

**RCN DIVING BRANCH HISTORY – Part 8A    By Ken Whitney    2015**

**Ken Whitney** wrote that I was at the Diving Trials & Development Unit(DT & DU) at the Defence and Civil Institute of Environmental Medicine(DCIEM) in Toronto, Ontario from March 1966 to 1970. I will sectionalize the activities and various projects that I was tasked, and worked with, while stationed at the above central diving unit, by breaking it down into various phases. Later in 1970 I was posted to CFB CAMP BORDEN temporarily, for the Explosive Ordnance Disposal(EOD)section, as one of the HC(High Capacity) explosives Instructors for a number of the HC courses that were being conducted at that time. On completion of these courses, I was then transferred back to the Fleet Diving Unit(Atlantic) on the East Coast.

In March 1966, when I arrived in Toronto, I completed my CFB DOWNSVIEW(now CFB TORONTO) joining routine, and applied for Base housing. I was also required to do another in-routine at the Diving Trials & Development Unit, and informed that there was a Recompression Chamber(RCC)a dive scheduled for 2000 hours Friday evening at the Toronto General Hospital's(T.G.H.) RCC, which was to be a long soak. I was told that transportation would leave DT & DU around 6:45 PM, so I joined the members who were participating in this dive at the designated time, and we were driven in a military station wagon to the Toronto General Hospital. I believe those involved were Chief Ivan Cripps, PO Len Beaton, Cpl Bill Daley, LS Ivan Sherlock, myself and Dr Derek Kidd – I can't recall who the outside operators were. From that time on, we travelled to the Hospital mostly in the evenings, or at night time, as the diving chamber at the diving trials was still under maintenance and construction. When completed, the chamber had a two lock for the main one, with a wet chamber attached below the main chamber, so that Divers could wet test equipment at various depths. The dive commenced at 2000 hrs, and we arrived on the bottom at 2010(70 feet sea water pressure). We sat there doing various tests using a sonic device called "Sally", named after the famous Bubble Dancer, Sally Rand, which would trace and sound out Nitrogen bubbles as they flowed through your body. The total dive lasted 1332 minutes, and our arrival at surface time was at 18:12 hrs on Saturday, March 11, 1966. Our team was then transported back to DCIEM where they all went home. As my parents lived in New Toronto(now called Etobicoke), that is where I drove. I had some strange feelings in my body, which we called "niggles", but nothing developed, and we all turned up on Monday for assessment. In discussing this with the other members of the dive team, they all had the same experiences. When I had first arrived in DCIEM in Toronto, I had missed seeing: Allen "Kips" Hayward(as that is where he had passed away) Wes Nearing(who had invented the hot water wet suit) and Jim "Tug" Wilson who was retired from the Service and working at the hyperbaric chamber at the Toronto General Hospital. Other members of the team I remember were LCdr Alan Sagar, the CO, CPO Ivan Cripps, CPO Keith Powers, P1 Len Beaton, P1 Bill Burgess, Cpl Bill Daily, Cpl Joe Wilson, LS Ivan Sherlock and P1 Charlie Greengrass. There was also a civilian Medical Doctor Harper, plus numerous other Doctors as part of DCIEM. LCdr Al Booth took over as the Commanding Officer from LCdr Alan Sagar, who was then followed by Lt Fred Cox who took over as Acting CO. While waiting for the Dive Chamber's completion, I was logged in on some 80 chamber dives at the T.G.H.

In checking out the various computer print-outs in September 1967, when we finally had the use of our own dive chamber(or the computer print-out dives were recorded as such), there were something like 2332 dives searched, and 233 of my dive profiles were located on the computer print outs. There was a comical situation on every dive at the T.G.H. It was only supposed to dive to 200 ft, any deeper and a safety valve on their chamber would blow off. This was solved by placing a rubber bung in the hole, which then worked as a proper seal, allowing the experiments on the Pneumatic Analog Computer to the depth of 250 ft that the bounce dives were scheduled for. The only problem was that the Divers were feeling the effect of nitrogen narcosis, would forget about the bung, so when the pressure

dropped, all of a sudden the bung would forcibly eject itself, with the result of having everyone duck for dear life as the bung would ricochet. I don't believe that anyone was struck by a flying bung!!

While at the Diving Trial & Development Unit, I was sent on my Trade Group 4's course in November 1968, which was followed up by taking my basic EOD course at Indian Head, Maryland, USA (completed in April 1969), then off to Ste-Therese (near Montreal, Quebec) for my IED Specialist Validation in October 1969. This course was the same one that Red Larsen was on.

