) when Col Pierce served under him (in the rank of Private) as a plaster monkey, at Camp Ipperwash, in 1943!

SPORTS

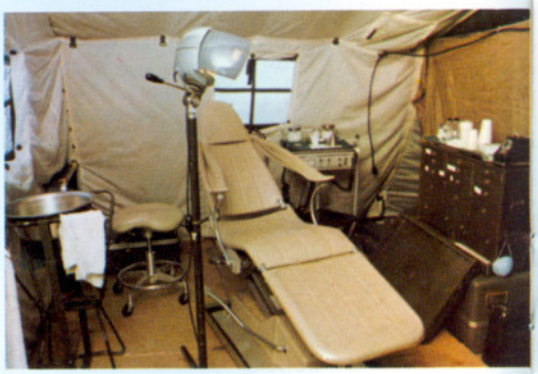
The final golfing event of the season took place at CFB Trenton on 1 Oct 76 when the annual golf tournament saw the NCOs emerge the victors over the officers. Could the reason be that Col Pierce was absent and Capt Crosthwait was present?

14 Dental Unit News

EXERCISE ATLAS EXPRESS

WO D.T. Longford

As members of the National Support Element (NSE) to the Ace Mobile Force (AMF), Captain J.B. Maurice and myself recently participated in Exercise Atlas Express. This was a combined ground, air and sea exercise for the NATO AMF and took place in the area surrounding Bardufoss, Norway. The 1st Bn PPCLI comprised the Canadian component of the AMF (L) and 1 Svc Bn controlled the NSE.

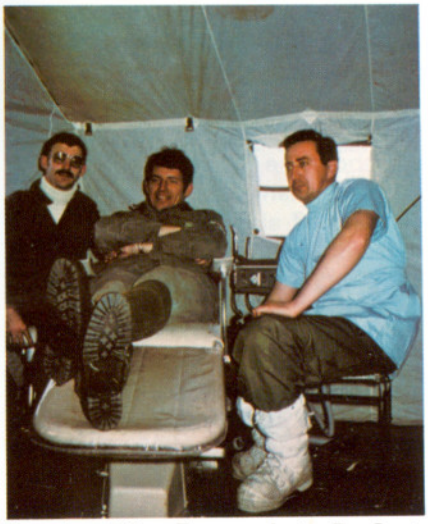


Dental clinic set up for EX Atlas Express.

The role of the NSE was to provide supplies and support services to the AMF. The exercise started by moving the men and vehicles to CFB Edmonton and then by aircraft to Norway. From the comforts of buses and aircraft to the backs of thirty year old trucks in fourteen short hours! The NATO NSE was located approximately seven miles north of the airport and although it was cold, the trip was quick and we were soon within the confines of our quarters. The officers were billetted in a large modular tent that also housed the Command Post and the dental clinic. The remainder of the men were placed in tent groups.

Being veterans of Ex Rapier Thrust IV in Northern B.C., the transition from sunny Calgary to the snows of Norway was relatively painless, particularly when aided by the daily hum ration. Soon we had the clinic set up and were into the routine of the camp. Being a small organization, everybody worked. We loaded trucks, dug weapon pits, and still had time to make the dental clinic the showpiece of the outfit. The NSE Commander gave all visitors a tour of the clinic and on occasion we even gave them a free ride in the chair!

The highlight of the exercise was a mass move by the NSE network. Since our new area was deep in snow, we had to rely on our allies who had snow moving equipment. A little persuasion (two bottles of Canadian Club) and ours was the first area cleared! . . . By night fall some forty truck loads of equipment had been moved and the base was back in business complete with guards. Quite a feat, considering we only had four trucks and thirty men.



Exercise Atlas Express L to R: Capt J.B. Maurice, German Dentist WO D.T. Langford.

It was not all work and no play, however, as we had opportunities for liaison visits with other units and contingents. The odd sightseeing trip to Tromosol was also appreciated. After the main exercise was completed, the Norwegian contingent hosted the officers and NCOs at separate mess functions to say formal goodbyes.

15 Dental Unit News

UNIT CHRISTMAS PARTY

This year's Unit Christmas party was held in the Senior NCO's Mess at St Hubert on 3 Dec 76. Between fifty and sixty were present, some from as far away as Valcartier. Several third and fourth year DOTP students attended with their wives and helped to liven up the party, particularly on the dance floor following dinner. This provides one of the few occasions when DOTP candidates have a chance to fraternize with other members of the Forces and benefits from the association are mutual.

RETIREMENT LUNCHEON – LCOL JY TURCOTTE

A retirement luncheon honouring LCol Turcotte was held in the St Hubert Officers' Mess on 17 Nov 76. Officers of 15 Unit attended and the presence of BGen Thompson provided an opportunity for them to meet him.

LCol Turcotte is leaving the Forces after 20 years of service to assume the position as Head of Oral Surgery in the Dental School, University of Laval. Best wishes for his new career go with him from all his associates in CFDS.

