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Quarterly



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TABLE OF CONTENTS

	<u>PAGE</u>
Summer Training - 1963 - Protheroe.....	1
The Risk Patient in Oral Surgery - Falkner.....	7
Cysts of the Jaws and A Case History of a Dentigerous Cyst - Fafard...	11
The Technical Dental Therapist - Daw.....	14
Annual RCDC Golf Tournament - Kelland.....	16
Second Annual RCDC Bonspiel.....	17
Welcome to the Corps.....	18
Promotions.....	18
Retirements.....	19
Releases.....	19
Postings.....	20
Training.....	20
Vital Statistics.....	23
Directorate News.....	24
No 1 Dent Sqpt Dep News.....	25
The RCDC School News.....	25
11 Dent Coy News.....	26
12 Dent Coy News.....	26
13 Dent Coy News.....	26
14 Dent Coy News.....	27
15 Dent Coy News.....	27
4 Fd Dent Coy News.....	28
35 Fd Dent Unit News.....	29
CBUME News.....	29
RCDC Militia News.....	30

THE RCDC QUARTERLY

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Cover Photo - Officer Cadets qualifying under the Dental Officer Subsidization
Plan board ship for an inspection tour during their Second Phase
Training at HMCS Stadacona.

SUMMER TRAINING - 1963

Major DH Protheroe, DFC, CD, DDS, MPH

This year marks the fifteenth anniversary of subsidized undergraduate summer training at The RCDC School. The program conducted in 1948, when the first subsidized students attended the School, was considerably different than it is today. Before looking at this year's program, perhaps it would be interesting to see what summer training was like 15 years ago.

At that time subsidization only covered the final year at university and candidates who received training prior to subsidization did so as members of the Canadian Officers Training Corps. Then, as now, the training was conducted in three phases, the first two of which were with the infantry at various locations across Canada and the third phase at The RCDC School located on Sussex Street in Ottawa.

The third or clinical phase in the early years was divided into two parts. A four-week course at The RCDC School, on clinical and other Special-to-Corps subjects, was followed by a type of indentureship, during which the candidate normally returned to his own command for employment in RCDC clinics under experienced RCDC dental officers; a few students remained at The RCDC School for the balance of the summer.

The staff of The RCDC School in 1948 consisted of Lt Col KM Baird, Commandant; Lt Col GB Shillington, Chief Instructor; and Maj TL Marsh, instructor. Only four of the first dental officers to be subsidized are still serving in the RCDC(R) in the persons of Lt Cols LR Pierce, WR Thompson, LA Richardson and GE Windsor. It is interesting to note that three of the four officer instructors now employed at The RCDC School were amongst the first two groups of subsidized dental undergraduates.

FIRST PRACTICAL PHASE

The first practical phase class this year was the largest ever, with a total of 32 candidates: three from Dalhousie; eleven from the University of Toronto; seven from the University of Montreal; four from the University of Manitoba; and seven from the University of Alberta. As in the past several years, the training was conducted at The Royal Canadian School of Infantry, Camp Borden.

The purpose of first phase training is to provide candidates with general military training to the junior officer level. Subjects included are: weapons, fieldcraft, field engineering, first aid, hygiene and sanitation, leadership, man-management, map using, military law, NBCW, physical training, signal communications, staff duties in the field, military writing and tactics.

Much of this training was conducted in the field and at the end of the course, the cadets returned to their Universities physically fit and anxious to continue their studies.

SECOND PRACTICAL PHASE

Second practical phase training is conducted in three stages: Stage 1 with the RCN; Stage 2 with the RCAF; and Stage 3 at The RCDC School. This year was unique, however, in that Stage 2, the RCAF portion, was conducted in Europe with No 1 Air Division. The second phase class was comprised of 18 candidates: six from Dalhousie; three from Montreal; one from McGill; two from Toronto; one from Manitoba; and five from Alberta.

Stage 1 commenced on the 3rd of June at the Leadership School, HMCS Cornwallis where RCN instructors conducted a two-week course in RCN administration, law, customs, history, dress, ships and the role of the RCN. Also included were visits to the dental clinic at HMCS Cornwallis and various social activities, the highlight of which was a lobster and beer party arranged by the staff of the dental clinic.

During the period from the 17th to the 21st of June, the candidates visited HMCS Stadacona to observe naval installations and ships, after which they boarded an RCAF Cosmopolitan aircraft for RCAF Station Downsview and ground transportation to Camp Borden.



A portion of the class is shown aboard ship at HMCS Stadacona

The one-week period at The RCDC School between Stages 1 and 2 was used to prepare for the trip to Europe and to carry out laboratory exercises. By the end of the week every candidate was in possession of his pay, was properly outfitted and anxious to head for Europe. Accompanied by Maj DH Protheroe of The RCDC School, the conducting officer, the class boarded a bus in Camp Borden on the 1st of July to begin Stage 2 of their second practical phase training.

Arrival at 1 Wing Marville, France. Group Captain DP Hall is shown welcoming Maj Protheroe while Lt Col Craigie and candidates look on.



The group arrived at No 1 Fighter Wing, Marville, France after an uneventful ten and one-half hour flight from RCAF Station Trenton aboard an RCAF Yukon aircraft. On hand to meet them were Group Captain DP Hall, Commanding Officer of RCAF Station Marville and Lt Col LG Craigie, Commanding Officer No 35 Field Dental Unit. It was decided that a "stand down" would be the best procedure for the remainder of the day to give the travellers a chance to rest, and visit the PX.

