



*Royal Canadian
Dental Corps*

QUARTERLY



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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
Maj DH Protheroe

E D I T O R I A L

Recently, certain Canadian dental governing bodies have demonstrated an awareness of a need for change in the attitude respecting the wider use of auxiliary personnel.

For example, a Canadian Dental Association Policy Statement on "Projection of Dental Services in Canada" is quoted in part: "Properly qualified recognized auxiliaries could be trained to render a broader scope of service than that presently recommended" and "These services must not include those operations requiring the scientific knowledge of the fully qualified dentist"

Dr. Wesley J. Dunn, Registrar-Secretary of the Royal College of Dental Surgeons of Ontario, in an article called "Winds of Change", appearing in the December 1960 issue of Oral Health, writes: "Because it is fundamentally unsound for persons of superior training routinely to be engaged in rendering services which can, just as effectively, be provided by people of lesser training, the Board would support the creation of a legal and academic environment which would permit, under the responsible control and supervision of dentists, an expansion of the role of dental auxiliary personnel to include those technical facets of dental services which, by experiment and experience, can be shown to permit of delegation."

The obvious reason for the employment of more auxiliary personnel is to make treatment available to more people. With the continuing shortage of dental officers, any such move is of considerable interest to the RCDC, whose responsibility it is to provide treatment for the entire personnel of the Armed Forces. Every member is entitled to treatment and the practise-limiting factor of cost to the individual does not exist, as it does in civilian practice.

In the Service, provision of treatment is being approached from two directions, namely, through reduction of the amount of treatment required and through provision of more treatment.

Current studies being conducted with topical application of stannous fluoride at The Royal Military College, a report of which appears elsewhere in this issue, appear to give some promise of the possibility of a reduction in the incidence of dental caries in young adults. Whether this method will be sufficiently effective to be adopted into daily use or not, the RCDC must constantly seek means that will result in the reduction of the amount of treatment required.

The Corps has, for some time, been alert to the possibility of providing more dental treatment through extension of services by auxiliary personnel. There is virtually no experience in this field as applied to dental practise, and there is no one to advise, since it is a totally different concept. For this reason it is apparent that before important and far-reaching decisions can be made, studies must be conducted that will include selection of the technical operations that can be safely delegated, the amount of training required and the various problems associated with the integration of such personnel into clinical practise.

The need for auxiliaries in the profession of dentistry has already been recognized through the employment of dental assistants, laboratory technicians and hygienists. The prime motives in making use of such personnel are to treat more patients and, at the same time, to keep the cost of such treatment at reasonable levels so that more people can afford it. The latter, perhaps, is not of prime concern to individual dental officers in the Armed Forces, nevertheless, cost of service is a factor which is kept under observation at all times.

So, in order to be effectively employed in a dental practice, it is necessary that assistants of all types be trained quickly and that the cost of training be kept at a much lower level than that required for their employers and supervisors. It is not necessary that they have a complete background of scientific knowledge; it is not necessary that they understand why a certain procedure is carried out in a certain way, so long as they can perform the technical operations correctly and efficiently under supervision.

With such a group of trained assistants, it is possible to envisage, in the future, a type of practice in which the dentist will direct, control and supervise those assistants in performing various technical operations for patients, while he limits his activities to those he alone has been trained to perform, namely, examination, diagnosis and treatment planning, administration and prescription of drugs, problems involving occlusion in both artificial and natural dentitions, tooth movement, and all surgical and cutting procedures of hard and soft tissues. In larger clinics junior officers would also play an important part in the program. Training of senior clinic officers in the efficient and practical integration and employment of all clinical personnel will probably be necessary as well.

The transformation from a solo type of practice to the complex one described above will not be simple. Success will depend on the trustworthiness and integrity of the assistants and on the willingness of dental officers to assume the additional responsibility for their control, direction and supervision.

THE CORPS - 1960

Brigadier K.M. Baird, OBE CD DDS QHDS FICD

The year 1960 has seen a considerable number of changes and improvements in the Corps, some of which may have occurred so quietly as to have passed unnoticed by the more distantly located members. It was thought, therefore, that this might be an appropriate time and a suitable means of reviewing these changes and occurrences in order that all would be familiar with what has transpired during the past 12 months.

It is assumed that we are by now well acquainted with the revised rates of pay for the Canadian Forces and the amended dental officer's allowance, the announcement of which was, no doubt, a major item of interest for the year. Inauguration of The RCDC Quarterly last April is also by this time an event which we have come to accept as well established. It might be interesting, however, to mention such recent proceedings as the adoption of the new badges for officers' service dress and publication of "March Past of The Royal Canadian Dental Corps", the official Corps March.

Our training programme has undergone many revisions, some of which may not be common knowledge to all members. Dental storemen are being trained at No 1 Dent Eqpt Dep rather than with the RCOG as heretofore. Second practical phase training for ROTP officer cadets now includes a tour with the RCN on the East Coast and the RCAF in Centralia as well as the School in Camp Borden. Dental officers serving in Europe were brought back to Canada this year for the first time to attend the Captain to Major Qualifying Course at Camp Borden. Our Officers' Casualty Care Course was formally authorized as such last spring and training for other ranks in some of the Basic Nursing Procedures was introduced into our tradesmen courses. Vacancies at The Royal College of Surgeons in London, England were obtained for training in Oral Surgery and two dental officers have only recently returned from this course. The US Army and US Navy Dental Corps

have accepted vacancies on our clinical courses at The RCDC School for the first time and similarly a representative of the Department of National Health & Welfare will attend the Casualty Care Course. Over 92% of all ranks have now qualified in First Aid training and this figure is improving steadily. Civilian professional associations across the country were well attended by the Corps and 13 dental officers presented clinics or papers at these meetings.

Organization of the Corps has been strengthened in several important aspects. A Board of Consultants from the civilian profession was authorized, formed and held its first meeting during the year. Our establishments were amended by the addition of: a QM to the School; a dental officer, dental assistant and laboratory technician to 4 Field Dental Company, and not least of all by two Classified Officer positions to the laboratory staff. In addition, the trade of clinical technician was augmented by a further four positions.

A total of 111 clinics were maintained during the year, of which 84 were full-time and 27 were part-time. Four dental officers and staff are now serving at sea in RCN ships, new clinics having been opened on board HMCS Cape Breton and HMCS Cape Scott, the destroyer escort repair ships. These clinics, at establishments in Canada, Europe and the Middle East provided 409,391 appointments for service members. A record was also established for northernmost treatment when dental officers were despatched to the Wireless Station at Alert only 400 miles from the North Pole on two different occasions. The dental health programme is developing well and the response is gradually becoming more impressive as our efforts continue. The stannous fluoride study at The Royal Military College is now in its third year and initial reports are most encouraging.

Clinic accommodation has been improved to good advantage in a great many locations but the major advances in quartering were made when No 1 Dental Equipment Depot occupied new construction at Petawawa and No 15 Company Stores moved into a completely renovated and equipped building at St Jean, Quebec.

The 1960 programme for technical dental supplies and equipment completed the plan for certain items and provided sufficient airtors for distribution on the basis of one for each dental officer and sufficient dental units for distribution on the basis of one for each officer and clinical technician. In addition, a proportion of the obsolescent X-ray machines are being replaced by newer models now on order. The Stores Committee was kept fully occupied having held four meetings at which 120 items were discussed. Tests were conducted and completed on 45 items of stores and investigation at The RCDC School or selected clinics is continuing on 21 further items.

In the true spirit of our Corps we were pleased to be able to make presentations to two of the officers' messes with which we are closely connected. Two dining room chairs each carved with the Corps crest were presented to the RCAMC-RCDC Mess at Camp Borden and a writing desk was presented to the Army Headquarters Mess in Ottawa. It is expected that the great majority of our officers will have an opportunity at one time or another to inspect, admire and probably use these manifestations of our goodwill and support.

Generally, the Corps record of service and achievement for the past year has been more than gratifying. We should all derive real satisfaction in knowing that each has made his individual contribution towards setting the standard by which we are known. The position of the RCDC in the Canadian Forces and in the profession continues to be an enviable one. It is a major responsibility for each one of us to ensure that it so remains.

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Recent Presentations by the RCDC



The accompanying photograph was taken at the official acceptance of the writing desk presented by officers of the Corps to The Army Headquarters Officers' Mess. A letter of appreciation and thanks on behalf of the Chief of the General Staff and members of the Officers' Mess has been received from Major-General JDB Smith, CBE, DSO, CD, Adjutant-General of the Canadian Army.

Lt Col JG Butler, Major-General JDB Smith, Col NG Wilson-Smith, Brig KM Baird

Pictured below are two chairs presented by officers of the Corps to The CFMSTC Officers' Mess, Camp Borden. It is unfortunate that the crowns of the crests are not correct, but this error is being rectified.

A letter of thanks on behalf of the mess has been received from Major WL O'Brecht, Mess President.



15 DENTAL COY, RCDC

Capt JWR Harrison, CD

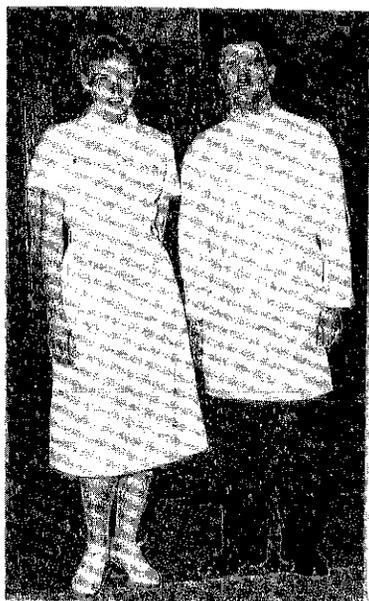
Until 1950 the few Navy, Army and Air Force establishments in the vast area comprising the province of Quebec and that part of Newfoundland known as Labrador were provided dental treatment by 12 Dental Coy, with headquarters in Halifax. However, after the inception of the North Atlantic Treaty Organization and the consequent mutual defence policy formulated between the USA and Canada things began to pop. The construction of such units as Dew Line, Pine Tree and others and the reactivation of the Manning Depot at St John's stretched 12 Coy's resources to the utmost.

It was decided, therefore, to form a new Command company, to be known as 15 Dental Coy, to look after the dental needs of this area while 12 Coy continued to be responsible for the Maritime provinces. 15 Coy was formed from elements of 12 Coy already in position and was placed under command of Lt Col PR LaSalle, CD. Lt Col LaSalle, following his retirement from active duty in 1956, has continued to serve the unit in a civilian capacity. He was followed as Commanding Officer by Lt Col CW McCrary, CD, who on his retirement in 1958, has also continued to serve the RCDC in a civilian capacity in 13 Coy. Colonel TL Marsh, CD, has commanded 15 Coy from 1958 until the present.

