



*Royal Canadian
Dental Corps*

QUARTERLY



ALL RANKS AND CIVILIAN PERSONNEL
ROYAL CANADIAN DENTAL CORPS

The RCDC Quarterly has been created with the principal aim of providing a means, where no other means exist, of circulating information of interest to all personnel of the Corps. In effect, it should permit us to keep ourselves informed on the general activities of the Corps and its members and to interchange ideas and news in a manner which heretofore has not been possible. It should be an outlet for those of us who are interested in passing along our views on subjects of peculiar interest and of special concern to members of a dental service in the Armed Forces. Financial implications of the publication dictate both its size and its circulation and the editorial board will therefore be required to maintain a high standard for the papers which are selected for publication. The standard will, of course, be in keeping with all other endeavours of the Corps and should furnish an incentive for the meticulous preparation of the material contributed.

It is extremely gratifying to see this, the first issue of the Quarterly published and distributed and to be able to express the hope that it will maintain its purpose with increasing effectiveness for many years to come. The ultimate worth of the publication naturally will depend on the enthusiasm and efforts of the contributors but on this account we have no real concern.



(K M Baird)
Brigadier

Ottawa, 30 Apr 60

Director General of Dental Services

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THE RCDC QUARTERLY

Published by authority of Brigadier KM Baird, Director
General of Dental Services

Editorial Board: Col GB Shillington
Lt Col JG Butler
Major DH Protheroe

E D I T O R I A L

Since this is the first issue of The RCDC Quarterly, it is felt that a brief outline of the background, plans and editorial policy would be appropriate.

Most of you will remember the old RCDC Newsletter which met sudden death as a result of "Exercise Paper Chase" in 1953. Repeated efforts since that time to have it re-instituted at public expense were unsuccessful and, as a result, it was decided to proceed with publication, the cost to be borne by the Corps fund. This fund, incidentally, is raised by contributions from RCDC officers.

While considering the format of the "Quarterly", it was recognized that the need exists for a vehicle through which members of the Corps, both professional and non-professional, could communicate their ideas and experiences to other members of the Corps. Consequently, it seemed desirable to include articles written by RCDC personnel, as well as the news.

Variety is said to be the spice of life and it is hoped that the articles which appear will be varied so that there will be something of interest and value to everyone in the Corps. For example, in this issue we have an article written by WO 2 Percy Jones of The RCDC School for dental assistants. In future issues it is expected that some of our talented DTs Cl, DTs Lab, DERs, Clerks Adm and Dental Storemen will see fit to express themselves on paper.

Probably the most important reason for instituting the "Quarterly" was to provide a medium for the exchange of news items concerning members of the Corps. It is, therefore, imperative that every OIC clinic submit news concerning the personnel of his clinic to his Unit HQ where all of the news items for the unit should be organized into publishable form and forwarded to the Directorate.

It must be emphasized that the "Quarterly" is a product of the Corps as a whole and, as such, can only be as effective as its contributors make it.

The Editorial Board, appointed by DGDS, consists of Col GB Shillington, Lt-Col JG Butler and Maj DH Protheroe. We ask your indulgence in our first efforts and earnestly solicit your cooperation in making The RCDC Quarterly a publication worthy of the Corps.

Colonel J.F. Edgecombe Appointed Honorary Colonel Commandant of the RCDC

Since the death of Colonel GL Cameron in 1958 the Corps has been without a Colonel Commandant. It is, therefore, with great pleasure we announce that the Minister of National Defence, the Honourable GR Pearkes, VC, has approved the appointment of Colonel JF Edgecombe, OBE, ED, CD, DDS, FICD of Saint John, NB, to fill this important post effective 6 Jan 60. Col Edgecombe is particularly suited for this appointment by virtue of his long record of distinguished service with the Canadian Army and the profession of dentistry in Canada.

Born in Fredericton, NB on 15 October 1898, he attended public and high school there and received his dental education at the University of Toronto, Class of 1923. He commenced his military service in 1916 and served overseas in World War I with the Royal Canadian Artillery. Between the two World Wars he was a militia officer with the 3rd New Brunswick Coast Brigade RCA until 1939, attaining the rank of Major.

On 26 Sep 39 he transferred to the CDC as a Captain and in Nov of the same year was promoted to Major and appointed District Dental Officer, Military District No 7. He was promoted again in Nov 39 to Lt-Col and in Jun 41 took No 3 Coy overseas, which command he held until May of the following year when he was appointed ADDS, First Canadian Army. In Oct 44 he was promoted to the rank of Colonel and held senior CDC appointments overseas as ADDS, 1 Echelon, 21 Army Group and DDDS at Canadian Military Headquarters, London. Following his return to Canada he served at the Directorate of Dental Services, Ottawa until Mar 46, when he retired to Saint John, NB to enter private practice. In 1951 he was appointed ADDS, Eastern Command Dental Advisory Staff (Militia), a post he held until his retirement in Apr 59.

Col Edgecombe has been the recipient of a number of honours and awards including the OBE, which he was awarded in Mar 45, Queen's Honorary Dental Surgeon from Jun 53 to May 56 and Fellowship in the International College of Dentists. In addition he is active in community and professional affairs as a member of St Andrews Church, Saint John and New Brunswick Dental Societies, a past member of the National Dental Examining Board and is at present an associate editor of the Canadian Dental Association Journal.

The Corps is indeed fortunate to have an officer of Col Edgecombe's stature as its Colonel Commandant.



Editor's Note:

It is expected that a photograph of Col Edgecombe will be available for publication in the next issue of the Quarterly.

A PRACTICAL PATIENT HISTORY

Major JVP Chatwin, DDS

The value of a good patient history has been stressed by writers in the dental field for many years yet it would appear that few general practitioners consistently take any sort of comprehensive history. While both the specialist and the university have accepted the "whole body" concept in respect to dental treatment, too often in the hustle and bustle of a busy practice, the dentist narrows his concern to the pertinent dental arch. He may fail to consider the part that maladies, past or present, can play in the successful approach to the present dental visit. Most references in the literature to dental history-taking deal with aspects of the subject which are pertinent only to certain specialties or the teaching institution and these are not practical for the general practitioner.

Clark¹ lists several points which he feels to be the absolute minimum of information which the dentist should have prior to any extraction. The patient must be questioned about sensitivity to drugs, difficulty with previous extractions, bleeding, heart disease and his present medical status. This, however, is only a risk survey for surgery. The "whole body" concept of treatment entails asking only a few more questions. Figure 1 shows the patient questionnaire used in our Clinic to help the attending dentist get a better appreciation of the patient's health as a whole. A greater potential risk is evaluated here. Each new patient is given a form to fill out when he presents for treatment. This takes a few minutes of his time while he waits for his appointment. He presents the completed form to the dentist at the chair and a rapid check verifies the statistical data the nurse has written on the patient's new dental chart. Troublesome errors such as wrong initials and addresses are often picked up here. No blank exists on the form for the patient's chief complaint as this form is considered only a risk assessment for dental treatment. It gives the dentist a rapid survey of those medical conditions which have a clear-cut relationship to dentistry. Some constitute absolute contra-indication to specific treatment while others are only of relative importance. Positive notations must be followed up and often can be dismissed as irrelevant or inaccurate on careful questioning. The findings in 1000 consecutive questionnaires are shown in Figure 2.

For this form to be of value the correct interpretation of the positive findings and the modifications necessary to any treatment plan must be clearly understood. This requires an understanding of how pertinent diseases affect the body and dictate modifications of dental treatment. The use of a form history has been criticized but certain specific questions must be answered if the problem at hand is to be fully evaluated. The stereotyped form, though lacking the warmth of the written history, serves a valuable purpose. It is much superior to the automatic recitation of stock questions which, with constant repetition, soon evidences a lack of interest which is readily apparent to the patient.

A review of the literature and consultation with physicians in this hospital suggests the following approach to positive findings on the chart used in our Dental Clinic.

Heart Disease. For all practical purposes, patients with heart disease fall into four main groups; those with: 1. Congenital malformation of the heart and great vessels, 2. Disease of the heart valves associated with rheumatic fever and chorea, 3. Heart disease secondary to high blood pressure and 4. Heart disease due to impairment of the nutrition of the heart consequent upon degenerative disease with narrowing of the coronary arteries. In addition, in this section, must be listed those patients who have no demonstrable heart disease but who have had one or more attacks of rheumatic fever. The danger of injudicious dental treatment lies in its potentiality to exacerbate pre-existing heart disease and to result in the development of a new form of heart disease where none existed before.

Patients with any form of heart disease may get into acute difficulties in the dental chair due, for example, to sudden disturbances of cardiac rhythm. In some of these patients, particularly those with coronary artery disease, a general anaesthetic may be indicated and, in most cases, pre-medication is desirable. In general, vasoconstrictors incorporated in the local anaesthetics used today, are not contra-indicated in the presence of heart disease² but in some hypertensive patients, those with severe coronary artery disease and those subject to sudden disturbances of cardiac rhythm epinephrine should be eliminated.³ In all these conditions, expert medical advice is required. The firm, confident approach to the patient is indicated. Operative sessions should be short and the patient should be allowed to rest before going home.

Important problems which patients with heart disease run into as a result of faulty dental care consist of diseases which are the direct or indirect result of infection. Patients with existing cardiac lesions of the valvular structures whether these lesions be congenital or acquired, are particularly liable to develop infections of the malformed valves consequent upon the ingress of bacteria into the blood stream. Certain other cardiac congenital malformations, although not involving valves, are equally liable to become infected from the same cause. It is well known that transient bacteraemia can follow dental extractions and, not infrequently, bacterial endocarditis may result.^{4,5} It is less well known that minor trauma such as that resulting from operative procedures and tooth-brushing can cause significant bacteraemia especially in patients with gingival infection.⁶ All patients in whom transient bacteraemia would be a hazard should be protected by an antibiotic "umbrella" for a period of at least five days. The antibiotic of choice is penicillin which should be started two days prior to the dental appointment if oral surgery is planned. If given in adequate doses, the penicillin may be administered by mouth but on the day of extraction is preferably given by intra-muscular injection. In cases not involving extraction or other surgical procedures, the operations are kept as atraumatic as possible.

