



*Royal Canadian
Dental Corps*

QUARTERLY





To all members of the Royal Canadian Dental Corps may I send very cordial greetings. I feel highly honoured and indeed privileged to have been appointed your Honorary Colonel Commandant.

Our Corps is one of which we are justifiably proud. In addition to its many salient features it has earned an enviable place in the top bracket both within and without the Commonwealth. I now observe that the Royal Canadian Dental Corps is still progressing so let us keep up that team work which has been the basis of its phenomenal growth and advancement. I shall keenly look forward to many pleasant associations with you in the days that lie ahead.

John F. Edgewood

Honorary Colonel Commandant
Royal Canadian Dental Corps

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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
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E D I T O R I A L

The Editors of The RCDC Quarterly are most gratified with the fine reception given the first issue. All copies of the initial printing were "sold out" in record time and, indeed, it has proved necessary to keep the file copy of the "Quarterly" under lock and key. Many complimentary remarks and letters have been received, not only from members of the Corps, but also from our Board of Consultants and members of the civilian profession. As a result, the circulation of this and future issues will be enlarged to include the Canadian Dental Schools, the Surgeon General and the Chiefs of the United Kingdom and United States Dental Services. With your aid, and as we gain experience, it is hoped that future issues will continue to improve and be a source of information concerning the activities of members of the Corps and a worthwhile addition to the Dental Literature of Canada.

The Editors wish to thank the various units of the RCDC for their co-operation in submitting news items and articles for the current edition. With few exceptions, material submitted has shown great improvement in organization and literary style. This has made our work immeasurably easier since the amount of time required to edit and re-write material has been reduced to a minimum.

Finally, you are reminded that articles, whether professional, technical or of a more general nature, may be submitted at any time. An article will not necessarily be published in the issue immediately following its receipt but it may appear later, depending upon content and the amount of material we receive. Remember that you, the contributors, are ultimately responsible for the overall success of our "Quarterly".

NATIONAL SURVIVAL TRAINING FOR RCDC

Brigadier KM Baird, OBE CD QHDS DDS FICD
and Major JC Brick, DDS

The problem of training for a role in National Survival has been a particularly persistent and aggravating one for the RCDC. Until a year ago it held a comparatively low priority in our planning with a correspondingly slow rate of progress. However, in May of 1959 the Department of National Defence was assigned certain responsibilities in survival operations which in turn were re-assigned to the Army and as a result the necessity was pointed out for increasing our efforts at once. Although the Militia component of the Army was more directly affected in its organization and training, the regular force has also been involved to the extent that, in the RCDC, the scope and standard of training is now the same for both components. The method of training and the stage at which each phase will be undertaken will of necessity differ but the ultimate aim is for all officers and men and eventually all personnel employed with the Corps in both components, to be trained to the same standard commensurate with their field of employment.

The training program for our role in survival operations consists of the following four main parts: First Aid; Common to all Corps National Survival; 24 Basic Nursing Procedures; and Casualty Care. Development of this program has been relatively slow since in many cases it was necessary to depend on other services for the initial training of our instructors and for general guidance in formulating our policy. The Canadian Forces Medical Service has, of course, been a most co-operative and valuable source of assistance and has endeavoured to integrate our efforts in the general plan as fully as possible. Although their program has been delayed somewhat due to the re-organization of the CFMS Training Centre at Camp Borden an increasing demand on their resources is expected for the future. The US Navy Dental Corps who have had a course in casualty care in operation for some time have been particularly helpful not only in training our instructors and assistants at their own School in Bethesda, Md., but in loaning instructors to initiate the courses at The RCDC School in Camp Borden. The US Army Dental Corps have also extended every possible assistance in helping us get our program under way.

Actual commencement of the overall program was initiated in April 1957 when a directive was issued by DGDS requiring certification in First Aid for all ranks of the Corps. Prior to this, individual officers had attended various courses in Canada and the US but now first aid training was to be considered the first essential for the Corps collectively. At the present time almost 90% of all ranks of the RCDC(R) are certified by the St. John Ambulance Association in the Fundamentals of First Aid. This is a continuing commitment for new members entering the Corps as well as for requalification of those already certified.

In January 1960 an instruction was published by Army Headquarters which outlined the role of the RCDC(M) in National Survival. Employment of the Corps in the early stages was to assist the CFMS in their role of the care, sorting and evacuation of casualties. Subsequent to this phase the RCDC was to resume to the required degree its normal role and to establish an emergency dental service as necessary. Training for dental officers was to be initially in the field of emergency health services in such procedures as were recommended by the CFMS and included radiation hazards; estimation of casualties in a thermo-nuclear attack; the casualty treatment of shock, haemorrhage, abdominal wounds, burns, fractures, head and neck wounds; establishment of an airway; field anaesthesia; resuscitation; wound ballistics and debridement; parenteral therapy, and medicaments. Training for other ranks was to

be initially that for a Casualty Aide Man in the 24 Basic Procedures of Nursing Care for seriously or dangerously ill casualties. This included being capable of carrying out the procedures involved in the preparation and reception of patients; basic nursing; standard and emergency care of patients; and being able to assist in the advanced procedures of casualty care. In addition the RCDC Casualty Aide Man must know the seven procedures involved in Dental First Aid. Training of all personnel for the provision of an emergency dental service was to continue at the same time.

Dental Officer training in Casualty Care is progressing well. At the present time a five-day course is being presented at The RCDC School for both militia and regular force officers. This is being conducted as a separate course for the militia during the summer and in conjunction with all regular qualifying and clinical courses during the winter. Vacancies on the winter courses for militia officers are also available in limited numbers. During the past year 52 officers from militia dental units received training on the one summer course held and one militia dental officer attended the training during the winter when four courses were presented for 31 regular dental officers. This course will continue to develop as new training aids and methods become available with the aim of having all officers attend at least once every three years.

Training of instructors and assistant instructors in the 24 Basic Nursing Procedures has not as yet formally commenced but this is planned at least in part, for the coming winter. This program is designed as the principal training for all other ranks of the Corps but it will also be a requirement for officers, both dental and non-dental, in order to familiarize them with the duties of all personnel and prepare them to instruct and supervise. It is hoped that such a course will become available for other ranks of the militia dental units during the summer of 1961 and will serve to provide a nucleus of instructors and assistants for each command.

There are, of course, broader aspects of National Survival training which are applicable to all Corps of the Army and which Dental Corps personnel must study as part of their qualifying courses. These cover such subjects as Nuclear Bacterial and Chemical Defence; the role of the Canadian Army as a whole in survival operations; the role of the CFMS in National Survival and its organization; Nuclear Warfare; the organization of Civil Defence in Canada and many others. In addition, vacancies are available at the Civil Defence College, Arnprior, Ont for selected officers to attend such courses as the Physicians' and Dentists' Indoctrination Course, for which, to date, approximately 38 regular dental officers have qualified along with a considerable number from the militia dental units.

The question of where and how the Dental Corps will fit into the plan for survival operations is one which apparently has caused a great deal of concern to a large number of people. This is a problem which we feel will be handled effectively and promptly by the CFMS if and when the time arises but only if we, as individuals, have prepared ourselves to assume the tasks assigned. The CFMS has evolved and is developing a comprehensive plan for its mission in the collection, sorting, initiation of medical care for, and evacuation of casualties. It involves the employment of all medical and para-medical personnel who are expected to be available at the time and provides for Field Ambulances with medical companies and sections for the collection, sorting and evacuation of patients as well as for Voluntary Aid Detachments, Red Cross, St. John Ambulance etc to handle the problem of domiciliary care. It would seem reasonable to assume that given the proper training, RCDC personnel should find little difficulty integrating themselves into the medical plan to good advantage either individually or collectively. The initial period of survival having been terminated the RCDC should then be prepared to resume their normal role and to organize an emergency dental service to the extent necessary. This latter role is one for which we have been preparing for some little time and requires no further elaboration.

A good training program in the field of emergency health services is for the dentist somewhat similar to a properly developed life insurance program. Whether or not the initial aims are ever achieved, there are many advantages and benefits which accrue from having implemented and fulfilled each stage of the plan as designed for our particular advantage. There is no question but that any dentist is a more useful and valuable member of the profession if he has conscientiously prepared himself for his role in a national emergency. There was in Canada in 1959 approximately 84,000 doctors and nurses as compared to 6,000 dentists. Our contribution appears therefore to be relatively small but in effect it can be made important out of all proportion if we are all trained to a common minimum level.

THE CORPS BADGES

Lt Col CM Cornish, CD DDS

During the relatively short period of history in which our Corps has been in existence, three different badges have been worn by its members.



The first of these badges originated during the First World War. When the Canadian Expeditionary Force was formed and sent to Europe, its badge consisted of a Maple Leaf with a crown and the word "Canada" superimposed. This Force was formed separately and bore little relation to the existing forces in Canada. With a few exceptions regiments were given a number, not a name. As the war continued and formations proceeded overseas the only significance the badge possessed was that those who wore it were recognized as Canadian. Soon, however, battalions designed new badges bearing the name of the city or area in Canada where they were formed. Some units divorced themselves completely from the basic maple leaf design while others used the leaves as a wreath.

The badge for the Canadian Army Dental Corps was originated by the late Colonel J.A. Armstrong of Ottawa and consisted of an arch surmounted with a crown, the whole superimposed upon a maple leaf. The word "Canadian" was in the arch and between the pillars were the words "Army Dental Corps (OS)". The (OS) meant overseas and corresponded with those of other overseas units of the C.E.F. The issue badge was brass and the officers' badge bronze.