The Stage 2 training in Europe was conducted in two parts; the first was a seven-day tour of Germany and France via civilian tour bus; the second consisted of a four-day tour of RCAF and RCDC facilities in No 1 Air Division. The bus tour began at Marville on the 3rd of July, the destination for the first day being Cologne, Germany. The route taken included Longuyon, Luxembourg, Trier, Wittlich, Daun, Nuerburgring and Adenau. It became evident after the first few stops that if the tour were to remain on schedule, some penalty for tardiness would have to be devised. The candidates felt that the most effective measure would be to fine any offender a round of beer for the whole group and this measure proved to be so effective that only one cadet, JPDC Grise from the University of Montreal, incurred the penalty.

After a night on the town in Cologne and a tour of the city the following morning, the group proceeded along the Rhine valley through Bonn, the beautiful capital city of West Germany; then to Koblenz for lunch and a brief look at the city; on to Rudesheim, famous for its vineyards and wines, for a short shopping stop; and finally to Eltville for the night.

On the third day, enroute to Heilbronn, the group enjoyed a stop in Mainz, lunch in Bensheim and several hours in Heidelberg. The latter was one of the highlights of the entire trip and included a guided tour of the famous University of Heidelberg, including the dental faculty, and Heidelberg castle. One of the most impressive features of this beautiful old city was the abundance of attractive coeds and it was with some difficulty that the conducting officer finally persuaded all the cadets to board the bus and proceed to Heilbronn.

Most of the fourth day of the trip was spent in Stuttgart a large, modern city in southwest Germany. It proved to be an excellent place for shopping and on leaving for Nagold, the destination for the day, the bus was bulging with souvenirs and gifts.

The next day was spent touring the Black Forest, a semi-mountainous area with magnificent scenery in the foothills of the Alps. In the evening the group arrived at Frieberg in anticipation of a visit to the local nightclubs.

Another highlight of the tour occurred soon after crossing the border into France, when it was decided to visit a wine cellar. The proprietor's wife had a sister who lives in Montreal and, when she was informed that the group was Canadian,



she was the perfect hostess. Two hours later, with everyone in good spirits, the tour proceeded to Koenigsburg Castle, then to Selestat for an excellent luncheon and arrived in Strasbourg by mid-afternoon.

Left to Right: O/Cdts Foley, Zwicker, Cooper, Nadeau, Berezan and Tukums at Koenigsbourg Castle.

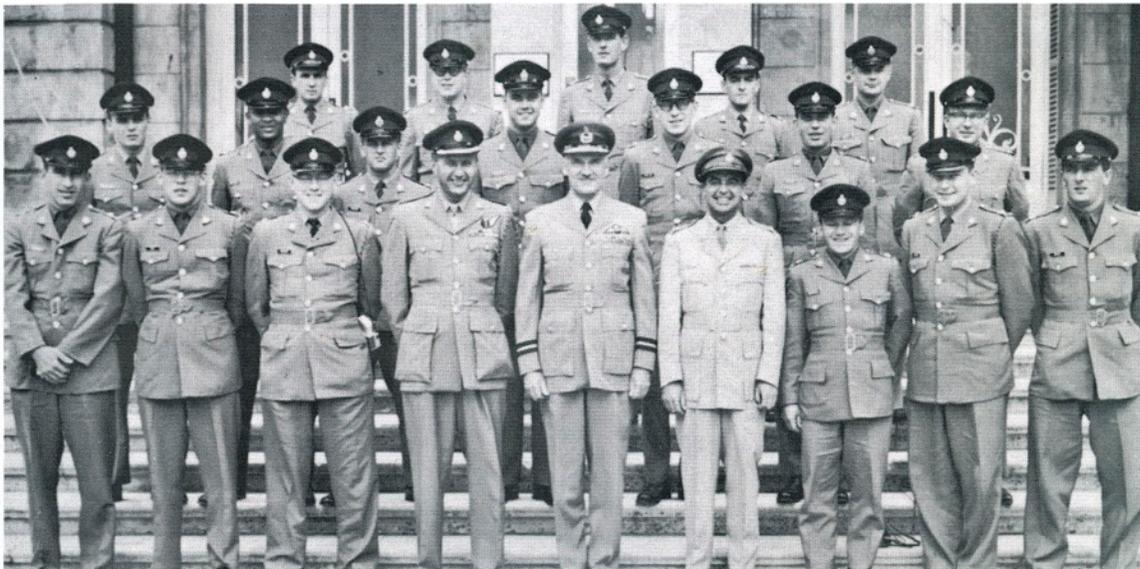
The morning of the final day was spent on a guided tour of Strasbourg and the bus trip ended at No 2 Wing, Grostenguin, France, where Capt JJY Turcotte was on hand to meet the group.

Lt Col Craigie joined the class the following morning for a tour of No 1 Air Division. After a visit to the dental clinic at Grostenguin, the group travelled via RCAF bus to the large US Military Hospital at Landstuhl to see the medical and dental facilities and to have lunch at the Officers' Club.