The patient who has had rheumatic fever but does not have rheumatic heart disease presents a special problem. Current opinion favours long-term (at least five years) oral antibiotic coverage preferably with penicillin to guard against further streptococcal infection which may precipitate an attack of rheumatic fever.⁷ Rheumatic fever has been described following mass exodontia⁸ and in patients who have had rheumatic fever and are not currently taking an antibiotic it seems a wise precaution to administer some anti-bacterial drug preferably penicillin for an adequate period which may, if streptococcal infection is considered likely, be extended for ten to fourteen days.

Patients with cardio-vascular disease may present certain difficulties with regard to post-operative haemorrhage. This is not infrequently the case with hypertensive individuals and especially with those patients who are on long-term anti-coagulant therapy administered usually in the presence of coronary artery disease but sometimes in other heart conditions as well. At the Toronto General⁹ and this hospital patients are given a card outlining the condition and warning them to advise their dentist if dental surgery is planned.

When in doubt about dental treatment for a patient with heart disease, common sense dictates adequate consultation with the patient's physician.

Diabetes. The diabetic is a potential hazard. Press releases by the Canadian Diabetic Association inaugurating Diabetic Detection Week in November 1959, indicated that 600,000 Canadians are known to be diabetic. The disease is somewhat more common in women than in men. The ultimate cause is unknown but diabetes which is essentially a disturbance in the metabolism of carbohydrates and fats is associated with insulin deficiency. The disease can be well-controlled in some patients by diet alone and in others by diet and insulin. Even with the best care diabetics, the young patient in particular, develop long-term complications of their condition, the most important being degenerative vascular disease. Wound healing is generally retarded in diabetics and the blood vessels are often friable. Infection should, if possible, be prevented in the diabetic patient and, if it occurs, should be treated vigorously. Control of the disease can be markedly disturbed by infection and this derangement in metabolism can further aggravate the infective process. This is the case even with relatively localized infection. Clark¹⁰ suggests that it is rational to treat all diabetic patients with antibiotics to preclude the possibility of post-operative focal infection. Not all would agree with this view but each patient should be individually evaluated and in those patients whose disease is controlled only with difficulty, little harm can be done and possibly much good by administering an antibiotic.

In the case of the uncontrolled diabetic only emergency work and this with a physician assisting, should be attempted. In the case of the controlled diabetic pre-operative medication, possibly antibiotic coverage and a local anaesthetic without epinephrine, are suggested as a routine. There is evidence¹¹ that the ischaemia induced by vasoconstrictors predisposes to sloughing of tissue with the consequent hazard of infection. Iodine is definitely contra-indicated for any procedure within the mouth because of its pronounced necrotizing effect on the tissue. This is a factor which should be considered by the hygienist.

Epilepsy. In epilepsy there is a disturbance in the electrical rhythm of the brain which may be focal or generalized, the area of brain involved by the dysfunction determining the type of seizure to which the patient is subject. Some seizures may be manifested by no more than a transient and scarcely perceptible loss of consciousness without any disturbance of posture whilst, in others, the disturbance is so generalized, although it may commence focally, that the patient loses consciousness for a prolonged period and is subject to violent convulsive movements involving the entire body musculature. In many cases the seizure proper is preceded by a warning or aura which is usually distinctive for the individual patient. In a small proportion of cases the cause of the electrical disturbance may be traced to some demonstrable abnormality of the brain such as a scar resulting from birth injury or a space-occupying lesion such as a tumour but in the majority of epileptics, no such

pathology can be demonstrated. Most epileptics can live relatively normal lives with modern drug therapy but it should be remembered that any emotional disturbance may precipitate seizures in these patients. In the dental treatment of the epileptic, therefore, a completely calm atmosphere, free from emotional turmoil, is essential and the use of a pre-operative sedative may be indicated. Should the patient suffer a seizure in the dentist's office, little can be done to influence the course of the attack. However, much can be done to prevent the patient from injuring himself and the dentist's equipment. The danger of tongue-biting is always present and to deal with this eventuality a simple gag should be used. The contention of Burket¹² that fixed rather than removable prosthetic appliances are indicated for the epileptic patient has much to commend it.

Fainting. The patient who reports that he is subject to fainting spells should be carefully evaluated. It is important that the patient with serious organic disease such as cerebral vascular insufficiency or some forms of heart disease and also the epileptic should be distinguished from those individuals subject to simple attacks of syncope. The latter patients should all be premedicated and the local anaesthetic injection made in the supine position. This insures an adequate blood supply to the brain, inadequacy of which is the ultimate cause of all simple faints. These patients all appear to tolerate injection better when in the horizontal position.

Bleeding. The question on the form concerning bleeding brings a great variety of answers and these are often hard to evaluate. This may be particularly the case with a history of excessive menstrual flow or of unusual blood loss at childbirth. The true bleeder is relatively rare. By the time he starts visiting the dentist, his condition has, in all probability, been diagnosed and he is under medical supervision. Excessive bleeding due to disorders of coagulation is so uncommon that the value of routine estimations of various functions of blood clotting is highly questionable. A good history is of the utmost importance. In any case where there is some real doubt concerning a tendency to excessive blood loss, a competent internist should be consulted. This should certainly be done in the case of patients on long-term anti-coagulant therapy. A routine plan of packing and suturing for patients who give histories of prolonged bleeding following cuts or dental extractions will often save a return call with the attendant mess and inconvenience to both patient and dentist. In our survey, 1.5% of the patients gave histories which, on close scrutiny, indicated that for any treatment plan requiring extraction, routine packing and suturing, would be a prudent safeguard.

Drug Sensitivity. The incidence of drug sensitivity reactions would appear to be increasing. The patient with a history of drug sensitivity or of allergy in its broadest sense, should be carefully questioned. Of all the drugs the dentist is likely to use, the one meriting the greatest consideration with regard to sensitivity is penicillin.

Penicillin sensitivity can produce death by anaphylactic shock in a matter of minutes or the same terminal result in hours or days by a variety of mechanisms including purpuric phenomena, arteritis, bronchospasm and pulmonary or laryngeal oedema.¹³ Patients who give histories of disease suggesting an allergic background such as asthma, dermatitis, hay fever, and eczema are more likely than others to develop penicillin reactions.¹³ Maganzina¹⁴ has shown that anaphylactic reactions to oral penicillin can occur. Welch¹⁵ reports that of 3419 case histories relating to antibiotic reactions in 827 hospitals in the USA, 1070 re-

actions or 31.3% were classified as life-threatening. These included 809 cases of anaphylactic shock, 107 superinfections, 70 severe skin reactions, 46 blood dyscrasias and 38 cases of angioneurotic oedema with cerebral or respiratory involvement. Penicillin was responsible for 793 of the anaphylactic reactions, 47 of the severe skin reactions and 37 of the cases of angioneurotic oedema but for none of the blood dyscrasias and for few of the superinfections.

A review of the literature indicates the following points of general agreement about this antibiotic:

1. The incidence of penicillin reactions has been reported to be between 10 and 15%¹⁶. The purity of the penicillin, the amount administered, the route of injection, the duration of treatment and the presence of other substances in the vehicle appear to influence the reaction.
2. Mild reactions exceed the severe.
3. Sensitivity tests such as the intra-dermal skin scratch and conjunctival tests have not been properly evaluated yet and further are not without danger in themselves¹⁷.
4. All penicillin preparations have been implicated in sensitivity reactions¹⁸.
5. The patient must be questioned specifically concerning penicillin sensitivity before this antibiotic is prescribed orally or parenterally.
6. Penicillin therapy for any condition encountered by the dentist is contra-indicated in patients with positive histories of drug sensitivities or allergies of any kind¹⁸.
7. If penicillin is to be given intra-muscularly by the dentist, a kit for dealing with anaphylactic reactions must be at hand¹⁹. At the very least a vial of adrenaline 1:1000 should be in every dentist's office and in the case of a severe reaction, 0.5 cc should be administered subcutaneously at once.

However serious the penicillin sensitivity problem appears to be, it should not over-shadow the unsurpassed value of this antibiotic nor should it detract from a realistic consideration of the frequency of reactions in relation to the total consumption of penicillin which in the USA during 1954-1956 reached 200 tons annually²⁰.

In our particular survey, 3.6% of the patients were rated penicillin sensitive.

The only other likely preparation commonly used by the dentist which may cause sensitivity reactions is local anaesthetic. This drug may cause local reactions or very infrequently, serious generalized reactions occasionally resulting in death. If the patient gives a history of sensitivity to local anaesthetic, it is wise to determine the nature of the drug used at the time. If this is known, another local anaesthetic, not chemically related and which does not cross-react, should be used²¹.

Medication. It is important for the dentist to know what medicine his patient may be taking. Serious accidents can occur as the result of the cumulative action of certain tranquilizers and other sedative drugs which are readily available to the public with or without prescription. It was estimated in 1957 that three out of every ten prescriptions written in the USA were for tranquilizers²¹. The medicine the patient is taking often gives the dentist a clue to the disease being treated by the physician. It may happen that the patient is not aware of the exact nature of his medical condition or of the possible relationship between this and the proposed dental treatment. Such notations as "nitroglycerine", "anti-coagulant", "nerve pills" or "dilantin" should convey a warning to the attending dentist.

Hospitalization. The reason for questioning the patient with regard to past hospital admissions lies in the fact that most people are only hospitalized for the treatment of their most serious complaints. On the other hand, patients may not realize or in fact may not have been told for very sound reasons, the true nature of their diseases. Where he feels it advisable, the dentist should check with the patient's physician concerning any hospital admission which is not adequately explained. This particular question on the form may often bring out pertinent information which the patient has inadvertently, or, not realizing its significance to the dentist, omitted in the preceding questionnaire.

Current medical thinking accepts the view that the patient cannot be viewed and treated in small fragments by a number of specialists who do not understand each other's work. Similarly, good care of the patient by his dentist requires that the dental problem be viewed in the context of his health in general.