The arch used in the badge was taken from the Sublime Degree of the Holy Royal Arch Masons, symbolical of the mouth, the chief entrance to the human body, man made in the image of God, figurative of the entrance to the Holy of Holies in the Temple of Jehovah and analogous to the medical corps badge, a serpent set upon a pole.

Later in the war another style appeared, a partially oxidized brass badge of somewhat better design, with a larger crown and bearing the words "Canadian Army Dental Corps (DS)". This is the badge in the accompanying photograph. It is of interest to note that an authoritative work titled "Cap Badges of the Canadian Expeditionary Forces 1914-1919" claims that the (DS) on the oxidized brass badge is a manufacturer's error and should have been (OS).

The Militia component of the Dental Corps in the Canadian Army was authorized on the 20th April 1915, vide General Order No 103a, with the designation "Canadian Army Dental Corps". During the First World War the Corps provided personnel under the supervision of the Director of Medical Services for the Canadian Corps in France, and under the Director of Dental Services for troops in the United Kingdom and Canada. This Militia component was disbanded on 1st November 1920 and authorized again on 15th June 1921 with the same designation. In 1928 a new badge was authorized with the letters CADC in a monogram encircled by maple leaves surmounted by a Crown. The Regular component of the Corps was authorized on 31st August 1939 with the designation "The Canadian Dental Corps". Because of its tri-service role the word "Army" was dropped from the title, however, the 1928 badge with the CADC monogram was used throughout the Second World War.

On 15th January 1947 the Regular and Militia components were redesignated "The Royal Canadian Dental Corps" and the current badge designed with the letters RCDC in a monogram encircled by maple leaves and surmounted by a crown.

UNDERCUT MATERIAL

WO 2 RW Hall, CD

When information was received that it would not be possible to replace the present undercut material when stocks become depleted, it seemed desirable to search for a substitute. After many trials and tribulations a material has been developed which may provide a solution. It has been named: Ralph Hall's "The Answer" Blocking Material (Pat. Pend.).

This material is quite comparable to the present issue in quality and is easy to prepare. The necessary ingredients, plasticine and inlay wax, are readily available and preparation is as follows:

1. Soften 10 dwt of Kleen Klay non-drying grey plasticine over low heat in a metal dish. (The issue metal ladle is just the right size.)
2. Add 4 sticks of Kerr's Blue Inlay Wax and stir thoroughly while hot until the mass is evenly blended.
3. Pour into a mold and allow to cool. It has been found that this amount just fills an empty blocking material jar.

"There is not one single thing in preventive medicine that equals mouth hygiene and the preservation of the teeth"

-- Sir William Osler

FLUORIDIZATION PROGRAM FOR CHILDREN OF RCDC PERSONNEL IN OTTAWA

Major DH Protheroe, DFC CD DDS MPH

The use of a fluoride salt, applied topically to the teeth of children has been, for more than ten years, an accepted dental procedure for the partial prevention of dental caries. Until recently, a 2 percent solution of sodium fluoride was the commonly used source of fluoride and, although effective, it was time consuming in that it required four appointments to complete the treatment.

Studies published over the past several years on the clinical effectiveness of stannous fluoride indicate that this compound is not only more effective but the anticipated benefits can be achieved by a single application of an 8 percent solution. It was decided, therefore, to purchase stocks of stannous fluoride to be used on dependent children in areas where the RCDC is responsible for their dental care, and for use on children in other areas at the discretion of the local dental officer. It was recognized that it would be impossible to provide this service for all dependent children but, it was considered that at least children of RCDC personnel could receive the benefit of this treatment through the voluntary services of our personnel during off-duty hours.

Accordingly, a program was organized for the children of Corps personnel stationed in the Ottawa Area at the Directorate, No 1 Clinic and No 1 Dent Eqpt Dep. A brief description of this program follows as an example which may be helpful to dental officers in arranging similar programs in other areas.

The first step taken in organizing the program was to sell it. That is, personnel, as parents, had to be informed of the benefits of stannous fluoride applications and given an idea of the procedures which would be carried out on their children so that they would desire the treatment for their children and co-operate in carrying out the program. This was accomplished by circulating a memorandum containing pertinent information to all personnel involved. In smaller groups this could be accomplished just as well by word of mouth. Participation in the program was, of course, voluntary and nominal rolls of children whose parents desired them to receive the treatment were drawn up. Two Sunday afternoons in May 1959 were chosen for the first applications in order to avoid any interference with the regular dental service in the clinic.

All Corps personnel whose children were receiving the treatment participated in the exercise either in the actual treatment role, as dental assistants, or in traffic control to the operating rooms. A total of 58 children were treated in 1959 and 45 in 1960. It was found that approximately 35 minutes were required to complete each child and that it was most difficult to perform the treatment effectively on children under 5 years of age.

It was generally felt by most dental officers taking part that children who had received an application the year previously had benefited immensely. In many of these children no carious lesions had developed since the first application.

The enthusiasm displayed by personnel participating in the program has been most heartening and as a result it is planned to make the program an annual event in Ottawa.

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THE CANADIAN DENTAL DETACHMENT UNEF

Cpl CC Eastwood



Since personnel of the 4th Contingent Canadian Dental Detachment now feel qualified as true desert-soiled veterans, this seems an appropriate time to put on paper some aspects and impressions of a tour of duty with UNEF. While we hate to disillusion those who arrive in Egypt expecting to find a Hollywood sound-stage version of the desert, complete with dancing girls, we would like to reassure those people who have resigned themselves to a barren existence in a tent surrounded by miles of nothingness.

The Canadian Dental Detachment is located in the UNEF Maintenance Area (Rafah Camp), the main supply and maintenance base for UNEF, which is situated in the Gaza Strip about five miles inland and halfway between the towns of Gaza and El Arish. The distance between Gaza and El Arish is approximately 58 miles.

Of the other National Contingents comprising UNEF (Yugoslavs, Brazilians, Danes, Norwegians, Swedes and Indians), only the Indian Battalion does not have its own dental detachment. The dental health of Canadian Army and RCAF personnel and the Indian Battalion is the responsibility of the Canadian Dental Detachment. The senior Canadian dental officer holds the appointment of Senior Dental Staff Officer UNEF, and is responsible to the Commander UNEF on all matters concerning the dental health of the Force.

The Yugoslav Battalion is located near El Arish, the Brazilian Battalion at Rafah village, the Swedish and Danor (combined Danish-Norwegian) Battalions at Gaza, and the Indian Battalion at Deir-El-Balah, ten miles from Rafah Camp on the way to Gaza. 115 ATU RCAF and the UNEF airstrip are located near El Arish.

The Canadian Dental Detachment lines are at the edge of the southeast corner of Rafah Camp and consist of three buildings, one of which is used as the UNEF Medical Equipment Depot and is staffed by RCAMC personnel. Of the two dental buildings, one contains four operating bays, a dental laboratory, offices and darkroom, and the other is the quarters for RCDC other ranks and personnel of the Medical Equipment Depot.

Although no building in camp can be truthfully called impressive (at least, not in the accepted sense of the word), dental personnel are well aware that our Detachment is one of the better-looking group of structures to be seen. The buildings are joined by a covered pathway, and we can ever point proudly to three palm trees and two pomegranate trees which grow bravely between the clinic and the quarters. No one has yet been able to solve the mystery of how five trees came into existence in this one particular spot, particularly as trees of any shape or form are not exactly plentiful in camp. The present UNEF Maintenance Area was once part of a large British Ordnance Depot which was maintained here for many years, and it is assumed that we have to thank some aesthetic Englishman for our green quintet.

Rafah Camp is surrounded by barbed wire, guards and searchlight towers - rather a forbidding combination when one first arrives, but one of many things which one quickly learns to accept, irksome as it may be at times.

The distance around the camp perimeter is approximately five miles. Although frowned on by the guards, personnel get to know some of the Bedouins who roam this part of the desert, especially the children, who are constantly at the fence asking for water, candy and cigarettes. Like children everywhere, they are hard to refuse.

From time to time, Bedouins can be seen out on the desert ploughing with their camels in valiant attempts to get something to grow in the unending and barren sand. Theirs is a hard life indeed, and one is vaguely surprised that they still manage to appear happy.

Working hours during the summer months (April - October) are from 0700 to 1300 Monday through Saturday, and during winter from 0800 to 1600. Many people are surprised at how cold it gets during the winter in Egypt - one somehow automatically associates the Middle East with perpetual heat.

Winter also brings heavy rains and sandstorms. Rainfall this past winter has been below average, and while UNEF personnel are grateful for this fact, it has entailed additional hardship for the Bedouins, to whom the rain means so much.

The Egyptian summers are, of course, all that a sun-worshipper could desire - bright sunshine and high temperatures every day, with rarely a cloud in the brilliant blue sky. Personnel serving with UNEF are at least guaranteed a first-class tan.

We have found that insect life, if nothing else, flourishes in this part of the world. The warm weather, especially, brings forth an alarming array of grotesque creatures that fly, jump and crawl. Even the ants all seem to be the large economy size, although personnel regard them with much less alarm than they do the scorpions, lizards and snakes.

Recreation facilities are quite good. Most sports are available in camp, and there is even a golf course, spectacularly known as the "Bedouin Golf and Country Club", which boasts a good membership, although the course itself is little different from the rest of the terrain in camp. There is also a recreation centre, with a good library, pool tables, table tennis, weight-lifting equipment and a reading room and, of course, movies play at several messes throughout camp every evening. Now that summer has returned, the beach is very popular. We are able to enjoy a good beach which is reached via Rafah village, and is reserved for UNEF personnel.