### **Recompression Chamber Clothing**

It was noted on my first dive at the T.G.H. that we had been issued some RCAF coveralls for the dive. That soon changed on our later dives, as we were given hospital scrubs (there was less static from them), as a few other dive chambers had experienced chamber flash fires. Then, DT & DU had manufactured, and purchased for testing, fire retardant coveralls, which we commenced wearing on all of our dives, while also contacting other dive facilities regarding what their procedures were. With regard to testing fabrics, we had a small chamber we used, by placing the small purchased material in the chamber with a small ignition device, pressurizing the chamber with a certain oxygen level, and igniting it to see what burn effects would have on the fabric. Also, a water pressure system was installed in the dive chamber, and tested with the divers inside while at depth. This was to ensure that the spray coverage and pressure flow adequately covered the entire interior of the chamber at different times, until the Divers inside were satisfied with the spray coverage. This was in case of a flash fire during diving trials, while undergoing the various tests being conducted on the test subjects, since the same people were not used every day and, as previously stated, we were required on weekend dives both at T.G.H., and more often when the chamber at Diving Trials became readily available for out use. A weekly schedule would be drawn up, and one would either be stated as a subject, a Tender, or a controller, in some dives as an assistant controller, due to the length of the expected dive, barring any bends resulting from the depths and exposure time, while following the Pneumatic Analogue Decompression Computer. On some scheduled dives, you would have to arrive early in order to have electrodes attached to various parts of your body and head, and then the electrodes tested out for readings. Then everything would be set to go, while the controller would have the computer set at the chamber, and instruct that the lock door be sealed. We always had coffee ready, so when we had a new subject, or visiting Diver, we would give them a cup of coffee in a Styrofoam container. When they would dive to depth, the cup would shrink, and they would still have a full cup the deeper they would do. A lot of them drank really fast, so they wouldn't spill their coffee!! Some evenings we would be required for "showtime" to various groups, such as Dive Clubs, School Classes, Boy Scouts, etc. - the usual curious groups wanting information about diving. One specific group I always remember, was the girls from Havergall College in Toronto, who were very excited about the RCC dive. LCdr Al Booth put me in as the Tender with the 7 or 8 young ladies, and dove us down to about 120 ft, where the girls were starting to feel the narcotic effect of nitrogen, giggling and laughing away. Just then I received a ring on our communication phone with the following message "Ken, don't panic, but the port in the wet chamber has cracked and leaking a bit of water, so we are bringing you all up". So I announced to the girls that we have an emergency, and would be terminating the dive, so will be back to the surface shortly. The girls were all excited, and didn't even inquire about what the emergency was!! Besides diving and being exposed daily to the dive chamber atmosphere with the computer, the Doctors also used us for testing in other mediums and tasks, such as breathing helium or Argon, with paced arithmetic. There was one test that was not my favourite. The Doctors would introduce freezing to your nasal passages and throat to sensitize you from the gagging effect, then lubricate a very miniscule tube with a tiny balloon on the end of it, pass it through your nostril down your throat until it was located just between your lungs, after which they would commence diving you in the chamber. The Drs. Would then ask you to start deep breathing and panting exercises while pumping air to inflate the balloon on the tip of the tube, all the while monitoring their readings that occurred while at depth. After the dive was over, they would pass in a "K-basin" and

you would take the tube out with a lot of hacking and gagging overall, because by that time the freezing of nose and throat had dissipated. Additionally, a horrible mixture of phlegm, mucus and sputum would come out when the tube was removed, and I would hack, spit and cough it all up in the “K-basin” and it was an ungodly looking mess to see. I remember that Gilles Lariviere was sent to Toronto to be observed in some chamber dives – he got lucky and was in on this one dive. He looked at me with the small hose in my nose, warily I might add, and when it came time to remove the small hose, (pulling it out is not a pretty picture, or sound), it came out with a horrid amount of mucus – ugggh! Gilles, who was also reaching for a “K-basin”, started to heave, as he had been totally unaware and unprepared for the unexpected results of the hose removal. While breathing different gas mixtures, paced arithmetic was another interesting ordeal. You would start at depth and would either add, subtract or multiply whatever was dictated by the attending Psychologist or Doctor. You only had so many seconds to either add, subtract or multiply numbers mentally. Blood samples were withdrawn at depth, for observation. Once, one Doctor came in at depth to take blood samples from the six Divers on this dive. This Doctor was very susceptible to nitrogen narcosis and, of course, got it again. After taking our blood samples, and on his way to the outer lock, he tripped and spilled some of the samples. Chief Keith Powers said “*I hope that he didn’t spill mine*”. When the Dr. turned back into the dive chamber, he said “*Oh Chiefy, I need more*”, and said the same thing to me also. He just walked up to us, took his syringe and jabbed it straight into both our arms, withdrew the blood he required, and tripped over the doorway again on the way out! We hastily dogged the door while the outside controller took over, both Keith and I breathed a sigh of relief!