With the emphasis in dentistry changing towards the prevention of disease, it is imperative that the dentist use all the resources at his disposal to prevent, not only dental disease but other disorders. The patient's history questionnaire discussed in this paper is one aspect of a more complete health programme for today's patient. One of the accepted Public Health procedures for mass preventive care is screening. The limitations of the screening process used here are realized but its value far outweigh these limitations.

Figure 1

PATIENT HISTORY QUESTIONNAIRE
Dental Clinic Canadian Forces Hospital

Number	Rank	Name and Initials	Age
1. Have you ever suffered from any of the following: (Circle Answer)			
a.		Heart trouble?-----	(Yes) (No)
b.		Rheumatic fever or inflammatory rheumatism?-----	(Yes) (No)
c.		Diabetes?-----	(Yes) (No)
d.		Epilepsy?-----	(Yes) (No)
e.		Fainting?-----	(Yes) (No)
2. Have you ever bled for a long time after a cut or dental extraction?----- (Yes) (No)			
3. Do you suffer from hay fever, asthma, or any allergy?----- (Yes) (No)			
4. Are you sensitive to any particular medicine, aspirin, penicillin, local anaesthetic etc?----- (Yes) (No)			
5. Are you taking any medicine now?----- (Yes) (No)			
6. Are you under a physician's care at present?----- (Yes) (No)			
7. Have you ever been admitted to hospital?----- (Yes) (No)			
If (Yes) what for?-----			

FILL OUT AND GIVE TO DENTIST AT THE CHAIR

Figure 2

DISTRIBUTION OF AFFIRMATIVE ANSWERS ON 1000 QUESTIONNAIRES

Question	No. of Affirmative Answers	Percentage
1. Have you ever suffered from any of the following:		
a. Heart Trouble?-----	11	1.1%
b. Rheumatic Fever, Inflammatory Rheumatism?--	7	.7%
c. Diabetes?-----	6	.6%
d. Epilepsy?-----	2	.2%
e. Fainting?-----	22	2.2%
2. Have you ever bled for a long time after a dental extraction or a cut?-----	15	1.5%
3. Do you suffer from Hay Fever, Asthma or any Allergy?-----	4	.4%
4. Are you sensitive to any particular medicine, Aspirin, Penicillin, Local Anaesthetic, etc?---	50	5%
5. Are you taking any medicine now?-----	12	1.2%
6. Are you under a physician's care at present?---	7	.7%

BREAKDOWN OF SENSITIVITIES

(Question No.4)

Items to which sensitive	Number of Cases	Percentage of sensitive group	Percentage of total
1. Penicillin	36	72%	3.6%
2. Chloromycetin	1	2%	.1%
3. Terramycin	1	2%	.1%
4. Sulpha	8	16%	.8%
5. Local Anaesthetic	1	2%	.1%
6. Aspirin	2	4%	.2%
7. Alcohol	1	2%	.1%

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ARE YOU A DENTAL ASSISTANT OR JUST A HELPER?

By WO 2 Percy R Jones, The RCDC School

As the title suggests there is a vast difference between a dental assistant and a helper. A helper is one who merely stands by and awaits instructions as to what to do next, whereas, an assistant is a person who gets things done, looks for ways of improving or speeding things up, and anticipates what is needed. In the RCDC the assistant is an asset--the helper a detriment.

A good assistant can help the Corps to attain its objective to give the greatest service to the greatest number of service personnel. Dental assistants should at all times realize that they are employed within a highly specialized profession. The dentist in the Corps is constantly endeavouring to improve his knowledge and techniques by individual study, courses or study groups. Is it not just as important for the dental assistant to endeavour to obtain more and more knowledge of his job?

There are many things which you can do to improve your work. Consider what a thorough knowledge of all instruments means, you will know which are required for each operation and can place them out for the dental officer as he needs them, not just when he requests them. Proper care of instruments will result in their being in the cabinet for use, not in dental stores for exchange.

What of clinic maintenance? Here is one factor of your job which demands up-to-date knowledge. The Corps is continually receiving new items of equipment which are of a very sensitive nature and demand much attention. Without

a sound knowledge of equipment maintenance, you can very easily cause the clinic to become non-operational; not to mention the enormous losses entailed in repairing or replacing equipment that is damaged from improper maintenance.

The new dental materials that are purchased from time to time have undergone thorough tests before they are obtained by the Corps. They cannot be expected to fulfil their intended purpose unless they are properly prepared. The manufacturers' instructions, which accompany the materials, must be followed in order to ensure correct preparation.

Also with respect to materials, are you practising economy or are you taking the attitude that "the cost is not out of my pocket, why should I worry?" This is a point to which you should give a great amount of thought - for you as a taxpayer pay for the materials that are used. Remember, waste not - want not.

Both personal and clinical cleanliness are prerequisites to dental assisting. Can you look with pride upon your clinic? If not, you are not doing your job. What of the little details, such as the operating cabinet? If a drawer is opened in front of a patient, is it neat and clean, and are the items in the cabinet neatly arranged on a clean surface? Is the unit polished and free of dust, is the glass in the operating light clean, have you moved the rubber mat and swept the dirt from under the chair? All these things may be noticed by the patient. Small in detail though they may be to you, they loom large in the eyes of the patient and reflect not only on you, the dental assistant, but everyone in the clinic.

The waiting room also requires your attention. Think of your patient's comfort, have interesting magazines or periodicals placed out for his use, but never a trade or professional magazine. Good used reading material can be obtained from Officers' or Sgts' Messes or brought from home.

Keep the relationship between clinic personnel and patients at a high level by courteous and sympathetic treatment of the patient, and by using a pleasant manner both when addressing a person or answering the telephone. Good clinic relations also require that you keep clinic matters in the clinic and not take them elsewhere. If you have a gripe, keep it within the walls of the clinic.

When was the last time you read the Manual of Dental Services? This is a must, for you are the one who is responsible for making up documents, returns and indents. Are you up to date on recent amendments? Are you familiar with changes that have been made in military letter writing? How is your filing system? A thorough knowledge of clinic administration is needed if you are to conduct the business of the clinic in an efficient manner.

The correct stocking of dental stores is an important part of your job, for without this you cannot hope to have supplies on hand in the amounts required and not in excess.

Are you employed in a clinic which has no laboratory technician? If so, is the laboratory as clean as the rest of your working area? Do you have your baseplate trays and biteblocks ready before the appointed time? If not, you are causing inconvenience both to the dental officer and the patient. Careless packing of items to go to the central laboratory results in possible breakage enroute; this will result in the loss of many hours of work on the part of the dentist, the technician, and yourself, not to mention waste of the patient's time.

Some so-called dental assistants have the habit of being everywhere but the place they should be -- at the chair assisting the dental officer. Your officer realizes that you have other duties to perform and expects you to be absent at times from the chair, but he has a right to know where you are if he needs you.

Dental assisting can be what you make it, a pleasant, interesting occupation or drudgery; it is up to you. A thorough knowledge of your job, interest in your patient, a well-operated clean clinic, and pride in your work will show you are a dental assistant and not just a helper.

Just as the dental officer, as a professional man, is bound to certain ethical practices, the dental assistant, through association with the profession must strive for similar ideals. To achieve this the following principles are suggested:

1. Exalt your work and consider it an opportunity to serve the profession of dentistry and people in need of dental care.
2. Increase your knowledge.
3. Develop a sense of protection for the health and well-being of patients by complete and careful sterilization and sanitary precautions.
4. Increase your effectiveness by constant self-improvement.
5. Deport yourself with dignity in keeping with the dental profession.
6. Refrain from critical discussion of other assistants, of your dental officer and the business affairs of the clinic.
7. Determine to give a good performance.

If after reading this article, you can say to yourself, "I do all the favourable things mentioned", then you are a dental assistant, if not, you are a helper. In one case you are an asset to the Corps, in the other a detriment.

WHICH ARE YOU?

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ARCTIC INDOCTRINATION

By Major JD Bourque, DDS

The title of this article is a bit of prevarication since Fort Churchill is actually sub-arctic, but for the purpose of its existence, cold weather testing, it is looked upon as being equivalent to the area North of the Arctic Circle in so far as climate is concerned.

The indoctrination is a continuing cold weather exercise, designed to instruct troops in the art of living, fighting and surviving under the arduous conditions imposed by the climate in the regions from here to the North Pole.

The portion of this exercise allotted to the permanent staff of this station is necessarily abbreviated to one week and stresses the survival aspect of the training and familiarization with the equipment used. Every non-categorized

officer and soldier is urged to undergo this training and few RCDC personnel serving in Fort Churchill have missed the enlightening experience. To those of you who will at some future time take part in this training, it is hoped this review will give a preview of what to expect. To those who will be less fortunate and be doomed to complete their careers without having served in Fort Churchill or similar northern establishments, a brief glimpse at the methods for winter living on the barrens will be provided.

The beginning of this exercise is a trip to the quartermaster stores where each candidate is issued the personal clothing and equipment he will use during the week, whether in the classroom or out of doors. A rucksack containing the articles of clothing to be worn, mess tins, cutlery, thermos bottle, compass and sundry items; a complete sleeping bag with air mattress and a pair of snowshoes make up the wardrobe that the well-dressed serviceman must possess to live and survive on the bitterly cold, wind-swept tundra of the northern barrenlands any time of the year, but especially between the months of October and June.

Wearing most of the clothing provided and carrying the remaining items in the rucksack, which is somewhat awkward because the snowshoes are non-collapsible and don't seem to fit anywhere, the hopeful tyros are transported to the training section on a Monday morning. They are shepherded into the main classroom and introduced to the complete training staff, most of whom can still enjoy a good-natured laugh at the often-repeated sight of several members of the class wearing unfamiliar clothing in the most improbable way.

There is very little time for joking however, so that within a matter of minutes formal instruction begins. The group is broken into ten-man squads, and each squad is assigned a team of instructors consisting of one officer and one Senior NCO. These two will remain with their particular group throughout the training period; they will do nearly all the lecturing and instructing to their squads in the classrooms, accompany them personally on the field trips and share the groups' living accommodation during the three days and two nights spent out in the open.

Arctic clothing, what to wear and the proper manner of wearing and adjusting it, is the first consideration. By lectures, demonstrations and practical application, the uninitiated are shown that each article in the wardrobe is specially designed for a purpose and each one, properly used, serves its purpose admirably. From the net vest worn next to the skin to the outer parka jacket and mukluks or overboots, the role of each garment is explained and made familiar to all.