Facilities for leave and tours are very good. Special UNEF leave of 2½ days per month is granted to all personnel during their tour of duty with UNEF. A Leave Centre (UNEF) is operated in Cairo during the winter months, and in Beirut, Lebanon, during the summer. Welfare tours organized by UNEF HQ in Gaza are very popular. The best of these tours, by common assent, is the Jerusalem tour, which lasts for either three or four days. This tour includes, in addition to visits to most of the holy places and Biblical sites in Jerusalem itself, trips to Bethlehem, the River Jordan, Jericho and the Dead Sea. Another excellent tour is one that gives personnel an opportunity to visit the Valley of the Kings, where so many of ancient Egypt's pharaohs are buried, and the temples in Luxor and the dead city of Thebes.

Cairo can also be visited on week-ends. A bus leaves camp at 0600 on Friday mornings, and reaches Cairo around noon. The journey itself is long, but interesting. There is little but desert to be seen between El Arish and Ismailia, but once one crosses the Suez Canal at Ismailia a fresh-water canal which runs from Ismailia to Cairo spawns green fields, farms, trees and flowers. The sudden and remarkable difference produced in the scenery by this canal dramatically points up the tremendous importance of water to the people in this part of the world.

A flight over the River Nile is even more impressive, the river with its narrow borders of fertile land winding for hundreds of miles like a ribbon of green through the vast expanses of yellow desert. One can readily appreciate why the Nile is known as the "lifeline of Egypt".

Personnel occasionally visit Gaza, mostly on shopping expeditions, there being little of beauty or interest in the town, which is very dirty. Apart from Gaza's history in connection with the Egyptian-Israeli problem, one of its more enduring claims to fame is that it is the place where Samson is believed to have destroyed the Phillistine temple. Samson's tomb can be seen on the outskirts of the town. Gaza does, however, have a very good beach, although it is normally crowded with local inhabitants.

A large proportion of the Gaza population consists of Palestinian refugees. One of the larger UNRWA refugee camps and food distribution centres is located near Gaza, which personnel are able to visit on welfare tours. A visit to this camp reminds one of the very worthwhile job that UNRWA is doing, and how much its facilities help to alleviate the plight of the more than 200,000 refugees in the Gaza Strip.

Canadian personnel are also able to tour that portion of the Egyptian-Israeli International Frontier which is patrolled by the Fort Garry Horse. The Fort Garry's operate from Rafah Camp and also maintain outposts along the frontier.

We all hope that this brief outline of the Canadian Dental Detachment in Egypt will prove of some benefit to those who are anxious to add the Gaza Strip to their travel itinerary. A tour of duty with CBUME has its drawbacks, as is only to be expected, but compensations there are, if one is prepared to make the most of them.

In closing, we would like to add that if anyone wishes more detailed information on any aspect of this modest summary, our travel agent will be happy to be of assistance.

"Dentistry is that branch of health service which deals with and has almost sole charge of the diseases and abnormalities of the oral cavity and its immediate environs. Although separate from medicine, it is closely associated with it and functions as an important specialty in health service. Its practice includes not only the prevention and treatment of oral diseases and abnormalities, but also the mechanical and artistic repair and restoration of dental tissues damaged or lost by disease or injury. Through its art, science and practice, dentistry conserves the health, physiologic function and esthetic appearance of the mouth, and by the elimination of oral infections, it contributes very largely to the general health and welfare of the individual."

-- Russell W. Bunting

AN EVALUATION OF ORAL ANTIBIOTICS IN DENTISTRY

Major AG Andrews, DDS

The development of new drugs continues at a rate of approximately 550 preparations per year, or more than one a day. Many of the enthusiastic claims made by manufacturers are not borne out in actual practice and as a result it is desirable to use only those products certified by an ethical independent organization. Such a body is the Council on Dental Therapeutics of the American Dental Association which, after thorough tests, approves or disapproves drugs submitted to them for acceptance.

The increasing number of oral antibiotics and other anti-infectives which are being produced, and the difficulties associated with their use and dosage forms, has resulted in a situation which at times borders on complete chaos. Oral antibiotics have been the subject of criticism in the press, and the House of Commons, as well as investigation in the US by Senator Kefauver's Special Committee on Drugs. Because of this and the dangers associated with indiscriminate and haphazard use, it is particularly important that we re-examine our position and identify the problems which are being created.

The promotional literature which describes these drugs lists capsules, tablets, solutions and ointments. Penicillins are either long-lasting or short-acting; buffered or non-buffered; benzyl, benzathine or phenoxymethyl derivatives. They are manufactured as a penicillin entity or in synergistic combination with other antibiotics, chemotherapeutics or fortified by vitamins and any combination thereof. Either apothecary or metric values are used. One 250 mgm unit of a product does not contain the same amount of penicillin as a competitor's product. Some are described as giving a "broad spectrum" effect, others as "broad coverage". One manufacturer will claim his product imparts a very high and rapid blood level and maintains this for a prolonged period of time above the therapeutic level, while another, whose product does not produce such a high blood level, will question the necessity for a level higher than the therapeutic level. Another, whose product barely exceeds the therapeutic level claims that it remains in the blood stream much longer than others. He justifies the value of his product by means of a research claim which presents the theory that a relatively small percentage of penicillin is used in actual therapy, since this antibiotic is reversibly bound by serum proteins, liberating as little as 25% in some cases to effectively combat an infective process¹. Some are bacteriostatic, while others are bacteriocidal.

The inherent difficulty is further compounded by still other problems. These include the dentist's reluctance to write prescriptions, an apathy which is being dispelled, however, by the imperative use of these agents. As Kutscher² states: "Dentistry has now taken proper cognizance of antibiotics, even indulging (as has medicine) in their indiscriminate use".

Finally we are confronted with a variety of trade names and volumes of promotional material, a great deal of which is discarded because the majority of us do not make an effort to read the material, cannot evaluate the claims, or are genuinely suspicious of certain "Madison Avenue" advertising techniques.

Objectivism in Oral Antibiotic Therapy is Dependent upon:

1. A bacterial evaluation of the infection.
2. Selection of the most effective drug.
3. A prescription which provides an adequate therapeutic or prophylactic dose.

1. Bacterial Evaluation of the Infection

Theoretically, bacterial evaluation and choice of drug is best made on the basis of laboratory disc or tube dilution procedures. In most cases, however, the lack of readily available laboratory facilities, coupled with the necessity to institute immediate treatment, requires dependence upon systematic empirical judgement and clinical acumen.

The organisms most commonly located in the oral cavity and its associated regions include staphylococci, streptococci, lactobacilli, actinomyces, fusobacteria, anaerobic vibrios, spirochetes, yeasts and fungi. Since most will take either a gram positive or gram negative stain they are usually referred to as either gram positive or gram negative organisms. Those that do not may, for purposes of simplicity, be grouped in either classification since they possess similar characteristics.

The bacterial composition of infections of dental origin are predominantly gram positive with some gram negative elements.

2. Selection of the Most Effective Drug

It is generally accepted that penicillin is still the drug of choice in treating the gram positive dental infection in most cases. There is, of course, sufficient in vivo and in vitro evidence to substantiate the theory that this drug should always be the first consideration. Exceptions to this include known cases of penicillin allergy and ineffectiveness due to acquired resistance. If a substitution must be made, the choice should be restricted to the Tetracycline complex, Erythromycin, or some Sulpha complex.

No others have met the rigid standards of the Council on Dental Therapeutics of the American Dental Association in the treatment of dental infections. This is not to infer that other drugs including streptomycin, dihydrostreptomycin, tyrothricin, carbomycin, oleandomycin and chloramphenicol have no value. They are extremely valuable drugs where specifically indicated, but because some have not been evaluated in so far as their routine use in dentistry is concerned, while others are prone to side reactions, it is suggested that their use be restricted to those cases indicated by laboratory sensitivity tests³. Sensitivity tests are indicated when the infection continues to resist a single antibiotic, a synergistic combination, or when there is any sudden rise in temperature or white blood count during a course of therapy.

There are three sources of reference material available to dentists to aid them in the selection of drugs:

- a. Accepted Dental Remedies;
- b. Vademecum International; and
- c. Brochures published by the individual pharmaceutical houses, prepared specifically for dentists and listing all of the products considered useful to them.

Accepted Dental Remedies is published annually by the Council on Dental Therapeutics of the American Dental Association. It includes information concerning drugs of recognized value in dentistry, drugs of uncertain status more recently proposed for use by dentists and some drugs once employed extensively but now generally regarded as obsolete. Since the highest ethical and scientific principles are rigidly enforced by the Council in determining the value of drugs, this publication is considered to be a constant standard of reference.

The Vademecum International is published annually by J. Morgan Jones Publications Ltd. and subsidized by most of the pharmaceutical manufacturers both domestic and foreign. Each manufacturer lists most of his major products with descriptive monographs, indications and dosage forms. This publication is most comprehensive and enhances the information contained in Accepted Dental Remedies.

Dental brochures along with advertising literature published by the individual drug companies, while necessarily restricted, are also very useful and provide all of the information available concerning a single trade name product.

When properly selected, prescribed and administered, the oral antibiotics available today are equal to and, in some instances, will surpass parenteral injections. From the standpoint of the patient alone it is a much more desirable method of administration. From the standpoint of the dentist, who usually refers his patients for parenteral injections, it provides him with the opportunity to maintain personal control over the program of therapy.

Penicillins

These are available in three basic oral forms:

- a. Benzyl Penicillin G in either the potassium or ammonium salt,
- b. Phenoxymethyl Penicillin, and
- c. Benzathine Penicillin G. They are provided as tablets, capsules or solutions. Descriptive examples of each may be found in Accepted Dental Remedies or the Vademecum International.

Tetracyclines

From this composite group is derived three distinct drug forms - Chlortetracycline hydrochloride (Brand name: Aureomycin), Oxytetracycline hydrochloride (Brand name: Terramycin) and Tetracycline hydrochloride (Brand name: Achromycin, Tetracyn etc.)