At the next stop, No 3 Wing at Zweibrucken, Germany, Maj F Charman conducted the group around the base and the cadets were able to experience the thrill of standing by the runway while the new CF 104s were taking off. They also were permitted to look in and around these aircraft on the flight line.

The final destination for the day was No 4 Wing at Baden-Soellingen, Germany, where Maj WH Harrington and Capt HK Miesner had arranged for excellent quarters and a delicious dinner. That evening the main attraction was the Spielbank Casino, a magnificent gambling palace in nearby Baden-Baden.

The next day the group arrived at No 1 Air Division HQ near Metz, France, for lunch and, following an interesting briefing and tour of HQ No 35 Field Dental Unit, the cadets met and were photographed with A/V/M DAR Bradshaw, AOC of the Air Division. A short visit to the PX preceded the trip back to Marville for the last night in Europe.



First Row

L to R: O/Cdt DC Morgan; 2/Lt GR Nye; 2/Lt RF Cooper;
Maj DH Protheroe; A/V/M DAR Bradshaw; Lt-Col LG Craigie;
2/Lt JAA Boucher; 2/Lt SWP Sapkos; 2/Lt JPDS Grise.

Second Row

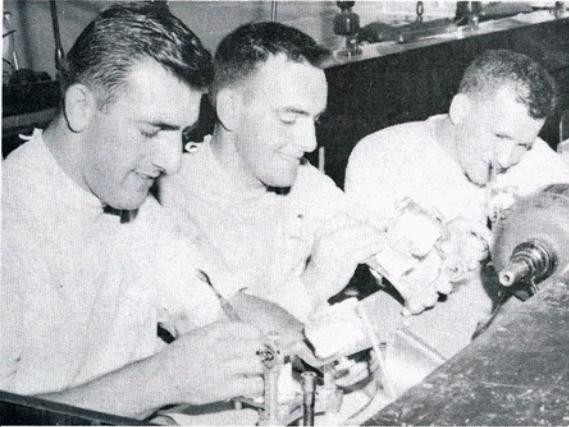
L to R: 2/Lt JD McCallum; 2/Lt AF Brothers; 2/Lt GS Zwicker;
2/Lt Z Tukums; 2/Lt BB Berezan; 2/Lt IC Wamera;
2/Lt EF Foley.

Third Row

L to R: 2/Lt JL MacNeill; 2/Lt DNH Charles; 2/Lt FH Harreman;
2/Lt JHJ Nadeau; 2/Lt EI Gerard.

The final morning was spent on a tour of station facilities at Marville, last minute shopping and the feverish activity of mailing parcels to get within the weight limit. At noon Lt Col Craigie acted as host at a luncheon for the cadets in the Officers Mess, after which they boarded a Yukon aircraft for the return trip to Canada.

Stage 3, the Corps training portion of second practical phase, was carried out at The RCDC School from the 13th of July to the 9th of August. It was conducted as a formal course with emphasis on dental laboratory procedures. Included were the following subjects: Organization and Administration; Documentation Procedures; Nuclear, Biological and Chemical Defence; Equipment Maintenance; Clinical and Laboratory Procedures; Drill; and Recreational Training.



Left to Right: 2/Lts JPDC Grise, JHJC Nadeau, JA Boucher, all of Montreal.

THIRD PRACTICAL PHASE

Third practical phase training is normally considered by the candidates to be the most interesting and beneficial. There were 24 in this year's class: three from Dalhousie University; two from the University of Montreal; two from McGill, seven from the University of Toronto; and ten from the University of Alberta.

Training embraced a ten-week period from the 24th of June to the 30th of August. Six weeks were spent on practical clinical duties and four weeks on a formal course which consisted of the following Special-to-Corps subjects: National Survival Training; Organization and Administration; Documentation Procedures; Dental Stores; Public Health Dentistry; Field Exercises; Recreational Training and Drill.

As in previous years, the candidates enjoyed the social and recreational facilities of Camp Borden and the surrounding area. The golf course and outdoor pool were popular with the Third Phase candidates on sports afternoons and after-duty hours. An RCDC team was entered in the Swimming Meet for the first time, and placed third among all Camp Borden entries. A team was also entered in the Track and Field competition.

The Officers' Mess was the centre of social activity, and several functions were well attended by members of the Third Phase class and their wives or lady friends.

AWARDS

The drill, which is included as part of the training in both the second and third phase, culminated in a ceremonial parade on the 9th of August. Brigadier KM Baird took the salute, inspected the cadets and presented awards to the outstanding candidates, while proud parents, wives and lady friends watched the ceremonies.

The 1963 award winners were as follows:

- Third Phase Honour Cadet - 2/Lt MG McRae, University of Alberta.
- Third Phase Runner-Up - 2/Lt H Griesbach, University of Toronto.
- Chief Instructor's Trophy - 2/Lt JR Robertson, Dalhousie University.
- Runner-up Chief Instructor's Trophy - O/Cdt JA Nattress, University of Toronto.
- Second Phase Honour Cadet - 2/Lt Z Tukums, University of Toronto.
- First Phase Honour Cadet - O/Cdt MC Devine, University of Toronto.



Presentation of Third Phase Honour Trophy to 2/Lt MG McRae, University of Alberta, by Col GR Covey, Comdt, RCDC School.



Presentation of Chief Instructor's Trophy to 2/Lt JR Robertson, Dalhousie University, by Lt Col JW Turner, Chief Instructor, RCDC School.