Equipment is considered next. Portable stoves, lamps, cooking utensils and their required supplies are described in detail, then each candidate must learn to operate and service every item. This is done by having each man use the items, dismantle and rebuild them, doing any necessary repairs in the process. The larger equipment is then locked into--sleeping bags and air mattresses are overhauled and assembled, the arctic tent is checked and several test erections done. The freight sled or toboggan is loaded and repacked several times and a few trips on snowshoes organized so that within a couple of days even the most uninitiated is thoroughly familiar with the equipment he must have and be able to use efficiently, if he is to survive in the North.

By Wednesday night, all is in readiness for a three-day field trip and on Thursday morning everyone is given twenty-four hours' field rations. The bulk

equipment and another thirty-six hour ration for the group is packed on the sled and the complete assembly moves away. First by vehicle, a few miles, to the end of the road, where the squads separate. Each man buckles on his snowshoes, makes the necessary outdoor adjustments to his clothing, shuffles into the straps of his sixty-five pound rucksack and sets out across the snow and ice-covered tundra in his previously allocated role--navigator, mileage recorder, sled puller, trail breaker or marching point guide. All change roles at intervals so that everyone gets to do a little of everything.

The directions and destination having been established previously in the classroom, the first day's march is an exercise in map reading, navigation and timing as well as a test in outdoor occupation under frigid conditions. From this time on, during all three days of outdoor living, the emphasis will be "Don't get too warm". This may sound ridiculous, but it is deadly serious. The slightest evidence of perspiration must be checked; it may be very nice to be warm enough to perspire slightly while on the move, but when stops occur, or a less energetic role is undertaken by one who has neglected to make the proper adjustments to his clothing and has permitted himself the luxury of perspiring slightly, the moisture cools very quickly and becomes very uncomfortable. Inner garments are slightly wet, and very, very cold then. If enough moisture soaks into the clothing, and it requires very little for this at forty degrees below zero, it freezes in the pores of the material, destroying its insulating efficiency and the wearer is in trouble. On an exercise of this kind, no serious damage can happen, for such a situation can readily be handled since help is always near at hand, but in almost any other circumstance an oversight of this nature could be literally fatal, since means of drying out are difficult. The few trees seen in small scattered clumps are poor fuel for making a fire, being green and frozen to the consistency of granite.

The other extreme, being careful that exposed or other susceptible parts of the body do not become frost-bitten, is a collective and individual responsibility. Everyone must look at some other member of his squad from time to time, looking for the tell-tale white spots on the face that mean the beginning of frost-bite. Each man must be constantly conscious of his hands and feet. Should they suddenly feel strangely numb, they must be warmed instantly as very painful injury, even to the eventual loss of fingers, toes, hands or feet can occur following frost-bite, depending on the lapse of time permitted between the affection and restorative measures taken. Incidentally, the old saw that seems to persist about thawing out frost-bite by the application of snow or ice to the affected area is nothing but an old saw. The application of mild heat, without pressure or rubbing is the most effective and safest treatment.

With all these edicts in mind, the group snowshoes the several miles to that night's camping area and by mid-afternoon, about one-thirty P.M. of the short winter day here, the various squads are busily occupied in setting up the ten-man tents, building snow-block wind-breaks and excavating snow caves, if a deep enough snow drift is found. Most of the snowfall does not stop here being driven South to the tree-line by the accompanying high north-west winds that seem to be eternally blowing.

While these preparations for a night's shelter are progressing, the day's cook-designate is beginning the evening meal, by lighting the small gas-line stoves, melting ice and collecting the rations to make them into the only hot meal eaten that day. At about six-thirty, having consumed this meal in the congestion of eleven or twelve people in a ten-man tent, almost everyone will

comment, at the risk of being marked as an enemy agent, that the Canadian Army rations for the field provides an excellent hot meal with regards to taste, quality and quantity.

Utensils are then cleaned, pre-bedtime coffee made ready and by eight-thirty all the squads set out on a night compass march which proves uneventful but serves to prepare everyone for a good night's sleep after partaking of a mug of hot coffee or chocolate. By ten-thirty there is a confused shuffling of personnel and sleeping bags and within a very few minutes the first snores are heard. After that, there is only the occasional rustle of someone shifting some articles of clothing inside the sleeping bag to a more protective position; some part of his anatomy was beginning to feel the coldness of the snow floor through the air mattress and sleeping bag. The complete sequence has by this time been duplicated by those ensconced in the snow caves with the exception that they have been sitting around in their shirt sleeves while those in the tents have to wear sweaters; the snow dug-outs apparently being warmer than the tents.

Friday morning arrives and everyone is awake by six o'clock, but no one stirs until the cook, that hard-working individual, has got up, dressed, gassed and lit his lamp and stoves. Then everyone comes to and while breakfast is being prepared, again of concentrated and timed items, dresses and stows his equipment in the rucksack which had doubled for a pillow. By eight o'clock, the group is ready to move off to the day's new location, usually in the general direction of home. About one-half the previous day's distance is covered, then the pattern is repeated. Preparation of another night's shelter, this time possibly built of rock-hard frozen trees, covered with green branches and snow, nothing more than an open face lean-to, or a snow dug-out, meals cooked with the assistance of thawed-out ice, fuel gathered for the lean-to open fire, then another night of sleep in the open with the temperature between 20 to 40 below zero and the everlasting wind providing a windchill factor that eliminates heat more efficiently than a deep freeze.

This night produces volunteers for fire watchers, really fire builders for everyone quickly agrees that the open fire should burn all night, and it does. Not so bright but early Saturday morning, all squads are again breakfasting and preparing to snowshoe the last lap of the exercise to the road end, where vehicles will lift them back to the training section. On arrival there, the group equipment is completely overhauled and cleaned in preparation for use by the next group of unindoctrinated soldiers.

A newly-indoctrinated, tired but happy group of "Northern experts" rehash the past few days' experiences, chuckle at friends' boners, claim they have thoroughly enjoyed themselves, then proceed to their homes to clean up in more comfortable surroundings. They return personal equipment to the quartermaster stores enroute to the various messes where they proudly exhibit themselves as veterans of a tough campaign which, being successfully completed, now appears quite routine. Everyone is confident that, if the occasion ever arose, he would be able to single-handedly cope with the adversities of outdoor living on the generally inhospitable Northern barrens.

RCDC personnel stationed at Fort Churchill have, with few exceptions, completed the training and like just about everyone else, are agreed that it is an experience they would not have missed. There is always the general feeling however, being human, and accustomed to such comfortable quarters and luxury as is available, that they all prefer to work in their steam-heated clinics and offices to trudging outdoors under heavy packs, on unfamiliar footwear in bone-chilling weather. Who can blame them?

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AN INTRODUCTION TO 35 FIELD DENTAL UNIT
AND ITS ENVIRONS

By Lt Col GR Covey, MBE, CD, DDS

Consequent to the birth of the North Atlantic Treaty Organization (NATO) on 4 April 1949, Canada has contributed 12 Fighter Squadrons in the form of the 1st Canadian Air Division RCAF. Our first peacetime overseas RCAF Base, 1 Fighter Squadron, was opened in North Luffenham, England, in November 1951, consisting of Canadian-built F86 Sabres which were ferried overseas aboard the HMCS "Magnificent". Later a second Squadron arrived in North Luffenham and, in June 1952, the third Squadron arrived overseas by the history making "Leap Frog One" in which the Squadron flew its Sabres from Bagotville, via Goose Bay, Greenland and Ireland.

In October 1952 the first continental base was opened at Grostenquin, France. The second and third bases opened in 1953 at 3 (F) Wing, Zweibrucken, Germany and 4 (F) Wing, Baden Soellingen, Germany. In 1951 1 (F) Wing moved from North Luffenham to Marville, France. 30 Air Materiel Base, at Langar near Nottingham, England, was established to provide logistic support for the whole of 1 Air Division. A large widespread organization of five individual units required a headquarters. This was set up in Paris until 1953, when it was decided that the "Chateau de Mercy" in the Metz Moselle area in France would fill the requirement more satisfactorily.

To meet this new NATO commitment the formation of 35 Field Dental Unit RCDC was authorized in April 1953. The headquarters element, comprising the Commanding Officer, Lt Col WR Gunningham, and the Adjutant/Quartermaster, Capt JF Mullins, arrived at Air Division Headquarters in Metz to lay the foundation for the Unit build-up. During the next few months and into early 1954 the QM and clinical personnel arrived to bring the Unit up to required strength.

At present the Unit Headquarters is located with 1 Air Division Headquarters at the historic "Chateau de Mercy" in Metz, France, with clinics at 1 (F) Wing, Marville, France, 2 (F) Wing, Grostenquin, France, 3 (F) Wing, Zweibrucken, Germany and 4 (F) Wing, Baden Soellingen, Germany.

Chateau de Mercy and Metz

This battle-scarred Chateau serves as the main administration building for Canada's NATO Air Division Headquarters and is located about four and one half miles from the city of Metz, probably the most heavily fortified city in Europe. The Chateau has more than a thousand years of recorded history behind it and stands in the middle of Europe's traditional invasion route. A Roman villa occupied the strategic site during the 3rd Century, A.D. The first written history begins in 926 A.D. From 1404 to 1906 the Chateau was burned to the ground twice and rebuilt. The thirty-five acre property changed hands many times during the First and Second World Wars and was used as a military hospital and holiday camp for children of French Army personnel during the Second World War.

Metz, in the province of Lorraine France, is situated on the Moselle River and has a population of 100,000. Its recorded history goes back more than two thousand years. In 53 B.C. the Romans colonized the area and developed it to a high degree of civilization -- some of the early Roman aqueducts are still standing. During the period 451 A.D., Metz was conquered by the Barbaric tribes of Attila and, after a succession of rulers, was freed in the 13th Century by

the aristocratic forces within the city and became a free imperial city governed by its own nobility. It was during this period that the construction of the famous Metz Cathedral was begun.