These so-called broad spectrum drugs are clinically more bacteriostatic in their action than bacteriocidal and their predominance of use appears to be resolving to tetracycline hydrochloride. While both oxy- and chlortetracycline forms are listed in A.D.R. their tendency to produce undesirable side reactions has resulted in their being displaced by the more common tetracycline hydrochloride.

Erythromycin

This drug was first isolated in 1952 and is available in two basic forms, the original which is prepared under the trade names Ilotycin and Erythrocin and the newest compound (erythromycin proportionate) prepared under the trade name Ilosone. Its spectrum is similar to that of penicillin and its greatest use is in the treatment of gram positive infections, especially those resistant to penicillin. The proportionate form is reported to result in a slightly earlier therapeutic concentration in the blood. The levels are also reported to be somewhat higher and of a longer duration.

Sulphonamides

The sulphonamides frequently predispose to toxic reactions and sensitization in patients and their use in the management of dental infections has been largely

superseded by the antibiotic group. If, however, they are to be used in instances where the organism does not respond to the selected antibiotic or the patient is generally allergic to antibiotics, they may be employed provided the choice is based on bacteriologic diagnosis, knowledge of the mode of action of the drug in vivo, and knowledge of the management of any toxic reactions which may result. There is evidence to suggest that the manufactured combinations of the drug containing equal parts of sulphadiazine, sulphamethazine, and sulphamerizine or the single entity sulphasoxazole (Brand name: Gantrisin) will impart a therapeutic effectiveness with less danger of toxic reactions.

Chloramphenicol

The indications for chloramphenicol (Brand name: Chloromycetin) are similar to the tetracyclines. The clinical results obtained in the treatment of systemic infections have been very significant, but its role in the treatment of oral infections has not been adequately delineated. In addition, several reports of aplastic anemia following chloramphenicol therapy have appeared in the literature 4,5. Since other antibiotics are available it is considered advisable to avoid its use in oral infections.

3. Adequate Therapeutic or Prophylactic Dose

The written prescription which is the order or authorization to the pharmacist to provide a patient with a specific drug, carries with it a responsibility involving not only the pharmacist, but also the dentist and the patient. The dentist must choose a specific drug from a large variety available. Having selected the drug he must prescribe it in an adequate dosage form, of sufficient quantity to be taken at specified intervals and for a definite length of time. Herein lies any disadvantage which may be attributed to oral antibiotics, for successful treatment must of necessity depend upon complete patient co-operation. A typical prescription for a tetracycline hydrochloride may be written:

CANADIAN FORCES

PRESCRIPTION

Date

Number Rank

Name

℞
 Capsules tetracycline hydrochloride 250 mgm

Disp 12

Sig One capsule every six hours before
 meals and at bed time

To exert their maximum effectiveness most oral antibiotics should be taken on an empty stomach. In addition, the entire amount prescribed should be taken. In too many cases a patient will stop a course of therapy when he begins to "feel well". It is true that the infection is often obliterated, but only

because it has been reduced in intensity to a point where the body's own natural defences can complete the process. The host organism becomes partially resistant and as these inadequate treatments are administered from time to time, the resistance of the organism increases to the point where a specific antibiotic becomes ineffective. In other cases, while the patient conscientiously follows directions the drug dosage may have been inadequately prescribed.

In every case the patient should be impressed with the fact that he must take the complete course of therapy and the dentist must be absolutely sure that the dose is correct.

Summary

A systematic approach to the use of oral antibiotics involves:

- a. a bacterial evaluation of the infection, either clinical or with laboratory assistance.
- b. selection of the most effective drug.
- c. a prescription which provides an adequate therapeutic or prophylactic dose.

Most infections of dental origin are gram positive and the drug of choice in treating such infections is penicillin. Any substituted choice should be restricted to one of the tetracyclines, erythromycin, or sulphonamides. Other drugs may be indicated by sensitivity tests.

When properly administered, oral antibiotics may equal or surpass parenteral injections.

It is extremely important, when ordering antibiotics, to prescribe adequate dosage. It is equally important for the patient to complete the entire course of therapy.

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RETENTION FOR CAST GOLD ACRYLIC VENEER CROWNS

WO 2 RW Hall, CD

A common problem associated with laboratory procedures is retention of the acrylic veneer in open-face cast-gold crowns. Two methods are commonly used to secure acrylic to gold. The first is to undercut the gold body of the casting but, often, there is insufficient room and the acrylic tends to peel away from the gold. The second method, which gives better retention, is to tie a loop in a nylon bristle or filament and seal it in wax to the open face of the waxed-up model. Unfortunately, this is a difficult operation to perform.

In order to overcome this difficulty a variation of the nylon technique has been devised as follows:

1. The crown is carved in wax in the usual manner.
2. Using a No 6 root canal reamer bore four holes (two in the mesial and two in the distal) through the open-faced section of the crown as shown in figure 1. For best results there should be a mesio-distal divergence (figure 2) but each pair of holes should converge to lingual (figure 3).
3. Place the ends of the nylon bristle or filament through the holes (figure 4) and seal one end only on the lingual.
4. Draw up the loose ends until two loops of the desired size are formed and seal in position.
5. Cut off the excess nylon with a hot Ward #1 carver or other suitable instrument.

NOTE: Do not burn out too quickly in the furnace or the nylon will scuff the inside of the mold and a rough casting will result.

Figure 1Figure 2Figure 3Figure 4

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4 FIELD DENTAL COMPANY

Lt Col RHG Cunningham, CD DDS

No 4 Field Dental Company is a unit of 4 Canadian Infantry Brigade Group charged with the responsibility of providing dental treatment to that brigade group. There are six dental officers in the company including the CO and all officers provide dental treatment.

To give some idea of how the company is deployed it is necessary to describe the deployment of the brigade group which is based on three German towns in Westphalia, from east to west, called Soest, Werl and Hemer. Around each town are three camps, making nine camps in all, which are called forts and given names taken from Canadian history. One or more units are normally situated in each fort as follows:

SOEST

Fort Henry	-	Bde HQ
Fort York	-	Inf Bn
Fort Chambly	-	Dent Coy, OPF, Recce Sqn, Fd Wksp, Tpt Coy

WERL

Fort St Louis	-	Inf Bn
Fort Victoria	-	Fd Sqn
Fort Anne	-	Fd Amb

HEMER

Fort Beausejour	-	Armd Regt
Fort MacLeod	-	Inf Bn
Fort Prince of Wales	-	Arty Regt

There are two DOs for each area, however, the DO at Fort Anne provides treatment for bde HQ at Fort Henry as well as for the fd sqn and the fd amb.

Two major brigade exercises are held each year. It has been the practise for the last couple of years to send one DO, one DA, one DT Lab, two dvrs and two mobile clinics on each of these exercises. Thus, practically all personnel get some field experience while with the brigade in Europe.

Forty-five days' leave is granted each year, composed of 30 days' annual leave and 15 days' special leave. The leave year is divided into three periods of four months each as follows: 1 Apr to 31 Jul, 1 Aug to 30 Nov and 1 Dec to 31 Mar. Fifteen days' leave is normally taken in each period and, in addition, up to eight days' travelling time may be taken once during the year depending on where the leave is to be spent. It has been the practise in 4 Field Dental Company to allot certain leave times to personnel so that all ranks will be sure of getting their full quota of leave, keeping in mind the overriding principle that dental coverage must be maintained in all areas at all times. This system has worked out well and has allowed personnel to see as much of Europe as money and inclination have permitted.

For the most part, travelling in Europe is cheaper than in Canada but it can be expensive if the family is large and tastes range to the luxurious. Hotel accommodation, particularly in Germany, is cheap and clean and the food is quite good. To

a greater or lesser degree this applies to the rest of Europe. There is a welfare officer in each of the brigade forts who will supply details and arrange accommodation if a family so desires. These welfare officers are very helpful, particularly, where there is a language problem involved.

The camping facilities in Europe are quite good and are listed in various books. More and more Canadians are buying tents and trailers and quite a few are taking them back to Canada, thus, providing a solution for high travelling expenses with a large family.

Canadians have gone almost everywhere on leave except to certain areas which are forbidden, such as Berlin, where there is no Canadian diplomatic representation. Holland, France, Belgium, Southern Germany and England are some of the favoured spots.

Not every married soldier can be provided with a married quarter, thus there are a considerable number of families "living on the economy". Rents are cheaper than in Canada but there is usually a language problem. Germans almost always go more than half way in overcoming this difficulty. Canadians are remarkably lazy when it comes to learning a foreign language.

It might be mentioned that it is impracticable to find accommodation on the economy for personnel posted to the company who have not been allotted a PMQ. There are two major reasons for this:

- a. Personnel of 4 Fd Dent Coy cannot be expected to search for accommodation for somebody else since we are too thin on the ground and time is lacking.
- b. There is no guarantee that the person arriving would be satisfied with the accommodation arranged. This could lead to a bad situation particularly if a payment or binding arrangement was made.

Consequently, personnel are well advised to leave dependents in Canada until they are sure of adequate accommodation. This may seem like a hardship but works out better for all concerned in the long run.

Finally, a word about PMQs. These are fairly adequate but the demand is greater than the supply. Furniture, rugs and dishes are supplied as well as washing machines and vacuum cleaners. Until recently the vacuum cleaners were of very poor quality but a new model is being issued which works quite well. Cutlery, silver and linen as well as pictures and the like must be supplied by the individual.

It is not advisable to bring a radio from Canada since excellent ones may be purchased in Germany, besides, the Canadian Army station and the British Forces network are on frequency modulation.