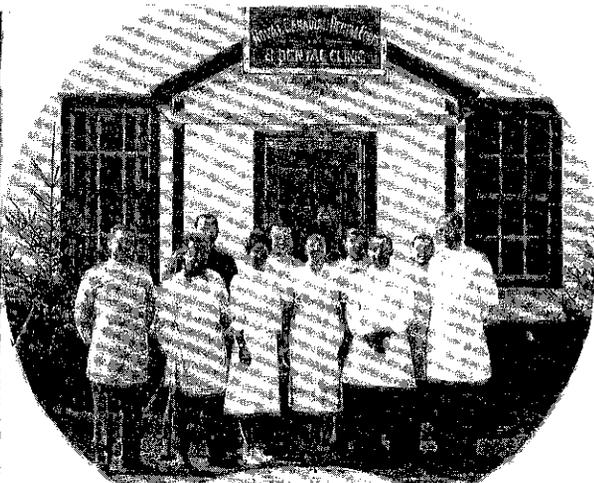
Although one of the smaller of the RCDC Regular units in Canada, this unit is probably as diversified in its field as any of the others. Geographically it ranges from the lush farmlands and beautiful forest-covered hills of the St Lawrence valley to bare, drab scrub and tundra in the north. Climatically its temperature ranges from the low nineties in summer to the minus thirties in winter. Ethnically it embraces the largest concentration of French and English speaking peoples in Canada, with a very liberal leavening of other nationalities.

Although some feel that this unit may be a fairly soft touch because its HQ is situated in the large city of Montreal, it has unique problems of administration not experienced in other companies. For example at RCAF Stn, St Johns there is the Manning Depot and intake centre. Three Air Force commands, Fighter, Transport and Training, plus Materiel Command personnel in industry and one Fighter Command HQ are this unit's responsibility as are two separate Naval Commands. Two of the six dental faculties of Canada lie within this Command as do two completely separate dental associations, two separate universities and one of the three military colleges of Canada. The foreign troops employed in NORAD and at Goose Bay should also receive mention. There are others, of course, but these few will help to point out the extent of liaison, public relations and service commitments which must be maintained in two languages.

This unit has built itself, in its short period of existence, into a closely knit family which enjoys the good wishes and respect of service, educational and civilian factions, both professional and otherwise, of this large portion of Canada.



NO 10 CLINIC



NO 12 CLINIC



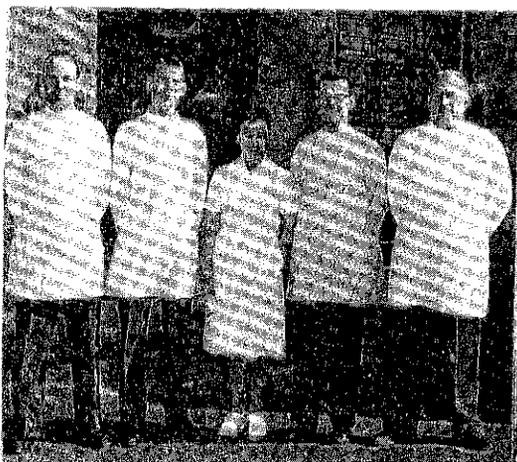
NO 9 CLINIC



NO 17 CLINIC



NO 2 CLINIC



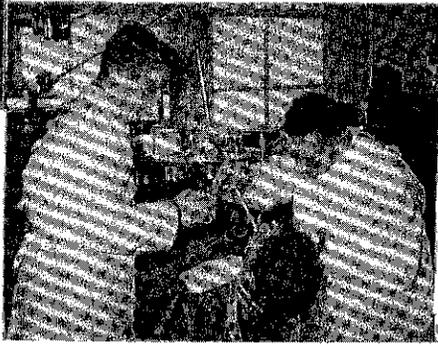
NO 7 CLINIC



NO 6 CLINIC



HQ STAFF



NO 19 CLINIC

Listed below are the 15 Coy personnel pictured on the previous page.

No. 10 Clinic: LAW MacDonald, Capt Senechal

No. 8 Clinic: Back Row: Sgt Southin, Pte Ferland, Sgt Jerome,
Sgt Bourgeois

Front Row: WO 2 Fortin, Cpl Pouliot, Miss Falardeau,
Miss Hagie, Major Bourque, Capt Hebert

No. 12 Clinic: AWL Giacobbo, Capt Headley

No. 9 Clinic: Back Row: F/S Savage, Sgt Crockett, Major Dyer, Lt Col
Smith, Capt Lesage, Pte Fret, S sgt Couture

Front Row: AWL Lamoureux, AW2 Babish, AWL Toope, AW2
Yackenchuck, AWL MacNeill, LAW Cusson, AW2
Keddy

No. 17 Clinic: Sgt Hussey, WO 2 Lobb, S sgt Arsenault, Miss Chretien,
Capt Roy, Major Ramsay

No. 2 Clinic: Cpl Sprathoff, Miss Fortin, Major McKenna, Dr Wheatley,
Sgt Johnston, Sgt Arsenault

No. 7 Clinic: Capt Begin, Cpl Lansey, Miss Lapointe, Cpl Dignard, Major
Durand

No. 6 Clinic: Back Row: Capt Turcotte, Major Smith, Capt Vincent

Front Row: Sgt D'Avignon, AWL Hayes, Sgt Pierce, LAW
Cusson, Sgt McDonald

No. 19 Clinic: Cpl Chayer, Capt Bosse

HQ Staff: Cpl Hussey, Capt Harrison, Miss Bushman, WO 2 Moore,
Sgt Carrier

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Clinical Research

We usually think of clinical research being carried out by highly qualified individuals or research teams. However, Sir Wilfred Fish in a recent article* entitled "Research in Clinical Science" makes the following observation:

"It would, however, be wrong to create the impression that clinical research is valueless unless carried out in an elaborate unit by a team of specially trained experts, or that clinicians cannot do useful part-time work in laboratories. Every practitioner finds out small things that become a part of his professional life; that is to say he learns by experience. Moreover, not seldom in the history of clinical science have major discoveries been made by men in practice. Jenner's vaccination, John Hunter's technique for ligation of popliteal aneurysm, Lister's discovery of the principle of wound antisepsis, and Horace Wells' discovery of the principle of anaesthesia, are cases in point."

* Fish, Wilfred, Research in clinical science. Internat. Dent. J. 10: 433-51, Dec., 1960.

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15 Coy's New QM Stores

On 20 Oct 60 Brigadier KM Baird, in the presence of G/C Cameron, CO, RCAF Stn, St Johns, Col TL Marsh, Lt Col Speilberger of the US Forces Dental Clinic, Goose Bay and Lt Col AR Smith, officially opened 15 Coy's new and spacious stores accommodation. The increased facilities and more pleasant surroundings greatly enhance the QM section's ability to provide an efficient service.



- Upper Left: Entrance with RCDC crest inset in vinyl tile.
 Upper Centre: Cutting the ribbon - Capt Jacob, Brigadier Baird, Colonel Marsh.
 Upper Right: Equipment Repair Section.
 Lower Left: Shipping and bulk storage area.
 Lower Centre: QM Staff - Pte Rochon, S sgt Hutchinson, Capt Jacob, Col Marsh, S sgt White, Cpl Jermain.
 Lower Right: Stock Room.

HMCS BONAVENTURE EXPERIENCES

Major AR Ramsay, CD DDS

"You shouldn't have joined the ship, Major", called out Commander Leir, as I ruefully surveyed my uniform spattered with a plate of porridge and a full pitcher of thick cream. Since the occasion was my first breakfast at sea, how was I to be expected to cope with the process of eating in a lurching ship? It was also my first assignment to the RCN - a new life, new environment and a new language.

A year has passed and I consider that the Commander may have erred. It has been a year never to be forgotten, never to be regretted. The organization and functioning of a ship of this kind has never ceased to amaze me. A raw recruit to military life was never more fascinated nor more interested.

I confess that for the first time in my military career I was able to practise dentistry in an ideal form - something I did not expect in a mobile unit. This has been possible because of the facilities and cooperation provided by the ship's company. An example will suffice. One dental unit broke down at sea - a part had worn out and there was no replacement available. The shipwrights were called and within a few hours the part was actually manufactured in the machine shop and is still functioning.

The language, tradition and customs of the Navy struck a romantic note to one who had never been to sea and the knowledge broadened the general outlook on life. In my case it was particularly gratifying, for the stories of the sea in literature had mostly been a closed book, but now they are very realistic. Any comment I make will be without prejudice because I was well into adulthood before I ever saw a good-sized body of water, so my knowledge of seamanship was at a minimum.

Ship personnel are provided with an opportunity to have comprehensive dental treatment completed and, although some do not respond, with over 1,200 aboard there are always plenty to request treatment. The old problem of missed appointments was ever present, but when the practice became too common the news of a \$5.00 fine for delinquents soon spread very rapidly and there was no more trouble until crew members were replaced.

There was only one dental case that could not be handled in the ship. A seaman had his edentulous mandible fractured by a blow and the line of fracture was through a deeply imbedded third molar. The patient was left in England in the care of the oral surgery department of a military hospital.

Performing dental operations during a storm presents a challenging problem. So much of it is a matter of the desire on the part of the dentist to keep busy. During my tour probably ten days' operating time was lost due to bad weather. It was my opinion that most of the time some work could be done but it is admitted that the decision to keep operating under adverse conditions was more selfish than righteous. I read a surgeon's autobiography some years ago, in which he gave an account of his experiences as a sea traveller. He suffered from seasickness and endeavoured to seek a cure on his own initiative, research and experience. His final conclusion was that he no longer had any symptoms when called to attend the sick. This principle was true in my case. Any tendency towards queasiness during a storm was absent as long as I was busy at the chair. Much research has been carried out on the problem of seasickness and comments in the literature indicate many opinions but inconclusive data as to the actual cause and remedy. One thing is sure - it is not a simple problem.