In 1552 Metz was besieged and captured by Henry II of France and, although occupied, did not become part of France until 1648. In 1870 the French Emperor, Napoleon III, used Metz as a springboard for war against Germany. The city fell to the Germans and for 48 years (until the end of the First World War) remained German until it was returned to France by the Treaty of Versailles. On 17 June 1942, Germany again occupied Metz until it was liberated towards the end of the Second World War. In Metz can be seen the oldest church in France, St. Pierre-Auz Nommains, constructed at the beginning of the 7th Century.

1 (F) Wing, Marville, France

1 (F) Wing is near Marville, a small village situated in the northernmost part of France, less than a half an hour drive from the Belgium border and very close to the Duchy of Luxembourg. This base is the continental terminal for the RCAF "Comet" trans-atlantic flights from Canada. Many Canadians stationed at 1 (F) Wing live in the small towns immediately across the border in Belgium, within a 25-mile radius of the base, and there are 419 PMQ units at Longuyon, 12 miles from the station.

Marville was for many centuries a fortified stronghold, the walls of which are now in crumbling ruins. In its eastern corner is a unique cemetery with an ossuary which, since the 16th Century, has gathered the bones withdrawn from tombs receiving new occupants. These bones are arranged in orderly piles of skulls and bones approximately one meter in depth and lining three walls. It is estimated that there are some 40,000 skulls of which 12,000 are visible. Pre-historic objects, unearthed at Montmedy a nearby town, prove that Marville was an established community before the arrival of the Romans. In 1916 there was, on the far corner of the present base, a small German airfield commanded by the man who later became Field Marshal Goering. This is truly one of France's most historic regions.

2 (F) Wing, Grostenquin, France

This base, within ten miles of St Avold, is at the entrance to the Saar Valley, and was the scene of some very bitter fighting during the Second World War. Many buildings are pock-marked from the shrapnel and small arms fire of this War and pill boxes and bunkers still dot the agricultural area. Close by is the large military cemetery where hundreds of American dead are buried.

St Avold is located near the iron ore and coal mining area and, in a number of nearby towns the great smelting and processing foundries are located.

Saarbrücken, population 100,000 the capital of Saarland and Saarguemines, population 30,000, the centre of the local pottery industry, are not very far away. One peculiarity of the area is the bi-lingual aspect of the language. Eastward from the base French and German are spoken interchangeably with many older residents speaking only German. The PMQs are close to St Avold, about 12 miles from 2 (F) Wing.

3 (F) Wing, Zweibrucken, Germany

Three miles from 3 (F) Wing is the town of Zweibrucken, population 30,000. In March 1945, this city was bombed by Allied air might and 85% of its buildings and industries were destroyed. These are rapidly being rebuilt. Near Zweibrucken is Pirmasens which produces 40% of Germany's foot wear. About two thirds of the population of this area are employed in agriculture. Some of the world's most famous grapes and grape products are produced here.

4 (F) Wing, Baden Soellingen, Germany

This base nestles at the fringe of the Black Forest on a plateau close to the Rhine River. Close by is the city of Baden-Baden called "The Queen of the Black Forest". The curative powers of the Spas and Springs in this area have a remarkably long record of more than two thousand years, having been discovered by the Romans. The bath establishments are open all year and the famous Casino has been a mecca for royalty, diplomats, financiers, fashionable cosmopolitan gatherings and tourists for decades. In Baden-Baden there are hundreds of hostels of all sizes and prices. The slopes and foot hills of the Black Forest contain many vineyards from which the grapes are made into some of Germany's best wines.

DIRECTORATE OF DENTAL SERVICES NEWS

Brig KM Baird paid a liaison visit to the Chiefs of the Dental Services of the US Navy, Army and Air Force in Washington, D.C. during April.

Col GB Shillington inspected Militia units on the East coast recently, in connection with the Annual Efficiency Competition. During February Col Shillington took in the annual Mid-Winter Clinic in Chicago and then he and Mrs Shillington continued on a holiday in Louisiana and Florida. In March he addressed a meeting of the London and District Dental Society on the subject of Partial Dentures.

Colonel and Mrs HL Harris got a jump on the golf season by holidaying in Florida during March. Col Harris claims he was hitting the ball as well as he was the height of last season - more strokes please.

Lt Col and Mrs Graham Hamilton also travelled south this past winter. After seeing their daughter married in Lake Valley, Arkansas, they continued on a holiday in Florida. Lt Col Hamilton has just returned from a meeting of the Tri-partite Standardization Committee on Dental Stores held in Washington, DC.

Major John Brick accompanied the Director of Signals on an inspection trip inside the Arctic Circle which included stops at Alert Bay and Thule, Greenland. He provided dental treatment for personnel of the various signal detachments that were visited.

Capt Jim Fletcher is preparing to make the move to Petawawa with No 1 Dental Equipment Depot.

The grant of a classified commission to WO 1 M Kostyniuk in the rank of Lieutenant was announced in February. Lt Kostyniuk was born in Theodore,

Sask and is married with two children. He enlisted in 20 Coy CDC in Regina, Sask in 1941 and has served continuously since as a Clerk Steno and Clerk Adm. During the war he saw service in 20, 33, 40 and 50 Coys, CDC. After the war he served in 11 Coy until transferred to Korea. On his return from Korea in 1952 he was posted to the DGDS sub-staff and from there to 15 Coy in 1953. In 1956 on his promotion to WO 1 he returned to the Directorate where he is currently serving.

Congratulations to Sgt ESW Moore who was promoted to WO 2 on 16 Feb 60. WO 2 Moore, a native of Windsor, Ont, first joined the Elgin Regt (Reserve) in 1940 and enlisted in the CA(A) in 1942. During the war he saw service as a dental assistant in 21 Coy CDC in the London area and 29 Coy CDC at Camp Borden. After the war Ed served with 13 Coy and in 1951 remustered to Clk Adm. In 1952 he had a tour in Korea and returned to the Dent Eqpt Dep in 1953. In 1958 he became a member of the DGDS sub-staff.

A Mess Dinner for all officers of the RCDC in the Ottawa area was held at the AHQ Officers' Mess on 25 Mar 60. In addition Col AC Leman, Major Jim Andrews and Capt Dan Girard of Trenton and Major WW Anglin of Petawawa attended. The rest of us are still wondering how the syndicate composed of Col Harris, Lt Col Cornish and Major Brick managed to come up with the winning horse in every race.

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WINTER SPORTS IN THE OTTAWA AREA

The winter season which has just drawn to a close found many members of the Corps taking part in local curling activities. The annual highlight for local service curlers is the Inter-Service Bonspiel competed for by 64 rinks from the Navy, Army, RCAF and RCMP. Lt Col John Butler was again a member of Lt Col Bill Timmerman's rink which successfully defended their Main Event trophy. Major Paul Sills of Uplands was a member of the RCAF rink which took the Third event. A rink which included Brig KM Baird and Col "Hum" Harris got off to a fast start but eventually faltered. However, their cry is "Wait till next year". Major Murray Donely still claims that the only reason he was sent on a post-graduate course was to remove some of the stiffer opposition.

Major John Brick emerged the victor in the National Defence Headquarters Rifle Association Annual Indoor Winter Competition. He has been selected as a member of the AG Branch Rifle Team which will compete in the Canadian Army Rifle Championship, the winning team to represent the Canadian Army at Bisley in 1961.

Local RCDC bowlers have again had a successful season. Lt Mike Kostyniuk, WO 2 Ed Moore, Sgt Lloyd Flesher and Cpl Dick Innis were members of the Adjutant-General's Bowling League and Capt Jim Fletcher and Ed Moore participated in the AHQ League as members of a Medical-Dental Team. The statistics show that the Dents have had their share of glory and now they are looking forward to the "wind up" banquets in both leagues.

Volleyball, one of the few sports played on "Gov't Time", was thoroughly enjoyed by the following: Lt Mike Kostyniuk, WO 2 Ed Moore, Sgt Lloyd Flesher, Sgt Ray Hopkins, Cpl Gill Moore and Cpl Tony Strub. Combined with the Medicals and named the "Docs" our boys have made the playoffs in their division.



Cpl Helmut Marckwort, DT Lab at RCAF Station Uplands, was an outstanding member of the AHQ Ski Team which won a home and home series over a team from Quebec Command. The meets were held at Valcartier and Camp Fortune, Ottawa. Cpl Marckwort is pictured receiving an award from Maj-Gen Rockingham, GOC Quebec Command for winning the slalom at Valcartier.

Our only hockey player in the area this year was Cpl Bill Parker of the Dent Eqpt Dep who once again was an outstanding defenceman with the AHQ Hockey Team, the local Inter-Service champions.

THE RCDC SCHOOL

Promotions, Transfers, etc.

Major JE Hughson has taken his release after 11 years of service in the RCDC, in order to engage in private practice in Alliston, Ont, near Camp Borden.

Promotions were announced recently of Major Geoff Bagnall to Lieutenant Colonel and of WO 2 Lorne Proudfoot to WO 1. Lt Col Bagnall, a native of Halifax, NS, has served in the RCDC since graduating from Dalhousie in 1945. He has had tours of duty at Halifax, United Kingdom, Rivers and Winnipeg, Man., Korea and at sea aboard HMCS "Warrior" and HMCS "Magnificent" and is at present instructor in prosthetic dentistry at The RCDC School.

WO 1 Proudfoot enlisted in the CA(A) in 1942 and has served continuously since that time. During the Second World War he was a sergeant dental assistant in various companies in Canada and continued in this capacity until he remustered to a clerk adm in 1952. He has seen service since the war in Prairie Comd, 13 Coy HQ, Trenton, AG Br/DGDS and has been at The RCDC School since June 1957.

Courses

Col BP Kearney has recently completed a post-graduate course in Dental Radiology at the University of Michigan, Ann Arbor, Mich. Sgt Sadler JH completed the Senior Instrs M of I Course and Sgt Tapp JM the Regt First Aid Instrs Course at Camp Borden.

Trips

This year Lt Col Garth C Evans made the annual liaison visit to the Department of Dental Science, Army Medical Services School, Brooke Army Medical Center, Fort Sam Houston, Texas.