NEW DENTAL OFFICERS

A friendly welcome is extended to our sixteen new dental officers who entered the Corps following graduation this spring. It is hoped that they will find service life a pleasant experience and that many will see fit to choose the RCDC as a career. Their "vital statistics" follow:

Capt PJJ Coulombe, BA, DDS. U of T - Hometown, Toronto - 27 years old - Single - Posted to Camp Shilo.

Capt EW Gazo, DDS. U of T - Hometown, Windsor - 23 years old - married - Posted to Trenton

Capt LG Gray, BSc, DDS, Dalhousie - Hometown, Halifax - 29 years old - married - Posted to Currie Barracks, Calgary.

Capt Y Kamachi, BA, DDS. Dalhousie - Hometown, New Westminster, B.C. - 26 years old - married - Posted to HMCS "Naden", Esquimalt.

Capt PP Morin, BA, DDS. U of T - Hometown, Regina - 25 years old - married - Posted to Cold Lake, Alta.

Capt OA Tucker, DDS. U of T - Hometown, Woodstock, Ont. - 26 years old - married - Posted to Winnipeg.

Capt AJCJ Vachon, DDS. U of T - Hometown, Sturgeon Falls, Ont. - 23 years old - single - Posted to Camp Petawawa.

Capt FC Arpin, BA, DDS. U of Montreal - Hometown, Tracy, Que. - 26 years old - single - Posted to Fort Churchill.

Capt JR Boulay, BA, DDS. U of Montreal - Hometown, St. Hyacinthe, Que. - 25 years old - married - Posted to The RCDC School.

Capt DS Campbell, DDS. Dalhousie - Hometown, Charlottetown - 27 years old - married - Posted to HMCS "Stadacona", Halifax.

Capt WTH Hartley, BSc, DDS. U of A - Hometown, Edmonton - 25 years old - married - Posted to HMCS "Naden", Esquimalt.

Capt JJR Houde, BA, DDS. - U of Montreal - Hometown, Sherbrooke, Que. - 26 years old - single - Posted to Winnipeg.

Capt BG Johnston, BSc, DDS. - Dalhousie - Hometown, North Sydney, N.S. - 31 years old - married - Posted to Camp Gagetown.

Capt JGB Parent, BA, BSc, DDS. - U of Montreal - Hometown, Rimouski, Que - 27 years old - married - Posted to St Johns, Que.

Capt M Petryk, DDS. - U of A - Hometown, Atmore, Alta. - 26 years old - single - Posted to Cold Lake.

Capt J Vincent, BA, DDS. - U of Montreal - Hometown, Montreal - 26 years old - married - Posted to Goose Bay.

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SPECIMEN LETTER NO 4632A-1/12Informal Instruction 60/1
Compassionate Postings - How to Avoid

Dear Sir:

I have just been posted as a single officer to No ___ clinic in No ___ Company. Please do not get me wrong, because I am not unhappy here and, furthermore, I might even like it but there are certain factors which perhaps were overlooked by you when I was selected for this choice position. I, therefore, am taking the liberty of bringing a few of these to your attention and at the same time requesting a return posting as quickly as possible back to _____ for the following reasons:

- a. I am here
- b. My elderly family is there
- c. My girl friend's elderly family is there
- d. I am still here and thinking
- e. I am thinking of getting married
- f. I do not want to be hooked, I mean married
- g. I do not have hives when I am there
- h. I have hives here and I itch
- j. I itch here to get back there.

Respectfully submitted,

(sgd)

P.S. I'll bet none of you at HQ have hives.

DIRECTORATE OF DENTAL SERVICES NEWS

In June, Brig KM Baird inspected all clinics in 13 Coy during which all available personnel were given an opportunity for a personal interview with DGDS.

Col GB Shillington completed his inspection of militia units in Ontario and Western Canada since our last issue.

Col HL Harris carried out an inspection of RCDC facilities in 4 Fd Dent Coy and 35 FDU during June. While in England he paid liaison visits to CALE, London and to the heads of the Dental Services of the Royal Navy, British Army and Royal Air Force. Col Harris also visited the RADC Trg Centre at Aldershot and while there won the RADC Golfing Society Cup. He was accompanied by Mrs Harris and interspersed his official visits with spells of leave in England and France.

Major Protheroe visited Petawawa in June accompanied by a professional photographer in order to obtain photos of a mobile clinic in the field and of the new Dent Eqpt Dep which will be used in preparing the RCDC Exhibit for dental conventions. In early July he visited the Chiefs of the American Navy and Army Dental Corps and held discussions with their staffs on Dental Public Health matters.

During April, Major JC Brick attended a one-week course on Mass Casualty Care at the USNDS in Bethesda, Md. Major Brick competed in the AHQ rifle meet in June as a member of the AG Branch team. Although the team lost out to the QMG Branch team he was second in the individual scoring and, as a result, will compete in the Canadian Army Finals to be held in Ottawa in August.

We are pleased to welcome back Sgt Doug Lillico after a three-week stay in hospital plus convalescent leave. He is feeling much better and is some thirty-five pounds lighter. Miss Pat Curtin, the DGDS's secretary, has also been ill and we wish her a speedy recovery.

Congratulations to Capt JW Fletcher on his promotion to Major. Major Fletcher, who has been a member of the Procurement Section at DGDS since 20 Dec 57 left on 4th July to take command of No 1 Dental Equipment Depot. Jim, as he is known to his many friends, joined the Canadian Army on 25 Sep 39 and was commissioned as a 2nd Lieut on 11 Jul 42. He was promoted to Lieut on 11 Nov 42 and to Captain on 11 May 43. After service with Nos 39 and 40 Coys in Canada, Major Fletcher was transferred overseas as adjutant of #19 Base Dental Coy. Following repatriation in Sep 45 he served as adjutant of No 23 Coy until 10 Dec 46 when he resigned his commission and enlisted in the Cdn Army (AF) in the rank of Staff Sergeant. He was again commissioned as a Lieut Quartermaster on 17 Feb 48 and promoted Capt on 17 Jan 49. Since the war he has seen service at No 1 CDS, 11 Coy, Korea, The RCDC School as well as at AG Br/DGDS. A native of Ottawa, he is married with four children.

Other members of the Directorate who have left recently include: Lt Col CM Cornish to No 14 Clinic, RCAF Stn, Rockcliffe; Lt Mike Kostyniuk and Sgt Hopkins to No 1 Dent Eqpt Dep; and WO 2 Ed Moore to HQ No 15 Coy.

Newcomers to DGDS are: Major Al Brusso from the Equipment Depot; Capt Bill Thomson formerly QM at 13 Coy HQ; WO 1 Lorne Proudfoot from The RCDC School; Sgt Ken Smallshaw from 35 FDU and Major Don Hillier. Major Hillier has just returned after a year in the USA where he received his Master's Degree in Public Health at the School of Public Health, University of Michigan, Ann Arbor, Mich.

Cpl and Mrs JG Moore are the proud parents of a son, Terrence Lee, born on 19 Jul 60.

NO 1 DENTAL EQUIPMENT DEPOTSOS

Cpl Parker and family sailed from Montreal 3 Jun to take up residence in Metz, France, where Cpl Parker will be employed as a storeman with 35 Fd Dent Unit. We have lost a storeman and the Air Division has gained a defenceman. Sgt Everett was SOS 31 May to 13 Coy where he will join the QM staff as Dental Equipment Repairer.

TOS

We made an honest man of S Sgt Conkey by taking him on strength from 13 Coy after employing him in our Repair Department for several years.

Lt Kostyniuk after a lengthy tour of duty at DGDS is once again out here with the fighting troops having been TOS this unit 1 Apr 60. The same day found us stealing another HQ man, Sgt Hopkins, who will train as an Equipment Repairer.

RELEASES

Cpl Adams and Cpl Jollimore not having re-engaged for further service will enter civy street in July. We all wish them good fortune in their new careers. Cpl Adams plans to go into business with ex-Cpl Charbonneau installing and maintaining dental equipment here in the Ottawa valley. Cpl Jollimore will enter his father's fish export business in the Maritimes.

OBITUARY

This unit mourns the passing of our civilian carpenter JCB (Jack) White. While Jack had been in ill health for several weeks, he appeared to have recovered and was to return to work in a few days. He was constantly cheerful, co-operative and friendly. We will miss his most pleasant personality and his ever-ready offer of help for the do-it-yourself projects in which we all became involved.

MOVE

Due to unforeseen circumstances connected with the finishing of the warehouse floors in the new Depot at Petawawa a three to four-week delay is anticipated in the "open for business" date. Every effort is being made to speed the business of moving and relocating which should be completed by late July.

SPORTS

The Dental Equipment Depot Annual Fishing Derby took place 25th May on the Mississippi River near Appleton. Following the reciting of the fisherman's motto "Always Be Careless With The Truth", hooks were baited and the contest began. Several large fish got away, the largest being about 9 lbs, one of the largest to get away in the area so far this year. The Derby finished at seven p.m. when the weighing in ceremony took place. To ensure honest weight, each contestant brought his own scale but this system was abandoned when it was brought to the groups' attention that Pte Hoffman's scale showed 1½ lbs when empty. The following contestants were winners:

1st prize	-	Sgt Everett
2nd prize	-	Cpl Adams
3rd prize	-	Capt Mullins

During the scaling and cleaning ritual one of the prize-winning fish was found to have eaten several ingots of Melottes Metal, a strange diet for this part of the country.

The mosquitoes were very fat and friendly.

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THE RCDC SCHOOL

Promotions, Transfers, etc

Promotions were announced recently of S Sgts Tom Batten and Vince Blackmore to WO 2. WO 2 Batten will remain at the School while WO 2 Blackmore leaves in early August for the land of the midnight sun at Whitehorse.