My experience is completely personal and may bear no relation to the manner in which sea motion affects others. On my first trip the ship was tossed about for several days in a storm that permitted no flying exercises. There was a distinctly uncomfortable feeling and nausea but the desire to eat regular meals remained, even if some of them never reached the digestive stage. This general feeling seemed to reach a peak of discomfort and then, after a good night's sleep, almost disappeared. The only problem then was a muscular adjustment to a weaving environment. My observation was that this happened in a greater or lesser degree to almost all personnel - some had no trouble whatsoever and some never got used to it and were miserable all the time. On this particular trip, it was only when the rough weather was over and I had survived what I considered to be routine ship motion that I was informed it had been exceptionally rough and certainly not the regular pattern. However, the big storm on the return from Europe was a super one during which the ship was badly battered. Lifeboats and steel superstructure were actually ripped from the ship's framework. There was an anxious moment when a plane lift collapsed and sea water washed into the hangar. It was not pleasant to learn that six inches of water in the hangar would be enough to topple the ship.

No matter how much one loves sea life, after a certain time there is an increasing desire to get ashore, even for a few hours or days, and this can be a great morale factor. The sailor lives an unsettled life. He is only ashore a short time before he wants to go to sea again and vice versa.

The northern waters of the Atlantic were usually rough during the winter months and interfered with the exercises. When they could not be performed because of the heaving landing deck, the ship would have to go south to complete the training program. Fresh pilots had to be trained to land and take off and this new experience was difficult for them even in calm weather.

The law of averages indicates that dangerous exercises of this kind cannot be carried out without casualties. The first accident I witnessed was off the Virginia coast at night. I was on the quarter deck for some air and several planes had landed on the heaving deck. The last one, however, was caught by a gust of wind just as it was going to land and, in swerving to miss the tower control island, the aircraft flipped over and hit the 40-foot waves upside down, giving the crew of four no chance to escape. Within a few minutes the tail disappeared with search lights on the spot.

Again during an exercise north of Ireland a jet aircraft was catapulted off at night and dived right into the ocean. In this case the pilot ejected himself soon enough and was picked up by a destroyer escort.

Just before reaching Halifax another crew took off on an exercise but the craft collapsed into the sea and as there had not been time to ditch the depth charges, the craft blew up and one wing was seen to drift past the dental clinic porthole. This was to have been the last flight for the LCDR pilot before an inland posting.

Various exercises were held in co-operation with the other Services, and involving other units of the NATO system. This involved communications to an extent that those not actually participating knew very little of what was actually happening.

As memories fade, moments of exhilaration stand out while the monotonous hours are forgotten. During the tour not many total days were spent in ports, but they were big events. It was a chance to see the sights and also to meet prominent people who were entertained in the wardroom and on the quarter deck.

Travelling is supposed to contribute to the broadening of the mental outlook and no doubt, subconsciously, it does to a point. Some individuals are mentally alert to appreciate to the fullest extent their surroundings at home or abroad, while on others there is little impact. The ship's company ran the gamut so that while some returned with rich experiences, others were unimpressed. While I was aboard, the ship docked at Bermuda several times, Norfolk, Virginia twice, San Juan in Puerto Rico, New York, Belfast and Portsmouth, each place leaving enough time for some exploratory visits to the countryside, and especially was the London, England jaunt enjoyed.

The Captain always had his problems and bad moments when members of the crew "let him down". After a time at sea it was only natural to enjoy a turn of free abandonment ashore, but sometimes individual indiscretions backfired on the whole ship's company. One such occasion was in Bermuda. We had docked about 7 p.m. to paint the ship at an old British dockyard 15 miles from Hamilton, the main city. Only a few left the ship that night for a stroll. However, two sailors strolled too far and, having exhausted their cash, started to walk back. Tiring of this, they decided to use a bus that was parked in a lot. The manoeuvre was all right for a few miles but as speed and courage increased, a turn in the road was missed, a power pole was toppled and a third of the island plunged into darkness. As this was late at night, it was well into the next day before power was restored - and the Bonaventure was as welcome as could be expected for the next ten days.

Crew relationships on a carrier are most complex and require a co-operative integration to be effective. The functioning of a ship in itself is complex enough, but when the air branch is added, superlative planning is required. Among the other ranks (lower deck), of course, there was the inevitable rivalry between the sea sailors and the air crew sailors. Among the officers it was a matter of living in two different worlds. The "fly boys" were often not "busy" due to weather conditions, but there were still plenty of training lectures to attend and, of course, they were always alerted for action. To watch them take off and land, again and again, on such a small deck, was a feat to be admired. This fact was emphasized on the tour when we visited other ports and noted much larger carriers. Periodically a group of RCAF flying officers would be aboard for a few days' familiarization and they were not the least attracted to the business of deck landing.

While on board a new regulation was issued to the effect that all personnel would be sailors first. It had always been a complaint that technical officers were not allowed to become captains of ships - now they have that opportunity provided they can qualify.

The relationship with the other officers was a most gratifying experience for they were most willing to be of any assistance in explaining the fascinating intricacies of sea life to the novice. I found I was often a sounding board and confidant in the recitation of problems and I often felt another naval officer would not be quite as sympathetic or understanding in matters that were better "off the chest".

In administration, the Captain and executive officers were always co-operative as long as requests were reasonable. Sometimes what would be considered a simple request from the dental section would be physically impossible from the standpoint of the ship's structure or beyond the authority of even the Captain. However, improvements can always be made with some prodding and, if each dental officer did something to improve the clinic, each subsequent officer would benefit.

Social life aboard can be most pleasant and quite a good example of the gracious way of life, provided there is adequate personal control. Unfortunately, it could interfere with the work-a-day duties, but need not. The highlight of the tour was friendships made with so many officers in the wardroom, for one could always find a personality with similar tastes and interests.

There is no doubt but that the dental officer has a preferred position in the ship - at least in his own eyes. His duties are definite and, as long as he does his job adequately and handles personnel effectively, there need be no trouble and life can be very pleasant.

Never have I experienced anything quite as eerie as a "dead ship". It only happened once in my tour and was at the jetty when only a few were aboard. It would have been correspondingly worse had we been at sea. In an instant all motors stopped, lights went out and the battery-operated lamps snapped on at a few key points along the passageways. With no power, no "pipes" were possible. As a result there was the muffled sound of shouted orders close by and farther away, and the noise of scamperings, as if huge rats had taken over the ship.

The ship is a most fertile place for the spreading of rumours. Not a day passes but there are rumours of change in sailing plans, schedules or administrative procedures. Some are wishful thinking, some confirm worst fears, but, whether good or bad, they are always floating around.

"Piping" is an ever present, necessary assault on the ears, the life-blood of shipboard communications. There is an unconscious mental alert at all times, for the missing of a piped message could spell disaster. These messages often change previous orders and it can create embarrassing situations if they are not noted.

Due to the metal in the ship's structure it was not possible to operate a private radio. However, the ship's message centre kept note of all news bulletins and, while at sea, they were published daily in the ship's newspaper. This publication was usually put out by the army liaison personnel on board.

Long periods at sea become very tiring physically; not that there is no time for sleep, for that is done with a vengeance, but more seems to be required compared to life on shore. No doubt the ship's motion has something to do with this tendency, but there is also the constant monotonous noise of motors vibrating and the swish of the sea.

One of the outstanding features aboard ship was the provision of activities for off-duty hours. The movies were the latest and uncensored. There was an excellent library and games room and a schoolmaster to assist those wishing to continue studies. The two padres were kept busy holding services in the well-equipped chapel and interviewing seamen whose personal problems required attention.

There was an artillery officer and staff aboard and also flying personnel from RCAF and USAF units. There were often civilians aboard to check on the operation of equipment. There was even a sociologist who made a study of the effect of sea life on the personalities of the crew. Quite often there were VIP visitors. Members of the federal cabinet were present on the occasion of the Queen's visit and once I was among the officers who entertained at dinner by a high government official on his way from Bermuda to Halifax.

One naval tradition decreed tea at 4 p.m., a very fine custom. Evening meals were from 6 to 8, for which the officers dressed. Blues were worn by army personnel in normal weather, but in the tropics the dental officers followed navy custom to the extent of wearing the blue trousers with open white shirt and cummerbund. The air-conditioned clinic was chilly enough for shorts to be uncomfortable.

For the man living aboard and in port for any length of time, the conditions are usually not very attractive. Repairs are often being carried out, accompanied by a constant din. Also, there are usually some alterations being made in the heating and lighting systems which interfere with working and living conditions. As most of the ship's company live ashore in the home port, not too much consideration is given those living aboard.

To me the term aboard the Bonaventure was an attractive experience, but like every other assignment was pretty well what one made it. Personally, I would never feel called to the sailor's life and when I left, I knew I had had my time, but nevertheless a most pleasant and unforgettable experience.

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HIGH SPEED AND THE DENTIST'S RESPONSIBILITIES

Major ED Fraser, DDS

In the last few years, with the introduction of the air-turbine handpieces, cutting instruments have been made available for the first time that are actually doing the work for which they were designed. Owing to the resultant marked reduction in preparation-time and tooth-trauma, operative dentistry faces a promising future.

The following is a summary of the dentist's responsibilities in the use of this latest advance in cavity preparation.

High speed provides an opportunity for better rather than more operative dentistry. The outline form can be prepared in approximately one-quarter the time required when using conventional rotary-cutting instruments. The first responsibility is to utilize the time saved to apply the rubber dam, to use hand instrumentation, to do a proper toilet of the cavity, and to insert a moisture-free restoration.

The second responsibility is to the tooth being prepared. An excessive amount of sound tooth structure must not be removed and overheating of the teeth must be avoided in order to prevent pulpal damage.

To prevent these occurrences:

- a. Make an accurate assessment of the limits of the finished cavity preparation. Without planning, sound tooth-structure will often be sacrificed. At this time the head-position is so arranged that direct vision may be used with adequate lighting, wherever possible.
- b. Use carbide burs at speeds in excess of 100,000 rpm. At this high peripheral speed a small six-bladed bur used with light pressure is most efficient.

- c. Direct the water-jet on the cutting-end of the bur, and not on the shank of the bur or surface of tooth not in contact with the bur. The water-jet properly applied serves a dual purpose. First, it prevents desiccation and overheating of the tooth with resultant pulpal damage and second, it washes away tooth debris, resulting in a more efficient cutting action. Research has shown that temperatures up to 600° F are produced on the surface of a tooth if the air-turbine is used without water spray. A rise of 10° F above body-temperature within the pulp chamber will produce permanent pulpal damage. By using an air-turbine with water-jet and proper technique, the pulp will drop 1-2° F below body-temperature during the operation and little or no hyperemia will be caused.
- d. The "planing-cut" or "shaving" action should be used, thus reducing the tooth structure gradually in layers until the desired depth is reached. The undermining technique used with low speed rotary instruments is contraindicated. The water-jet must always reach the bur-tooth contact point. The odour of "burning feathers" indicates a faulty technique and should be remedied immediately.
- e. Finish the margins of the preparation with hand instruments. Despite the lack of vibration and apparent smoothness obtained with high-speed rotary instruments considerable damage is done to the enamel rods.