Winter Sports in Camp Borden
by Lt Col Geoff Bagnall

This would appear to be a very appropriate time of the year to talk winter sports. At the time of writing we are all waiting for the first patch of green grass to appear, however, we still haven't found the means to dissipate the remaining six odd feet of snow. The most popular extra-curricular activity in Camp Borden is curling. We have had three RCDC rinks representing Dental personnel very actively all winter long.

Our enthusiastic curlers have captured two of the three trophies for the club round-robin, year long draw. First place, for the President's Trophy, was won by WO 1 A Van Ryssel (skip), Lt Col Garth Evans (third), Capt Jim Wright (second) and lead, Sgt Don Playford. The Mary Ross Trophy for third place was won by Lt Col Geoff Bagnall (skip), WO 2 Max Fisk (third), Capt Charlie Casterton (second) with Lt Dave Cartwright as lead.

The administration of the various activities at Camp Borden is allocated to different schools by the Camp Commander, Brig RL Purves. The RCDC School has the curling rink to foster. Lt Col Garth Evans has been president and Capt Charlie Casterton the secretary for the season 1959-60. Both have done a very fine job and we are able to see very definite improvements in facilities and organization. We must also thank Cpl Harold Chamberlain for his hard work and the very fine ice that he mothered all season in his capacity of ice maker.

The Camp Borden Curling Club members have very recently expressed the desire to have additional ice for the ever-increasing number of curlers. There appears to be a fairly good opportunity to obtain a building adjacent to the present club. The plan is to join the two buildings by extending the present club room and put three more sheets of ice in the other building. We all hope this ambitious plan will bear fruit and provide six sheets of ice for future curling in Borden.

The January Clinical Officers' Course arrived here complete with four curlers plus much enthusiasm. This class, consisting of Majors TD Cobb, RA Fell, MP Quinn, WK Dickie, JW Jolly and JCE McDonald is to be highly commended for the very fine trophy they purchased and presented to the School for annual competition. The trophy is to be competed for by the first course in the calendar year. It was felt that the least we could do was to have this group "win" the Trophy for the first year and have their names recorded in history. Major WK Dickie, skip and Majors Cobb, Fell and Quinn being the active members of this rink have been so honoured. Perhaps at some future date, the donors of this Trophy would consider changing the terms of reference for the trophy. We might then think of an RCDC bonspiel as an annual event.

NO 1 DENTAL EQUIPMENT DEPOT

Major BJH Marchant, who has commanded No 1 Dent Eqpt Dep since April 1957, retired on 31 Dec 59. Bert enrolled in the Cdn Army (Active) on 31 Oct 39 as a private. He was commissioned in 1942 and served in various CDC units in Canada. Major Marchant was accepted in the Regular Army in Oct 1946 as a captain and had tours of duty at 12 Coy, 27 FDU, and AG Br/DGDS. He was promoted to Major in 1957 on assuming command of the Depot. Best wishes are extended to Bert by his many friends in the RCDC for continued health and success.

Capt AW Brusso was promoted to Major on assuming command of No 1 Dent Eqt Dep on 1 Jan 60. Maj Brusso enrolled in the CA(A) on 3 Jan 40, and was commissioned in Dec 44 and promoted Captain in 1945. Al served in Canada and UK during the Second World War and since has had tours of duty at 13 Coy HQ, Trenton, AG Br/DGDS and as 2IC of the Depot.

The Everett's have TOS a daughter Martha Ann wef 5 Feb 60. Another Maritimer destined to be declared an Upper Canadian.

The whole unit turned out to say "Farewell" to Cpl Charbonneau and to wish him luck on Civy Street last month when a "so long Pal" type of evening was held in his honour at the mess.

Miss Margaret "Peggy" Chisholm and Mr Patrick "Patty" Sage left the Depot to accept other positions. These changes were due to the Depot move to Petawawa. We all miss them and wish them every success.

Major Brusso made a liaison visit to Camp Petawawa and reports that the new Depot is about ready for occupancy. A most cooperative Camp HQ Staff is smoothing the way for our arrival there by providing considerable housing accommodation and help in any way they can.

WO 2 Morris, Sgts Stewart, Hutchison, Conkey, Nixon, Carpenter and Mr W "Bill" Brampton attended a 2-week New Equipment Familiarization Course at this Depot in Feb.

A shop van was requisitioned for January delivery at this Depot in order that certain user trials could be carried out. January was chosen in order to check on the effectiveness of the personnel heater in zero and below weather. It arrived in January all right, but, you guessed it, no heater. In lieu of a heater we received a Certificate of Variance, which is an Ordnance "so sorry" note with a certain fetidness about it. We began at once to process some red tagged pieces of paper and along about the time of the first robin we received a crate containing dozens of pieces of hose, tin, pipes, flanges, bolts etc marked "06213-908B-716ZP - Sec G - ROD - 4U" which means Personnel Heater Kit. You may think that at last we had it made by we know that every silver cloud has a grey lining, and speaking of lining, there on the inside wall of the crate was another "so sorry" note regarding 9 missing heater parts. WO 1 Church came to the rescue at this time and several days later the missing parts had been manufactured by his department. Another week saw the heater installed by RCEME and at last on a sunny day 41° warm with the last of the winter's snow shining in the form of puddles we are ready to test the effects of a "06213-908 etc" Personnel Heater. The weather man has just given us one of his "Certificates of Variance" for zero weather to be delivered next Christmas.

"Sixteen Tons and Whadda ya got". This song title seems to represent the thought of one of our Depot Majors when contemplating the results of throwing curling stones in recent bonspiels.

(Editor's note:

Does this refer to Maj Al Brusso?)

11 COYPromotions, Transfers, etc.

Major J. W. Turner, Currie Barracks, Calgary, has been promoted to Lt Col. Born in Toronto, Lt Col. Turner attended Niagara Falls Collegiate and the University of Toronto graduating in 1945. He was appointed to the Corps in the same year and has served in 11 and 15 Coys as well as in Europe and aboard HMCS "Ontario". He is married with four children.

The promotion of Sgt AJ Greco, DT Cl to Ssgt was also announced recently. A native of Revelstoke, B.C. Ssgt Greco enlisted in the RCIC in 1942 and transferred to the CDC in 1944. Since the war he has had postings in 11 and 14 Coys, the RCDC School and Germany. Staff Greco, who remustered to a DT Cl in 1959 is currently stationed at Calgary.

WO 2 "Mike" McMichael who retired from the Corps not too long ago has just completed a period of call out for special duty. He was employed at HMCS "Naden" where his help was much appreciated.

Cpl CC Millard was recently posted to 4 Fd Dent Coy and Cpl GH Taylor was TOS from 1 Queen's Own Rifles of Canada.

Major Frank Charman, Major Leon Richardson and Sgt JM Moore have just been awarded the Canadian Forces Decoration.

Courses

11 Coy personnel who have recently attended courses are as follows:

Lt Col Earl Brown	- Physicians and Dentists	- Civil Defence College, Arnprior, Ontario.
Major JJ Walker	- Medical and Dental Offi- cers NBCW Course	- Camp Borden

The above two officers also attended a Casualty Care Course at the RCDC School.

Major "Ty" Cobb	- Officers Clinical Course	- RCDC School
Major Bob Fell	- Officers Clinical Course	- RCDC School
Major Phil Quinn	- Officers Clinical Course	- RCDC School
Cpl GH Taylor	- Dental Assistant Group 1 Course	- RCDC School
Pte SR Monahan	- Dental Assistant Group 1 Course	- RCDC School
Sgt Merv Fediuk	- DT Cl Group 3 Course	- RCDC School
A/Cpl A Schuh	- Jr NCO Course	
A/Cpl EA Duve	- Jr NCO Course	
A/Cpl PA Coupe	- Jr NCO Course	
A/Cpl EL McInnis	- Jr NCO Course	
Cpl HEG Franzgrote	- Sr NCO Course	
Cpl J Hossdorf	- Sr NCO Course	

Temporary Duty Trips

Capt Kelly, Sgt Olynyk and Sgt Storms of No 17 Clinic, RCSME, Vedder Crossing visited RCAF Stn Holberg during January. Holberg is located on the northern tip of Vancouver Island and is accessible only by boat and aircraft.

Major Charman, Sgt Hodgkinson and Sgt Thornton of No 25 Clinic, Edmonton enjoyed a two-week period of "rest" whilst rendering treatment to service personnel and their dependents at Fort Nelson, B.C., early in March. Although work continued until late evening each day, detachment personnel found time for play and Major Charman was presented with a curling trophy.

Major Quinn and Sgt Olynyk carried out another visit to RCAF Stn Holberg in March.

Sports

A "Station Stand Down" was declared on 4 Feb 60 at RCAF Stn Cold Lake to permit Station personnel to participate in the Annual "Palm Spiel". Majors Carter and Walker and Sgt Kennedy represented the Cold Lake clinic in the bonspiel.

RCDC personnel of the Griesbach Curling Club fared well in their annual bonspiel. A rink skipped by Major Charman and Sgt Mazerall as lead, Col Millar as second and Col Carson, the Command Chaplain (P), as third, were in the prize money. A heretic rink (no other RCDC personnel) skipped by Capt Woodcock also ended on the prize list. At the annual "Windup" of the club's activities Col Millar presented the prizes. It is rumoured that Col Millar "might" invest in a new curling broom next season, although his present one is only three years old.

Sgt Mazerall has been selected to judge several boxing events in the City of Edmonton Clubs, The Alberta Golden Gloves and the Alberta Area Army Finals.

Miscellaneous

The birth has been announced of a son - Douglas James to Capt and Mrs HJ Sandham at Chilliwack and of a son - Guy Bernard Raoul to Cpl and Mrs HEG Franzgrote, at Whitehorse.

LAW Bernice Rowland of No 5 Clinic, Namao became the bride of LAC P Blake on 5 Mar 60 in a ceremony at the Protestant Chapel, RCAF Stn, Namao. Major "Dad" Richardson gave the bride away.

On 31 Jan 60 Capt Edwardh of No 7 Clinic, RCAF Stn Penhold appeared on the local Red Deer TV station as a guest panelist, the name of the program - "I Choose a Career".