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**Roy Busby** wrote that the HC courses that Ken Whitney referred to above, were the follow-on to the three EOD/IED courses that I ran at CAMP BOUCHARD in Ste-Therese, Quebec as described in my Part 5B of the RCN Diving Branch History. Those courses were only interm courses, cobbled together in a hurry, to fill a shortage of personnel to respond to increasing numbers of IED calls, especially in the Province of Quebec. When things settled down, the whole syllabus was rewritten, and the course was established in CFB BORDEN. It was designed as a specialist follow-on course to the already established HA and HB courses

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As reported in **DIPPERS DIGEST #12 on 15 January 1992** some changes at DCIEM in Toronto are, that LCdr Scott McDougall is now the Commanding Officer of the Experimental Diving Unit(EDU), LCdr Paul Morson is the Specialist Advisor at EDU, and that Lt. Ralph Dreimanis has returned from Exchange Duties in the U.K. to take on the position as Executive Officer at EDU. Lt. Jay Frew is working on the protective gear for diving in contaminate water, and on a freeze-proof regulator. It is of interest to note that the 8+ metre capable Canadian Underwater Mine Apparatus(CUMA) is presently in the Fleet, and will be operational upon successful completion of their Decompression Table development, slated for 1993. Additionally, the Canadian Clearance Diving Apparatus(CFDA) is now three years in service and has been purchased by both the RNZN and the Saudi Arabian Forces. It can be seen that the EDU organization continues to excel in Research & Development(*as usual!!*), which bodes well for all future Canadian Navy diving endeavours. All those involved in highly skilled futuristic diving are owed a debt of gratitude for those Naval Divers yet to come in the years ahead – and here we thought the Divers in the late 1940’s, 50’s & 60’s were on the cutting edge of new diving developments. It is noted that Red Larsen is one of the long-time stalwarts there.

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**Ken Whitney** wrote that he has his DND HC EOD Proficiency Card #00243, and **Roy Busby** donated his HC EOD Card #0001 to CO of FDU(A) in 2012. Chuck Rolfe indicated that these are very important artifacts and it would be good to display in a Museum, perhaps in the Mess at FDU(A).

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**Ken Whitney** wrote that when I arrived at DCIEM for DT & DU in 1966, Lt. Alan Sagar was the Diving Officer in charge of the section, who was replaced by LCdr Al Booth, who was then replaced by Lt. Fred Cox. We used to go to the nearby Legion every once in a while for a few “wets”, and Alan would join us there on an occasional basis. Most of the computer dives, at the start, were conducted out of the Toronto General Hospital(TGH) when I arrived in Toronto. C1CD4 Jim “Tug” Wilson, who had just retired from the Navy, was hired by the TGH as their Chief Hyperbaric Engineer. He would hire some of our Navy Divers as chamber operators to run some of the scheduled oxygen treatment dives for the Hospital, such as, gas gangrene, gangrene, skin grafts, collapsed veins, etc. In fact, on some occasions on the weekends, the Navy Divers would actually have to act as hospital orderlies and go to the hospital ward to bring the patient down to the chamber, as well as use a bag to breathe for the patient because the patient would be on life support until the attending nurse would arrive, and then would go on the chamber’s life support system. The same procedure would take place when returning the patient to the hospital ward.

The first time I met LT. Alan Sagar was just after I had completed my Ships Diver course, and was back to the Diving Unit for a Saturday casual dive on the jackstay swim with my diving buddy. Lt. Sagar joined us just as we were to start the jackstay swim that led out of the chamber at NAD(Naval Armament Depot) on the Dartmouth side of Halifax harbour, and over some old deteriorating cribs. There happened to be some crustaceans in that area, so off Alan shot to see what they were all about. We all then completed our swim and went home.