The third responsibility is to the tooth proximal to the cavity preparation. In doing a class two preparation guard against the "phantom cut", ie, abrading or cutting the tooth adjacent to the proximal step. Cease the occlusal "planing cut" short of the marginal ridge and then prepare the proximal step by moving the cutting instrument bucco-lingually, parallel to the marginal ridge until the desired depth is established. Now use hand instruments to remove the unsupported enamel, so that the approximating tooth will not be damaged.

Fourthly, the dentist is responsible for his personal health and safety. There are several hazards that he must respect when using high speed, such as:

- a. Flying debris, especially during removal of old restorations. Eye glasses, whether required for vision or not, are an excellent precaution. However, if restorations are removed using the "planing-cut" technique with water spray, the danger of flying debris is greatly reduced.
- b. Aerosol effects containing bacteria and tooth substance. This field remains to be fully explored, however, there have been a few cases of tooth protein sensitivity and bronchial irritation reported by practitioners who, for years, operated with conventional rotary instruments which did not produce such effects. The vacudent attachment may be an aid in the prevention of these hazards and certainly the water spray is helpful.

CONCLUSION

The high speed rotary cutting instruments have provided a means of doing better dentistry. Properly used they should decrease trauma and the occurrence of hyperemic pulps. In addition patients are no longer apprehensive, since treatment is completed above their threshold of vibration perception. This modern technique presents a new era in dental treatment.

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THE TOOTHBRUSH

Sgt DL Pierce (ROAF)

Recommending types of toothbrushes is now becoming more and more difficult with the various manufacturing companies giving full rein to their imaginations. There has always been toothbrushes that were too large or of weird design. Advertising is an art, and has made types of brushes known to be practically useless sound just perfect to the average individual buying a toothbrush. This, in my opinion, applies also to advertising emphasizing bristle texture, number of bristles or size.

When weighing the merits and demerits of toothbrushes, do not lose sight of the practical side of toothbrushing. Therefore, attempt to strike a happy medium when dealing with the average patient. He will meet you half-way and brush his teeth more often, but he requires a brush that will assist his efforts. The "perfect" type of toothbrush these days is considered to be one consisting of an exceptionally small head containing two fairly widely spaced rows of bristles of hard texture. This is a fine brush for the Perfect Patient who will conscientiously spend two minutes after every meal slowly brushing his teeth so as not to miss a single particle of food. Used in this manner, this brush or indeed almost any brush will do an excellent job. BUT, let us be practical - how many people do this?

Therefore, there is a need for a toothbrush with a brushing surface that will do the same job with the average amount of work. This is an important fact - meeting the patient half-way, rather than expecting him to use a perfect technique. More is achieved in this way, as can be seen by a study of patients passing through the oral hygienist's chair.

It is considered that the type of toothbrush that achieves this is the multi-tufted brush. The brushing surface is designed to give the maximum amount of efficiency with the average amount of effort. The bristles are level and, although the head is a little longer, it is still manageable in the mouth. The nylon filaments are finer, but because of the increased number and closeness of the tufts, the brushing surface is very firm.

There are, of course, different textures used by the different manufacturers of toothbrushes, and this has to be taken into consideration when recommending this type of brush. This brush will give good service, which is another important factor from the patient's point of view. The firm surface of the brush is particularly good for massaging the gingival tissue, producing some excellent results.

Although this brush is more effective in the hands of the average patient, it is still essential to give adequate oral hygiene instruction and to inform him approximately how long the brush will last - a factor often overlooked. From the amount of knowledge the patient absorbs and is willing to put into practise, plus the added efficiency of this toothbrush, far more will be achieved.

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A POST-GRADUATE COURSE AT THE UNIVERSITY OF MICHIGAN

Captain JJN Wright, DDS

Speeding along the six lane divided expressway with its minimum speed limits on the way to Ann Arbor, one gets the first indication of the tempo of life and vastness of a University that ranks among the five largest in the United States. The University of Michigan is located in Ann Arbor, a city situated forty miles west of Detroit in the rolling hills bounded by the Huron River. Often spoken of as the mother of State Universities it was founded in 1817 in Detroit and in 1837 moved to its present location. From an initial enrolment of seven students it has grown to its present stature of 24,000 full-time students. The population of the city of Ann Arbor including students is 66,000. Therefore it is truly a "college town". It would be difficult to overemphasize the attractiveness of the city as a residential community. Tree-lined streets, gentle hills, numerous parks and wooded areas add much to its beauty. The residential character of the city is also enhanced by the many large magnificent fraternity and sorority houses.

The University itself is divided into four campuses, namely: the Central, North, Medical Center and Athletic Campuses. The Central Campus in the center of the city consists of the original forty acres of the University. Here one finds the heart of the University and the majority of the main University buildings. The newly acquired North Campus is where all future development will take place due to building saturation of the Central Campus. The North Campus contains such buildings as The Phoenix Memorial Laboratory which houses the 1,000,000 watt Ford Nuclear Reactor and nearby the supersonic wind tunnels. Here also are found a large number of University apartments for married students. The Medical Center is situated on a hill overlooking the Huron River valley. The enormous buildings of one of the nation's foremost medical centers, spread out over four acres can be seen from almost any part of the city. Fourthly, there is the Athletic Campus with its awe-inspiring Michigan Stadium, which seats 103,000. It is the largest college-owned stadium in the USA. The total area now covered by these four campuses is 1,700 acres.

The University's 17 schools and colleges are housed in 130 major buildings. The architecture varies from the modernistic Phoenix Nuclear Laboratory to the beautiful Gothic style law buildings which cover two complete city blocks. One could go on almost indefinitely talking in superlatives about such things as the 8000 student residence accommodation, University airport and missile research center or the million and a half volume library.

Michigan Union, a residence run much as a hotel provides accommodation for men and married couples at reasonable rates. It is conveniently located

on the Central Campus and offers restaurant facilities (dining room, cafeteria and snack bar) as well as bowling alleys, billiard rooms, a swimming pool, Hi-Fi lounge, TV rooms, ballrooms, conference rooms and a library-reading room.

From a tourist's viewpoint there are many sites to see as well as cultural and recreational activities to attend. The Ford Nuclear Reactor is "a must" to see. It is a swimming pool reactor and it is indeed an eerie sight to look down at the reactor in the swimming pool and see the blue glow around it as the Beta rays slow down in the water to give off waves of light frequency. The reactor, used solely to study the peaceful application of atomic energy, has facilities for graduate training, research and for the preparation of radioisotopes of a short half-life used in medical radioisotope research. Near the reactor are the subsonic and supersonic wind tunnels of the aeronautical engineering school. Unfortunately I missed the pageantry of the last intercollegiate home football game by a matter of days. I did attend a basketball game between Pittsburgh and Michigan, in which the latter's potential All-American Tidwell scored a mere 38 points. On the Athletic Campus the University operates a magnificent 18 hole golf course. Cultural presentations during our stay included Handels Messiah and a symphony concert at the University Hill Auditorium.

In my particular case I went to the University to take a post-graduate course in Endodontics at the W.K. Kellogg Foundation Institute: Graduate and Post-Graduate Dentistry. Here again we find a first. The first post-graduate dental student in the USA or Canada was enrolled in the School of Dentistry of the University of Michigan in 1894. Therefore, it is not surprising that their calendar on Post-Graduate Dentistry states: "This Institute is unique in dental education and offers the most adequate facilities for graduate and post-graduate dental teaching to be found anywhere in the world".

The courses given at the Kellogg Institute, judging from the one I took, are well organized, well presented and fast moving.

The Kellogg Foundation Building was opened in 1940 and is a three-storey structure. On all three floors there is a direct communication with the adjoining School of Dentistry Building. The main floor, in addition to its spacious lobby panelled in American walnut, contains an amphitheatre, dental caries research lab and clinics for pedodontia and orthodontia. The second floor contains facilities for clinics and laboratories of partial and full denture prosthesis, facilities for clinical and laboratory teaching of operative dentistry, root surgery, endodontia, periodontia and ceramics. In another area one finds a series of operating rooms and private consultation offices of the department of oral surgery. On the ground floor are two laboratories devoted to oral pathology, a 280-seat auditorium, locker rooms and the research department of orthodontia. On the staff are many distinguished clinicians, authors of dental texts and research personnel, such as Drs. Sommer and Ostrander in Endodontia, Crowley in Bacteriology, Appelgate in Partial Dentures, Moyers in Orthodontia and many others.

As is evident from the foregoing, a post-graduate course at the University of Michigan is an enjoyable experience from start to finish.

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A Study to Determine the Effect of Topical Application of Stannous Fluoride on Dental Caries in Young Adults - Preliminary Report

Maj DH Protheroe, DFC CD DDS MPH

The prevention and control of dental caries in a military population, when the dental service is committed to provide comprehensive treatment, is a problem of enormous proportions. The RCDC, with a large backlog of treatment requirements and limited dental officer resources, is barely able to exceed the requirements imposed by the incidence of new carious lesions, let alone perform sufficient treatment to markedly reduce the backlog.

In view of this situation it is obvious that the introduction of a caries-preventive measure which would significantly lower the incidence of dental caries would be of inestimable value to the Corps.

To be practical, a caries-preventive measure should: (1)

- a. require minimum manpower for maximum results;
- b. be easily performed, preferably by auxiliary dental personnel;
- c. be effective in duration;
- d. not be dependent upon the patient for its continued effectiveness; and
- e. be relatively inexpensive.

It was felt that of the agents available a single annual topical application of a 10% solution of stannous fluoride would be most likely to meet these criteria. Consequently, it was decided that the RCDC would undertake a clinical investigation with the specific objective of determining the effectiveness of a freshly prepared 10% aqueous solution of stannous fluoride, applied topically to the teeth, as a means of reducing the incidence of dental caries in a military population of young adult males.

As a result of numerous investigations⁽²⁾ it has been generally accepted that the topical application of sodium fluoride to the teeth of children will produce a 40% reduction in the incidence of dental caries. Further investigations, particularly by Muhler and his associates^(3,4) at the University of Indiana have demonstrated that topical stannous fluoride is not only an effective anticariogenic agent in children, but is more effective than sodium fluoride. McLaren and Brown⁽⁵⁾ also found stannous fluoride to be more effective in children.