Following the luncheon BGen Thompson presented LCol Turcotte with a framed CFDS crest and Col MacDougall presented him with an FMC crest on behalf of the officers of the Unit.

FAREWELL TO CAPT ANNE HIGGINS

Our Unit AO, Capt Anne Higgins, was posted to MARCOM, Halifax effective 1 Nov 76.

A farewell luncheon attended by dental officers in the Montreal St Jean area was held in the St Hubert Officers' Mess on 27 Oct 76 to wish her "bon voyage" and good luck in her new posting.

PHYSICAL FITNESS – TEST RESULTS

Capt Don Grenier has taken over the honours as the fastest man

BGen Thompson presenting LCol Turcotte with CFDS Crest on retirement.

in the Unit with a time of 9.43 for the mile and a half. He will have to look to his laurels though, because Major Arpin, Capt Loiselle and Cpl Bolduc are all literally "breathing down his neck" with times in the 9.50 – 10.00 minute range.

35 Field Dental Unit News

Sgt Hannay and Sgt James attended a Luncheon held in honour of the Minister of National Defence, the Honourable Barnett J. Danson on 19 Nov 76.

On the evening of 20 Nov 76, members of 35 FDU held their annual Christmas party at the Gasthaus Muhlenhof. The occasion also served to bid farewell to MWO Lambert, who departed for CFB Borden in December. The party was attended by 63 military and civilian members of 35 FDU. Santa was played by slim and physically fit Maj Ayotte, and Black Peter was rendered by Capt Alberti who seemed to enjoy his role with the whip. The party was hosted by Sgt Allen who did an excellent job. All members of the Unit were pleased by his efforts.

On 11 Dec 76 the annual Santa Claus Parade was held in Lahr. No 1 Dental Clinic was awarded 4th place by the judges .

1 Dental Equipment Depot News

Captain WA Robertson and MWO TJ Sullivan, both from Ottawa, visited 1 DED on 6 Oct and discussed supply matters.

The CO and Sr NCOs of 1 DED joined the staff of the Petawawa Dental Clinics to attend a luncheon held in the Sr NCO's Mess on 28 Oct in honour of retiring LCol GE Windsor, Base Dental Officer.

Capt JR Savoie, CO 1 DED, attended a Mess Dinner at the 2 Service Battalion Officer's Mess on 25 Nov 76 in honour of LCol Windsor. Also in attendance were BGen DG Loomis, the Base Commander of CFB Petawawa, BGen WR Thompson, the Director General of Dental Services, and Col LR Pierce, CO of 13 Dental Unit.

Personnel at 1 DED undertook the semi-annual physical fitness test on 26 Oct. All those who participated passed. CWO Len Lawson led the way with an ''excellent'' rating in his specialty ''The Two Mile Walk''.

A 1 DED-CMED-13 Dental Unit Golf Tournament was held on 1 Oct 76. A dinner and dance climaxed the event with the Arnold Palmers and Jack Nickalus' receiving prizes for their ''unbelievable'' golf scores.

MCpl Bonnie Haley of this unit proceeded to CFB Toronto 8 - 10 Nov 76 as a member of the CFB Petawawa Servicewomen's Bowling Team to participate in the Ontario Region Servicewomen's Bowling Championship. The Base team finished third with MCpl Haley receiving three plaques, one for high single, one for high triple, and one for being selected as a member of the Ontario Region Servicewomen's Bowling Team which will represent Ontario in the upcoming Canadian Forces playdowns at CFB Borden. Congratulations Bonnie!

Dental Detachment Cyprus

Sgt Jerry Craig and Sgt Gary Bowser left for Canada in October. Before leaving they acted as crew commanders in the roll-past of armoured vehicles during the 2 PPCLI change of command parade. Maj Graham was given the position of Commander of Track in the ceremony. Who says the CFDS isn't ''Gung-Ho''?

Cpl Joe Vasek and Sgt Al Lambert arrived in Cyprus 19 Oct 76 and are settling in quite well. However, Cpl Vasek's attempts to establish a sport parachute club encountered difficulties with the local organization. They seem reluctant to share the use of their aircraft.

During the recent Falling Plate inter-contingent shooting competition, the dental staff represented 3 RCR. Dead-Eye Vasek helped to defeat the Australian Police with his pistol, while Machine-Gun Al and Rotten Eddy routed the Austrian Police with their SMG's. Although we were knocked out in the second round and didn't get the cigar, we did show the Infantry that we can do more than just ''fill teeth''. The dental staff also participated in the battalion twenty mile combat run and Cpl Vasek has the blisters to prove it.

Maj Graham leaves Cyprus on 12 Jan 77 to be replaced by Capt DJ Bays from Petawawa.

Cyprus Detachment "sharpshooters". L to R - Sgt A. Lambert, Cpl J. Vasek, Maj E. Graham.

