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Cover Photo - HQ No 13 Dental Coy RCDC(R) - Sep 61

Bottom to Top - Left to Right: Col Leman, WO 2 Mulholland, WO 2 McLeod, S sgt Everett, Sgt Lunnin, Cpl Schmelzle, Cpl Eady, Capt Hunter, Lt Tullis, S sgt Weir, Cpl Wylie, Mr Brampton, Cpl Kennedy

EDITORIAL

THE RCDC STORES LIST

Most Corps personnel seem to agree that the RCDC Stores List, which contains approximately 1500 items, is a comprehensive selection of dental stores adequate to meet the normal treatment requirement of the Corps. Further, the Stores List is kept up to date by the addition and substitution of new items.

The Standing Stores Committee which is comprised of the DDGDS as Chairman; with the Commandant and Chief Instructor of The RCDC School and the Senior Procurement Officer as members; and a secretary, has the responsibility for advising the Director General concerning additions to and deletions from the Stores List.

In order that the Committee may discharge this responsibility efficiently and avoid waste of public funds a routine has been established for evaluating new equipment and supplies. When a member of the Corps suggests a new item or an article appears on the market which has possible application to the RCDC, it is purchased, assigned a project number and forwarded to The RCDC School and selected clinics for testing and evaluation, a process which may involve from three months to a year. When testing is completed, a full report is forwarded to the Committee which advises on procurement action.

In addition to practising economy in the use of dental materials, it is a responsibility of both dental officers and tradesmen to observe and assess the usefulness of materials currently used and also to suggest potentially useful new items. Only in this manner can the Standing Stores Committee maintain an up-to-date and comprehensive Stores List.

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CORPS PERSONNEL

As of 1 Nov 61 there were 504 military personnel employed in the Corps as follows: 155 regular dental officers; 1 dental officer call-out; 22 non-dental officers; 278 men; and 48 airwomen. Civilian personnel numbered 81 including: 8 Dental Surgeons (Part V); 10 Dental Surgeons (per diem); 46 dental nurses; and 17 other civilians.

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NO 13 DENTAL COMPANY RCDC(R)

Colonel A.C. Leman, CD, DDS

At the conclusion of the Second World War plans were made for the establishment of the first Canadian peacetime Dental Corps, comprised of active and reserve components. On October the 1st 1946, the date on which the Canadian Army was reorganized, 13 Dental Company came into being as one of the three original active force dental companies. In keeping with our tri-service function, 13 Company was designated as the "Air Force" company with its headquarters located at Central Air Command HQ, RCAF Station Trenton. The new unit, under command of Lt Col R.E. Carroll, had a total strength of 47 all ranks comprised of 11 dental officers and 36 WOs, NCOs and men and was responsible for the dental treatment of the personnel of the RCN, Army and RCAF located within the geographical limits of the Army's Central Command which now is designated as the province of Ontario.

Under the successive distinguished command of Lt Col R.E. Carroll, Lt Col F.R. Drewry, Lt Col H.L. Harris, Col K.M. Baird, Lt Col W.M. Sinclair and Col J.A. MacGowan, 13 Company developed in growth and status commensurate with increasing and ever-demanding service and treatment responsibilities until to-day the affairs and operations of this unit are performed by a service personnel staff of 32 officers and 51 WOs, NCOs and men plus 3 Part V Dental Surgeons, 5 Per Diem Dental Surgeons, 15 Part V Nurses and 8 Airwomen Dental Assistants. It is noted with pleasure that the eight "civilian" dentists who share our work-load, on full or part-time clinical duties, are all former officers of the RCDC viz, Brig E.M. Wansbrough, Cols C.B.H. Climo, F.R. Drewry, W.E. Meldrum, J.A. MacGowan, Lt Col C.W. McCrary, Majors W.O. Gardiner and J.C. Duff.

There are no isolated or even semi-isolated postings in 13 Company. The 26 clinics, of which 4 are part time, are located for the most part at military installations in the southern part of the province. Clinic accommodation within the command varies in size and construction from a one chair war-time construction building to the modern 5 chair standard RCDC clinic complete with chrome cobalt laboratory at Trenton. In lieu of specifically designed permanent clinics, two of our RCAF clinics are accommodated in several rooms on the ground floor of newly-constructed barrack blocks; in both cases the MIR is located in the same complex and is adjacent. A clinic of this type requires the minimum of alteration and is a great improvement over those in temporary buildings. No 7 Clinic in the Canadian Forces Hospital Kingston is one of the show places of 13 Company. Ultra modern in design and appointment in conformity with the hospital proper, the clinic is situated on the ground floor at the extreme end of one wing, with a private entrance to the grounds for out-patients from other units. The clinic consists of three separate operating rooms, DT Clinical bay, laboratory, dark room, store room, two offices, three wash rooms and a rather luxurious waiting room. As CFH Kingston is now recognized as a teaching hospital, our dental staff have benefited and contributed greatly by the close association that is maintained between the "meds" and the "dents" at this institution.

One of the greatest concentrations of 13 Company personnel is in the Ottawa area. Four full-time clinics are maintained at NDHQ, RCAF Station Uplands, RCAF Station Rockcliffe and HMCS Gloucester. In the near future a clinic will also be opened at the new National Defence Medical Centre. Another main centre is Kingston where 3 full-time clinics are maintained; No 13 at Eastern Ontario Area HQ (Canadian Army Staff College and National Defence

College), No 4 at Royal Military College and No 7 at the Canadian Forces Hospital Kingston. The remaining clinics of the company are located at various Army HQs and units and Air Force stations of Transport, Training, Materiel and Defence Commands in Ontario. In former years Camp Borden was the responsibility of 13 Company, however, with the location of The RCDC School at that site and the establishment of a Treatment Wing, the School has now taken over the treatment commitment for the Borden Area and administers No 23 Clinic at RCAF Station Camp Borden and the Part-time clinic at RCAF Station Edgar. The HQ of 13 Company is located at Air Transport Command HQ, RCAF Station Trenton. Although some inconvenience is experienced from time to time due to the location of HQ Central Command in Oakville, 125 miles to the west, there are many advantages to be gained in our present location. The spacious quarters that have been provided for us, in a separate building on the station, adequately accommodate the Administrative, QM Stores and Dental Equipment Sections under one roof. Flanked by the small cities of Trenton and Belleville on the Bay of Quinte the station is served by the trans-Ontario dual lane 401 highway, the mainline railway between Toronto, Ottawa and Montreal and of course the increasingly busy air terminal of Air Transport Command which is rapidly becoming the cross roads of the armed forces who concentrate here enroute to CBUME, the Congo, the Arctic and various parts of Canada. With the acquisition of 12 CC 106s, a long-range turbo prop cargo-troop carrier aircraft christened "The Yukon", Transport Command will soon begin flying service personnel and their dependents from Trenton to the Brigade in Germany and the Air Division in France. These aircraft, the largest ever built in Canada, can seat up to 167 passengers and are able to fly non-stop from Trenton to 1 Fighter Wing France in approximately ten hours.

No 15 Clinic, RCAF Stn Trenton

Front Row - L to R: Sgt Vout, WO2 Riddell, Capt Gazo, Lt Col Cunningham, Maj Andrews, Capt Lincoln and Sgt Gilbert

Back Row - L to R: F/S Savage, AW1 Reddy, Cpl Palmer, Pte Stenabaugh, Mrs Darling, Sgt Raymond, Cpl Brennan, AW1 Carroll and LAW Hughes.

Other than deep sea fishing and mountain climbing the fulfilment of practically any aspiration one may have in the way of life can be found, if not at, then within a couple of hours of a posting in 13 Company. Those who are fortunate enough to be chosen for a tour of duty with this unit can look forward to a very full life under near ideal conditions. This naturally includes an honest day's work.

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DENTAL SERVICES FOR THE CANADIAN FORCES

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

Last April in Toronto, the Royal College of Dental Surgeons of Ontario convened a workshop which devoted a full day to the question of what additional procedures, if any, should dental auxiliary personnel be permitted to carry out under the direct supervision of a dentist and in accordance with the resolution adopted by the Council on Dental Education at the meeting of the CDA in Sept 1960. This workshop was attended by upwards of 170 dentists many of whom were representing organized dentistry throughout the province but many of whom were private dentists sufficiently interested in the subject to take the necessary time to attend. It was but another manifestation of the general concern of the profession as a whole in the persistent problem of the shortage of trained dental personnel and the provision of a more adequate dental service for the population. It was evident from the reaction at this meeting that there are some in the profession who believe that no real shortage of trained personnel exists and that the question is merely one of distribution. There are others who submit that the principal source of difficulty has a socio-economic basis and that all people who can afford treatment and are desirous of obtaining it are being cared for satisfactorily. However, there appears to be no doubt that the large majority of responsible members of the profession support the view that an acute shortage does exist; that a considerable proportion of the population is not receiving adequate dental treatment and that there should be action taken now by the profession to improve the situation and to preclude undesirable action by bodies outside the profession.

Many of the provinces have been actively investigating the problem of providing adequate manpower for the profession but in this regard Ontario is probably in the most favourable position of any at the present time. It is one of the two most fortunate provinces in overall distribution of dentists in rural and urban areas and it has had in being, up until this fall, the only training program for dental assistants and dental hygienists. The more widely dispersed population in the other provinces and particularly those in the West, presents a situation which is more acute and more difficult to resolve. In these provinces, determined and vigorous action has been necessary in order to avert an almost disastrous situation and the results have not always been the most desirable. The threat of intervention by outside sources has brought home the urgency of immediate and effective measures very forcibly indeed.