Another experience I had with Lt. Sagar was when I was now an ABCD1 aboard YMT 11 and was on the helm, steaming out of Halifax harbour. He had just entered the bridge, so I asked him “*What course, Sir?*” and he answered “*Oh, just follow that seagull*”, “*Following seagull, Sir*” I replied – what a sense of humour!

The third time was at French Cable Wharf(FCW) when we had a **RECALL** for all the ship’s crew. As we were all milling around wondering what it was all about, Al Blanchard was mouthing off about it quite a bit. Sagar said to Al “*Blanchard, get a set of empty double tanks, take them down to NAD and get them topped up*”, meaning for him to walk along the train tracks to do it, and back again in order to kind of shut him up for a while. Well, Al picked up the empty doubles, put them in his car, drove over to NAD to get them filled, and was back again in no time. That kind of stopped Alan Sagar for a moment, after which both Alan and the crew all had a good laugh!

The next time with Lt. Sagar I believe, was at CFB TRENTON, Ontario. While I was at DCIEM, the CO of CFB TRENTON requested Divers to demolish an old cement reinforced crib located in their water recreational area, as military and other small boats had their hull pierced or ruptured by the rebar and other parts of the crib. DT & DU were tasked to do this job. We received the explosives we required from the Base(plastic explosives, detcord, electric dets, etc.), we waded and swam the explosives out and placed them for removal of the offending crib. Everything was ready to go, and I had the honour of placing the electric detonators on the primercord for ignition. Wouldn’t you know, it had been a very quiet morning for weather, with no breeze at all, but now the wind suddenly whipped up Lake Ontario’s waves, which brought on a surge and backtow. I was having difficulty maintaining my position and continue trying to tie into the detcords with the electric dets. I felt a presence, looked around and there was Alan Sagar checking the situation out. I gave him a brief thumbs up and finally made everything secure for firing. Both of us swam back to shore, where Alan stated “*LS Whitney, if that fires, I’ll supply the Rum for tea tonight*”, meaning that if it didn’t, then I would buy the Rum. Well, that Cockspur Rum sure tasted good in his Officers Quarters that night!

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**Ken Whitney** stated that this is the involvement of a diving team from the DT & DU stationed at DCIEM in Toronto. LCdr Al Booth was the Acting Commanding Officer of the Dive Unit and he assigned myself, LS Passero & LS Johnson to go down to the waterfront to remove HMCS HAIDA's propeller, as its curator wanted to have it mounted by the gangway as a suitable plaque that described this Tribal Class Destroyer's battle honours to the public. Prior arrangements had been made with FORT YORK's Armouries to obtain the necessary explosives – primer cord, electric detonators and a dynamo, plus other tools, as required. Our small team turned up dockside, informed the curator that we were there to remove the propeller as he had requested and put our Zodiac in the water for our first inspection dive of the HAIDA's stern section. We checked out the Acorn Nut to see what size sockets we would need to loosen and remove the nuts that retained the nut and propeller to the prop shaft. We found the prop to be in good shape, and we were lucky as the Acorn Nut was removed without too much of a problem. By that time, the curator had called a crane in to handle the Acorn Nut and propeller, and we were ready for the hoist. I was a bit skeptical that the crane would be able to handle the propeller, as to me the propeller looked as big as the crane body itself! The first item the crane operator had to handle was the Acorn Nut, and as we gradually eased it off the end of the propeller shaft, we slipped a wire strop through a couple of the nut holes, told the crane operator to take up the slack. The Acorn Nut smoothly swung clear of the prop shaft, and the crane operator simply hauled it up onto the dock. The next item was the removal of the locking key that went into the propeller shaft and the propeller itself – it locked the shaft and propeller together, as the shaft would turn as a complete unit. Once again we were lucky, with the key being successfully removed without too much trouble, just needing the use of a crowbar and a hammer for a bit of persuasion. Paul Passero and I then took the primer cord and commenced our prescribed pattern of laying out the cord around the propeller so the shock of the detonation would loosen and turn the propeller from the shaft, thus allowing us to slide it down the shaft for removal. When we surfaced, Lt. Fred Cox had turned up, and he asked me if it was OK for him to dive and see what we had done. I, of course, said that it was OK. With Paul and I acting as standby Divers, down went Lt. Cox. When he surfaced about 10 minutes later, I couldn't figure out why he took so long, and before we did a final hook-up with the Electric Detonator to the primer cord, I decided to go down to do a final check of the primer cord setup. When I got down to the propeller, I immediately saw the primer cord had been actually removed, and there was no contact, except along the upper blades of the prop. I then reassembled the cord in the prescribed manner, and surfaced. Lt. Cox had a small smile on his face as he looked at me, and I said *"Sir, please don't go into the water again"*, as we were about to fire the primer cord to create the shock to loosen the prop from the shaft. The one thing I liked about firing electric, was that you have control over the timing and firing of the explosive charge. I then informed the curator and everyone else in the immediate area that we were firing, checked the area for boat traffic, the harbour, etc. and twisted the dynamo. There was just a short shunt, some bubbles, but no fish. Paul and I then went back into the water, saw that the shot had worked perfectly and, using the crowbar, we walked the propeller down to the end of the prop shaft. We contacted the crane operator to give us the wire strop and shackles to install it on the propeller, then we took his hook down and hooked it into the strop, thereafter informing him the propeller was just teetering on the end of the shaft. I still had some misgivings about the capacity of the crane, and the casual approach the crane operator was showing about handling everything. I don't think he realized just how much weight he had at the end of his recovery hook, working with small propellers that he would handle in the Toronto harbour's small boats work. Well, he gave a pull, and the crane started to tip, as the propeller now loose from the shaft, swung down in the muddy bottom alongside the jetty. Fortunately, the crane righted itself, took the strain, and the operator managed to bring it up to place on the dock, all the time giving us dark looks. Our small team packed up our diving gear, returned out borrowed equipment and loose explosives, informed the curator that our task was completed and returned to DT & DU to report our successful execution. I don't know what happened to the other propeller, as that is all I can recall.