Presentation of Second Phase Honour Cadet Trophy to 2/Lt Z Tukums, University of Toronto, by Brig KM Baird, Director General of Dental Services.



Presentation of First Phase Honour Cadet Trophy to O/Cdt MC Devine, University of Toronto, by Col GR Covey, Comdt, RCDC School.

THE RISK PATIENT IN ORAL SURGERY

Major PL Falkner, CD, DDS

A risk patient may be defined as one who requires dental treatment which is complicated either by the presence of systemic disease, or through a history of irradiation or an allergy to certain drugs. Because of increased longevity as a result of improved diagnostic methods and more effective therapeutic measures, treatment for this type of patient is on the increase. Such patients present special problems in treatment planning.

Persons who suffer from cardiovascular disease, kidney disease, endocrine disorders, blood dyscrasias, hepatic disease, and malnutrition are not considered to be good surgical risks and their history and prognosis must be evaluated properly before treatment is initiated. Such an evaluation includes a thorough investigation of the physical and mental state of the patient and an estimation of the risks involved in carrying out the proposed treatment. In this regard, it is imperative to obtain a complete history in order to determine any contraindications to the proposed surgery, anesthetic, or drug therapy.¹ This history, together with the information obtained from a complete oral and physical examination, medical consultation, laboratory tests, and roentgenograms, should alert the oral surgeon to any complications that might arise.

In obtaining a history, a definite rapport should be established between dentist and patient. The patient should be made to feel at ease and encouraged to talk freely about his or her symptoms. Technical terms are to be avoided and common, every-day language should be used. A standard sequence of questions will prove most valuable and a complete history may be elicited by dividing the interrogation into seven phases:

- a. patient's chief complaint;
- b. history of present illness;
- c. past medical history;
- d. systemic review;
- e. family history;
- f. social habits; and
- g. summary and tentative diagnosis.

Each of the conditions which give rise to classification as a risk patient will be considered separately, with particular emphasis on the recognition of the signs and symptoms and on the specific care which must be taken in performing oral surgery for such individuals.

CARDIOVASCULAR DISEASE

A person suffering from heart disease will exhibit certain symptoms for which the examiner should be on the alert. Dyspnea, or breathlessness, is one of the most reliable of these and appears early in the course of the disease. Chronic fatigue, headache, vertigo and the inability to sleep unless the head is elevated are also associated with this condition.

Clinical signs include:

- a. cyanosis of the lips, tongue or fingernails;
- b. engorged cervical veins;
- c. oedema of the ankles;
- d. exophthalmos; and
- e. accelerated pulse.

Local anesthetic, containing a minimal amount of vasoconstrictor, is preferable to general anesthesia in cardiac patients.³ If no vasoconstrictor is used, ineffective anesthesia will result, and the patient may produce epinephrine in larger quantities than would be present in the anesthetic.

Injections must be made slowly with a sharp needle with the patient in an upright position. Preliminary aspiration must be carried out.

The more common types of heart disease are:

- a. angina pectoris;
- b. hypertension;
- c. coronary heart disease;
- d. rheumatic heart disease; and
- e. congenital heart disease.

Angina Pectoris

Angina pectoris is characterized by paroxysms of substernal and/or precordial pain which may last from a few seconds to several minutes. The pain may be initiated by physical exertion or emotional stress.²

Before rendering dental treatment, for patients with any type of heart disease, medical clearance should be obtained from the patient's physician. In order to avoid undue emotional stress, the patient should be given reassurance and adequate premedication and he should also be treated as gently as possible during the operation. Vasodilators such as nitroglycerine tablets 1/100 gr. or amyl nitrate should be available to control any onset of symptoms which may occur. Patients for whom these drugs have already been prescribed should be advised to bring them to the clinic at the time of the operation. If symptoms arise during the operation oxygen should be administered if there is any doubt as to the exact condition or if the medication prescribed for the patient has not been determined.

Hypertension

This condition is characterized by high blood pressure which is usually due to arteriosclerosis or constantly constricted blood vessels. As previously mentioned, responsibility should be shared with the patient's physician particularly since there may be an associated kidney or brain involvement. A minimal amount of vasoconstrictor should be used in the local anesthetic and prolonged operations are to be avoided.

Coronary Heart Disease

Medical opinion and clearance is of particular importance since patients who have suffered a coronary attack are often taking anti-coagulant drugs. The present concept is that such medication can be continued safely during dental operations if the prothrombin time is approximately one and one-half times the control time and if a special regime is followed.³ Premedication and atraumatic surgery are essential.

Rheumatic Heart Disease

Rheumatic heart disease produces a scarring of the valves of the heart and any transient bacteremia may produce subacute bacterial endocarditis. A prophylactic dose of antibiotics must be administered prior to oral surgery.

The American Heart Association recommends the use of penicillin⁴ and suggests the following method of administration:

- a. for two days prior to surgery, 200,000 - 250,000 units
by mouth four times per day;

- b. on day of surgery, 600,000 units of aqueous pencillin with 600,000 units of procaine pencillin intramuscularly shortly before surgery; and
- c. for two days after surgery, continue oral dosage as above; if injection is not feasible, oral penicillin may be started for two days before the operation and continued through until two days after the operation.