The reports^(6,7,8,9) on sodium fluoride applications in an adult population are conflicting but most authorities seem to agree that little, if any, benefit is obtained from its application. Stannous fluoride on the other hand, shows some promise. Muhler⁽¹⁰⁾ has reported a study conducted on 500 university students age 18-35 years, using a single application of a 10% solution of stannous fluoride, which resulted in a 24% decrease in DMFT (decayed, missing and filled teeth) and a 16% decrease in DMFS (decayed, missing and filled surfaces).

Once the decision had been made to conduct the RCDC study a detailed plan was developed and a submission forwarded from DGDS through the Adjutant-General to the Personnel Members Committee for authority. This was subsequently granted and

arrangements were made with the Commandant and Staff of Royal Military College, without whose excellent cooperation the study would not have been possible, to commence the study in September, 1958.

The next step was to organize a study staff consisting of the study director, 2 dental officer examiners, 5 dental technicians clinical, 1 dental equipment repairer and 5 dental assistants. RCDC personnel and civilian employees who have served on the staff to date are:

Study Director	-	Major DH Protheroe
Dental Officer Examiners	-	Major JVP Chatwin Capt NS Gage
Dental Technicians Clinical	-	WO2 TL Batten WO2 VO Blackmore S sgt JA Fraser S sgt JM Sherry WO2 JE Shiner S sgt JCA Therrien F/Sgt PM White
Dental Equipment Repairer	-	S sgt MF Conkey
Dental Assistants	-	Sgt RK Shappee Mrs HE Sharpley Mrs A Debicki Mrs G Wilby Mrs H Talboys Mrs S Ball

It is worthwhile noting that all clinical procedures except the oral examinations were performed by the auxiliary dental personnel.

Because of the lack of clinic space at RMC it has been necessary to use field equipment for the study. Most of this is being supplied, and prefabricated where necessary, by No 1 Dental Equipment Depot.

The study group in September, 1958 consisted of 106, 17-21 year old, first and second year cadets, each of whom volunteered to participate in the study. Each subject acts as experimental and control, one side of the mouth being control, the other experimental.

The stannous fluoride was applied according to Muhler's technique⁽¹¹⁾ but with a rubber dam in place on the experimental side in an attempt to prevent cross-contamination and to eliminate dilution of the agent with saliva.

Examinations include a thorough hard tissue examination with a mirror and sharp No 3 spiral explorer performed under "panovision" light with compressed air available for drying. In addition, four bitewing radiographs are taken at each examination and the prophylaxis which forms part of the stannous fluoride technique, is carried out just prior to each examination. The examinations are performed by two examiners, each of whom, examines the same individuals throughout the study.

The investigation is being conducted in three phases of one year each, designed, it is felt, to produce results which will be as valid as possible. The objective of the first phase, which has been completed, was to determine caries-attack rates for a period of one year prior to the application of the stannous fluoride so that a comparison could be made not only between the experimental and

control sides, but also with the previous carious experience on the same side. Examinations as previously described were carried out at the beginning and end of the phase.

During the second phase, which has also been completed, the aim was to determine the effectiveness of the agent in a one-year period following its application. The examination and prophylaxis performed at the end of phase 1 also served as the examination for the beginning of phase 2. This was followed by the application of the stannous fluoride solution and phase 2 ended with another examination including radiographs.

The objective of phase 3 of the study is two-fold:

- a. to determine by refluoridization of one-half of the group the effect of a second annual application; and
- b. to determine the effectiveness of the agent during the second year following the initial application.

The end of phase 2 examination also serves as the beginning of phase 3. A prophylaxis was performed on all study subjects but only one-half of the group received a second application of the stannous fluoride solution. Phase 3, and the study, will end with another examination and radiographs in September 1961.

The index of caries experience being used in the study is the DFMS (decayed, missing and filled surfaces), however, an evaluation using the DMFT index will also be included as added information. It is felt that the latter is not an accurate measure for adults, most of whom have considerable previous caries experience, because it does not show new lesions in previously decayed or filled teeth. The caries increments in the experimental and control sides will be compared in terms of:

- a. Total DMFS.
- b. DMFS in proximal surfaces.
- c. DMFS in occlusal surfaces.
- d. DMFS in buccal and lingual surfaces.
- e. DMFS in previously unattacked teeth.
- f. DMFS in previously decayed or filled teeth.
- g. Total DMFT.

In addition, comparisons will be drawn between caries attack rates before and after application of the stannous fluoride.

At the time of writing the statistical analysis of the data obtained from phase 1 and phase 2 of the study is not considered complete, in that, it has not been objectively evaluated by a statistician unconnected with the study. The analysis, however, has been rechecked by Major DH Hillier, a graduate of the School of Public Health, University of Michigan, and it is felt that the progress to date can be reported at this time.

Table 1 shows the caries increments, the percentage difference in caries increment between control and experimental sides one year following application of the stannous fluoride, the probability that these differences occurred due to chance and the statistical significance of the difference.

TABLE 1

The Effect of a Single Topical Application of a 10% Aqueous Solution of Stannous Fluoride on the Incidence of Dental Caries in RMC Cadets - One Year Following Application.

	SIDE		DENTAL CARIES REDUCTION (PERCENT)	PROBABILITY (t test)	STATISTICAL SIGNIFICANCE
	CONTROL	EXPERIMENTAL			
Number of Subjects	83	83			
DMFT Increment	0.566	0.229	59.54%	<.002	Highly Significant
DMFS Increment	1.916	1.120	41.54	<.005	Highly Significant
DMFS Increment- Proximal	0.807	0.398	50.68	<.005	Highly Significant
DMFS Increment- Occlusal	0.602	0.373	38.04	.05	Significant
DMFS Increment - Bu & Li	0.506	0.349	31.03	.3	Not Significant
DMFS in previously unattacked teeth	0.590	0.229	61.19	.001	Highly Significant
DMFS in previously decayed or filled teeth	1.325	0.880	35.58	.04	Significant

It will be noted that the application of stannous fluoride caused a marked difference in the caries increments of 59.54% when evaluated by DMFT and 41.54% using the DMFS index. The 50.68% difference in the proximal surface increment seems to indicate that these surfaces were most affected. Further, it appears that the effect on previously unattacked teeth was greater than on previously decayed or filled teeth.

The dental caries reduction observed by Muhler⁽¹⁰⁾ in his study on adults are shown at Table 2. Although the reduction found in the RDC study is considerably larger, it will be noted that proportionally the DMFT, DMFS, proximal and occlusal percentage reductions bear some similarity. This would seem to suggest that the use of the rubber dam in some way increased the effectiveness of the stannous fluoride.

TABLE 2 (10)

The Effect of a Single Topical Application of a 10 Percent Unbuffered Aqueous Solution of Stannous Fluoride on Caries Reduction in Adults After a 1-year Period

	Group		Dental Caries Reduction (%)
	Control	SnF2	
Number of Subjects	207	228	
DMFT Increment	0.95	0.72	24 (p = .04) *
DMFS Increment	2.98	2.50	16 (p = .08)
Proximals	2.03	1.50	26
Occlusals	0.64	0.57	11
Buccal-lingual	0.31	0.42	-35

* Probability based upon the t test.

Summary

A preliminary report on a study to determine the effectiveness of stannous fluoride in a military population of young adults has been presented. The most significant findings to date are:

- a. 41.54% reduction in DMFS increment.
- b. 50.68% reduction in proximal DMFS increment.
- c. 61.19% reduction of DMFS increment in previously un-attacked teeth compared to a 35.58% reduction in previously decayed or filled teeth.

It must be emphasized that the data presented are preliminary and subject to verification by an independent statistical authority.

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DIRECTORATE NEWS

Promotions

The promotion of WO1 EL Proudfoot to Lieutenant was announced on 24 Nov 60. Lt Proudfoot was born 8 Oct 21 at Fenaghvale, Ont and was educated locally. He enlisted in the CDC in June 42 and saw service as a dental assistant in various parts of Canada until 1951 when he remustered to the trade of Clk Adm. He served as a clerk with DGDS and then as Superintending Clerk with 13 Coy, The RCDC School and DGDS. Lt Proudfoot resides in Ottawa with his wife and two children.

WO2 Vern Bergland was promoted to WO1 on 22 Dec 60. "Bergie", as he is usually known, was born on 8 Sep 18 in Dunkirk, Sask where he attended school. After three years in the Militia he enlisted for Active Service with the 14th Hussars. In 1943 he transferred to the CDC as a Dental Assistant and by 1946 was a S sgt clerk in 31 Coy. After the war he remustered to a Cpl Storeman with 11 Coy and following tours with 1 CDS, 12 Coy, and in Korea was posted to 1 Dent Eqpt Dep in 1955. "Bergie", who came to the Procurement Section at DGDS in Jul 60 lives in Ottawa with his wife and two children.

The promotion of S sgt JR Card to WO2 was also announced on 24 Nov 60. Joe was born in Camden East, Ont. Following his enlistment in RCIC in 1944 he served in Canada and the UK and in Dec 45 transferred to the CDC as a dental assistant. He remustered to Clerk Adm in 1952 and saw service as a clerk with 13 Coy, 25 Cdn Fd Dent Unit in Korea, DGDS, 1 Dent Eqpt Dep and returned to DGDS sub-staff in July 1960. WO2 Card resides in Ottawa with his wife and three children.

24 Nov 60 was also a "big" day for Sgt RD McHugh who received his promotion to S sgt on that date. Mac was born on 26 Jun 22 in Saint John, NB where he attended school. He enlisted in the CDC in 1942 as a clerk and saw service in Canada and overseas. On returning to Canada in Feb 47 he took his release but re-enlisted in Apr 48. Following tours in 12 Coy and Germany Staff McHugh was posted to Ottawa in 1956 where he is employed in Pers RCDC. He lives in Ottawa with his wife and two boys.

Christmas Party

The annual Christmas Party, attended by all ranks and civilian personnel of the Directorate and Ottawa area clinics, was held in the Chiefs and Petty Officers' Mess, HMCS Carleton, on 16 Dec 60. Following the two-hour social period which included a buffet, WO1 Vern Bergland expressed the appreciation of all personnel to Brig Baird and the officers, who had acted as hosts.