The considerations involved in providing a dental service for the Canadian Forces are very similar to those now facing the civilian profession with a few major differences. Distribution of dental personnel is more readily controlled in the RCDC and theoretically at least this should simplify the situation. However, where a shortage of such personnel exists - and it does in the RCDC, distribution is merely a stop-gap and not the final answer. Furthermore, the advantages of controlled distribution are more than offset by the other implications involved in dealing with Service patients. These patients have no financial responsibility for the treatment and they are, in a large measure, at the young adult stage where treatment required is the most time-consuming. The Survey of Dentistry in the United States recently published by the American Council on Education points out that the average dentist can care for about 1000 patients and that only a little over 40 percent of the population visits a dentist every year and receives, in some cases, minimal dental care. An additional 30 percent receives some care and the remainder virtually no care at all except for the relief of pain. Under these circumstances the existing number of dentists in the US are barely coping with the

demand for treatment but if the demand became anywhere near universal the situation would hopeless. These figures are fairly well substantiated when applied to Canada and are borne out by the Survey of Dental Practice 1958 as conducted by the CDA. Canadian dentists serve about 1000 patients each, with about 34% of the population being cared for regularly. In the Forces the ratio of dental officers to patients is at present about 1:950 and while the demand may not be universal it is certainly almost so - at any rate, a great deal higher than in civilian practice where the economic factor serves as a partial deterrent.

The ultimate aim of the RCDC under ideal circumstances is, of course, to establish the highest standard of dental health for all members of the Forces. This we appreciate is not realistic under existing conditions and so our current aim is to treat as early as possible all Category I patients in order to prevent or relieve pain and infection and to ensure that the minimum time from duty is lost as a result of dental disability. Having accomplished this, treatment can then be planned for the Category II patients on the basis of need and of demand and the maximum number of personnel then maintained in Category III. The existence of a considerable backlog of treatment and the necessity for employing every available means to assist in overcoming this undesirable situation is recognized in the RCDC. An overall programme consisting of five principal approaches has been established as a means of diminishing at least some of the undesirable effects of the situation. It is not expected that any one of these approaches by itself will make a profound impression on the question but collectively they may well prove to be a fairly positive contribution.

The first approach is being made towards improving the dental officer strength of the Corps by means of both an increased intake and an increased retention on a career basis. Two plans for the subsidization of dental undergraduates by the Dept of National Defence have been in effect for some years past. These plans have produced a reasonable annual intake from the universities but releases through normal retirement and at the termination of the required period of service have neutralized any gains in this direction. A revised Dental Officers Subsidization Plan has recently been adopted, replacing the two previous plans and offering terms which should provide a more satisfactory yearly intake. In addition, the dental officers allowance which was revised and increased during the past year and the improved rates of pay for the Services generally should reflect a more attractive outlook for the young officer who would like to consider a career in the Corps. It is not considered likely nor even desirable that all dental officer vacancies should be filled in the immediate future but a steady annual gain will ultimately provide well-motivated officers in the numbers required to meet the commitment. This programme has in the past, and should continue in the future, to benefit the civilian population as well, since a good proportion of the subsidized officers are released and available to civilian practice after completion of their required tour of duty.

The second approach to the question is through the avenue of dental health education. This is a continuous and systematic programme with a six-week period set aside each year during which dental health education is stressed throughout the Forces. The results from such an effort are long-term and may not be readily apparent but there are certain objectives which it is felt can be accomplished through educational methods. The aim is to impress on the serviceman and his dependents the need for and the value of the measures they themselves can carry out to improve their dental health. This is attempted through the media of lectures, slides and films and by the distribution of posters and literature and by the examination of children in the DND Schools. The programme is now in its third year and while the results are not impressive as yet, the reaction is sufficiently encouraging to warrant continuation of the effort.

The third approach that is being investigated is in the field of preventive dentistry. It is now generally accepted that the topical application of sodium fluoride is an effective anticariogenic agent in children and that indications are that stannous fluoride is even more effective. Stannous fluoride in addition shows promise as a preventive measure in adults. Preliminary results of a clinical investigation being conducted on young adults by the RCDC were published in the Jan 61 issue of The Quarterly. Should the final and complete data bear out the present findings, it is intended to adopt this procedure as routine for all recruits and for other personnel in the age group where the principal menace is dental caries. A significant reduction in the incidence of this disease for this particular group would form a substantial contribution towards resolving the problem and presenting it in more practicable proportions.

The fourth approach is through the provision and use of improved technical dental supplies and equipment and the adoption of the most efficient procedures available for our purpose. The Standing Stores Committee is constantly reviewing and investigating new items for possible inclusion in the stores catalogue. Similarly, The RCDC School is constantly investigating and developing improved procedures and techniques to form the basis of the refresher courses presented to both officers and auxiliary personnel. During the past year, as an example, the program of equipping the Corps with the air-driven turbine was completed. An evaluation of the effect of this programme was published in the Oct 60 issue of The Quarterly and has proven to our own satisfaction that this measure should assist materially in reducing the magnitude of our commitment. Combined with these improvements in equipment and techniques but above either of them there is, of course, the motivation of our personnel and the esprit de Corps involved in providing a health service of a standard in keeping with our position throughout the Forces. The rate of achievement for the Corps generally, rose from 53.3 in 1952-53 to 66.4 in 1960-61 and this fact alone exemplifies the goodwill with which our service is given.

The fifth and final approach to be mentioned is through the employment of our dental auxiliary personnel. The RCDC is now carrying out a pilot study on the training and employment of the dental technician clinical in certain technical oral procedures which it is considered can be safely delegated and supervised by the dental officer. Should the results of this study disclose that such auxiliary personnel can be trained economically to the desired standard and employed effectively in RCDC clinics then it is intended to expand the duties of these clinical assistants by the inclusion of certain of the routine procedures normally carried out at the chair by the dental officer. The clinical technicians in their present role, have proven themselves to be most valuable contributors to our dental service and accordingly their numbers have been increased from the original six to the present establishment of 22. It is just possible that with further training and expanded responsibilities they can be of even greater value in the Corps.

Each of our five approaches has, of course, a counterpart in the civilian profession. However, in the RCDC there is a more direct control of the programme and the results should be more readily apparent. The effectiveness of our methods will, in the final analysis be proven or otherwise by time alone but for the present our aim is to ensure that every possible effort is being made towards meeting the challenge.

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ANTERIOR BRIDGES - FULL OR PARTIAL COVERAGE?

Major P.L. Falkner, CD, DDS

It is not the intention of this article to present new or earth-shaking material, but simply to review the salient factors that should be considered in the choice of retainers for anterior bridges. The trend is more and more to the use of complete veneer crowns with the partial veneer or 3/4 crown reserved for more or less ideal cases. This situation has arisen because the veneer type of retainer has proven to be the most reliable method of attachment, however, depending on the indications of the case, a pin-ledge or dowel crown retainer may be employed.

The veneer crown is a surface covering of a part or all of the crown. In a partial veneer crown, only the functioning surfaces of the tooth are covered. A complete veneer crown, as the name implies, covers the entire coronal portion of the tooth and in both cases, retention is developed between the inner surfaces of the casting and the external walls of the prepared tooth.

Among the many factors which govern the choice of retainers in the anterior region of the mouth, that of esthetics is of prime importance. To avoid a "mouthful of gold" appearance, it is necessary to show as little gold as possible. This can be accomplished with little difficulty when using a 3/4 gold crown on a correctly aligned tooth where the mesial and distal alices and occlusal reduction, when properly executed, will result in a minimum of gold showing. However, the placement of a 3/4 gold crown on a tipped or rotated tooth may require overcutting to such an extent that the metal display is excessive.

In the case of a complete veneer or full crown, there must be a modifiction to meet the esthetic requirements. This is usually accomplished by the insertion of an acrylic or porcelain labial facing in the crown. Often the final shade of these facings leave much to be desired and there is a need for more space to accommodate the acrylic or porcelain which involves a greater reduction of the tooth.

This brings up the point of conservation of tooth structure. An attachment should be selected which can be placed upon the abutment tooth with the least amount of cutting consistent with good retentive qualities. When a tooth is free from caries or other enamel defects, a partial veneer crown is ideal, indeed, conservation of tooth structure is its chief advantage. In teeth marred by extensive caries, discolouration, erosion, or abrasion a complete veneer crown is indicated. Extensive caries activity produces a slow but progressive resorption of the pulp and a consequent thickening of the dentine layer, making an unfavourable response to additional cutting less likely.

Gaining maximum retention is a factor no less important than esthetics. Retention is obtained in the partial veneer crown by retentive grooves, near to paralled proximal walls, a correctly reduced cingulum, and auxiliary retention points as required. In the complete veneer crown, the frictional fit makes it the most retentive of all attachments and it should be used on teeth with naturally short crowns, or on badly abraded teeth where the clinical crown has been reduced.

The arch form is significant in anterior bridgework. The greater the curvature of the anterior segment of the arch, the greater the leverage exerted on the restoration. In a bilateral anterior bridge, such as a cuspid-to-cuspid

span, the body of the bridge invariably deviates from the straight line, curving labially from one abutment to the other. The distance between the centre of the curved labial and a straight line drawn between two cuspids is the length of the lever arm. This multiplied by the force applied to the incisal edge gives the magnitude of the tipping factor present in the restoration. A full crown is more likely to resist distortion and displacement under such a force.

The oral hygiene of the patient has a bearing on the choice between a partial or complete veneer crown. The use of a partial veneer crown is contra-indicated for teeth with soft, chalky, poorly calcified enamel which does not provide a suitable wall against which to finish the margins of a casting; or when extensive caries will necessitate the removal of large amounts of tooth structure. Full coverage, on the other hand, provides protection against secondary decay since the whole crown is covered and the margins are placed beneath the gingival margins.