Congenital Heart Disease

There are many types of congenital heart defects, some relatively unimportant, and others barely compatible with life. Such hearts are fertile soil for infection⁵ and prophylactic antibiotics and medical consultation are of paramount importance.

KIDNEY DISEASE

Medical clearance should also be obtained prior to any dental operation for patients with severe renal involvements such as nephrosis, nephritis or arteriosclerotic kidney disease.⁵ In kidney dysfunction, any bloodborne infection may have serious consequences and the extraction of a large number of chronically infected teeth may precipitate an acute nephritis. In this disease, local resistance and healing properties of the tissues are reduced and the danger of post-operative infection is always present. Prophylactic administration of antibiotics is required.

ENDOCRINE DISTURBANCES

Diabetes Mellitus

Uncontrolled diabetes is a contraindication to oral surgery because of the predisposition to infection. Before surgery, the blood sugar must be under control and the patient should continue his prescribed diet and insulin therapy. A report from the patient's physician should be secured, and pre-operative antibiotic therapy instituted. Trauma is to be avoided as there is a tendency for diabetics to heal slowly.

Patients on Steroid Therapy

Adrenocorticotropin hormone (ACTH) and Cortisone are used in the treatment of a wide variety of collagen diseases such as rheumatoid arthritis and rheumatic fever. The anti-inflammatory properties of these drugs serve to reduce the inflammatory processes of the body.

Prolonged use of these drugs leads to atrophy of the adrenal glands and when the therapy is discontinued the adrenal cortex cannot produce sufficient adrenalin to cope with the stress. Unless treatment is reinstated pre-operatively, a patient who has had steroid therapy may go into sudden, irreversible shock as a result of stress developed during the operation. This treatment should be continued post-operatively as long as the patient remains under increased stress.⁴

LIVER DISEASE

Diseases of the liver such as cirrhosis and hepatitis may produce prolonged bleeding due to an impairment in the clotting mechanism of the blood. Medical consultation should be sought, and the patient's clotting, bleeding, and prothrombin times should be ascertained. Liver damage causes impairment of the healing process and antibiotic therapy is indicated. Adequate nutrition is important for these patients.

BLOOD DYSCRASIAS

Excessive bleeding, susceptibility to infection, and poor healing qualities may

result from diseases of the blood and the blood-forming tissues. Adequate means of controlling hemorrhage should be available at the time of operation and the use of antibiotics is imperative. The bleeding, clotting and prothrombin times should be known and for hospitalized patients with significant clotting abnormalities, compatible blood should be available for transfusion.

MALNUTRITION

The effects of poor nutrition are seen mostly in aged persons and alcoholics. Malnutrition is a physical state resulting from the failure to ingest, assimilate, or utilize any or all of the substances essential for the normal body metabolism.⁴ Healing is retarded and the patient is very prone to infection. Antibiotics and supportive vitamin therapy are indicated.

IRRADIATION

"A patient whose jaws are irradiated while teeth are still present is almost certainly doomed to osteoradionecrosis as a result of the entrance of infection through the dental pulp or the periodontium."⁵ Therefore, all teeth in the area of irradiation should be removed and the mucosal wounds healed before radiation therapy is started.

When a patient has undergone radiation therapy in the past, dental operations may be performed provided that surgical trauma is avoided and the possibility of infection is controlled by antibiotics. There must be adequate soft tissue coverage available to ensure prompt healing. The use of local anesthetic is not contraindicated.

DRUG ALLERGY

Drug allergy is a condition of hypersensitivity in which the administration of a medicinal agent in a quantity that is non-toxic to the average patient is followed by an unusual but characteristic action in a patient who is allergic.²

All patients should be questioned concerning previous reactions to drugs and other allergic reactions should be ascertained since such patients are more apt to develop an allergy to drugs. It should also be borne in mind that a family history of allergic manifestations suggests that the allergic tendency may be hereditary.

Allergic reaction to drugs can produce angioneurotic edema, urticaria, bronchospasm, laryngeal and glottic edema, or stomatitis medicamentosa. A state of anaphylactic shock with cardiovascular collapse may ensue from severe reactions.

Treatment consists of artificial respiration or forced oxygen, administration of vasopressors to support blood pressure, bronchodilators to aid respiration, and anti-histamines to help neutralize the reaction.

SUMMARY

The physiological and pathological changes wrought in the human body by systemic disease, drug allergies, and irradiation, produce an environment in which considerable danger exists for the patient who is subjected to unplanned, haphazard oral surgical procedures.

In this environment, patient evaluation becomes of prime importance. The key-stone of patient evaluation is a complete and thorough history, and medical clearance when indicated.

It behooves every dental surgeon to be aware of the dangers involved and the necessary precautions to be taken before surgical procedures are performed.

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CYSTS OF THE JAWS AND A CASE HISTORY OF A DENTIGEROUS CYST

Major P Fafard, CD, DDS

Cysts of the jaws originate from epithelial tissue within the marrow of the mandible and maxilla and are classified as odontogenic and non-odontogenic cysts.

The odontogenic cyst has its genesis in remnants of the enamel organs of the teeth or the dental lamina. The non-odontogenic cyst develops only in the upper jaw and originates from the remains of the epithelium covering the embryonic processes which give rise to the maxilla. Certain other pathological entities which may be mistaken for cysts are referred to as non-epithelial or pseudo-cysts.