Miscellaneous

Lt Col and Mrs JG Butler, who were married on 22 Nov 60, were presented with an engraved silver rose bowl at a party held in their honour at the AHQ Officers' Mess on 7 Dec 60. Brig Baird eloquently welcomed Mrs Butler to the Corps on behalf of the assembled officers and their wives.

It is with deep regret that the death of Donald, younger son of Major and Mrs DH Protheroe, is announced. The sympathy of their many friends in the Corps is extended to them at this time.

Col HL Harris represented DGDS at the Conference of Defence Associations Dinner on 13 Jan 61.

Lt Col JG Butler represented DGDS at a meeting of the Editorial Board of Oral Health in Toronto on 25 Jan 61.

Cpl JG Moore of the DGDS sub-staff is attending a Sr NCO Course at Camp Borden.

Cpl EW Giles, who is a recent transfer from RCE, is welcomed to the Corps. He is being employed as a Clerk Adm on the DGDS sub-staff.

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NO 1 DENTAL EQUIPMENT DEPOT

A new year has now descended upon us, new resolutions have been made and the book has been opened to a brand new page. Many new ideas will be tried, and the future looks promising.

Looking back over the past year many important events have taken place, the foremost of which was the long planned for and long looked for move of No 1 Dental Equipment Depot from Plouffe Park, Ottawa to a brand new building in Camp Petawawa. As usual and concurrent with this move, families had to be uprooted and transplanted from point "A" to point "B". Nevertheless with the passing of time new friends have been made, new routines are being followed, and new habits formed.

This unit was among the fortunate few to have all personnel allotted PMQs in an extremely short space of time and this writing finds us well settled and happy. We have our usual gripes, of course, but they say that a soldier wouldn't be happy if he didn't have something to gripe about.

Since arrival in Camp Petawawa, this unit has conducted one Group 1 and one Group 3 DER course. Sgt Hopkins of this unit and Sgt Tait of No 13 Coy attended the Group 1 course and Sgt Everett of No 13 Coy attended the Group 3 course. We are pleased to report that all candidates were successful in their endeavours.

As mentioned in a previous issue of the Quarterly, we played host to the QM's portion of the RCDC Unit Commanders Conference on 28, 29 and 30 Sep 60, and had the pleasure of conducting the Directorate Officers and Unit COs through our new and well-designed "Home".

With this, as with all new installations, there are many good and, fortunately, few bad points, but our number one nuisance from the day of moving in has been the fire-alarm system. Those who were through the building likely noticed the nice little brassy gadgets set at regular intervals in the ceiling of the building. These little "gadgets" are sensitive fire detectors and it seems to take very little heat to set them off. As a result the fire chief, plus a fire reel with sirens wailing are regular visitors to this building. To date we have had 43 fire alarms, but fortunately all of them have been false alarms. The fire alarm ringing, the hustle to clear the building and the disruption of work is a nuisance, but there is always the chance that one day it might be the real thing, heaven forbid.

As with other units at the Holiday Season just passed, Christmas parties were in order. This Depot combined with the staff of No 3 Dental Clinic to celebrate the occasion on 15th December and all apparently enjoyed themselves. Our photographer "Flash" Beattie took pictures at every turn and we expected to see this party very well publicized. However, due to a mechanical failure not a single picture turned out.

On 17th December the "Dental" children had their first visit from Santa in this part of the country. It was a very nice affair but no one could explain the lack of noise. With about 30 children of all ages attending it was amazingly quiet. (This seldom happens at home). If anybody is looking for a good Santa Claus we highly recommend Mr Mills, our forklift operator.

Back in December, as thoughts began turning to Christmas and Christmas trees, people were heard remarking that they were going to cut their own trees. Well, the Commander must have got wind of this because it wasn't too long before an instruction was issued that trees would NOT be cut on an individual basis but could be cut on a unit basis in certain training areas. As a result of this, on 14th December, No 1 Dental Equipment Depot organized "Exercise Xmas Tree". This was our regular sports afternoon so all personnel donned their old winter clothes, sharpened up their hatchets and headed for the back forty. Although live artillery firing was in progress in the vicinity, the unit returned intact and successful.

We are pleased to report that WOL Doyle our warehouse officer has been appointed to the rank of Lieutenant. Congratulations Herb.

After eight weeks of "nose to the grindstone" and "shoulder to the wheel", Sgt Tommy Sullivan qualified in advanced First Aid. Congratulations Tommy.

Since the last edition of the Quarterly there have been several changes of personnel. Pte Macomber, one of our DERs who remained in Ottawa when the unit moved to Petawawa was released to civvy street on 21 Nov 60. We wish him all the best. Mrs McQuarrie who was our ledger keeper asked to be released in November. We miss Terry's Scottish humour. Mr Lewis who was with us from the beginning of the move as a clerical assistant was transferred to 42 COR in October to a better-paying position. We know Lloyd will go a long way.

We extend a sincere welcome to the following newcomers and hope that they will be happy here with us: Mr Allan Anderson who replaced Lloyd Lewis and Mrs Rita Little who replaced Terry McQuarrie.

On the sports scene our Dental team in the Garrison Bowling League is still pushing for top spot, being in second place. The combined Dental Volleyball team is not faring too well -- but the sport and exercise is what we're after - right boys? Curling is still a nasty word here. Work on the building is progressing but much too slowly for some of the "hot rocks" who can't get with it. We hope that the New Year will see an early completion of the rink so that curling will become a regular sport here as it is elsewhere.

In concluding, it is the hope of all personnel of No 1 Dental Equipment Depot that personnel throughout the Corps and their families had a very Merry Christmas and that they will have a happy and prosperous New Year.

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THE RCDC SCHOOL

December 1960 in Camp Borden has been about as normal as any December could be. After the unusually moderate temperatures of November we now find ourselves blanketed with six or seven inches of snow and the temperature at the seasonal norm of 20° or a little less.

The railways attempted to make the month memorable with their threatened strike while we had three courses terminating before Xmas. Some of the candidates, particularly those from the west coast, prepared their own itineraries for their return by bus with an ETA of mid-February. They professed great sympathy for the non-operating employees of the railways and were reluctant to accept the fact that government intervention was a justifiable solution.

Lt Gen PS Gyani of India, Commander of the UNEF in the Gaza Strip, visited the School on Friday 25 Nov. The Commander expressed a real interest in our function, chatted with several members of the staff and patients and was genuinely impressed with what he saw.

Capt Jim Wright returned in mid-December from a two-week course in Endodontics at the Kellogg Institute, University of Michigan, Ann Arbor. Our fondest hope is that candidates returning from courses at our School are as favourably impressed as Capt Wright was with the Kellogg Institute.

Lt Col Jay Turner and Major George MacDougall have returned to the fold after a few weeks in Toronto Military Hospital.

Congratulations are in order to the following members of the staff on their recent promotion:

Capt	A	Van Ryssel
S sgt	EB	Morse
Sgt	GR	Jennings

and to Cpls Chamberlain and Jackson who completed their Jr NCO course and Sgt Jack Sadler who did so well on the Dental Assistant Instructors' Course.

A RECENT PHOTOGRAPH OF THE STAFF OF THE RCDC SCHOOL



- Front Row: Left to right: Capt Van Ryssel, Maj Craig, Maj MacDougall, Lt Col Craigie, Col Kearney, Lt Col Bagnall, Lt Col Turner, Maj Thompson, Capt Wright, Capt Casterton
- Middle Row: Left to right: WO2 Morris, S sgt Savoie, Cpl Semple, Sgt Libby, WO2 Batten, Lt Cartwright, S sgt Morse, WO2 Jackson, Cpl Chamberlain, Sgt Tapp, Sgt Jennings
- Back Row: Left to right: Sgt Sadler, Sgt Bradley, Sgt Beauvais, Sgt Richardson, WO2 Jones, WO2 Mann, Pte Forsythe, Sgt Knoll, Cpl Jackson, WO2 Bilbey

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11 DENTAL COMPANY

The past three months have produced an astonishingly meagre amount of news if reports from most clinics are any indication. Certain items have filtered through, however, and we shall attempt to promulgate them in reasonable form.

RCDC dental officers of the Edmonton Area attended a meeting of the Edmonton District Dental Society on 6th December. The meeting took the form of table clinics at the afternoon and evening sessions, with a testimonial dinner for Mr Earl Pinch, who has retired from the Ash Temple Company after fifty years' service. Immediately following the dinner, various members of the Society gave short talks to describe some convenient procedures they use in their practices. The RCDC officers attending found it to be a most informative and pleasant event.

Similarly, dental officers in the Victoria Area report attending and enjoying an afternoon and evening meeting of the Victoria Dental Society on 21st November, when the guest lecturer, Dr C Castaldi of the University of Alberta, spoke on pedodontics.

S sgt Ernie Carpenter, our hard-working Dental Equipment Repairer, has pretty well covered the Company in the last few weeks, so there should be little or no equipment problems for a while.

While we are on the subject of equipment, mention must be made of our brand new chrome-cobalt laboratory at Griesbach. It is now operational and is a neat, convenient and adequate set-up.

The absence of a number of personnel due to courses, leave or illness has necessitated the use of Temporary Duty (or, you would like a little trip, wouldn't you?) to relieve the strain on certain clinics. Such circumstances have involved the following:

- a. Major Jack Walker from RCAF Cold Lake to RCAF Comox from 7 Nov to 25 Nov 60.
- b. Sgt Red Arnsby from Griesbach Barracks to HMCS Cape Breton from 12 Aug to 15 Nov 60. This included a paid trip to Pearl Harbour!
- c. Miss Shirley Fogg from Greisbach Barracks to RCAF Cold Lake from 17 Oct to 10 Nov 60.
- d. Cpl John Dion from RCAF Namao to HMCS Cape Breton from 27 Nov to 15 Dec 60.
- e. Cpl Bob Lowery from RCAF Sea Island to Workpoint Barracks from 22 Nov to 16 Dec 60.

RCAF Station Holberg received a two-week visit in November from Capt Jack Bowman, Sgt Art Nicholson and Sgt Bingo Shaw, while Camp Wainwright was invaded by a detachment consisting of Lt Col Bill Crummey, Sgt Ralph Thornton, Cpl John Dion and Cpl Paul Fox.

Our Commanding Officer proceeded on another type of trip, just having spent five days in hospital proving that if one's head is held in a fixed position and a 26-lb weight is tied to one's feet, then something's got to give. We are pleased to report that Colonel Millar's back appears to be considerably improved since the Medics "had a go" at it.

Major Dave Carmichael attended a Surgical Course at Ent Air Force Base in Colorado Springs and has promised a full report. Since returning from the States he has bought a home in Victoria and at last report was busy moving in.