Summary

Partial or complete veneer crowns are used in 90% of anterior bridges. The partial veneer crown is limited in use. Its main advantages are maintenance of esthetic harmony and conservation of tooth structures, but the retentive and resistance qualities are not as good as in the complete veneer crown. The complete veneer crown provides the best retention, gives greater protection against secondary decay, and can be used to cover hypoplastic, stained, eroded, abraded, malposed, rotated or badly decayed teeth. However, its preparation requires a greater reduction of tooth structure and the gold must be covered by a porcelain or acrylic veneer. Its use is contra-indicated on young teeth with large pulps.

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TEMPORARY PROTECTION OF PREPARED ABUTMENT TEETH

Major A.G. Taylor, DDS

During construction of a bridge some form of temporary protection must be used to shield prepared abutment teeth against pulp irritation, damage to margins, extrusion and lateral movement.(1) In order to make cementation of the finished bridge easier, it is also desirable to prevent tissue overlapping the gingival margins of the preparations.

Types of Protection

There are many types of temporary coverage currently in use such as aluminum shell crowns, contoured copper bands, celluloid crowns, resin crowns, low fusing metal, cement or silicate crowns and acrylic splints, which may be sealed with a variety of substances including: zinc oxide and eugenol, gutta percha; and temporary cements.

Requirements of a Good Protector

1. Keeps prepared teeth free from contact with saliva and food debris.

2. Prevents damage to preparations.

3. Prevents extrusion and lateral movement of abutment teeth.

4. Protects teeth against pulp irritation.

5. Is not time-consuming in construction.

6. Is inexpensive.

7. Can be removed and recemented several times without destruction.

8. Gives a good esthetic effect.

Advantages of Acrylic Splints

All of the above requirements of good temporary protection for abutment teeth are adequately met by a well-constructed acrylic splint.

1. Acrylic splints can be sealed with a temporary cement to prevent the entrance of saliva and food debris.

2. Strength is one of the greatest advantages of the acrylic splint. Being much stronger than other types of temporary protection, acrylic splints have been known to keep the pulp and preparation unharmed for as long as three months when final treatment was delayed.(2)

3. The acrylic splint can be trimmed to restore occlusion thereby preventing extrusion of the abutment teeth. Contacts may be incorporated into the splint which, when coupled with the splint's bracing action, prevents lateral movement.

4. Being low in thermal conductivity this type of protection prevents pulp irritation.

5. The procedure used in construction of the acrylic splint is not overly time-consuming as it can be completed and inserted during the first appointment. Time is actually saved in the end since one splint will last as long as it is required, while with other types of protection, a remake is often necessary.

6. The acrylic splint is relatively inexpensive since a dozen splints can be made from one bottle of powder and one bottle of liquid.

7. If, when dislodging the splint with an instrument, a reasonable amount of care is taken, damage to the gingival margins can be avoided. The splint can be removed and recemented as often as required.

8. It is possible to achieve excellent esthetics. At times the esthetic effect of the temporary splint will be superior to that of the final or permanent restoration. To prevent this unfavourable comparison some dentists advocate the selection of a very dark shade of acrylic.

Construction of the Acrylic Splint

At the commencement of the first appointment a full alginate impression is taken over the unprepared teeth. The impression is poured and the cast allowed to harden. While the dentist is preparing the abutment teeth, the laboratory technician fills in the space on the stone model with plastic teeth which are waxed into position to form the corrected model. An alginate impression is taken of the corrected model and placed in a humidor.

When the preparations are "roughed out" in the mouth, the alginate impression of the corrected model is dried off and the bridge area of the impression is filled with self-curing acrylic of the proper shade and seated in the mouth.(3) When the acrylic has set sufficiently to be removed in one piece from the mouth it is placed in hot water to hasten the set. The splint may then be trimmed, and the occlusion adjusted and after polishing, it is inserted with zinc oxide and eugenol temporary cement.

Suggested Aids

1. To accelerate the setting of the acrylic, have the patient rinse his mouth with warm water just prior to insertion of the alginate impression. Also rinse the impression itself with warm water.

2. The gingival margin area of these splints is most often inadequately covered because of the thinness of the acrylic material at this point. By taking a #11 Bard-Parker blade and cutting a little of the gingival margin away in the alginate impression prior to insertion of the acrylic material, the additional space created will provide more bulk in the finished acrylic splint. The same result may be obtained by adding a little inlay wax to the cervical 1/3 of the abutment teeth on the corrected stone model.

3. It is not necessary to finish the fine detail of the abutment preparation at the first appointment. The shoulders of the "roughed out" preparations may be finished at the next appointment.

4. It is not necessary to duplicate flaws of the original abutment teeth in the splint as these can be eliminated by grinding or adding inlay wax on the corrected model.

5. The application of a little vaseline on the gingival tissue in the bridge area will offer protection against irritation by the acrylic monomer.

6. Tylman(2) describes a technique using rubber base impression material in place of alginate which may produce a superior splint in the hands of some dentists.

7. If it is anticipated that the splint will be worn for an unusually lengthy period it may be reinforced with copper bands as described by Ewing.(4)

Summary

The reasons for using temporary protection of prepared abutment teeth are outlined and the types of protection currently in use listed. Eight requirements for a good temporary protector are suggested and the acrylic splint described which adequately meets these requirements. A technique for the construction of an acrylic splint is discussed as well as some suggested aids for obtaining an improved result.

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FROM THE REPAIR DEPARTMENT

S sgt EMB Everett

Dentistry, like most modern sciences is continuously advancing. Gone are the days of limited equipment, foot-operated engines and amalgams pushed in with the thumb. New research, new methods of treatment and new techniques have added to the professional skill and ability of the dentist. In keeping with these advances it has been necessary to design and develop new and complicated equipment, capable of high speed, adaptability and performance in conjunction with the serviceability required for almost constant operation and, as a result, the dental equipment repairman has become as essential to the dental team as the dental assistant and the laboratory technician. It is only necessary to consider the modern dental clinic equipped with all the new aids, motor-operated foam-padded chair, X-ray Unit, and completely equipped operating unit in order to realize the importance of the equipment repairer to the dental team. Much of the equipment is self-contained with electrical and air-operated instruments, lights, dials, switches, buttons, valves or other controls, reminiscent of space-age robots.

The dentist has mastered the switches, buttons, controls and the technique needed to operate this special equipment but when a breakdown occurs he relies on the dental equipment repairman to trace and repair the breakdown as quickly as possible. Repairs to these complicated machines are time-consuming and costly in loss of time to the dentist, the patient and the Corps. No longer can the dentist call in the local plumber or handy-man. His new equipment is specially designed to work at high speed and is manufactured from different components, metal and otherwise. Underneath the bright and attractive covering

is a maze of wires, tubes, relays, switches, valves, fuses and other strange-looking devices. All parts are machined to very close tolerances to permit smooth working at high speed and because of the high speed required, many component parts tire quickly and break down. Picture one part of an air turbine where a few tiny metal spheres smaller than the periods used in this article, are required to turn a bur at speeds of 300,000 RPM and remain vibration free. When it is considered that only good cleaning and proper oiling are required to keep them rolling, the importance of routine maintenance is apparent.

Part 6 of the Manual of Dental Services outlines the maintenance of most Corps equipment and it is the responsibility of those concerned to acquaint themselves thoroughly with these procedures. A word of caution, however, is necessary. If a piece of equipment has been properly kept, cleaned and oiled as required, yet fails to work, only those minor adjustments authorized at clinic or laboratory level should be carried out. If this fails to get the piece or part back to normal working efficiency, DO NOT ATTEMPT TO REPAIR IT. Call the equipment repair department or ship the defective equipment to Coy HQ. Attempts by unqualified personnel to repair equipment have often caused additional damage and, in many instances, put the parts or pieces beyond repair even by the repair department.

The RCDC must have equipment available for the field, for ships at sea and for clinics in Canada and abroad. Wherever the Canadian serviceman goes, he depends on the RCDC to meet his dental requirements. With planning and foresight in procurement, well-equipped dental repair departments and the cooperation of all members of the dental team, the Corps will be ready to meet all future needs.

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FACIAL ASYMMETRY

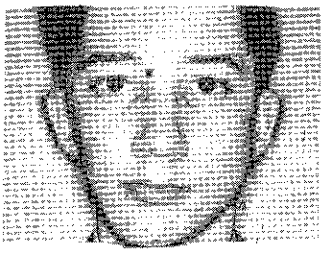
Captain JLY Cyrenne, DDS

There is no true symmetry of the face yet marked asymmetry is fairly uncommon. It may be due to the destruction of the growth centres in one or more of the facial bones and the mandible, which is the most vulnerable facial bone, is most often involved. The mandible has six growth centres, the most active of which is located at the head of the condyle. According to Engel and Brodie[1], "noxious influences such as endocine disturbances, middle ear infections, arthritis, hematogenous infections and other causes can affect the active cartilage centre at the head of the condyle". Traumatic injuries may occur during birth through the use of obstetrical forceps or may result from blows on the chin during infancy or childhood. Such injuries can also cause a disturbance of the condylar growth centre.

Case History

This 18 year old airman was admitted to hospital with a history of phimosis. The head and neck examination revealed a facial deformity that appeared to be either a hyperplasia of the left side of the mandible or a hypoplasia of the right side. (Fig 1).

The past history indicated that the patient fell on his chin when he was about ten years old. Since no discomfort followed, his parents felt medical attention unnecessary, but in fact, the accident had produced a fracture of the right condyle causing an arrest in the development of the condylar growth centre on that side.