Within these main classifications cysts are divided into the following types:

ODONTOGENIC

- (1) Primordial - originate from the enamel organ or follicle - follicular;
- (2) Dentigerous;
- (3) Multilocular;
- (4) Radicular - epithelial rests of Malassez; and
- (5) Residual.

NON-ODONTOGENIC

- (1) Median palatine - arise in the fusion of facial processes - fissural;
- (2) Median alveolar;
- (3) Globulo maxillary;
- (4) Naso-alveolar; and
- (5) Naso-palatine - from remnants of the naso-palatine duct.

NON-EPITHELIAL CYSTS (pseudo cysts)

- (1) Traumatic
- (2) Aneurysmal bone

ODONTOGENIC CYSTS

Primordial

The primordial cyst arises from part of the tooth germ which degenerates before the tooth is formed and is usually associated with a congenitally missing tooth or the bud of a super-numerary tooth. The cyst is painless but may produce migration of the adjacent teeth which remain vital. Radiographically it is usually well demarcated. These cysts should be excised by curettage.

Dentigerous

Dentigerous cysts arise from the enamel organ which degenerates before the crown is completely formed. Clinically, the jaw may be enlarged while radiographs will show an unerupted tooth, the crown of which is surrounded by a clearly demarcated radiolucent area. The tooth associated with this cyst may be pushed out of place and appear at the border of the mandible or the floor of the nose. Treatment of this cyst, is by enucleation and curettage.

Multilocular

Occasionally a tooth follicle may degenerate and give rise to multiple cysts which are connected together and radiographically give the appearance of soap-bubbles. To eradicate these cysts, careful excision and curettage is required to ensure that all the epithelial lining is removed.

Radicular

These cysts are largely asymptomatic and are associated with a non-vital tooth which will usually show a deep carious lesion or restoration. Radiographs will show a more or less clearly demarcated area which connects with the apex of the non-vital tooth. If a tooth with a radicular cyst is extracted the cyst may come out in toto with the tooth. If this does not occur the area should then be curetted. If endodontic treatment is undertaken, then the cystic area should be curetted since it is lined with squamous epithelium and cannot heal on its own.

Residual

A residual cyst results when a radicular cyst exists and only the tooth is extracted. As just explained, the cyst will remain and persist within the jaw if it is not removed.

NON-ODONTOGENIC CYSTS

As was mentioned previously, non-odontogenic cysts arise from epithelium in the fusion of facial processes. All cysts classified under this heading should be removed by enucleation.

Median Palatine and Median Alveolar

Both these types of cysts are situated in the maxillary midline, the former in the vault of the palate while the latter arises just posterior to the incisors. Both these cysts appear as firm swellings in the palate and may become sore during mastication.

Globulo Maxillary

Although similar to the previous types, globulo maxillary cysts appear between the cuspid and lateral incisor at the junction of the globular and maxillary processes.

An enlargement of the bone may be produced as well as spreading of the adjoining teeth. Radiographs show a pear shaped radiolucency with the neck of the pear in between the cuspid and lateral. The teeth remain vital and the condition is asymptomatic.

Naso-alveolar

This type is really a soft tissue cyst but is of fissural origin and occasionally produces resorption of the bone. It is located at the base of the nostrils and produces a swelling which may be seen and felt under the upper lip. If this cyst becomes large enough it may encroach upon the bone and radiographically show radiolucency.

Naso-palatine

Naso-palatine cysts may be divided into two types depending on their location. Incisive canal cysts originate in the canal and cysts of the papilla palatina are located in the incisive papilla only. Radiographically, the incisive canal cyst will show a heart shaped radiolucency whereas there is no evidence of a cyst of the papilla. In both types the teeth remain vital.

NON-EPITHELIAL CYSTS

Traumatic Aneurysmal Bone

These cysts usually appear in patients under 20 years of age and there is usually a history of trauma. The teeth retain their vitality but there may be expansion of the cortex of the bone.

The traumatic cyst is normally hollow and dry but may contain a small amount of a clear, blood-stained liquid, while the aneurysmal cyst is usually filled with reddish-brown tissue which wells up with blood. Both types are treated by curettage.

CASE HISTORY OF A DENTIGEROUS CYST

In March 1962, an air force sergeant presented himself at the dental clinic requesting a dental examination. The examination showed that the plastic fillings in both his maxillary incisors had become discoloured and required replacement. Upon closer examination it was observed that these incisors overlapped slightly at the incisal edges. The roots appeared to be divergent and the tissue covering the apical third was slightly swollen. Crepitus of the bony structure could be felt by slight finger pressure.

It was decided to take a periapical radiograph which, when developed, showed a super-numerary maxillary incisor crown between the apices of the two incisors. A radiolucent area surrounding the super-numerary tooth was also observed and since this area projected right off the film an occlusal film was taken with the cone placed at the bridge of the nose. This radiograph revealed a very large area of radiolucency.

The radiographs and pertinent documents were sent to the Company Commander with a request that the problem be referred to an oral surgeon. The request was granted and on the day of the appointment the patient was accompanied by this writer to the oral surgeon's office.