Departure and arrivals of personnel during the past few weeks have been as frequent as those for candidates on course:

Lt Col Garth Evans and family after a brief but enjoyable holiday in Edmonton left Malton via TCA on 6 Jul 60 for Dusseldorf. Lt Col Evans will command 4 Fd Dent Coy in Germany.

Lt Col Alex Roger departed shortly after Lt Col Evans for Halifax and his new appointment as Commanding Officer of 12 Coy.

WO 2 Percy Jones, now on retirement leave in Winnipeg is looking for accommodation near the University of Manitoba where he will be employed with the Faculty of Dentistry.

WO 1 Lorne Proudfoot has taken over his new duties at the Directorate and expects to move his family to Ottawa early in July.

Sgt Jerry Jerome took the jacks from under his magnificent trailer, hooked it up and was last seen heading south on Highway 90 for Valcartier.

Departures are usually coupled with arrivals and conducted tours through the School were held for the new members.

Lt Col JW Turner and family arrived on 29th Jun and are residing in PMQs in Camp Borden.

Major Bill Thompson reported in from Camp Gagetown and hopes to join the "Bordenites" in a few weeks when the Camp Townsite Office gives him the keys.

WO 2 Reese Jackson and family joined us over the Dominion Day Holiday and moved into PMQs a few days later.

Mrs Mary Brown, formerly of Camp Shilo and Ottawa, has taken up her secretarial duties at the School on the departure of Mrs Joan Cumpson to the RCAC School.

Lt Col Geoff Bagnall was appointed Chief Instructor on 1 Jul 60.

Sgt Marcel Tapp has returned after successful completion of the First Aid Instructors' Course at the CFMS Training Centre.

"FORE"!!!

Oxford's meaning of the word "Fore" is "Warning people in front of stroke". The RCDC(S) personnel who take to the links on Thursday afternoons for nine holes or 150 strokes whichever is the quickest, give this definition-"Duck, Lookout, Dive.....Sorry".

It seems that we have as many golfers now as we had curlers during the long cold winter. Last year's members, namely Colonel Bert Kearney, Capt Chas Casterton, WO 1 Van Ryssel and WO 2 Batten have been joined this year by a new crop of hopefuls, many of whom show real promise as future Club Champions. Capt Jim Wright, Lt Col Laurie Creigie, Major George MacDougall and Major Bill Thompson can be seen most evenings perfecting their shorts and exchanging nickels. WO 2 Max Fisk, a real comer, teams up with Sgt Don Playford to give Sgts Bruce Morse and Richardson a real golf lesson. We expect Lt Col Jay Turner to get the "bug" any day now and WO 2 Reese Jackson has already toured the course in respectable figures and may the dark horse come come August 26th in the School Tournament. In any case the School's golf fraternity are willing to challenge any four man team (RCDC) with the challenger to name the date. We'll play here in Camp Borden and match scores with the challengers on a course of their choice.

11 COMPANY

No 11 Coy recently received five new graduates from universities across Canada. Captains LG Gray and Y Kamachi from Dalhousie University; Capt PP Morin from University of Toronto and Captains WT Harley and M Petryk from University of Alberta. On being TOS from the Personnel Depots Captains Petryk and Morin were posted to RCAF Station Cold Lake; Capt Gray was despatched to Calgary; and Captains Kamschi and Harley are employed at HMCS Naden, Esquimalt, BC.

Capt JS Davis was recently TOS from CBUME and at present is on extended leave following his tour in Egypt. WO 2 McMichael once again has been called out from the Reserves to fill a Sergeant vacancy in the lab at HMCS Naden. Pte Peterson, PD reported in from The RCDC School and is employed temporarily in the QM Stores at Calgary. Pte Schwarze GD transferred from 2 Bn PPCLI and is employed at the HQ Western Command. Needless to say his replacement did not arrive.

Capt Welsh's posting to No 4 Field Dental Coy unfortunately had to be cancelled due to family sickness. His disappointment is well appreciated. It is hoped that all will be well healthwise in the near future. Capt Kelly is happy to be selected as his replacement and we take this opportunity to wish the Kelly family an enjoyable posting.

Major WH Harrington and Sgt Tony Fox have both been posted to 35 Field Dental Unit, France. Major Harrington is enroute from Whitehorse and Sgt Fox's former location was HQ BC Area Vancouver. To CBUME we lose Capt BA Gaudet and our very congenial clerk Cpl Don Gardner. Don has moved his family to Aylmer, Quebec. The RCDC School has claimed Lt Col Turner on posting. We were fortunate that his promotion was celebrated long before his move to The School. Of course, another "party" could ensue at The School.

On the "Q" side we have lost S Sgt Bill Bennett to 4 Fd Dental Coy, Germany. His dependents moved to SPR in Carleton Place, Ontario pending arrangements being made to move overseas.

No 11 Dental Coy has suffered the loss of two outstanding young officers in Capt Haws and Sandham who recently were released to "civvy street". Pte JA Lien also decided that pastures were greener elsewhere and did not re-engage. He was posted to No 10 Personnel Depot for release proceedings in early May.

Four Acting Corporals have been given substantive rank. They are Corporals Coupe, Schuh, Duve and McInnis. On the next plateau Corporals Hossdorf and Franzgrote have been promoted to Acting Sergeants.

Courses

No 11 Coy personnel attended courses during the past few months as follows:

Capt M Petryk	- 3rd Practical Phase Training	- The RCDC School
Cpl Gardner ADT	- Clk Adm Gp 3	- The RCASC School

All other ranks in the Edmonton Area attended a one-week course in Civil Defence Training. This was in lieu of the Annual Refresher Training. The course was conducted at the Alberta Civil Defence Headquarters in Edmonton. The training was confined to rescue work from simulated damaged buildings, bridges, dams, etc. A full knowledge of knots used in rescue work was essential to ensure no real casualties occurred. The course was well received and all who attended spoke highly of the manner in which it was conducted.

Temporary Duty Trips

Sgt Piche and Cpl Fox were despatched to Vancouver by mobile clinic on 29 Apr 60 to provide equipment for No 61 Dental Unit RCDC(M) to take part in the Vancouver Army Day and the New Westminster Centennial Exhibition. The trip both ways was uneventful. The vehicle performed well - keeping pace with the traffic on the US highways as well as the Canadian. The following is a report, in part, written by Sgt Piche:

"The trip from Calgary to Vancouver and return was uneventful. On arrival in Vancouver Cpl Fox and myself reported to Capt Bowman at No 16 Clinic. Lt Col Currie of No 61 Dental Unit was contacted and Sgt Piche was instructed to be at Shaughnessy Armouries on the evening of 5 May 60. The mobile was set up at Unit HQ and displayed for personnel of the Militia. The interest shown was pronounced. Sgt Piche gave demonstrations on the setting up of the dental chair and dental engine and answered questions.

On 7th May the mobile reported to Queens Park to put it on public display for the New Westminster Centennial. It was located at the entrance to the Oval. The public did not evidence a particular keenness to view this equipment which was considered at least partly due to the fact that there was a National Survival "live" show going on at the same time and several military bands were attracting considerable interest."

The mobile returned to Edmonton following Vancouver Army Day in time for the Wainwright Concentration. Sgt Piche and Cpl Fox were employed at No 15 and No 16 clinics in the Vancouver Area when not displaying the vehicle.

Marriages

Capt DG Gardner of No 8 Clinic was married to Nancy Carol Foggo at Toronto on 4 Jun 60. The happy couple are residing in Victoria. Ex-LAW Jill Oliver of No 11 Clinic Comox was married at the RCAF Chapel, Station Comox on 9 Apr 60.

Births

Daughter Deborah Lynn to Capt and Mrs JB Wilcock on 30 May 60.

Miscellaneous

A unit get-together was held at Colonel Millar's home the evening of 29 Jun 60 on the occasion of the departure of Cpl Gardner to CBUME and before the July-August leave period. The party took the form of a barbecue (Hamburgers) followed by ping-pong contests and enlightening stimulated conversation. Lt Col and Mrs. GC Evans, in Edmonton visiting relatives before proceeding overseas, attended, as well as Major and Mrs WR Dickie enroute to Whitehorse.

Major Harrington recently won a 30.06 rifle, scope and case at a draw held by the Whitehorse Fish and Game Club. Unfortunately he aims with his left eye so he promptly sold the rifle.

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12 COMPANY

Our new CO Lt Col AT Roger arrived and is now firmly entrenched in his new appointment. He has been up to his ears in sorting out personnel for Summer Concentrations, postings and leaves. It has been enough to turn even an old hand grey.

The postings of Major Bill Thompson to the School, Major Chuck Sivell and Capt Art Hinch to 35 FDU decimated the ranks of the Camp Gagetown Clinic. Major Ed McDermott will have no easy time moving in during the concentration period. The posting of Capt Ian Hunter to Trenton, Ont, S Sgt Alex Ponton to Calgary and Cpl George MacQuish to CBUME also wiped out most of the old Stores staff. Their replacement, Capt John Mullins is about to grow several feet taller.

Major Bill Dickie is off to Whitehorse after six years of relative quiet in this area. Major Paul Guevremont was looking forward to a group of Southern cruises aboard the Bonaventure but has been greatly disappointed. By the end of this year he will have spent at least six months in drydock. Sgt Mike Redmond is at long last off sea duty. Mike has now more sea time than most sailors but will probably appreciate a period of shore duty. Capt Tom Gaudet has moved from RCAF Stn, Greenwood to HMCS Shearwater. He is beginning to wonder whether or not he will ever get to be a soldier.