HMCS Cape Breton's recently completed cruise to Pearl Harbour presented the RCDC personnel aboard with an excellent opportunity to further good relations between USN dental personnel and our Corps and also to enjoy the country and climate of the Island of Oahu. Needless to say, Capt Dave Gardner, Sgt Red Arnsby and Sgt Ron D'Eon didn't let us down on either score.

Our clinic at Camp Sarcee was temporarily closed during the shortage of dental officers in the Calgary area. On arrival in this Company, Capt Lee Reynolds was posted there and around the middle of November reported the clinic to be "fully operational".

Cpl and Cpl Dundas (not stammering, it's really husband and wife) have brightened the Edmonton scene. "Mister" is at WSIU RCAF Detachment Kingsway, and the "Missus" is gainfully employed in the clinic at RCAF Stn Namao.

Pte Dennis Peterson has been posted from Calgary to RCAF Cold Lake and appears to be happily settled in.

On the sporting scene we hear that Major Terry Pyne bagged three deer and nine birds, while Major Bob Fell has a deer wrapped and in the freezer. If this keeps up, Capt Bill Collier will be hard put to retain the title of "Head Hunter of the Company".

The clinic at HMCS Naden has advised that clinic personnel participated in the Pacific Command Turkey Shoot but made no mention of results. Does this mean we are to suspect the worst?

Corps personnel in the Edmonton area had a most successful Christmas Party on 16th December. On the strength of their recent increase the officers donated a large ham and a turkey that bore a remarkable resemblance to a full-grown ostrich. Welcome guests from the "outside" were Major and Mrs Bill Carter and Cpls Pete Coupe and Roger Monahan.

LAW Lois Jones (RCAF Nemo) and LAC William Wallace were wed in Vancouver on 3rd December. The very best of luck to both.

Congratulations and heartfelt sympathy for the loss of sleep attendant upon such events are extended to the following proud parents:

Capt & Mrs Cy Dorval	- a daughter 16 Oct 60
Sgt & Mrs Mark Tremblay	- a daughter 25 Nov 60
Major & Mrs Frank Charman	- a son 30 Nov 60
Major & Mrs Bill Dickie	- a daughter 30 Nov 60
WO2 & Mrs Ray Peebles	- a daughter 30 Nov 60
Capt & Mrs Yosh Kamachi	- a son 7 Dec 60

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12 DENTAL COMPANY

In early December Lt Col Roger attended the Newfoundland Dental Society Annual Meeting at St John's Nfld as a guest clinician. His topic was "Surgical Preparation for Oral Prostheses". He reports that the hospitality was tremendous and the "Screech" tasty.

Successful candidates who attended courses recently were Sgt Frank Martell - Gp 3 Lab and Sgts George Ryder, Francis Marchand and Harold Kirby - Gp 4 Lab and S sgt Stan MacLean - Gp 4 Cl.

Major Ted McDermott will soon have his problems at Camp Gagetown. Of the seven ORs in the clinic, six are proceeding on course at the same time. S sgt Phil Egan is about to be divied up four ways.

Major Paul Guevremont is now off the "Bonny" and back to work in 15 Coy after completing his tour. Capt Lucien Masse has been posted from RCAF Stn Summerside to 15 Coy also. Their efforts will be missed.

Major Jim McGaughey has taken over aboard the "Bonny" and looks forward to a good year. After his hectic year in the new HMC Dockyard clinic the change will undoubtedly be welcome. He joins Sgts Art Field and Weldon Chase.

Major Gordon Grant has taken over aboard HMCS Cape Scott for the spring cruise to Bermuda. Sgt Doug Murley and Cpl "Joe" Martell are also going along for the tanning process.

Lt Col Laurie Cameron ceased his call-out 31 Dec 60 after twenty months diligent effort.

Pte Al Pink, a welcome addition to 12 Coy, has completed his basic training and is employed at Camp Gagetown.

Congratulations to the following parents:

Capt & Mrs Vince McMaster	- a daughter
Capt & Mrs Graham Conrad	- a son
Sgt & Mrs Ken Wallace	- a son
Cpl & Mrs Roy Matheson	- a son

Lt Col and Mrs Roger are the leaders in the Garrison Duplicate Bridge Club. Lt Col Roger assures us that it is not his fault.

Capt John Mullins finally got himself an eight point buck after umpteen misses. He was also attacked by a doe - being mistaken for a dental officer can be dangerous. Capt Jack Quackenbush is once again in pursuit of curling trophies - having won the Scallop Bonspiel at Digby, the Stadacona CC Opening Bonspiel and tied for first place in the Xmas Spiel. Lt Col Roger is also curling, but with the Halifax Garrison Club. NO bonspiel reports to date. Capt Hal Bunston is doing yeoman service with the Shearwater Volleyball team. Sgt Doug Murley and S sgt Stan MacLean are leading lights for the Halifax Garrison Hockey team. Doug is the goaltender and on his departure for Bermuda will be greatly missed.

13 DENTAL COMPANY

Promotions, Transfers, etc

Major WW Anglin's promotion to A/Lt Col was announced 1 Nov 60. Lt Col Anglin is a native of Windsor, NS. He attended High School at Mount Allison Academy in Sackville, NB and received his DDS from McGill University in 1944. On graduation he enrolled in the CDC and served in No 27 and 50 Companies until 1947 when he was accepted into the Canadian Army (Regular) and posted to Eastern Command. Since 1950 he has held appointments in Central Command with the exception of a one-year tour in Korea in 1952. Lt Col Anglin and his wife and child reside in a PMQ at Camp Petawawa.

WO1 JW Lincoln's promotion to Capt Lab Offr was announced 22 Nov 60. John was born in Moose Jaw, Sask, 18 Sep 17. Following his schooling in Moose Jaw he entered the trade of dental technician and after ten years enrolled, 5 Nov 40, at No 12 District Depot, Regina, for service with No 20 Coy CDC (RCAF) in the rank of Sgt dental technician. He was confirmed in the rank of S sgt 20 Nov 44. John was promoted to WO2 15 Apr 48 and to WO1 1 Apr 54. Capt Lincoln resides in Middleton Park, Trenton (PMQ) with his wife, Pauline, three sons and one daughter.

Pte WL Wylie's promotion to A/Cpl was announced 15 Oct 60. Wilf was born in Aug 37 at London, Ontario. He enrolled under the Soldier Apprentice Programme at 6 Pers Depot 4 Sep 53 and was allocated to RCASC. He served at the RCASC School, VEPE Ottawa, Ft Churchill and with the Bde in Germany. He was appointed L/Cpl 28 Aug 57 which rank he relinquished on his transfer to the RCDC while with the Bde in Sep 60. Cpl Wylie is the Cpl Clerk at this HQ. He lives in Trenton with his wife and son.

Pte JEN Boucher's promotion to A/Cpl was announced 28 Oct 60. He was born in Pembroke, Ont, 13 Feb 34 and enrolled at No 13 Pers Depot 30 Oct 58. He was

posted to Camp Petawawa Dental Clinic 21 Feb 59 for employment and training as a dental assistant. Cpl Boucher resides with his wife and three daughters in Pembroke, Ont.

Capt JB Scott was SOS to 6 Pers Depot for release on request 23 Nov 60. He will be practising in Camp Borden.

Sgt JA Gravelle was SOS to 7 Pers Depot for release having reached the age limit for his rank on 28 Nov 60.

Sgt AM Jerome returned to the fold 1 Dec from Camp Valcartier. He is employed at No 17 Clinic, RCAF Stn, Uplands.

On the 2nd of October Sgt JV Minnelli was posted to No 3 Clinic, Petawawa and Cpl TW Thrasher to No 1 Clinic, Ottawa on cross-posting.

Courses

The following attended courses during the period Oct-Dec:

Lt Col	WW	Anglin	-	Periodontics, USNDS, Bethesda
Major	AG	Andrews	-	Oral Surgery, UK
Major	JVP	Chatwin	-	Oral Surgery, UK
Major	LR	Pierce	-	Civil Defence, Arnprior
Major	EJC	Small	-	Civil Defence, Arnprior
Capt	WR	Black	-	Capt to Maj Qualifying
S sgt	JA	Fraser	-	DT Cl Gp 4
S sgt	JE	Shiner	-	DT Cl Gp 4
Sgt	LG	Brown	-	DT Lab Gp 4
Sgt	WB	Gilbert	-	DT Lab Gp 4
Sgt	EMB	Everett	-	DER Gp 3
Pte	KW	Dodd	-	Jr NCO
Pte	NAJ	Eady	-	Jr NCO

Marriages and Births

Capt DA Warrick was married in Detroit, USA on 11 Nov 60 to Miss Lois Eleanor Mollon. They have taken up residence in Forrest, Ont.

A daughter, Nancy Irene, was born 10 Sep 60 to Cpl and Mrs KW Dodd.

A daughter, Maurine Catherine, was born 11 Nov 60 to Capt and Mrs DJ MacPhee.

A daughter, Sandra Florence, was born 15 Nov 60 to Sgt and Mrs AC Vout.

Miscellaneous

No 2 Clinic, RCAF Stn, Clinton

Several changes of staff have occurred recently at this clinic:

- a. Major Paul Fafard was posted "down the road a piece" to RCAF Stn, Centralia 1 Nov 60.
- b. Capt Paul Coulombe was posted to RCAF Stn, Clinton from Camp Shilo 2 Dec 60. Paul will be very happy here we are sure because it's only a hoot and a holler from Toronto, as yet we have not met the attraction but we know the sex.

- c. LAW Lynn Smith has left the service, we assume the snow at Clinton was just too much. The new address is Vancouver and we wish her every good fortune.

Major Pierce attended the Physicians and Dentists Civil Defence Course in November, from here on "Pierce is for Peace".

We now have five enthusiastic though little-experienced Curlers on the staff. We opened the season with a big win, by the grace of God, and a good skip (Sgt Murray Craig).

No 3 Clinic, Camp Petawawa

As is usual for this time of the year, Camp Petawawa is embraced in the cold grip of winter. Unlike the normal snowfall for this time of year, we are bogged down in tremendous drifts measuring the fantastic height of an eighth of an inch to bare ground. The temperature also has been most pleasing with this date, 8 Dec 60, being the coldest so far this winter at 15° above zero. All are wishing for continued co-operation from Mr Arctic.