During January Capt DG Gardner of No 8 Clinic, HMCS "Naden" delivered a talk to a PFA meeting at Lampson Street School in Victoria on the subject "Dental Health for Your Child".

Cpl Arnold Felix (Ernie) Dionysius has officially changed his name to Cpl John Dion. All correspondence will now be addressed to "Dear John". John is now a member of RCAF Station Namao Band playing the Bell, Lyra and Drum.

FISHING THROUGH THE ICE

Capt Dorval, Sgts Piche, McFadden and Christiansen and Cpl Hossdorf of No 4 Clinic, Calgary, all ardent fishermen, thought it would be a good idea to try fishing through the ice. Information had been received that Rock Lake was stocked with 250,000 rainbow fingerlings in 1957-58. Equipment such as, fishing lines, stoves, tents, etc., were readied and they met in the early hours of the morning to proceed to Rock Lake which is 110 miles from Calgary. Arriving at Brook about 0800 hours they inquired as to where Rock Lake was located. After a few tries they think they found it, at least they found a lake. Equipment was unloaded and they proceeded to erect the tent for wind protection. This is a feat but they succeeded. The next job was to cut a hole in the ice. Not one of the gang knew the best way to go about such a thing but after a lot of huffing and puffing they made a hole through 18 inches of ice. Cpl Hossdorf, not satisfied, thought he would make another hole, but do it scientifically. After 30 minutes of chopping he had a nice square hole. He was so proud of it he thought they should have another hole further out on the lake but was talked out of this as the idea was to do some fishing. After the holes were ready, lines were dropped in with the necessary baited hooks and sinkers. The liquid refreshments were brought out and they all waited patiently for some action. Apparently the fish had other ideas or someone goofed on the information that this lake was well stocked. Several hours later the creels were still empty. They had lunch, Sgt Piche acting as the chief cook (all from cans), then the long wait again, with the same result - NO FISH. Dejectedly they decided to go home about 1600 hours but spirits were somewhat lifted by stops at small towns on the way to imbibe courage before meeting their wives. All fishing trips are now deferred until spring.

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NO 12 COY

It is with regret we announce the retirement of our Commanding Officer Lt Col WM Sinclair after 17 years' service with the Corps. He proceeds on retirement leave 15 Apr 60.

Lt Col Sinclair was born in Mexico and received his professional education in England, graduating in 1930 with the degree LDSRCS, Eng and BDS in 1931. He has had a varied and interesting career both in military and civilian life serving on staff of the Eastman Dental Clinic, London and the Dundee Dental Infirmary. He commenced his military service in the Canadian Forces in 1940 with the Irish Regt of Canada, transferred to the CDC in 1943 and was employed in Halifax for the duration of the war. Since the war he has served in Central and Eastern Commands as well as instructing in Oral Surgery at The RCDC School and as Commanding Officer of 25 CFDU in Korea. Lt Col Sinclair's field is Oral Surgery and he is the author of a number of professional articles on this subject.

The officers of the unit held a retirement party for Lt Col WM Sinclair at HMCS "Stadacona" Wardroom 26 Mar 60. Lt Col Bill's energy and good fellowship will be greatly missed in the Corps and more particularly in this Command in which he served with such distinction for most of his career. We wish him Godspeed and good fortune in his new appointment in Manitoba.

This party was also notable for other reasons. The officers became embroiled in a charity party next door at a later hour. In the ensuing ticket

draw, twelve of the twenty prizes were won by our officers. The Deputy Director, Col Shillington, was quite embarrassed -- he won the first prize and then three others which he refused to accept.

Lt Col AT Roger has been named to replace Lt Col Sinclair as Commanding Officer, No 12 Coy. The new CO is well known to most members of the Corps by virtue of over six years' service as instructor in Oral Surgery at The RCDC School and latterly as Chief Instructor. He was born in Hamilton but received his early education in Ottawa and graduated from the University of Toronto in 1937. Appointed to the Corps in 1939 he proceeded overseas in 1941 serving for some years with the maxillo-facial team at Basingstoke Neurological Hospital. On demobilization in 1945 he took an appointment with the Department of Veterans Affairs but was re-appointed to the Corps in 1951 and served at Rockcliffe until joining the staff of The RCDC School in 1953.

Lt Col NA Butcher enjoyed his sojourn to Bermuda aboard HMCS "Cape Scott". He says that our USA counterparts there were impressed with our equipment and promptly wired Washington for airtors when they discovered we were using them. A week later it was discovered that their compressor was far too small to handle the pressure and one had to be ordered. Bermuda was cold this year.

Sgt James became airsick walking the Halifax-Dartmouth bridge during the second great snow-storm.

Capt JR "Rod" Fraser has taken his release from the Corps on completion of his tour of duty and will enter private practice in Chester, N.S.

Sports

Capt CD Mollins and Cpl RF Matheson represented Camp Gagetown in the Inter-Service Badminton Tournament in Halifax on 5 and 6 March 1960.

Capt JH Quackenbush skipped the HMCS "Stadacona" rink in the Nova Scotia Briar Playdowns at Bridgewater, NS 8 - 11 Feb 60.

Births

WO 2 and Mrs Hilton Thorsson	-- a daughter	- Joan Ann
Sgt and Mrs Art James	-- a son	- William John
Pte and Mrs JC Bleakney	-- a daughter	- Diane Sue

Awards

Order of The Shovel

To Mrs HC Kirby and Mrs SG Fraser for valiant effort during our heavy snow-falls while their husbands were aboard the "Cape Scott" in Bermuda.

Large White Bird

To Capt IP Hunter for hardship suffered on his liaison visit to Bermuda.

Stop Press

Mrs NA Butcher is to be awarded the Order of the Shovel with one Bar. The Bar was earned by Norm Butcher.



Pte "Des" Desharnais has taken his release after nine years' service and plans to spend a few months in Winnipeg before entering the construction field in Venezuela. We wonder what Steamship Co. is supplying a ship to carry his royal-sized wardrobe and Hi-Fi set.

Capt L Dombowsky recently re-opened the clinic at Camp Ipperwash with Pte PJ Dumas who was posted from CFH, Kingston.

Cpl AA Lawrence was posted from RCAF Stn Aylmer to the clinic at HQ Eastern Ont Area, Kingston.

Sgt MM Armstrong RCAF (WD) was posted from RCAF Stn Centralia to RCAF Stn Aylmer since airwomen are no longer employed at Centralia.

Sgt AJ Tait was posted from London to RCAF Stn Centralia.

Cpl Rene Tremblay was posted from Trenton to RCAF Stn Clinton following successful completion of the DT Lab Group 3 course.

Mrs G Willy, civilian dental assistant, moved from the HQ Eastern Ont Area Clinic to the CFH, Kingston.

Courses

The following 13 Coy personnel have recently attended courses as indicated:

Lt Col Bill Jackson	- Partial Dentures	- USNDS Bethesda, Md
Major Jim Andrews	- Complete Dentures	- U of Michigan
Major Murray Donely	- Complete Dentures	- U of Pennsylvania
Major Jim Jolly	- Officers Clinical	- RCDC School
Cpl Dick Innis	- Sr NCO Course	- Camp Borden
Cpl KR Shappee	- Sr NCO Course	- Camp Borden
L/Cpl JF Kennedy	- Jr NCO Course	- 2 RCR, London
Pte Keith Dodd	- Jr NCO Course	- 2 RCR, London
Pte PJ Dumas	- Jr NCO Course	- 2 RCR, London
Pte CU Forsythe	- DA Gp 1 Course	- RCDC School
Pte RL Geddes	- DA Gp 1 Course	- RCDC School
Pte CStC Sabine-Pasley	- DA Gp 1 Course	- RCDC School
Pte RH Stenabaugh	- DA Gp 1 Course	- RCDC School

News Briefs from 13 Coy

The dental curling team at No 2 Clinic, Clinton comprised of Sgt MA Craig, skip, Major Paul Fafard, third, Capt F Buschlen, second and Major Len Pierce, Lead, won the Molson Trophy in the station bonspiel.

Capt JG Boucher of No 3 Clinic, Petawawa, has received notice of a posting to Metz, France and is now in the process of applying for passports. The clinic staff are quite concerned for his health at this moment, in so far

Courses

12 Coy personnel attended a variety of courses during the past few months as follows:

Major CGB Grant	- Periodontics	- University of Toronto
Major J McGaughey	- Crown & Bridge	- University of Pennsylvania
Major IW Susser	- N.B.C.	- Camp Borden
Major WK Dickie	- Officers Clinical	- The RCDC School
Capt ES Morrison	- Officers Clinical	- The RCDC School
Capt VM McMaster	- Officers Clinical	- The RCDC School
Ssgt Stewart RG	- New Equipment Course	- Dent Eqpt Dep
Sgt MacDougall WD	- DA Instructor	- The RCDC School
Sgt Murley DT	- DA Instructor	- The RCDC School
Sgt Pelletier R	- DA Instructor	- The RCDC School
Cpl MacKay FK	- DT Lab Gp 3	- The RCDC School
Cpl Martell CM	- DT Lab Gp 3	- The RCDC School
Cpl Petersen NC	- DT Lab Gp 3	- The RCDC School

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as to date the only needles he has received in his army tour have been polio shots. He says "needles do not bother me". Brave talk; but they are all waiting anxiously for his comments after the experience. Hope he has treated all those Med patients with the best of care, as revenge can be a very horrifying experience.

Ssgt Jack Fraser visited Borden as a member of the Petawawa curling team. Doing the natural thing he visited The RCDC School to say hello to his friends. Jack commented that it is a good deal more pleasant to visit the School than to be a student.

To Sgt and Mrs Bob Goodwin of Petawawa a daughter - Janet. Bob, like Jack Fraser, is a true-blooded Westerner and will not be convinced that Ontario is truly the heart of Canada.

The month of April will see the advance party of the Dent Eqpt Dep move to Petawawa. All personnel of No 3 clinic extend a warm welcome to their Storemen and Equipment Repairmen comrades. even though it makes the PMQ waiting list longer.