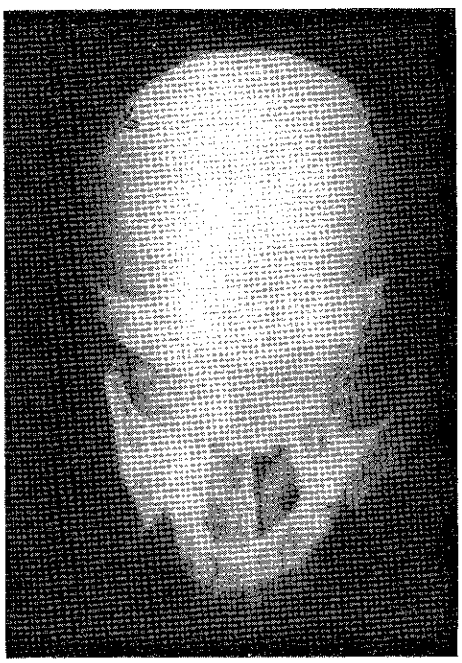


(Fig 1)

The x-ray report read as follows: "There is asymmetry of the mandible with loss of the normal anterior arching. The left T.M. joint is normal, and movement from the closed (Left Fig 2) to the open position (Right Fig 2) appears normal. The right T.M. joint shows a fractured condyle. (Fig 3). A fibrous union has taken place but the fragment presents an abnormal position, having moved forward and downward. In the closed (Left Fig 3) position the space between the head of the condyle and the bottom of the glenoid fossa is larger than on the left side. In the open position (Right Fig 3) the condyle appears to be subluxated. (Fig 4) shows a definite malposition of the right condyle and a distortion of the left body of the mandible. No other asymmetry of the facial bones is noted. Nothing unusual is noted about the skull. The bony texture is not unusual".

(Fig 2) (Left Side)

(Fig 3) (Right Side)



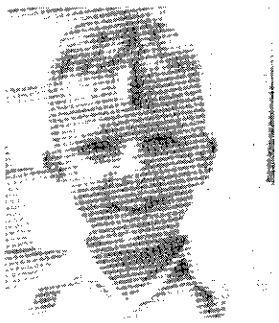
(Right) (Fig 4) (Left)

The oral examination revealed a deviation of the midline of approximately 3mm toward the right side, narrow arches, crowding in the anterior region and inversion of the lower posterior teeth. An incisal fracture was observed on the upper left central and the patient confirmed that this was due to an accident in childhood. The occlusion was functional. The case was diagnosed as right mandibular hypoplasia.

No treatment was attempted in this case, because there was no discomfort or impairment in the function of the jaw. The patient's only complaint was esthetic in nature and since the growth centres of the mandible are active until at least the 20th year, it was not considered desirable to intervene at this time.

Discussion:

There is a great deal of variation in the etiology of facial asymmetry. The causes may be found in pre-natal as well as in post-natal life. Maintenance of abnormal posture during gestation has been shown by Holt and McIntosh[2] to interfere with the symmetrical development of the face. "Intrauterine pressure due to the so called 'position of comfort' assumed by the fetus frequently results in asymmetries of the face and jaws which may be permanent if severe enough, especially in children with osteogenic disturbances or deficiencies".



(Fig 5)

There was nothing in the present history to confirm such theories. It is likely that a congenital deformity will manifest itself in early life and, according to the history, the patient became aware of the deformity only when he joined the Armed Forces two years ago. It is also interesting to note that a picture of the patient when he was about ten does not show any deformity. (Fig 5).

Hyperplasia of one of the mandibular condyles is another frequent cause of facial asymmetry. In the case discussed however, there was no sign of condylar enlargement. "Traumatic injuries to the growing cartilage on the condylar head may result in a failure of that side of the mandible to elongate, the normal side meanwhile continues to grow and pushes the midline toward the affected side".[3] This appears to be the etiological factor in this case and it is reasonable to assume that a fracture of the mandibular condyle has produced a disturbance in the most active growth centre of the mandible, creating a hypoplasia of the right side of the mandible.

Summary:

A case of facial asymmetry has been observed and diagnosed as unilateral mandibular hypoplasia. A traumatic injury in childhood appears to have initiated the deformity. No treatment was rendered.

References:

1. Engel, M.B. and Brodie, A.G. Condylar growth and mandibular deformities. Surgery, 22: 976-992, 1947.

2. Holt, L.E. and McIntosh, R. Holt's diseases of infancy and childhood. 11th ed. New York, D. Appleton Century Co. 1939.

3. Schour and Massler. Atlas of the mouth. American Dental Association, 1952.

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Post-Graduate Training

During the past five years the Corps has provided 79 post-graduate courses for dental officers, not counting courses at The RCDC School. The distribution has been as follows: Oral Surgery 15; Crown and Bridge 7; Operative Dentistry 3; Advanced Dentistry 7; Periodontics 7; Radiology 3; Public Health 2; Pedodontics 1; Complete Dentures 13; Partial Dentures 6; Oral Diagnosis and Pathology 3; Endodontics 3; Mass Casualty Care 3; and miscellaneous 6.

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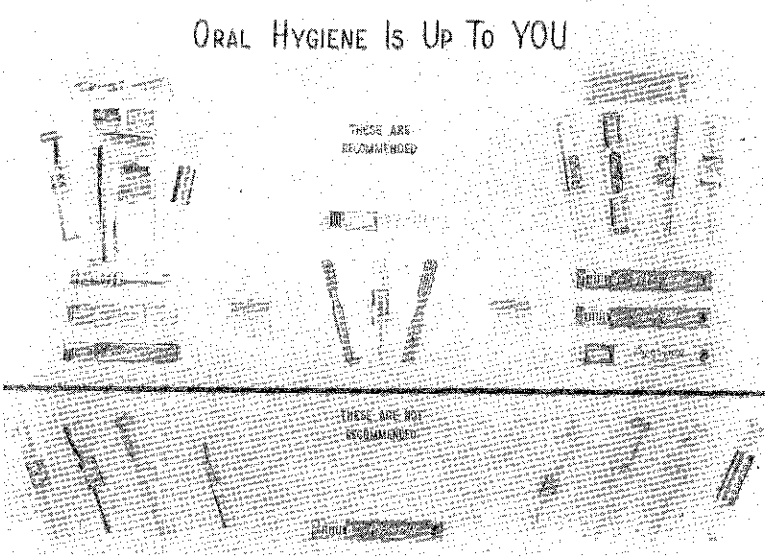
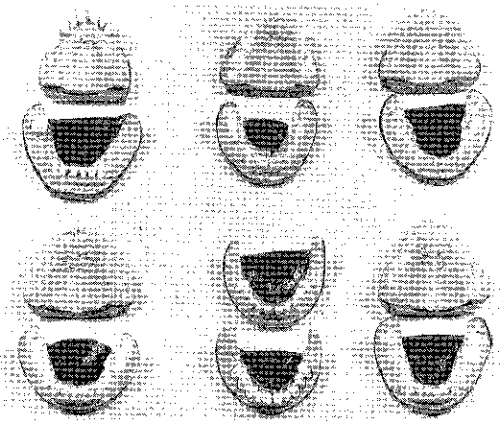
TRAINING AIDS FOR DENTAL TECHNICIANS CLINICAL

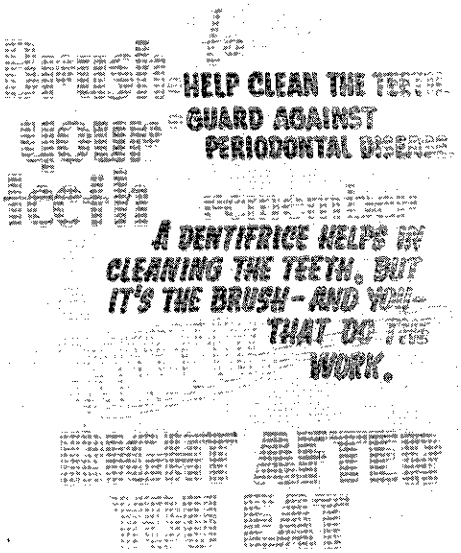
The following photographs illustrate some of the training aids prepared by S sgt JCA Therrien, DT Cl at No 1 Clinic, Ottawa to assist him in patient education.



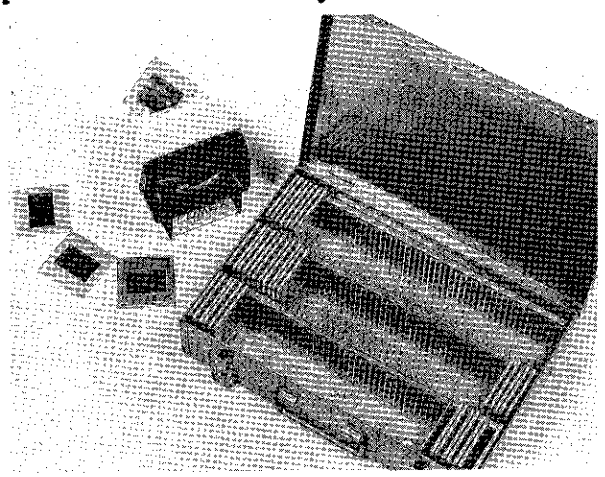
This display of toothbrushes is made using a 30" x 36" sheet of 1/4" plywood. It includes toothbrushes for infants, children, adults, dentures, travelling and periodontal therapy, as well as other aids to mouth hygiene.



Models are obtained and painted appropriate colours to show malposed teeth, the results of thumb sucking, tooth decay, gross calculus periodontal pockets and a healthy mouth.



Poster



A variety of 35 mm slides and mounted radiographs are used to demonstrate calculus deposits, periodontal pockets, tooth decay, fillings, etc.

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UP THE MATTAGAMI

Cpl EPH Sprathoff

"A fine way to start a trip, with the train eight hours late", I remarked to the young reporter who interviewed us on arrival at Timmins. This was not really meant to be a facetious remark. Our adventure into the wilds of northern Ontario started with a train wreck and a messy one! The fast-moving train on which my wife and I were making the journey to our jumping-off place was derailed between North Bay and Porquis Junction. Believe me, I was grateful for the first aid training I had received in the Army because for four hours I was required to render first aid to the postmaster on the train, whose condition was very serious. The doctor finally arrived and took over but our efforts proved fruitless when the patient died of a heart attack four days later.