Sgt Art Brown must be getting a little lonely in Newfoundland. He has been there about a year but hopes as we do, that he will be out soon. WO 2 George Armstrong's political convictions have been badly shaken as of late. Being "dyed in the wool" can be painful. Lt Col Norm Butcher and Capt Murray Dewis together with aides Capt ES Morrison and WO 2 Hilton Thorsson respectively, presented table clinics at the Maritime Provinces Dental Convention.

The following have been recently promoted and suitable celebrations held:

Sgt	CA	Chartier	-	HQ
Sgt	HEW	Reid	-	HMCS Cornwallis
Cpl	JC	Bleakney	-	Camp Gagetown
Cpl	PAP	Hughes	-	Camp Gagetown
Cpl	LR	Barrett	-	HMCS Cornwallis

Sports

Dr Ross Brown (Major Ret), Capt Murray Dewis and WO 2 Perc Gourlay are diligently pursuing the little white pellet weekly, with the HQ Eastern Command Golf Club and S Sgt Stan MacLean and Sgt Doug Murley are softballing with the same group.

WO 2 Perc Gourlay, now on leave prior to posting to 4 Fd Coy and our most ardent fisherman, is having a bad year, but then, so are the rest of us down here. When Perc, Sgt Bill Fougere and Sgt Harold Kirby can't catch fish, everyone might as well stay home (they say).

13 COMPANY

Promotions, Transfers, etc.

S Sgt VO Blackmore's promotion to WO 2 was announced in May. Vince who first saw the light of day at Lefroy, Ont. in January 1923 was a member of the CDC from Oct 41 to May 46. He enrolled in the RCAF in Apr 49 and took his release from them five months later. He then re-enrolled in the RCDC in Oct 49 and has since served in Germany, and in Canada with 12 Coy and The RCDC School. In July of this year he is off to Whitehorse, Y.T. He is married and has two children, one boy and one girl.

L Sgt SH Lunnin's promotion to Sgt was announced in May. Bud was a member of the CDC from Jan 41 till Aug 46 at which time he held the rank of S Sgt. He took his discharge in his home town of Saint John, New Brunswick where he was employed until coming back into the RCDC fold in January of 1954. After a brief sojourn in Montreal with 15 Coy he was sent to the sub-staff of DGDS for two years. Since 1956 Bud has been happily situated with the RCAF in Trenton with his wife and six children. He is now the Sgt Clerk at Coy HQ.

Cpl KR Shappee's promotion to Sgt was announced in May. Ken enlisted in the city of his birth, Kingston, Ont. in Nov 51. Since that time he has been employed in Army and RCAF clinics within the Coy. He served a tour in the Far East and is currently at the clinic at RMC, Kingston. Ken is married and the proud father of a son and daughter.

Cpl RB Innis's promotion to Sgt was announced in May. Sgt Innis was born in Ottawa, Ont. and enlisted there in Jan 54. Dick has served in 13 Coy since enlistment. He is married and has three children, two girls and one boy. He is employed at the Uplands clinic.

O/Cdt EW Gazo was promoted Capt effective 1 Jun. He is one of the Corps' newest officers, having been posted to 13 Coy 27 May upon completion of ROPP. Capt Gazo was married in his home town of Windsor, Ont. in Sep 59 but now he and Mrs. Gazo call Trenton "home". He is employed at No 15 Clinic, RCAF Station, Trenton.

O/Cdt AJJC Vachon was promoted Capt effective 1 Jun. Capt Vachon who hails originally from Springer Township, Ont. is employed at Camp Petawawa. He is a new member of the RCDC having joined 13 Coy on 9th June, upon completion of ROTP and Dominion Council examinations. He is a member of the minority group, being a single man.

Capt DJ MacPhee, DO IC No 28 Dental Clinic, RCAF Station Downsview was delighted to have Dr Neil Munro join his clinic staff as a Capt for the summer months. Dr Munro plans to return to Varsity in the fall to pursue a post-graduate course in Orthodontia.

We were pleased to welcome Sgt EMB Everett to our Repair Department 1 Jun from No 1 Dent Eqpt Dep.

We were sorry to lose the following personnel: Capt JG Boucher from Petawawa to 35 Fd Dent Unit; Sgt RA Malpas, DT Lab from North Bay to CBUME and Sgt AM Jerome, DT Lab from RCAF Station Camp Borden to No 15 Coy.

Major WW Anglin, Cpl WR Dawson and Cpl TW Thrasher form the dental detachment for the Brigade Concentration at Camp Petawawa which commenced 20 Jun and will terminate end of July.

Early in July the following will leave this Coy: Lt Col GC Evans on posting to 4 Fd Dent Coy; Capt WJ Thompson on posting to DGDS; S Sgt AF Davison, Cpl ES Beattie and Pte HE Lubitz to 1 Dent Eqpt Dep. On the other side of the ledger the following will be reporting: Lt Col RHG Cunningham who will be SDO No 15 Clinic, Trenton; Lt Col CM Cornish will take charge of No 14 Clinic, Rockcliffe; Major PL Falkner will take over at Downsview; Major WH Murray will be DO IC RCAF Station, Camp Borden; Capt JB Scott to No 1 Clinic, Ottawa; Capt IP Hunter will be our new QM; Sgt JA Gravelle will serve a few months at London on return from 35 Fd Dent Unit prior to his retirement in November; Sgt JV Minnelli is returning from CBUME to No 1 Clinic, Ottawa, and Sgt GEC Bradley is being posted from The RCDC School to No 22 Clinic, Camp Borden.

Capt FC Buschlen and Capt JA Pare were released in May at their own request. Capt Buschlen is practising in Arnprior and Capt Pare in Montreal. Capt FJ McCurry is leaving the service at his own request in August and will practise in Midland, Ont.

Cpl RH Geisert, DT Lab was also released at his own request, as was Cpl AA Lawrence, DA who is going into the restaurant business with his brother.

Mrs Wilma Conkey, a Civil Service dental nurse, has resigned after serving with the staff of No 1 Dental Clinic for five years and nine months. Her husband S Sgt Merv Conkey has been posted to Camp Petawawa for duty in No 1 Dent Eqpt Dep. Latest information discloses that Wilma is fully enjoying the camp, its facilities and her well-deserved leisure.

Mrs G Wilby and Mrs S Carey, No 7 Clinic, Barriefield have resigned from the Corps; Mrs A Debicki and Mrs S Ball have been appointed to replace them.

Marriages, Births, Deaths

Capt JG MacNeilly died suddenly at RCAF Station Camp Borden in April and was buried in Barrie United Cemetery.

A daughter Heather Margaret was born to Capt and Mrs WR Black on 18 Jan.

A third daughter was born to Pte and Mrs JEN Boucher early in June. Both the mother and daughter recovered victoriously from the battle; the father is also surviving and no doubt will let us have her name shortly after his recovery.

Miss Helen Haggerty, Dental Nurse at No 7 Clinic, Canadian Forces Hospital at Barriefield was married May 7 to Mr Allan Sharpley.

Miss Barbara Ann Hillis and Capt GR Myles were married in Northside United Church, Seaforth, Ont. by Rev. JC Britton on 12th March. George W Myles, brother of the groom, acted as best man, the maid of honour was Miss M Hillis, sister of the bride.

Visits

DGDS has recently visited and inspected all clinics in this Coy. All service and civilian personnel welcomed the opportunity to have a personal interview with Brigadier Baird.

Miss P Curtin and Mrs T Aubin dropped in for an unofficial visit to this HQ while on a week-end visit to friends in Trenton.

Mrs MM Van Scherrenburg, Dental Nurse at Petawawa is leaving in July on a thirty-day visit to her in-laws in Holland. Bon Voyage.

Miscellaneous

The SDO Ottawa, Lt Col Jackson, loaned dental documents of the late A/C Stephenson to S/L DH Niblett, SMO Uplands, to assist in identification. Incidents of this kind once again point out the importance of correct completion and handling of CAFBs 465 by all concerned.

Mrs H Sharpley won second prize in the Ontario Dental Nurses' and Assistants' Bulletin Contest for her paper "Dental Assisting with the Army". There were nine other entries.

On 29th June a farewell party was held at Coy HQ for Capt Bill Thomson, Capt Bud McCurry, S Sgt Davison, Cpl Beattie and Pte Lubitz. Each was presented with a silver engraved tankard.

On the evening of 17th June at Petawawa a get-together was arranged by Sgt Adams for the two-fold purpose of bidding farewell to Capt Boucher and meeting the newly-arrived staff of No 1 Dent Eqpt Dep. All members and wives of the staff of the clinic and the Depot attended. During the evening the SDO, Maj Wally Anglin, addressed the gathering - welcoming the Depot Staff and bidding Bon Voyage to Capt and Mrs Boucher.

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14. COMPANY

This unit headquarters has been privileged on many occasions by visitations from numerous members and friends of the Corps while passing through to more western or eastern regions. Recently, however, this "Gateway to the West" has claimed as permanent residents, Lt Col "Bill" Sinclair and WO 2 Percy Jones who are welcome to our midst and are maintaining a close association with their many friends in this unit.

Lt Col CE Purdy, after four months' duty in Washington, DC returned to the unit in May to find many of his loyal supporters soon to depart for employment at other locations. To say "Au Revoir" and "Bon Voyage" to departing members and wives from the HQ area, a farewell party was held on the evening of 27th May. Included among the 45 party enthusiasts were the following departing guests: Capt and Mrs "Doug" Evans who are now residing at Metz, France; Capt and Mrs LA Campbell who are now permanently residing in Winnipeg following Les's release from the CA(R); WO 2 and Mrs "Charlie" Loken who embark 15 Jul at Montreal enroute to 35 FDU; Sgt Roger Savoie, soon to depart on posting to The RCDC School; Sgt A Gagnon, now enroute to the Middle East and Cpl and Mrs A Hussey who are planning a move to Montreal. In reply to a farewell speech by Lt Col Purdy, Capt Evans, with tongue in cheek and a glint in his eye stated: "One has to take these poor postings along with the good ones."