Sgt Jimmy Minnelli has returned to 3 Clinic for a short tour of duty, he thinks, as replacement to Cpl Terry Thrasher. If only we could convince him and Capt Arther Vachon to turn out for the Dental Volleyball team. We certainly could do with their towering height as spikers.

This year the "Dents" again entered a team in the Camp Volleyball league. Some high priced imports were added from various Camp HQ units. Who knows, it might even occur that more than one RCDC player might make the starting lineup. What we lack in talent, surely should be made up by the inside contacts of our playing coach, Major Ray Cunningham, the Senior Protestant Padre.

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14 DENTAL COMPANY

Personnel

The promotion of our senior clerk, WO2 Al Jones, to the rank of WO1 was announced with effect from 24 Nov 60. WO1 Jones, a native Torontonionian, joined the Corps in Jan 40 and has been employed on clerical duties. He served with various Dental Coys in Canada until posting to sub-staff at DGDS in May 48. He was subsequently the Superintending Clerk at The RCDC School in Ottawa from Nov 50 and came to this unit in Dec 52. Our most sincere congratulations are extended to Mr Jones.

Heartiest congratulations are also extended to WO1 Ben Gareau, our Senior Dent Tech Lab, who was promoted to the rank of WO1, effective 22 Nov 60. WO1 Gareau hails from Ottawa and joined the Corps Jan 40. He has been employed continuously as a dental technician laboratory. He served with the Corps in UK, Korea, static units in Canada, The RCDC School and joined 14 Coy in Sep 60 after a tour of duty in Germany.

On the occasions of these promotions, HQ and No 1 Clinic personnel gathered for a social hour (or two) as guests of the new WOs 1. An effort was made to ensure that they were "launched" into their new rank in keeping with the best Army tradition.

Major JW Jolly and family, (late of 13 Coy) arrived in Fort Churchill during Sep 60 in time to get settled in before the onslaught of winter weather. The Jolly family are now in their new surroundings and enjoying life in the sub-arctic.

Capt JJPG Houle, a recent direct entry into the Corps, arrived on 7 Dec 60 from 3 Pers Depot, Quebec City, and has been posted to augment the clinic staff at Camp Shilo. We wish Capt Houle and his bride a pleasant sojourn in Western Canada.

The many friends of Mrs R Cathcart (nee Joyce SOKOL), one of our dental nurses at Fort Churchill, will be interested to learn of her marriage on 23 Aug 60. Mr. Russell Cathcart is on the staff of Maple Leaf Services at Fort Churchill.

Pte JG MacDonald of the clinic staff at RCAF Stn, Saskatoon was promoted to the rank of A/Cpl on 1 Dec 60.

Cpls JG MacDonald and DL Fenton successfully completed a Dent Asst Gp 2 trades test on 4 Nov 60 and were upgraded to the new grouping.

Cpts George Moore and Dave Cook visited Fort Churchill 8 to 10 Nov 60 on an "A" and "Q" liaison visit and inspection of the dental clinic. They missed by one day the ambulation of polar bears. These animals wander through the Camp and town sites on their winter migration along the shore of Hudson Bay.

Lt Col Purdy and Capt Moore visited RCAF Stations at Saskatoon and Moose Jaw and HQ Sask Area in Regina on a liaison and inspection visit. While in Regina they spent the evening with 58 Dental Unit (M). RCAF Station, Moose Jaw has provided new and spacious clinic accommodation in the hospital.

Training

The following personnel attended courses as indicated:

Cpl Reid	- DT Lab Gp 3	- The RCDC School 19 Sep - 28 Oct
A/Sgt Torrens (RCAF)	- DT Cl Gp 4	- The RCDC School 14 Nov - 9 Dec
Sgt Laurence	- DT Lab Gp 4	- The RCDC School 7 Nov - 16 Dec
Sgt Young	- Office Management	- RCASC School 21 Nov - 16 Dec

All other ranks of 14 Coy in the Winnipeg Garrison are required to undertake the Local Headquarters Phase of Annual Refresher Training. To date the following have attended and qualified:

S sgt Nixon AH
Sgt Casson DD
Sgt MacFarlane AJA
Sgt Young CA
L sgt Fogg GA
A cpl Fenton DL
Pte Cathcart WA

The remainder will attend a course scheduled for early in the new year.

A programme of Physical Training for all ranks in the Garrison is being conducted at the Army Recreational Centre in Winnipeg. The candidates are divided into two groups. The younger members take the regular PT course, while the oldsters (over 40) and category personnel follow the RCAF 5 Basic Exercises (5 BX) Plan. However, it is not expected that either programme will produce any competitors for the Olympic Games.

Special Events

Capt Eadon and Cpl Walker from the clinic in Fort Churchill visited Alert to treat service personnel at that northernmost station. Had they proceeded a few miles farther north they would have reached the point from which all directions are south.

No 57 Dental Unit (Militia) held a very successful all ranks mixed party and social evening on 28 Oct 60. Lt Col MJ Snidal kindly extended an invitation to personnel of this unit employed in Winnipeg. This afforded an excellent opportunity to meet our Militia confreres and to enjoy a most pleasant evening.

Sports

The Manitoba Area Golf Tournament was held in Winnipeg on 9 Sep 60. Lt Col Purdy and Major Syd Muller represented this unit and attained a standing in the low net "C" and "D" Divisions.

Sgt Ross Taylor, founder of the Mallard Water Ski Club of Minnedosa, took first place in the Trick, Slalom and Jumping on water skis at the Manitoba Water Ski Championships held in Winnipeg in late August. This achievement makes Ross the all-round Water-Ski Champ of Manitoba.

An RCDC bowling league was formed early in Nov. Personnel from Coy HQ, clinics in the Winnipeg area and 57 Dental Unit (Militia) are participating. To date some good scores have been chalked up but, generally speaking, the results resemble golf scores.

A Pre-Christmas Turkey Bowling Tournament was held on 14 Dec and turkeys were won by Capt George Moore, Capt Jacques Boulay, Mrs Dawn Fenton, Cpl Frank Reid, Miss Agnes Gravelle and Mrs Florence Jankowski.

Consolation prizes were won by Lt Col Purdy, Miss Agnes Gravelle, Mrs Mary Gareau, Mrs Edna MacFarlane, Capt Jacques Boulay and Capt Bob Gillis.

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4 FIELD DENTAL COMPANY

Capt LE Kelly and WO2 DD Robertson, recent arrivals in Germany, are welcomed to the unit. It is hoped their stay will be a pleasant experience.

Mr Gilles Bourdon, representative from Ticonium of Albany, NY, paid a visit to this unit during the month of Nov. It was a pleasure to have him drop in for a couple of days and it is hoped he enjoyed his European tour.

The chrome-cobalt lab is in full swing at last. After many trials and tribulations partial denture frameworks are being produced at a steady pace. This prolonged project took some eight months to complete. As the old saying goes "patience is a virtue". Ask WO2 Robertson how much paint there is in a running foot!

The major training scheme of 4 CIBG for 1960 was the NATO exercise "Holdfast", held in Schleswig-Holstein during the latter part of September. The dental detachment consisted of Capt Bisailon and Sgt Toole - we hear from reports they thoroughly enjoyed themselves.

The personnel of this unit are eagerly awaiting the 1961 concentrations, when we plan to hit the field as a unit for a summer in the mud.

The unit at one time had a surplus of drivers with few vehicles, now we have a surplus of vehicles and no drivers. The latter were recalled during Nov owing to changes in field establishment, however, the RCDC to the fore, we are being trained to handle the new automatic-drive vehicles. S sgt Bennett claims some of the pieces appear to have been forgotten, but who knows the difference.

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35 FIELD DENTAL COMPANY



The most important event in France during the past few months (to Easterners, at least) was the annual Grey Cup (Europe) contest, held in Metz on 12 Nov 60. This annual affair was attended by almost 5000 people, both Canadian and French, who were treated to an excellent exhibition. Our Cpl Bill Parker was selected as coach and quarterback of the Eastern team and did an outstanding job in both departments, as evidenced by the 35 to 8 score in favour of the East at the end of the game. Two touchdown passes by the QB contributed to the excitement and to the score. The accompanying photograph shows Air Commodore PA Gilchrist, Chief of Staff at Air Div HQ, presenting the Grey Cup (Europe) Trophy to Cpl Parker. (The bruises don't show!!)

Normal Grey Cup Festivities followed, in various messes and clubs, throughout the Air Division. It was the opinion of many that Grey Cup (Europe) provided a more interesting game than Grey Cup (Canada), which was won by some town in the East.

We were more than pleased to receive news of the promotion of WO1 Charlie Loken and A/Major Ian MacDonald. Both promotions were well deserved, and we again congratulate the recipients.

We have also learned of several other promotions in the Corps, through the Location Statement, and offer our congratulations to all concerned.

The recent pay increase and the new Dental Officer Allowance were greeted happily by all personnel of the unit. PXs throughout France and Germany, in particular, must have noticed the increase in business as a result of the new pay scale.

Speaking of PXs, they have been thronged for the past two months (more so than usual) with shoppers anxious to get their Christmas parcels away before the postal deadline. The Christmas spirit here is not commercialized to the extent

it is in Canada (thank goodness), but it is clearly evident in the form of lights, music and other ways in which Christmas should be celebrated. The absence of blaring radio and newspaper "bargain" advertising is a joy.

The lack of snow in December (at least in some Air Division locations) perhaps was not conducive to the Christmas spirit, but was probably welcomed by everyone except a few ski enthusiasts and the children. To date, "snowshovel" is just a word in the dictionary to many Canadians in Europe.

The successful completion of the recent Captain to Major Qualifying Course at the Corps School brought an acting Majority to Ian MacDonald and qualification to Lew Kelland. Congratulations to both on their success.

A/Sgt Helmut Marckwort will be spending his time at the RCASC School, Camp Borden, from mid-Jan to mid-Feb 61 in what we are sure will be his successful attempt on the Sr NCO Qualifying Course. He has been advised to take his greatcoat, for more than one reason.

Sgt Tony Fox, at No 3 Fighter Wing, Zweibrucken, together with his wife, have successfully completed a strenuous 50-session course in German. He reports that the effort was worthwhile and we are sure he and Mrs Fox will more thoroughly enjoy their tour as a result of their determination.

Capt Doug Evans was unsuccessful in his efforts to NOT be elected to the PMQ Community Council, and is now known as (among other things) "Councillor" Evans. His "Don't - Vote - For - Evans" Committee worked hard on his behalf, but in vain.

35 Fd Dent Unit extends Season Greetings to all ranks in the Corps and best wishes for continued good health in 1961.

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