I have been asked many times why I spend my leaves in the bush far away from the comforts of civilization. Struggling through thickets, over rocks, around waterfalls or through swift rapids, always fighting blackflies, mosquitoes and other little pests, doesn't seem to be the way to enjoy a rest, but the answer is quite simple. If a person likes wild, open country (there is still some around) uncluttered by beverage bottles, garbage and discarded paper dishes, without having to listen to the sound of a half dozen radios blaring, or if he is inclined to be a fishing enthusiast, or even a camera bug after pictures of plants or animals, then he must do what I did - rough it for a few weeks. Surprisingly enough, most people who have been in the bush on such a holiday are eager to return the following year. While our trip was hazardous at the beginning, we considered it a success in every way. Our prime purpose, other than the holiday, was to take movies of this country and its wild life and we took 950 feet of 8 mm colour film, and numerous 35 mm slides which have added considerably to our film library of numerous jaunts in Germany, Algonquin Park and along the rugged Petawawa River.

We found exciting wildlife, breathtaking waterfalls and rapids, colourful scenery; experienced the physical hardship of paddling and portaging followed by quiet evenings by the campfire after a sumptuous meal cooked over an open fire and flavoured with woodsmoke. Night time found us fast asleep under the stars, undisturbed by the numerous night noises.

In the morning, after a dip in the river and a delicious breakfast of oatmeal, Danish bacon, coffee and pan-fried biscuits, we would load our equipment and supplies into the Voyageur canoe and resume our leisurely journey. A number of times we had to portage which is not an easy task with 650 pounds of baggage, rifles, fishing tackle and a 15-foot aluminum canoe.

One incident stands out above others in excitement. One section of the river was a swift rapid, too shallow to float the canoe with the two of us in it, and we were forced to literally walk, swim across pot-holes tugging the canoe, and continually fight for a foothold on this two-mile downstream stretch. It took us three and a half hours to navigate and even with the help of some rum, our feet and legs were blue and numb with cold. The highest water temperature was 52, while the highest air temperature was 71 in the shade.

Although it may be considered a rough way of life, canoeing and camping along the Mattagami River on the way to Moosonee is a most satisfying and enjoyable experience. To the fishermen in the Corps I would like to say that I never have experienced better fishing using ultra-light tackle. Getting your limit in twenty minutes can be considered good fishing anywhere. On this

occasion we caught mostly pickerel but there were a few pike of trophy size. As for game, I can only say that the so-called hunter's paradise is poor in comparison. There were moose, geese, ducks, ruff grouse, Hungarian partridge (there IS a difference) and wolves, to name a few. Bears were not in evidence during daylight hours but we heard them around the tent at night, even though we disposed of our garbage very carefully.

For provisions we took mostly high protein foods, lots of nuts, raisins, dried fruits, twenty-five pounds of flour, ten pounds of salt, ten pounds of sugar, eight pounds of tinned Danish bacon, sardines, smoked oysters for a treat, three pounds of shortening, six pounds of tinned butter, five pounds of oatmeal and, of course, the old standby bully beef, fifteen pounds of it. Some of the comforts of civilization are necessary. For those campers interested in eating well, the following is a good recipe:

2 tins of bully beef
3 lbs of potatoes
3 clove buds
2 bay leaves (medium)
¾ teaspoon black pepper
1 cup bacon grease
1 lb onions
salt to taste

While the potatoes are boiling, put the bacon grease in the frying pan and add the roughly diced onions allowing them to brown slightly. Then add the corned beef, cloves, broken bay leaves and the pepper and let fry very vigorously for ten minutes. Then simmer until the potatoes are done. Pour the water off the potatoes and mash (your ax handle will do), add the meat mixture and stir well. This will serve six but, considering the appetites of campers, two can polish it off quite easily.

A simple way to prepare fish is to remove the entrails but do not scale or cut off head or tail. Fill the belly cavity with two strips of bacon, then close it with three or four small wooden pegs. Salt the outside of the fish, wrap it tightly in strong foil and cover completely in the ashes of the fire. If you have no foil, clay will suffice. Cook thirty minutes for each hand-length and you will find that the skin will come off very easily and the meat will practically fall off the bones.

Our 15-foot Voyageur canoe proved itself beyond a doubt to be the best type for this sort of travel with its aluminum hull more resistant than the ordinary canvas covered type. After a run through rapids it resembled an old dented punt, but it never developed a leak and the dents and bumps were easily straightened out with the help of two pieces of wood.

From the beginning until the end of our trip up the Mattagami to Moosonee there was no such thing as "time", just the green and golden "now".

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RCDC Clinics

At present the Corps operates 81 full-time and 30 part-time clinics. These are comprised of: 32 one-chair clinics; 38 two-chair; 9 three-chair; 9 four-chair; 12 five-chair; 4 six-chair; 2 seven-chair; and 1 nine-chair clinic. In addition, The RCDC School has 22 chairs.

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PROMOTIONS

Congratulations are extended to the following personnel on their recent promotions:

Capt	JJN	Wright	-	to Major
Sgt	AJA	MacFarlane	-	to S sgt
Sgt	HEW	Reid	-	to A/S sgt
Cpl	JIJ	Boulanger	-	to A/Sgt
Cpl	HK	Drawe	-	to A/Sgt
Cpl	JG	Moore	-	to L/Sgt
Cpl	HH	Nogler	-	to L/Sgt

WELCOME

We welcome Capt Lee Reynolds back to the fold after a brief tour on civvy street, as well as Pte DL Kerr on transfer from the RCHA and Pte JM MacLean from the Guards. New airwomen DAs include AW2 DJ Lawrence at RCAF Station Camp Borden, LAW MBA Perusse, RCAF Station Namao and LAW MIE Cornut, RCAF Station Chatham.

RELEASES AND RETIREMENTS

Pte DG Hoffman, recently of No 1 Clinic, Ottawa, has retired after 21 years' service in the army, seven years of which were spent in the Corps as a dental storeman at No 1 Dent Eqpt Dep and No 1 Clinic. Pte Hoffman and his wife Rose plan to remain in Ottawa.

The following officers have entered private practice on completion of their tours of duty with the Corps:

Capt	O	Chaikin
Capt	WR	Black
Capt	RA	Bell
Capt	JGG	Hebert

POSTINGS

The following Corps personnel and Airwomen have been posted since the last issue of the Quarterly:

Major	ED	Fraser	-	to HMCS Stadacona Halifax from RCAF Stn St Hubert
Major	JI	Gordon	-	to RCAF Stn St Hubert from HMCS Stadacona
Major	AL	Kelland	-	to HQ Cencom Oakville from 35 Fd Dent Unit
Major	JA	Lauziere	-	to Ft Osborne Bks Winnipeg from HQ Camp Shilo
Major	SW	Muller	-	to 14 Coy RCAF Stn Winnipeg from Ft Osborne Bks Winnipeg
Major	GE	Windsor	-	to 7 PD London from 35 Fd Dent Unit
Capt	MA	Abramson	-	to HMCS Cornwallis from The RCDC School
Capt	FC	Arpin	-	to CBUME from HQ Ft Churchill
Capt	PJJ	Coulombe	-	to 4 Fd Dent Coy from RCAF Stn Clinton
Capt	GJB	Dionne	-	to RCAF Stn Comox from The RCDC School
Capt	R	Lanthier	-	to 1 Clinic AFHQ Ottawa from CBUME
Capt	RJ	Paturel	-	to Ft Churchill from Ft Osborne Bks
Capt	OA	Tucker	-	to RCAF Stn Winnipeg from Ft Osborne Bks

POSTINGS (cont'd)

S sgt	FR	Taylor	-	to Ft Osborne Bks from HQ Camp Shilo
S sgt	JCA	Therrien	-	to 1 Clinic AFHQ, Ottawa from RCAF Stn Clinton
Sgt	E	D'Avignon	-	to 15 Coy HQ from RCAF Stn Goose Bay
Sgt	HEG	Franzgrote	-	to RCAF Stn St Hubert from HQ NWHS Whitehorse
Sgt	FG	Grundy	-	to HMCS Stadacona from 35 Fd Dent Unit
Sgt	T	Hussey	-	to Goose Bay from HQ Quecom
Sgt	JF	Marchand	-	to 35 Fd Dent Unit from HMCS Stadacona
Sgt	JV	Minnelli	-	to 1 Clinic AFHQ, Ottawa from Camp Petawawa
Sgt	WD	MacDougall	-	to RCAF Stn Sea Island from Ft Churchill
Sgt	WS	Richardson	-	to RCAF Stn Camp Borden from The RCDC School
Sgt	VH	Shaw	-	to 4 Fd Dent Coy from RCAF Stn Comox BC
Sgt	RJJ	Tremblay	-	to Camp Petawawa from RCAF Stn Clinton
Cpl	JC	Bleakney	-	to HMC Dockyard, Halifax from Camp Gagetown
Cpl	PAP	Hughes	-	to HMCS Stadacona from Camp Gagetown
Cpl	RJ	Lowery	-	to The RCDC School from RCAF Stn Sea Island
Pte	C	Forsythe	-	to Quebec City from The RCDC School

Airwomen

F/Sgt	PE	Savage	-	to RCAF Stn Trenton from RCAF Stn St Jean
Cpl	JA	Brennan	-	to RCAF Stn Trenton from 35 Fd Dent Unit
Cpl	BJ	Leong-See	-	to RCAF Stn Comox from RCAF Stn Winnipeg
LAW	CMR	Barbor	-	to RCAF Stn Clinton from RCAF Stn Aylmer
AW1	PLM	Babish	-	to RCAF Stn Greenwood from RCAF Stn Goose Bay
AW1	JA	Bowes	-	to 35 Fd Dent Unit from RCAF Stn Trenton Ont
AWI	YML	Fournier	-	to RCAF Stn Winnipeg from RCAF Stn Rockcliffe
AW1	FR	Peck	-	to RCAF Stn Downsview from RCAF Stn St Jean
AW2	E	Allen	-	to RCAF Stn Bagotville from RCAF Stn St Jean