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**Diver Magazine** in 1977 published this article. Not so well known to the general public is the work being conducted by man to re-enter the sea, with Canada being one of the leading nations in this endeavour by the Clearance Diving Trials & Development Unit (DT & DU) of the Defence and Civil Institute of Environmental Medicine (DCIEM) in Toronto a leading force behind the move. A team of Naval Divers from that Unit have emerged from the United States Navy Experimental Diving Unit's ocean simulation facility (OSF) at Panama City, Florida after spending almost two weeks living and working under the simulated conditions present at ocean depths ranging from 360 to 456 feet. Designed to test and evaluate man and machine together in a simulated deep ocean environment to a maximum depth of 2,250 feet, the OSF features dry chambers and the largest wet chamber in the world. A computerized facility, it is fitted with gas mixing and analyzing systems together with air and water conditioning mechanisms, all of which combine to produce conditions ranging from a clear tropical sea, to the black and frigid surroundings common along the Canadian continental margin, including those waters under arctic ice. At 30 feet in length and 15 feet in diameter, the wet "pot" is large enough for a Diver to fly a mini sub inside. Five separate dry chambers are located above, and are connected to the wet pot by a transfer tunnel. Each of the dry chambers is completely equipped with its own independent life support systems, and it was in one of these that the Canadian team lived during their lengthy saturation experiment, and from which they made regular excursions into the wet pot. A parallel can easily be seen here with the United States National Aeronautics and Space Administration's (NASA) Sky Lab experiments, in which men lived and assessed themselves and their equipment in the weightless environment of outer space. The Canadian saturation dive, under the supervision of LCdr Fred Cox, Commanding Officer of the Toronto based Experimental Diving Unit, came about as part of a bilateral exchange agreement with the United States on matters relating to diving technology and medicine. A continuation of the DCIEM Cold Diver program, the saturation experiment was in support of Canada's Maritime Command. All that which was proven by the experimental unit, has been passed on to the Fleet Diving Units on Canada's East and West Coasts. The Cold Diver program is comprised of two phases. The first, conducted at FDU(A), CFB SHEARWATER in Dartmouth, Nova Scotia in the Winter of 1974, saw medical and technical experts testing apparatus they had developed for the monitoring of certain physiological functions of the Diver while working in the ocean environment. The second phase, during the Winter of 1976, addressed itself to the evaluation of different types of diving suits and life support systems, and Cold Diver phase three was carried out in April 1977. The two objectives of the saturation experiment were to extend Maritime Command's surface supplied operational diving techniques and equipment at the 350 foot level. The Canadian Navy, since it acquired the SDL-1 submersible, has placed heavy emphasis on lock-out diving rather than all operations being surface oriented. At present, Canadian Clearance Divers lock-out of the SDL-1 to a maximum depth of 150 feet, is limited by their gas supply. Also, decompression in the confined space of the lock-out sphere is both uncomfortable and risky for the Diver, inasmuch as there is no connecting outer lock, essential for the provision of medical assistance (if needed) during ascent. The greater depth capability will come about only once the Diving Unit has acquired a more sophisticated surface support complex which would allow the Diver to return to the surface from a dive site, still under pressure in the lock-out sphere of the submersible, and then transfer to a large decompression facility where he can decompress from such a deep dive in comfortable, roomy surroundings. Such surface support facilities are being planned for installation in the new submersibles Tender Ship (HMCS CORMORANT) which the Canadian Government has purchased, and is currently refitting for diving duties. The saturation dives were performed in accordance with the United States Navy helium-oxygen decompression tables. The Canadian effort did, in fact, assist the Americans in proving excursion tables they were developing. The dive team experienced very little trouble during the more than 11 day dive. Early days of the dive were spent at the 360 foot "storage depth" and were followed by excursion dives to the maximum depth of 456 feet.