General anaesthesia was obtained using intravenous pentathal supplemented by nitrous oxide and oxygen, a semi-lunar incision was made from cuspid to cuspid and a flap was retracted. A window was cut into the alveolar bone, exposing the super-numerary tooth and cyst. The tooth was removed and the cyst drained of a large quantity of a creamy, odorless, yellow fluid, some of which was sent to a laboratory for

identification. After evaluation of the fluid, it became readily apparent that the cyst was approximately the size of a hen's egg and that it had completely obliterated the maxillary sinus.

In order to maintain a sinus cavity, the oral surgeon decided not to enucleate the cyst but to perform the Partsch operation which involved opening the window sufficiently to prevent closure. The cyst membrane was then sutured to the oral mucosa with fine absorbable sutures, the flap was closed and a vertical incision was made directly over the opening into the cyst.

The cystic area was lightly packed with a $\frac{1}{4}$ -inch gauze strip and the end was allowed to protrude through the opening in the mucosa for drainage. The patient was resuscitated and taken back to the Station where he was kept overnight in the infirmary and allowed to go home the following day.

Forty-eight hours after the operation the pack was removed and the cystic cavity was flushed with luke warm normal saline solution. An impression was taken of the anterior portion of the maxilla for the fabrication of an acrylic plug. New packing was inserted through the incision and the patient dismissed for 48 hours. This procedure was repeated three times after which the plug was inserted and the patient shown how to irrigate the cavity once a day and then to replace the plug.

Two months later an otolaryngologist removed the acrylic plug and effected an opening from the floor of the nose into the cystic cavity. After freshening the edges of the original incision the opening was closed with sutures. Healing was quickly established and when last seen the patient was suffering no ill effects from this maxillary dentigerous cyst.

This case history has demonstrated:

1. the importance of periapical radiographs;
2. the extent to which a dentigerous cyst can proceed without knowledge by the patient; and
3. the procedure followed to treat the situation.

THE TECHNICAL DENTAL THERAPIST

WO2 RH Daw, CD

A new program in dentistry was started by the Corps in 1957 through the introduction of the trade known as Dental Technician Clinical. This trade delegates certain procedures that were heretofore the sole responsibility of the dental officer, including prophylaxis, chairside instruction in personal oral care, radiography, and assistance in carrying out dental health programs for service personnel and dependants. These functions are carried out directly under the control and supervision of the dental officer who retains the ultimate responsibility for the treatment provided.

The increasing number of personnel qualified in this trade provides evidence of its' success, and the acceptance of the treatment rendered is further attested to by the substantial increase of interest in oral hygiene by personnel of the Armed Forces. In addition, the employment of these tradesmen allows dental officers to concentrate on the more complicated aspects of the profession. However, the backlog of work has continued to climb, largely because of the shortage of dental officers.

In considering additional measures to increase the treatment provided, it was felt that certain operative procedures of a purely mechanical nature might be delegated to selected Dental Technicians Clinical after further training. To this end,

a controlled pilot study was carried out to assess the potential of such a technician in the fields of operative, prosthetic and post-operative dentistry. It was decided that certain techniques could be mastered in a relatively short time because of the background training received as Dental Technicians Clinical. Conversely, intensive training would be required in those techniques with which the candidates had no previous experience. Accordingly, a fourteen week course of instruction and practical application was developed. The days were filled with lectures and clinical exercises under constant supervision by the RCDC School staff, while the evenings were spent poring over textbooks. On graduation, the candidates were called Technical Dental Therapists and were deemed to be proficient in placing and finishing amalgam restorations, taking preliminary impressions, simple post-surgical care and certain other procedures. After this course, the writer was sent to Calgary on a most interesting and rewarding three-month pilot study. The staff at No. 4 Clinic, Calgary, had been well briefed concerning the new trade, and the few problems encountered were quickly resolved.

A team composed of a Dental Officer, Chairside Assistant, Roving Assistant and the Technical Dental Therapist was formed. Three dental chairs were utilized, two by the Dental Officer and the third by the technical Dental Therapist. It was found to be more convenient if the patient was moved to the third chair when the Dental Officer had completed his phase of the operation, for, although all units, chairs and instruments in RCDC clinics are basically the same, a person becomes familiar with his own instruments and surroundings; his efficiency is increased if he is not required to move from cubicle to cubicle.

Initially, the first appointment, both in the morning and after lunch, was used by the Technical Dental Therapist for prophylaxis or the taking of X-Rays. However, as the study progressed, it became necessary to use these periods to reduce a backlog of unpolished restorations.

During the study, patient acceptance of this new trade was, in most cases, excellent. In the few instances where complaints were made, these had nothing to do with the trade as such, but concerned the length of the appointments. When it was explained that more work was being accomplished during each appointment, and that fewer sessions would be required to complete the work, these patients were most cooperative and pleased.

The effective employment of a Technical Dental Therapist requires that the Dental Officer's schedule be planned ahead and that most of the day's work be devoted to patients requiring restorations. Although the three-week Pilot Study at Calgary indicated that most of the Technical Dental Therapist's time was spent in operative procedures, it should be kept in mind that the majority of the personnel treated were young soldiers. In other locations, where older patients prevail, more time would likely be spent in the prosthetic aspects of his trade.

At the end of the study period, everyone involved was pleased with what had been accomplished and at no time was there evidence of fatigue, stress or mental strain. In fact, the daily routine was carried out smoothly and, by the end of the study, each member of the team performed his duties without hesitation.