TRAINING

During the period since 1 Aug Corps personnel have participated in a variety of training as follows:

University of Toronto

Col	CE	Purdy	-	The RCDC School	- Occlusion and Occlusal Correction - 16-20 Oct

University of Oregon

Maj	MP	Quinn	-	11 Coy	- Oral Surgery - 23-26 Oct

Royal College of Surgeons, London, England

Capt	FW	Lovely	-	12 Coy)	- General Oral and Dental
Capt	JG	Boucher	-	35 Fd Dent Unit)	Surgery - 23 Oct - 15 Dec

Walter Reed Army Medical Center, Washington, DC

Maj	WR	Thompson	-	The RCDC School	- Advanced Dentistry - 26 Jul - 17 Nov 61

Doctors' Hospital, Toronto

Maj	JVP	Chatwin	-	13 Coy	- Oral Surgery - 6 Sep - 27 Oct

TRAINING (cont'd)

The RCDC School

University Undergraduates

A total of 26 subsidized officers and officer cadets completed summer training at The RCDC School in 1961. Fourteen undergraduates completed Phase 2 training and ten undergraduates and two graduates completed Phase 3. The following is a breakdown by Universities:

Dalhousie University	-	4
University of Montreal	-	5
University of Toronto	-	8
University of Manitoba	-	1
University of Alberta	-	8

The following cadet awards were made:

Honour Cadet	-	O/Cdt WE Russell	- Dalhousie University
Chief Instructors Trophy (Clinical Proficiency)	-	2/Lt GA Johnston	- University of Toronto
Field Exercise Trophy	-	O/Cdt WE Russell	- Dalhousie University
	-	O/Cdt NH Andrews	- Dalhousie University
Outstanding Cadet - 2nd Phase	-	O/Cdt CM Mason	- University of Alberta

Capt to Maj Qualifying Course - 18 Sep - 27 Oct 61

Capt	DG	Gardner	-	11 Coy
Capt	HG	Bunston	-	12 Coy
Capt	GMD	Conrad	-	12 Coy
Capt	CD	Mollins	-	12 Coy
Capt	WF	Shaw	-	12 Coy
Capt	VM	McMaster	-	12 Coy
Capt	JLY	Cyrenne	-	13 Coy
Capt	DR	Girard	-	13 Coy
Capt	HF	MacKay	-	13 Coy
Capt	GIJ	Bisaillon	-	14 Coy
Capt	JOL	Bourget	-	14 Coy
Capt	RJ	Bryant	-	14 Coy
Capt	HJ	Cashin	-	14 Coy
Capt	BA	Gaudet	-	15 Coy
Capt	GT	Crossman	-	4 Fd Dent Coy

DT Lab Instr Course - 25 Sep - 20 Oct 61

Sgt	RL	Thornton	-	11 Coy
Sgt	WF	Chase	-	12 Coy
Sgt	AM	Jerome	-	13 Coy
Sgt	JE	Raymond	-	13 Coy
Sgt	BH	Sims	-	13 Coy
Sgt	AC	Vout	-	13 Coy
Sgt	KPH	Buchholz	-	14 Coy
Sgt	GE	McGunigal	-	14 Coy
Sgt	G	Shechosky	-	14 Coy
Sgt	M	Tremblay	-	15 Coy
Sgt	KS	Rothwell	-	35 Fd Dent Unit

DT Lab Gp 4 Course - 23 Oct - 1 Dec 61

Sgt	EE	McFadden	-	11 Coy
Sgt	RL	Thornton	-	11 Coy
Sgt	DB	Wood	-	11 Coy
Sgt	RJ	Goodwin	-	13 Coy
Sgt	WE	Hill	-	13 Coy
Sgt	AM	Jerome	-	13 Coy
Sgt	JE	Raymond	-	13 Coy
Sgt	KLM	Wallace	-	13 Coy

DA Instr Course - 18 Sep - 6 Oct 61

Cpl	LR	Barrett	-	12 Coy
S sgt	PAA	Egan	-	12 Coy
Sgt	SG	Fraser	-	12 Coy
Sgt	RF	Matheson	-	12 Coy
Sgt	EL	Schell	-	12 Coy
Cpl	HD	Wagstaff	-	12 Coy
Sgt	BW	Holtham	-	13 Coy
Sgt	W	Olynyk	-	13 Coy
Sgt	W	Richardson	-	13 Coy
Sgt	RK	Shappee	-	13 Coy
Sgt	TH	Southin	-	15 Coy
Sgt	ES	Knoll	-	RCDC School

No 1 Dental Equipment Depot

Dent Eqpt Rep Gp 2 - 4 Sep - 15 Dec 61

Sgt	RG	Hopkins	-	15 Coy
Sgt	AJ	Tait	-	1 Dent Eqpt Dep

Dent Stmn Gp 2 - 16 Oct - 24 Nov 61

Cpl	GM	Wadden	-	12 Coy
Pte	DH	McKay	-	13 Coy
Pte	RE	Thompson	-	15 Coy
Pte	PJ	Dumas	-	1 Dent Eqpt Dep
Pte	HE	Lubitz	-	1 Dent Eqpt Dep
Cpl	DT	McRoberts	-	1 Dent Eqpt Dep

RCASC School, Camp Borden

Sr NCO Courses

A/Sgt	G	MacCuish	-	12 Coy
Cpl	WE	Bussell	-	13 Coy
Cpl	HM	McCurdie	-	13 Coy
Cpl	FJ	Reid	-	14 Coy

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Dental Technicians Clinical

There are at present 20 DT Cls in the Corps. In the 1960/61 fiscal years these tradesmen performed 54,015 operations valued at $158,202.00.

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VITAL STATISTICS

DIRECTORATE OF DENTAL SERVICES

Hospital:

Sgt Doug Lillico was admitted to Rockcliffe Hospital on 26 Sep.

Mrs Smallshaw was recently hospitalized for a tonsilectomy.

THE RCDC SCHOOL

Hospital:

Lt Col JW Turner in Toronto Military Hospital 3 Aug - 5 Sep 61.

NO 1 DENT EQPT DEP

Obituary - S sgt Dick Claydon

Funeral services were held in Ottawa on 3 Aug 61 for the late S sgt Dick Claydon who died suddenly in Ottawa on 31 Jul 61. S sgt Claydon, a dental storeman, was a veteran of 20 years with the Corps having served in Canada, Europe and Korea. He is survived by his wife and one son who reside in Ottawa.

Births:

To Lt and Mrs EA Church on 18 Jul 61 a daughter, Patricia Leah.
To S sgt and Mrs JW Hutchinson on 30 Jun 61, a daughter, Catherine Mae.
To Pte and Mrs HE Lubitz on 30 Sep 61, a son, Gregory Harvey John.

NO 11 DENT COY

Marriages:

Capt M Petryk was married to Miss Patricia Mae Winnick at Edmonton on 15 Aug 61.

NO 12 DENT COY

Births:

Major and Mrs IW Susser - a son, Michael Benjamin
Sgt and Mrs JF Marchand - a daughter, Lynn Marie
Cpl and Mrs JC Bleakney - a daughter, Jill Leah
Cpl and Mrs EV Tanner - a daughter, Gail Elaine

NO 13 DENT COY

Marriages:

Major PS Sills was married to Miss Ada Elaine Joynt at Ottawa on 29 Jul 61.

Capt MN Deyette was married to Miss Marilyn Eloise Nodwell at Mansville, Ont on 12 Aug 61.

Capt AJC Vachon was married to Miss Catherine Luella Phillips at Ottawa on 5 Aug 61.

Capt PJJ Coulombe was married to Miss Charlotte Lorraine Caron at Leaside, Ont on 16 Sep 61.

Capt RL Moran was married to Miss Dolores Patricia Long at Fort William, Ont on 29 Jul 61.

Births:

To Major and Mrs PL Falkner on 10 Aug 61, a daughter, Christine Elizabeth.

To Capt and Mrs EW Gazo on 14 Jul 61, a son, John Michael.

To WO2 and Mrs BA McLeod on 4 Aug 61, a son, Allan Donald Joseph.

Hospital:

S sgt WB Weir - returned to duty after six months in hospital and six weeks' sick leave.

Cpl NAJ Eady - 14-18 Aug 61.

NO 14 DENT COY

Hospital:

Sgt A Bremble - Fort Churchill Hospital 7-13 Sep 61, Deer Lodge Hospital 18-27 Sep 61.

Sgt GA Fogg - Deer Lodge Hospital 18-29 Sep 61.

Sgt GE McGunigal - Shilo Hospital 19-26 Sep 61.

NO 15 DENT COY

Births:

To Capt and Mrs JH Marion on 7 Sep 61, a son, Joseph Henri Sylvain.

Marriages:

Capt PP Prud'homme was married to Miss Therese Crete at Herouxville, Que on 31 Jul 61.

Cpl AE Werkmann was married to Miss Therese Majchozak at Montreal on 15 Jul 61.

LAW MLH Gamache was married to LAC La Rue in July.

Sickness:

S sgt CR White has graduated to a walking cast after a period on crutches owing to a broken ankle while playing softball with the RCAF Stn St Jean team.

Pte Ferland is now out of hospital on convalescent leave following a hernia operation.

Mrs J Lecompte, civilian DA in Montreal has been ordered to take one month's rest.

35 FD DENT UNIT

Marriages:

LAW Joncas was married to LAC Ridley on 31 Aug 61.