GENERAL NEWS

welcome

Mrs H.M. Clow, Miss V. Holtom, Mrs S. Tremblay

farewell

Capt A. Higgins, WO J. MacPhee, Miss S. Smith, LCol G.E. Windsor

promotions

Major–	R. Fletcher
MWO–	W.R. Dawson
Sgt–	M.M. Kent
	P. Maelde
MCpl–	R.A. Bosnell
	W.C. Spates

training

PROFESSIONAL TRAINING

Armed Forces Institute of Pathology

Washington, DC

Forensic Dentistry 3 - 7 Oct 76
Capt R. Orawiec

Capt L. St Pierre

US Army Institute of Dental Research

Washington, DC

Preventive Dentistry 18 - 21 Oct 76

Maj P. Kozak

Prosthodontics 30 Oct - 4 Nov 76

Maj B. Yates

US Navy Dental School

Bethesda, MD

Oral Surgery Short Specialty Course 1 - 3 Nov 76

Maj M.J. Chagnon

Oral Diagnosis and Treatment Planning 18 - 20 Oct 76

Maj W. Budzinski

CFDSS CFB BORDEN

Oral Surgery 29 Sep - 13 Oct 76

Capt J. Currah, Capt. J. Gauthier, Capt R. Johnson, Capt J. Langlois, Capt J. Loiselle, Maj D. Moore

General Dentistry 17 Nov – 1 Dec 76

76 Capt W. Armstrong, Capt S. Gordon, Maj J. Lemieux, Maj R. Thompson, Capt D. Vandahl, Maj D. Wright

Removable Partial Dentures 20 Oct - 3 Nov 76

Capt C.B. Bullock, Capt J. Cormier, Capt R. Crosthwait, Maj H. Hudgins

D Lab Tech Adjustment Training 15 - 19 Nov 76

MWO D. Davies

12 - 17 Dec 76
WO H. Ayerst

PL5 - OJT D LAB TECH

Cpl J. Dale – 13 Oct 76

PL4 – OJT DENT CL A

Cpl D. Mellott – 8 Sep 76
Pte R. Gammon – 27 Sep 76
Pte H. McCurdy – 25 Oct 76

DE TECH TQ 6A Course 5 – 27 Jan 77

Cpl D. Morphett

D LAB TECH TL4 Course – 7 Sep – 15 Jul 77

Cpl J.G. Bernier, Cpl R.F. Christenson, Cpl B.H. Davis, Cpl J.E.B. Genest, MCpl R.A. Portuondo

Dental Therapist TL6B Course – 20 Sep 76 – 30 Mar 77

Sgt J. Brisebois, Sgt T.W. Mountain, Sgt J.G. Thomson

CANADIAN FORCES TRAINING

CMR St Jean, PQ

Advanced Management Course 20 Sep – 7 Oct 76

Maj R. Carver

CFB Borden

SIT-2 Course 15 - 26 Nov 76

MWO L. Peverill

SIT-1 Course

30 Aug – 16 Sep 76

Sgt R. Black
WO N. Highfield

13 Oct – 4 Nov 76

WO P. Armstrong

Alcohol Abuse Course – 6 Sep – 23 Sep 76

MWO G. Fathers

Junior Leader Course – 15 Nov – 17 Dec 76

Cpl J. Lemieux

CFB Esquimalt

Senior Leaders Course – 8 Nov – 15 Dec 76

A/WO J. Bernier

CFB Valcartier

Junior Leaders Course – 8 Nov – 16 Dec 76

Cpl J. Moir

TRAINING WITH INDUSTRY

Toronto

Ritter Equipment Installation, Maintenance and Repair

WO M. Longford – 19 – 20 Jan 76
Sgt A. Wilson – 4 – 5 Oct 76

Albany N.Y.

Advanced Ticonium Course – 10 – 14 Oct 76

MWO R. Todd

Ticonium Repair – 10 – 14 Oct 76

MCpl H. Habberjam

honours and awards

2nd Clasp to CD
Col L.R. Pierce

1st Clasp to CD

Sgt J. Bernard
Sgt R. Boyd
Sgt R. James

CD

Cpl D. Purich
Sgt J. Thomson

births

Congratulations to:

Cpl and Mrs D. Mellott
Capt and Mrs. G. Tucker
on the birth of their sons

bereavements

Our sympathy is extended to:

WO N. Cable on the loss of his father.

Sgt D. Hollins on the loss of her sister.

The CFDS is also saddened to announce the passing of two of its former members, CWO Bill Morris and MWO Hans Franzgrote, both of whom last served at the CFDSS.

The plaque on the door reads: Dental Clinic No. 15 C.D.C. Officer: Capt Mervin A. Rodgers Assistant: Sgt Van Volkenburg. The photo is of unknown origin. However, the Editor feels that the arrangement depicted could very well be a serious contender in the CFDS' quest for a *functional air/sea transportable mobile dental delivery system.* - Perhaps one could add *multipurpose* in there also! . .