In addition to the postings reported in the last issue of the "Quarterly" 14 Coy has lost Major "Ted" McDermott and Sgt RK Jones to No 12 Coy. Capt "Shelley" Claman, who has been employed at HQ Ft Churchill during the past year has been granted leave without pay from the CA(R) while attending a post-graduate course in oral surgery at Iowa State University which terminates in 1963.

On the credit side of the ledger, five new graduates will be initiated into clinical employment with 14 Coy during the summer. Lieutenants Tucker and Coulombe from the University of Toronto are currently employed at Winnipeg and Camp Shilo respectively. Lt Arpin from the University of Montreal will be eligible for a course in Arctic Indoctrination at Ft Churchill when appropriate weather sets in. The arrival of Lts Boulay and Houde will be welcome to supplement the clinic staff at RCAF Station Winnipeg. On completion of leave entitlement after a tour of duty with 35 FDU, Sgt AJA MacFarlane will be employed at Winnipeg. This unit welcomes the arrival of Sgt Torrens for employment at RCAF Station Winnipeg and AW2 Newton at Portage la Prairie.

In addition to the postings initiated at higher echelons, this unit has of necessity been required to fill certain vacancies from its own resources. Capt HC Stewart was posted from Winnipeg to Saskatoon 25th May, vice Major Brown; Capt HJ Cashin is posted from RCAF Station Winnipeg to Moose Jaw 4th July vice Major McDonald; Capt JOL Bourget was posted from Camp Shilo to CJATC Rivers 2nd June vice Major McDermott; Cpl KPH Buchholz from Winnipeg to Ft Churchill vice Sgt Arsenault and Pte JG MacDonald from Shilo to Saskatoon vice Sgt Cahill.

The only personnel of 14 Coy attending courses this quarter are the golf enthusiasts who find any course with 18 holes a delightful and diversionary attraction.

Congratulations are extended to Capt and Mrs Dave Cook who celebrated their 25th wedding anniversary in May and simultaneously announced the marriage of their eldest daughter. Miss M Malazdrewicy, civilian dental nurse at Ft Churchill has also announced her forthcoming marriage in July to Mr W Scott.

No 2 Clinic at RCAF Station Winnipeg lays claim to all promotions in 14 Coy during the quarter. Cpl Bramble was promoted to A/Sgt effective 1st April and LAW Leong was promoted to Cpl the same day.

15 COMPANY

This issue will see this Canadien (sic) Company with a few changes since the last report. First let us welcome two new members to the Corps, Capts Vincent and Parent. Capt Vincent is now ensconced with Mrs Vincent in Goose Bay, after a short stop at 772 Sherbrooke Street clinic. (Good hunting, Dr Vincent). Capt Parent is situated at St Johns under the guidance of Lt Col Smith. He has now obtained accommodation and will move in with Mrs Parent at the end of this month.

Capt Senechal has moved from St Johns to the wilds of Bagotville.

Congratulations to Major McKenna, our new Major since last report, who will be reporting to 25 COD shortly. Major Bourque will be arriving to take over Valcartier clinic from Major Durand, who will assume command at the Quebec City clinic early in July.

Our travelling men this summer are: Capt Begin and Cpl Lansey who are just finishing a month at Moisie and Capt Roy and S Sgt Couture who are providing treatment at Gagetown.

Congratulations on their promotion are in order for A/Cpl Boulanger, A/Cpl Chayer, Sgt McDonald, Sgt Blanke and WO 2 Fortin. Mention should be made here of Cpl Sprathoff, who successfully completed DT Lab Gp 2 trade test and of Cpl Werkmann, who, as of Jun 60, is now a Canadian citizen.

Capt Headley is the proud father of another girl, Leslynn Germaine, born on 20th May. Congratulations!

The unit has gone into deep mourning over the loss of three of its greatest assets, WO 2 Reece Jackson (to RCDC School); WO 2 Art Cross (to 35 FDU) and Cpl (L Sgt) Jack Yeates (to 1 Dent Eqpt Dep). All are leaving in July. We trust they will be given as warm a welcome at their new units as we will give to their successors, WO 2 Ed Moore, WO 2 Dick Lobb and Cpl Ernie Jermain (already on the job). Welcome is also extended to Sgt Crockett, recently arrived from CBUME and his brand new wife (sister of WO 2 Art Cross). Anyone wishing to comment will find Sgt Crockett at St Johns' clinic.

Speaking of weddings, two are coming up shortly, AW 1 Lingenfelter in July and Cpl Chayer in August. AW 1 Lingenfelter plans to stay with us for a while after the wedding.

Capt Turcotte and Bosse, two of our younger officers, presented warmly received table clinics at the Province of Quebec Dental Association Congress held at Quebec City in May.

Curling brooms and hockey sticks are now well hidden in the closet and have been replaced by other types of mayhem equipment. Golf sticks and baseball bats to the fore, tennis racquets coming in a close second and a few wetbacks are taking to the water. Holidays are rampant. The most noteworthy is that of Cpl Sprathoff who has taken off for the far north on a movie-making expedition. We should have a report on this for next issue. Our Commanding Officer, Col TL Marsh, is leaving shortly for a vacation with his family in the Far East (PEI).

4 FD DENT COYPostings

Rotation time has come around once again. The following are leaving after a three-year posting in Germany:

Lt Col RHG Cunningham	- to 13 Dent Coy
Maj WH Murray	- to 13 Dent Coy
WO 2 Gareau AM	- to 14 Dent Coy
S Sgt Jones JM	- to The RCDC School
S Sgt Wentzell JS	- to 12 Dent Coy
Sgt Kidd VR	- to 11 Dent Coy

We extend a warm welcome to their replacements:

Lt Col GC Evans
Major C Brown
WO 2 Gourlay PL
S Sgt Bennett WA

Promotions

Congratulations go to Cpl Kay JH on his recent promotion to Sgt.

35 FD DENTAL UNIT

This unit was particularly pleased to see the first edition of the "Quarterly" in print, with its interesting articles and news of old friends in the Corps.

Current news of 35 Fd Dental Unit is concerned chiefly with the exodus of old-timers and the influx of newcomers to the greener fields of France and Germany. By the time this issue is in print, we will have bid "au revoir" to many old friends, whom we trust are happily settled in their new Canadian postings, or at least enjoying a well-earned leave. We refer specifically to Major Pete Falkner, Major Al Taylor, Major Hal Bunston, Capt George Moore, Capt John Marshall, WO 2 Herb Bilbey, WO 2 Dick Lobb, Sgt Joe Gravelle, Sgt Chuck Johnston, Sgt Ken Smallshaw, Sgt Kelly MacFarlane and Cpl Palmer RCAF WD.

On the credit side of the ledger, newcomers such as Capt Doug Evans, Sgt Tony Fox, Sgt Jim Roberts, Sgt Tony Bourgeois, Cpl Bill Parker and LAW Joncas are welcomed and are to be followed shortly by Major Bill Harrington, Major Chuck Sivell, Capt Art Hinch, Capt JG Boucher, WO 2 Art Cross and WO 2 Charlie Loken.

The unit was recently visited by Col Harris. It is hoped that he has recovered from his journey and that he enjoyed it as much as unit personnel enjoyed seeing him. We trust that with the new "Ben Hogans", his handicap at the Hunt Club will be reduced to scratch.

Recently, No 1 (F) Wing Marville was honoured by the visit of the VCGS Major-General JV Allard, CBE, DSO, ED, CD. A luncheon in his honour was attended by Major Franklin.

Lt Col Covey, Majors Windsor, Franklin, Capts Kelland and MacDonald attended the USAREUR-USAFE Dental Convention in Garmisch Germany on 20-21 May.

LAW Rathe is anxiously awaiting the results of her Gp 2 test, which she attempted recently. We are sure that this capable young lady was successful in her efforts.

Major George Windsor and WO 2 Dick Lobb visited Oldenburg Germany for a period of two weeks from 25 Apr 60 to complete dental requirements for the RCAF Advisory Group who are employed there with the German Air Force. Rumour says that an interesting weekend trip in a single-engined aircraft, flown personally by the CO, took them close to the border of Denmark for the provision of "some" dental treatment for isolated personnel, a look at past and present military installations and a slight deviation in course into a forbidden zone.

Cpl Posyluzny the Dental Equipment Repairer from 4 Fd Dental Coy in 4 CIBG spent three weeks during May in this unit inspecting, servicing and repairing our dental equipment. If anyone wishes to know how it feels to ride for ten hours on European trains with a second class ticket from Soest to Metz, just ask the Cpl!!

Sgt Joe Gravelle's Au Revoir



On 17 Jun the Senior NCOs of 2 (F) Wing, RCAF Stn Grostenquin, France held a Sgts' Mess Dinner to honour Sgt JA Gravelle who will be returning shortly to Canada where he will retire in the fall. Among the guest were all RCDC personnel within 1 Air Division of the rank of Sgt and above. Both the CO of 2 (F) Wing, G/C Searle, and Lt Col Covey paid tribute to the fine relationship existing between the RCDC and the RCAF and in particular noted the esteem in which Sgt and Mrs Gravelle are held by their associates. Warrant Officer Dale then made a presentation to Joe on behalf of all Sr NCOs at 2 Wing of a silver tea service and leather wallet.

Front Row - left to right - Maj Taylor, Maj Falkner, Capt MacDonald.

Back Row - left to right - Sgt Fox, Sgt Grundy, WO 2 Bilbey, Sgt Gravelle, Lt Col Covey and Maj Franklin

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