4 FD DENT COY

Births:

To Sgt and Mrs Ron D'Eon on 9 Sep 61 at BMH, Iserlohn, a daughter, Heather Lynn.

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DIRECTORATE OF DENTAL SERVICES NEWS

Corps Service in France Honoured

The RCDC has shared in a signal honour conferred on Canadian Units and Services who served in France during the Second World War.

A symbolic ceremony was held in Quebec City in September, 1960 when Countess Hettier de Boislambert, patroness of the Regiment de la Chaudiere presented a small chest containing soil collected from Canadian Military cemeteries in France to His Excellency, The Governor General of Canada. Le Regiment de la Chaudiere of Levis, P.Q. one of the units which took part in landings on D-Day, was chosen as custodian of this symbolic chest. This Regiment expressed the wish that all Canadian Units and Services who fought in France during the Second World War should share this honour and accordingly each has now received a replica of the chest complete with a portion of the French Soil. The chest presented to the RCDC will be retained permanently at The RCDC School.

Brigadier Baird Attends Important Meeting

Brigadier Baird attended a meeting of the Sub-Committee on Dental Auxiliary Training of which he is a member, in Toronto on September 25, following which he visited The RCDC School to inspect Corps personnel and facilities.

Colonel Shillington at ADA Convention

Colonel GB Shillington journeyed to Philadelphia to attend the American Denture Society Meetings on October 13 and 14 and the American Dental Association Convention on the 16th and 17th.

Oral Health Meetings

Majors JC Brick and DH Protheroe represented the Director General of Dental Services at meetings of the Editorial Board of Oral Health magazine held in Toronto. Major Brick attended in October and Maj Protheroe in September.

Maj Protheroe Participates in Research Conference

Maj Protheroe presented a paper entitled "Dental Research in the Royal Canadian Dental Corps" at the First Canadian Conference on Dental Research in Toronto on 30-31 Oct.

RCDC Golf Tournament

The annual RCDC Ottawa Area Golf Tournament was held at the Glenlea Golf Club on 3rd October. Participants included personnel from the Directorate, No 1 Clinic NDHQ, No 14 Clinic Rockcliffe, No 17 Clinic Uplands, and No 24 Clinic HMCS Gloucester. Top honours went to Sgt (Bill) Hill with an 81 followed by Major Andy Andrews with an 84 and Sgt (Jim) Minnelli with an 86.

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THE RCDC SCHOOL NEWS

Lt Col Bagnall Essayist at EODA Convention

Lt Col SG Bagnall was a guest lecturer at the Eastern Ontario Dental Association Convention held at the Chateau Laurier, in Ottawa 17-19 Sep 61. The title of his presentation was "Complete Denture Patient Remount Technique". This lecture supported by a film describes the technique which new or unsatisfactory complete dentures can be remounted on an adjustable articulator for the correction of occlusal disharmony.

Cdr RR Troxell - Exchange Officer from USNDC

Cdr RR (Dick) Troxell USN DC joined the staff of The RCDC School on 15th August 1961, to become the first "exchange" officer to serve with the Corps. He will head the Department of Restorative Dentistry at The RCDC School. A native of Kansas City, Missouri, Cdr Troxell graduated from Northwestern University Dental School in Chicago in 1946. He joined the US Navy Dental Corps the same year and has served aboard several US Navy ships at home and abroad coming to the School from the USS Everglades in Charleston, South Carolina. From January 1955 until October 1959 he served on the staff of the US Naval Dental School, National Naval Medical Center, Bethesda, Maryland. This is not the Commander's first visit to Canada. In 1957 he appeared as an essayist before the Montreal Dental Club. He is a member of the Editorial Board of the Journal of the Academy of Gold Foil Operators, and the American Academy of Crown and Bridge Prosthodontics. He has appeared as an essayist and clinician before several large Academies in Boston, New York City, Chicago and Washington DC and has had articles published in the Journal of Prosthetic Dentistry.

Cdr and Mrs Troxell and their three children are now residing in married quarters in Camp Borden.

Lt Col Turner - Exchange Officer to USN Dental School

Lt Col JW Turner became the first RCDC exchange officer to serve with the USN (DC) when he was posted to the Staff of the US Navy Dental School, Bethesda, Md for a one-year tour.

RCDC School Wins Noble Trophy

Not to be outdone by the School Volleyball team in bringing laurels to the School, the School golf team took to the fairways in September and walked off with the Noble Trophy, emblematic of the Unit Team Championship in Camp Borden. Eleven teams competed for the coveted trophy and when the aggregate scores were finally tallied only sixteen strokes separated the top and bottom teams.

The School team of Major Jim Wright, Capts Chas Casterton and "Van" Van Ryssel and WO 2 Tommy Batten captured the silverware with an average net score of 68. The RCASC School placed second just one stroke behind the winners.

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NO 1 DENTAL EQUIPMENT DEPOT NEWS

Dent Eqpt Dep Takes in CGS Hand-Over Ceremonies

The week of 25 Sep 61 began with a flurry at No 1 Dental Equipment Depot. Major Fletcher started it off with an inspection of the personnel and ended up by leading the unit on a Garrison Parade in the hand-over ceremony of the Chief of the General Staff. After inspecting the troops of Camp Petawawa on what was his last parade, Lieutenant General S.F. Clark, CBE, CD, handed over the Command of the Army to Major General G. Walsh, CBE, DSO, CD. After the ceremony the officers retired to the Mess for a farewell luncheon.

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NO 11 DENTAL COY NEWS

Duty Trips and Visits

Colonel BP Kearney has completed his initial tour of inspection of all clinics in the Company.

Major RJK Pyne and Sgt VH Shaw proceeded to RCAF Station Holberg on 8 Sep for a 3-week period to provide treatment for personnel and dependents at that location. Sgt Shaw returned early in order to prepare for his posting to 4 Fd Dent Coy.

Sgt GH Taylor was employed at RCAF Station Penhold during the first part of August while Pte WW Webster was on leave.

Cpl J Dion proceeded on TD to RCAF Station Sea Island 19 Aug to 4 Sep to assist Capt JO Bowman until Sgt WD MacDougall arrived.

Capt LC Gray was on TD from Vancouver to Namao pending Major JCE McDonald's arrival on 25 Sep 61.

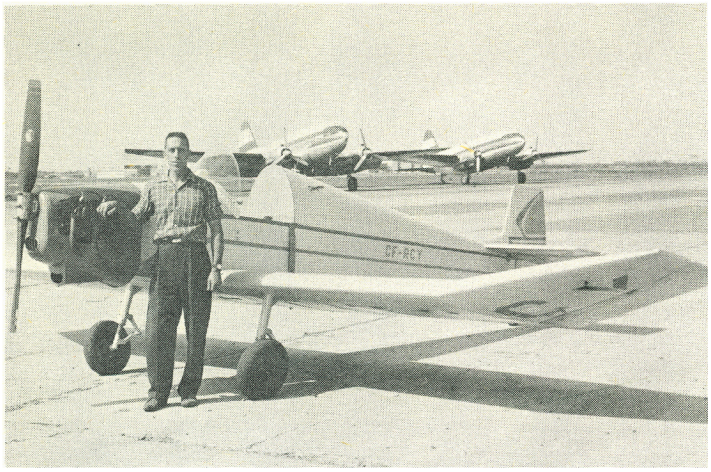
Lt Col OW Crummey, QMS (WO 2) EK Abernethy, S sgt H Hodkinson and Sgt GF Keogh spent two weeks at Camp Wainwright in September.

Major TD Cobb, Sgt WJ Arnsby and Pte BA Green left in early October for a two week trip to Dawson Creek and Fort Nelson, providing treatment at these northern stations. They travelled by mobile to Dawson Creek and used the facilities of a civilian airline for the side trip to Fort Nelson.

Sgt Thornton Builds Own Aircraft

Sgt Ralph Thornton has recently completed an ambitious "do-it-yourself" project in that he built his own aircraft.

Sgt Thornton estimates that he spent 3,500 hours in constructing the plane and says that having an understanding wife is essential in such an undertaking.



For those interested in vital statistics, the aircraft weighs 725 pounds with pilot and full fuel tanks; has a wing-span of 23 feet; cruising speed is approximately 120 miles per hour; and it takes off at about 45 m.p.h. with less than 200 feet of runway.

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NO 12 DENTAL COY NEWS

Unit Officers Attend Meetings

Col AT Roger represented the GOC Eastern Command at the opening of the Lunenburg Fisheries Exposition on 12 Sep 61. Col Roger also attended the Atlantic Provinces Dental Convention held at Charlottetown PEI. Major JI Gordon and Capt WF Shaw presented Table Clinics at this convention. Their topics were "The Alter-Cast Technique for Partial Dentures" and "Replantation of Traumatically Avulsed Teeth" respectively. Major TC Gaudet presented a paper at the North Shore NB Dental Society entitled "The Role of the Dentist in National Disaster and Casualty Care". Capt JF Mullins made an inspection of dental clinics in New Brunswick Area during this period.

Farewell for Major Gordon

The Halifax Area officers held a farewell party aboard HMCS Bonaventure for Major "Ike" Gordon on the eve of his departure for No 15 Coy. Ike has been our "swinger" for years and his spot will be difficult to fill.

New Civilian Dental Assistant

Mrs Margaret Roberge is now employed at HMCS Stadacona as replacement for Mrs Melody Wirth who resigned her position.

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NO 13 DENTAL COY NEWS

Major Chatwin and WO 2 Sherry Receive Gold Medallions - Label to Sgt Holtham

Major JVP Chatwin and WO 2 Sherry qualified and have received their Gold Mdeallions from St John Ambulance. Sgt Holtham BW has gone a step further and qualified for the St John Ambulance Label. Congratulations.