Each day began at 6 AM for the Divers and “preventative maintenance” was one of the first functions of a rigorous schedule. This practice involved placing special drops in the ears to prevent infections which could spread rapidly in the ear, or any open wound or cut in the facility’s high humidity(desirable for bacterial growth) atmosphere. The menu for breakfast, as was the case with all meals, was predetermined by the Divers themselves. The food was passed through a service lock. Steak, lobster tails and shrimp were among the sumptuous items prepared for the men and although this is a delectable fare, the Divers said their peculiar environmental conditions had a corresponding effect on the food, so that most of it had a rather chewy texture. The morning excursion dives commenced at 8 AM. Two-man dives would be performed before noon, and another two after the midday meal. Diving would cease by 4 PM. Two Divers would be in the water at a time and would undergo a variety of tests geared to assess their physical and mental capabilities, while exposed to the greater pressures which necessitate the special breathing mixtures. Specific tasks to be performed within certain time limits were assigned the men. These included strength and dexterity tests. While in the water, the Divers underwent constant thermal monitoring. Thermistors were attached to their bodies to monitor heat loss, or gain of surface areas, while rectal probes were employed to measure the Divers’ core temperatures. Because cold is a vital factor to be considered when assessing a Diver’s effectiveness underwater, the exposure suit he wears is all important, and these also underwent close scrutiny during the experiments. The men wore Yokohama suits, a Japanese product of light rubberized canvas over four full suits of heavy Bjorn Borg underwear. The suit is also filled with a thin layer of air, to counteract the squeeze of the external pressure. The Divers used headgear known as Rat Hat. Constructed of a light fibreglass material, the Rat Hat completely encases the Diver’s head, offers wide angle vision and is fitted with communications. It also offers a heat transfer capability, which extracts the heat from exhaled gas and transfers it to that about to be inhaled. The importance of this feature becomes apparent when it is realized that the Diver’s breathing mixture was 95 % helium and 5 % oxygen, and that helium has the ability to chill a Diver seven times faster than ordinary air. In all, a total of 34 man-dives were performed, each dive averaging one man-hour. Out of water mental capability assessments were also conducted. The long, slow ascent from the 350 foot level, back to normal sea level, began six days prior to the scheduled surfacing time. Ascent was regulated to the US Navy saturation decompression tables. From 350 feet to the 200 foot level, the team ascended at the rate of six feet per hour. From the 200 foot level to the 100 foot level, they ascended at five feet per hour. The next 50 feet was passed at four feet per hour, and the remaining 50 feet at three feet per hour. It was during the final 50 foot leg of the journey, that one man suffered a knee “bend.” Treatment in this case involved descending to a predetermined depth, and then ascending again. The treatment worked, but another case arose, this time in a Diver’s elbow and, once again, the same procedure was taken. Following the successful treatment of this case, the remainder of the ascent passed without an incident. The saturation dive had been long, and very often placed great strain on the men, but it was a resounding success. The knowledge gained from the exercise will be invaluable in the effort to expand the capabilities of the Canadian Armed Forces Diving Units. The RCN Divers taking part in this evolution were; LCdr Fred Cox as Dive Supervisor, C1CD4 Ray Goulard, P2CD3 Chuck Wilson, P2CD3 Archie Rose and MSCD3 Lorne Pittman.

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