Major Ed Small, HQ Central Comd, was recently interviewed on radio station CHWO, Oakville, Ont, as part of a community relations program put on by the PRO. The interview has a question and answer format and elicited Ed's attitude towards service life, different postings and the feelings of his family toward a service career. Also brought out was information about modern equipment used by the RCDC and the standard of dental care available to service personnel.

Col AC Leman, Major Jim Andrews and Capt Don Girard, all of Trenton, attended a dining-in night held by the officers of CFH Kingston at the RCEME Officers' Mess. Members of the Kingston and District Dental Society also attended. The meeting was addressed by Dr KJ Paynter, Director of Graduate Studies, Faculty of Dentistry, University of Toronto on the subject - "Dental Research".

Major Andy Andrews recently addressed the medical staff of CFH Rockcliffe on "Surgical Correction of Mandibular Prognathism".

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14 Coy

This Coy welcomes the re-introduction of an RCDC Newsletter in the form of the RCDC Quarterly and the opportunity to acquaint other members of the Corps with events in Manitoba and Saskatchewan Areas.

Contrary to the general belief (and past experience), the winter now drawing to an end has been a mild one by Western standards, with a minimum of snow in most regions. Snow shovel sales have been poor, at least in Winnipeg.

Curling has once again been the major sport at all stations with various bonspiels conducted. Possibly the most enjoyable spiel was held in Winnipeg recently for dental personnel from all clinics. No 4 Clinic at Camp Shilo captured the trophy this year.

Curling will be a thing of the past when this issue goes to print and the golfing will take the spotlight. Also a popular sport at all stations (excluding Churchill), it is expected that a full and enjoyable season is in prospect. A planned indoor golf programme will tone up the enthusiasts before the season starts.

HQ and No 1 Clinic personnel and their wives recently held a successful skating party (outdoor variety). A good time was reported with a minimum of freezing and a maximum of aching muscles.

14 Coy has recently enjoyed its share of courses for personnel. Some of these are:

Lt Col Purdy	- Advanced Dentistry	- Washington, DC
Major Muller	- Crown and Bridge	- Ann Arbor, Michigan
Major McDonald	- Officers Clinical Course	- The RCDC School
Major McDermott	- Officers Casualty Care Course	- The RCDC School
	- ABC 4 Med & Dent Offrs Course	- JABC School
Sgt Nixon	- New Eqpt Familiarization	- Dent Eqpt Dep, Ottawa
Cpl Walker	- Jr NCO	- Wainwright
Pte Fenton	- Jr NCO	- Wainwright
Pte MacDonald	- DA Gp 1	- The RCDC School

Movement within the Coy Area has been restricted to normal liaison visits by HQ personnel, and a "Five Dollar Tour" won by Capt Bunt who was recently posted from Montreal. Capt Bunt was no sooner settled in Winnipeg than he was away to Moose Jaw, Portage la Prairie and Gimli as a replacement dental officer. He reports an enjoyable trip and recommends his travel agents to anyone with itchy feet.

Sgt Hamilton was recently congratulated on the birth of twin daughters; however condolences swiftly followed when the death of one infant occurred within a few hours of birth.

The coming summer will see many old faces disappear from the Western scene, as postings are effected. These include:

Major McDonald	-	Middle East
Major Bourque	-	Montreal
Major Brown	-	Germany
WO 2 Loken	-	France
Sgt Savoie	-	Petawawa
Sgt Gagnon	-	Middle East
Sgt Arsenault	-	Montreal
Sgt Cahill	-	Germany
Cpl Hussey	-	Montreal
Sgt Pierce	-	Goose Bay

In addition the Far North will welcome Major McDermott and Cpl Buchholz during the summer, and civy street will claim Capt Campbell, Capt Claman and LAW Hall.

On the credit side of the posting ledger, we welcome back LAW Solomon to Gimli and look forward to Capt Bunston's return from France and his movement to Moose Jaw.

Capt Evans has been selected for summer employment as Adm Officer at Clear Lake Cadet Camp, Wasagaming during part of June and all of July and August.

15 COY

Much water has passed under the bridge since the RCDC Newsletter was discontinued and the personnel of No 15 Coy extend congratulations and condolences to the members of the Corps for the happy and sad events which occurred over the intervening years and will commence again with news items from 1 Jan 60.

Col Marsh was recently guest lecturer to the second year dental students at McGill University. His subject was "Motives and Values in Professions".

Double congratulations are extended to the McKennas by virtue of the birth of their fifth child - Alana Frances Mirielle and Capt McKenna's promotion to Major on 1 Mar 60.

Major McKenna, a native of Sherbrooke, received his undergraduate dental education at the University of Toronto graduating with the class of '41. In 1949 he graduated from the same university with a DDPH. He enrolled in the RCDC in 1951 at St John's, Nfld and has served in Korea, 11 Coy and 15 Coy. He is currently employed at Quebec City.

Congratulations are also due Capt and Mrs. JL Bertrand for a son, Joseph Charles Paul, born on Christmas Day.

15 Coy has had its share of personnel on the sick list with Majors Bob Dyer and Ed Fraser and Capt Jack Harrison laid up.

Postings

Our loss and No 14 Coy gain occurred on 4 and 5 Jan respectively when Sgt CA Young and Capt RD Bunt were posted from this unit.

Courses

15 Coy personnel have attended the following courses recently:

Major ED Fraser	- High Speed Orientation	- USNDS, Bethesda, Md
Major AR Ramsay	- Periodontics	- U of Toronto
Major JM Smith	- Pedodontics	- U of Michigan
WO 2 Cross AG	- DA Instructor	- RCDC School
Ssgt Fortin RG	- DT Cl Gp 4	- RCDC School

Ssgt Hutchinson JW	- New Equipment Familiarization	- Dent Eqpt Dep
Pte Fret JAJ	- DA Gp 1	- RCDC School
Pte Thompson RF	- DA Gp 1	- RCDC School
AW 2 Boyko VJ	- DA Gp 1	- RCDC School
AW 2 Lingenfelter JM	- DA Gp 1	- RCDC School

Releases

A number of 15 Coy personnel have been lost to civilian life. Major Bob Guay has entered private practice at Ste Foy, Que. Sgt Mongeau JAM, Cpl Cordeau RNJ and Pte Duchesne Y, all DTs Lab, donned civies on 14 Feb.

Public Relations

Col TL Marsh and staff at HQ 15 Coy and personnel of the new No 17 Clinic located in downtown Montreal have been doing an excellent job of Corps public relations.

The first of these activities is concerned with providing an opportunity for the Ladies' Auxiliary to St Mary's Hospital, who act as dental assistants in the dental clinic for needy patients, to observe dental assisting at No 17 clinic.

The second activity was to conduct a professional program at the clinic and adjacent COTC lecture rooms and lounges of Sir George Williams University for the Montreal Dental Nurses and Assistants Association. For the benefit of anyone planning a similar evening for a group of this kind the program and staff used follows:

1945 - 2000 hrs	Guests assembly
2000 - 2010 hrs	Guests welcomed on behalf of the General Officer Commanding, by Command Dental Officer, Colonel TL Marsh
2010 - 2030 hrs	Short explanations of functions, selection and training of DAs in RCDC by OIC Clinic, Major Ramsay
2030 - 2110 hrs	Film on Respiratory Resuscitation Techniques provided through DGDS
2115 - 2230 hrs	Simultaneous demonstrations to small groups that were moved from demonstration to demonstration so that all guests saw all demonstrations.

There were six different demonstrations as follows:

1. Stores control and storage - Unit QM, Capt Jacob
2. Radiation Hazard Control in the Clinic - Senior Dental Assistant - WO 2 Cross.
3. Non-consumable Equipment and Supplies - Dental Assistant Group 2 - Cpl Werkmann.
4. Routine Maintenance of High Speed Equipment - Unit Equipment Repairer - Ssgt Hutchinson.

5. Laboratory Technique for Dental Assistants - Senior Dental Technician Laboratory - WO 2 Pritchard and Dental Technician Group 3 - Sgt Hussey.
6. Exhibition of Types of Equipment used in Artificial Respiration - Chief Clerk - WO 2 Jackson and Clerk Group 3 - Sgt Carrier, of this Unit HQ staff, also members of the Unit First Aid Team.

Two civilian Dental Assistants, Miss Fortin and Mrs Lecompte employed in other local clinics, also assisted in a variety of ways.

The evening closed with coffee and light refreshments, provided by the visitors, served in the lounge of Sir George Williams COTC Contingent.

The personnel of No 15 Coy who took part in these programmes deserve congratulations for a fine effort.

35 FD DENT UNIT

Lt Col GR Covey presented a paper on "Aerotors" at a meeting of the Western Germany Armed Forces Dental Society on 10 Feb. Majors George Windsor and Peter Falkner and Capt Marshall also attended to give the CO moral support.

Major George Windsor and WO 2 Dick Lobb spent two weeks on the Italian island of Sardinia providing treatment for RCAF personnel there.

Capt AL Kelland and Cpl Mary Ellen Clark were posted from 30 AMB Langar, England to Baden Soellingen, Germany in Feb. The clinic at Langar is now dormant.

Congratulations are due Major and Mrs. Al Taylor for a son, James Garvey, born 28 Dec 59.

CDN DENT DET UNEF

Although a news submission was not received from Major Carmichael's gang in the Middle East in time for publication, we have come into possession of a letter written by Capt Lee Reynolds to Lt Col WM Sinclair which we feel is most interesting, humorous and worthy of publication. It follows in part:

"During my stay here I have been on a number of tours. It was my privilege to spend Christmas in Jerusalem. I expect that Jerusalem could be disillusioning to the more religious, but with my ignorance of biblical history, etc, I was able to enjoy it immensely. I have also visited Cairo twice and had the pleasure of a few nights at the fabulous Nile Hilton Hotel. Jack Davis and I had breakfast on the balcony of the 6th floor facing the Nile, and if this is a sample of how the "filthy rich" live, I am all for it. We went on a tour of Luxor to the "Valley of the Kings", and the site of the ancient city of Thebes. This is about 500 miles south of Cairo and probably the most interesting part of Egypt. After a week-end in Luxor we returned to Cairo and were exposed to some real Egyptian belly dancing. The city, although offensive to the smell, is very interesting."