Farewell for Capt Coulombe

A farewell party was held by Major LR Pierce at RCAF Stn Clinton for Capt and Mrs PJJ Coulombe prior to his departure for 4 Fd Dent Coy.

13 Coy Sports

Cpl Loosley DB was picked to represent Camp Petawawa at the Central Command Golf Tournament held at London, Ont 7 - 8 Sep 61. Don tied with a 77 in the leading round for Petawawa team. The Petawawa team average of 83.5 placed them fifth in the five-team match.

In a tournament for the AOC's Trophy, Station Trenton won over teams from 6 RD and ATCHQ. Capt Gazo had the low score on the winning team with an 83.

In the RCAF Inter-Station Tournament held at the Ottawa Hunt Club, teams from Trenton, Downsview, North Bay and Uplands competed. RCAF Trenton won the tournament and our boy Gazo with a score of 81 placed 3rd in the individual standing.

No 1 Clinic, NDHQ, Ottawa

Front Row - L to R: Miss Hyndman, Maj Donely, Lt Col Cornish, Mrs Aubin, Mrs Ruffo

2nd Row - L to R: Cpl Thrasher, Sgt Brown, WO 2 Mann, S sgt Heard

3rd Row - L to R: Sgt Minnelli, Sgt Hill, S sgt Therrien

Nos 4, 7 & 13 Clinics, Kingston

Front Row - L to R: Mrs Ball, Mrs Brown, Mrs Debicki

2nd Row - L to R: Sgt Holtham, WO 2 Sherry, Cpl McCurdie, Sgt Shappee

3rd Row - L to R: Sgt Raymond, Dr MacGowan, Col Leman, Maj Chatwin, Dr Duff and Capt Cyrenne

No 3 Clinic, Camp Petawawa

Front Row - L to R: Capt Doiron, Lt Col Anglin, Capt Deyette

2nd Row - L to R: Sgt Tremblay, Cpl Boucher, Mrs Van-Scherrenburg, Sgt Goodwin

3rd Row - L to R: S sgt Fraser, Sgt Adams, Cpl Dawson, Cpl Loosley

Dental Clinic, RCAF Station Aylmer Closed

No 20 Dental Clinic, RCAF Station Aylmer was closed, the equipment removed and returned to Trenton on 13 Sep.

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NO 14 DENTAL COY NEWS

Trips and Visits

Lt Col RB Jackson and Lt HF Doyle made a liaison visit to CJATC Rivers, HQ Camp Shilo and RCAF Station Portage la Prairie on 24 to 25 Aug, RCAF Station Saskatoon, HQ Sask Area Regina and RCAF Station Moose Jaw on 28 to 31 Aug to inspect dental facilities. Lt Col Jackson and Capt GJ Moore visited HQ Fort Churchill on 11 to 13 Sep.

Majors LA Richardson and JA Lauziere attended a meeting of the Winnipeg Dental Society on 2 Oct 61.

Sports

The 14 Coy RCDC Bowling League with six teams, comprising RCDC personnel in the Winnipeg Area has once again commenced its activities with strikes and spares the order of the day.

57 Dental Unit (M) Celebrate Trelford Trophy

A special party was held by No 57 Dental Unit (M) on 6 Oct 61 in Minto Armouries, with all RCDC personnel in the Winnipeg Garrison invited to attend, to celebrate winning the Trelford Trophy. The CO of 14 Dental Coy who was unable to attend, was represented by Major LA Richardson, and it is understood that a good time was had by all.

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Subsidization Figures

Since the start of the RCDC undergraduate subsidization programme in Sep 1948, 203 dentists have been graduated. There are 57 subsidized students attending university.

15 DENTAL COY NEWS

Duty Trips and Visits

Capt L Jacob and Sgt RG Hopkins recently returned from a duty trip to St Therese, Que; Sgt Hopkins and S sgt CR White spent a week's duty in Goose Bay in August; Capt JWR Harrison and Sgt JP Carrier recently returned from 7 days' TD in St Jerome at Target Area Headquarters; and Capt JL Masse and Pte JAY Ferland returned in Jul from a summer vacation at Camp Gagetown.

Officers Attend Farewell for General Rockingham

The farewell reception in honour of Major General and Mrs Rockingham on the eve of their departure for Western Command was attended by Lt Col Butler, Capt and Mrs Harrison and Capt and Mrs Marcil.

Sports

All golfing members of the unit are still attempting to lower their handicaps now that the season is on the wane. Capt Parent of St Jean won the RCAF Stn Class "C" Championship. Capt Harrison of HQ took second low gross in the Montreal Area Army Championship. Under the chairmanship of Lt Col Butler the HQ Quecom golf enthusiasts enjoyed a fine season. It was considered an honour that Capt Parent and L/Sgt Jermain were chosen as members of the RCAF St Jean golf team which recently competed for the Training Command Championship at Camp Borden.

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35 FD DENT UNIT NEWS

Unit Personnel in UK

During the period 12-17 Sep, Lt Col LG Craigie and Capt DH Evans proceeded on temporary duty to the United Kingdom. The purpose of their visit was to inspect clinic facilities at 30 AMB Langar and at CJS London, where a new clinic has been completed, and to finalize details for the early despatch of a dental detachment to both locations. S sgt LA Lawson and Cpl WJ Parker also visited these clinics during the latter part of September to complete the installation of X-ray equipment in the CJS clinic and to carry out a clinic equipment check at Langar.

Unit Personnel Tour Europe

The usual "trek" of personnel to other countries continued during the summer months. The favourite location for annual leave seemed to be Italy and the French Riviera although England, Scotland and Denmark took their share of the "long green" from our vacationers.

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FIRST AID TRAINING

Over 90% of Corps personnel are trained to certificate or higher level in first aid.

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4 FD DENT COY NEWS

Duty Trips and Visits

Lt Col Evans visited No 35 Fd Dent Unit at No 1 Air Division, Metz, France during the first part of Aug on the occasion of the unit hand-over to Lt Col Craigie.

Capt GT Crossman proceeded to Canada 15 Sep 61 to attend The RCDC School Capt to Maj Qualifying Course.

Accommodation

A new dental clinic is in the process of being constructed at Fort Beausejour and the relocation of the dental laboratory from Fort Anne to Fort St Louis has been completed.

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DENT DETACHMENT CBUME NEWS

Capt Lanthier Tours Europe

Capt Rolly Lanthier is on an extended tour of Europe in a brand new Mercedes-Benz before settling down in No 1 Clinic, Ottawa.

Duty Trips and Visits

Major MacDonald, the retiring Senior Dental Staff Officer, accompanied Major Small on a familiarization tour of the various Contingent dental clinics, including the Swedish, Brazilian, Norwegian, Danish and Yugoslavian.

On 3 Aug Capt Lanthier went with the Medical Team on a duty tour of the International Frontier, giving emergency dental care to several Bedouin.

Accommodation

The laboratory section has been completely renovated, with a new tile floor, new benches, and paint. The credit goes to the laboratory staff, as they did most of the work themselves. The men's quarters have been repainted and renovated and now is the pride of the detachment and the envy of all other personnel in the Camp.

Personnel Visit Vocational Centre

On 19 Aug personnel from this detachment visited the UNRWA Vocational Training Centre at Gaza. This agency has, as one of its functions, the training of Palestinian refugees in arts and crafts to assist them in becoming useful citizens. Each year the public is invited to an exhibition of painting, weaving and sculpture. The various articles on display may be purchased, and the proceeds go to further the work of the agency. During this tour several of our personnel bought items from the exhibit as souvenirs.

CBUME "Cook-Out"

On 16 Sep, HQ Coy CBUME, including the Dental Detachment, held a steak barbecue at Camp Rafah outdoor theatre. The event began promptly at five o'clock with the officers serving the men, and ended about ten o'clock with the singing of "Auld Lang Syne". The party was very successful, and made a welcome break in the otherwise rather monotonous routine of daily life in the Middle East.

Leave

During the month of August, Sgt Johnny Christiansen went on a four-day tour of Cairo, and upon his return entertained the Detachment with his accounts of the cultural points of interest, including the Pyramids, Sphinx, Museum and Zoo.

Cpl Joe MacPhee went to the Leave Centre, Beirut, for seven days, and came back loaded with "loot" from the local bazaars. On the strength of Cpl MacPhee's recommendation, S sgt Harvey Reid also went on leave to Beirut, and his description of the University and the many beautiful churches and mosques revealed a keen interest in the more elevating aspects of Lebanese culture.

Another member of our group who qualifies for the "Beirut Star" is Capt Doug Bunt. He highly recommends the various tours available from the Leave Centre, and asserts that they are the highlights of a Middle East posting.

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GENERAL EFFICIENCY COMPETITION RCDC(M) - 1961

The results of the 1961 General Efficiency Competition for the RCDC(M) are as follows:

The Moore Trophy, which is awarded to the unit judged to be most efficient during the training year, was won by No 61 Dental Unit (M), Vancouver, commanded by Lt Col FK Currie.

The Trelford Trophy, which is awarded to the militia unit judged to be runner-up in the competition, was won by No 57 Dental Unit (M) with headquarters at Winnipeg. Lt Col MJ Snidal is commanding officer.

The Saskatchewan Dental Association Memorial Trophy, which is presented to the militia unit most improved in general efficiency, was awarded to No 56 Dental Unit (M), Toronto commanded by Lt Col AZ Henry.

Congratulations are extended to the winners and honourable mention is made concerning the efficiency of No 50 Dental Unit, Halifax; No 51 Dental Unit, Saint John; No 55 Dental Unit, London; and No 60 Dental Unit, Edmonton.

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WE GET LETTERS - TOO!!!

A recent communication received at this Directorate reads:

"I beg to apply for new dental plates as I have been informed that the Govt will replace them for new dentures.

I had all my teeth extracted before I left the service after 25 years. I retired on pension on the 30th of November 1938."

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