The following suggestions are offered to future Technical Dental Therapists:

- a. arrange instruments in the kit so that they may be located quickly;
- b. keep all carving instruments sharp;
- c. check the operating cabinet frequently to ensure that adequate supplies are on hand;
- d. whenever possible, use the operating stool provided; it may seem awkward at first but it is certainly a backsaver;

- e. record all work and sign the form immediately after each appointment; return the forms to the Dental Officer promptly;
- f. learn to make maximum use of your Dental Assistant if you wish to be one hundred per cent efficient; and
- g. always wear protective glasses.

This article is a brief resume of the writer's limited experience as a Technical Dental Therapist and it is hoped that it may be of assistance to future candidates.

ANNUAL RCDC GOLF TOURNAMENT

Major A Lewis Kelland, DDS, BA, B Ed

At 9 a.m. Saturday 21 Sep 63 at the Camp Borden Golf Club the stage was set for the first Annual RCDC Golf Tournament. The main prize was the new "RCDC(R) Officers' Golf Trophy", conceived by Brigadier KM Baird, OBE, CD, Director General of Dental Services and donated by all RCDC Regular Officers. Competition for the trophy was open to teams of all ranks of the RCDC Regular, Militia and retired personnel. Representative teams came from the Directorate of Dental Services, 13 Dental Coy, 15 Dental Coy, Dental Equipment Depot, and the Royal Canadian Dental Corps School. A total of 47 people took part and those not on the teams were eligible for the individual prizes.

The clear sky gave promise of a real golfer's day and the greens were still damp, as Brigadier Baird drove off to start the tournament. During the morning the weather was most favourable, but around noon the sky became overcast and a chilly wind blew in from the North. However, within an hour the sun came out again, the wind died down and it became quite warm.

At 1:30 p.m. the first threesome (Brig Baird, Lt Col Thompson and Lt Col Windsor), handed in their scores and retired to the canteen for lunch. As each group completed the 18 holes they gathered at the clubhouse to watch the score-board. On completion of the tournament, everyone went to his quarters to prepare for the banquet which was held in the CFMSTC Sgts' Mess.

After the enjoyable dinner, the Commandant of The RCDC School, Col Covey, welcomed all contestants to Camp Borden and thanked those responsible for making the tournament a success. Brig Baird presented the trophy to Col Roger, Commanding Officer of 13 Dental Coy and his winning team, Lt Col Windsor, Capt Gazo and Sgt Hill. The individual prizes were distributed by Col Covey and Capt Casterton to the following:

Low Gross	- Capt Gazo, 13 Dental Coy RCDC	-	82
2nd Low Gross	- Capt Casterton, RCDC School	-	83
3rd Low Gross	- Sgt Hill, 13 Dental Coy RCDC	-	83
4th Low Gross	- WO2 Batten, RCDC School	-	86
Low Net	- Capt Hall, 55 Dental Unit RCDC(M)	-	61
2nd Low Net	- Maj Sills, RCDC School	-	66
3rd Low Net	- Cpl Walker, RCDC School	-	68
4th Low Net	- Capt Cartwright, RCDC School	-	69
Honest Golfers-	WO2 Hall, RCDC School	-	144
	Maj Kettlys, DGDS	-	?

Low Gross (Front Nine) - Maj Wright, 13 Dental Coy RCDC - 44
 Low Gross (Back Nine) - Lt Col Windsor, 13 Dental Coy RCDC - 43

Other prize winners were: Col Harris, Retired; Maj Kelland, RCDC School; Capt Harrison, 15 Dental Coy RCDC; Capt Froese, 13 Dental Coy RCDC; WO2 Jackson, RCDC School; WO2 Morse, RCDC School; Sgt Innis, 15 Dental Coy RCDC; Sgt Jerome, 13 Dental Coy RCDC.



Col AF Roger, Commanding Officer No 13 Dental Coy, is shown holding the RCDC (R) Officers' Golf Trophy, which was won for his unit by: (left to right) Sgt W Hill, Lt Col GE Windsor, Capt E Gazo.

Representatives of the teams which competed for the RCDC(R) Officers' Golf Trophy are shown: (left to right) Col HL Harris, Sgt RD Innis, Lt Col WR Thompson, Brig KM Baird, Lt Col GE Windsor, Maj JW Fletcher.

A sincere vote of thanks is extended to Captain Charlie Casterton for his superb effort in organizing the tournament, the dinner, and accommodation for the visiting personnel. His success in all these arrangements is attested to in part by the plans already being made for a 36-hole competition next year. It is hoped even more units will enter a team and in this regard, every assistance will be given by the staff of the School to all contestants able to make the trip.

SECOND ANNUAL RCDC BONSPIEL

All units of the RCDC Regular and Militia are invited to compete for the Wansbrough Trophy during the Second Annual RCDC Bonspiel, to be held at the Camp Borden Curling Club on Saturday, the 22nd of February, 1964.

Won last year by No 1 Dental Equipment Depot, Camp Petawawa, this fine trophy was donated by the former Director General of Dental Services, Brigadier EM Wansbrough, and is presented to the unit represented by the winning rink.

Teams may be formed from all ranks, and retired members of the Corps who wish to participate are urged to contact their nearest unit headquarters.

The committee is most anxious to make this event as representative of the entire Corps as possible and suggests that you plan now to attend. Details and entry forms will be distributed to all units later in the season.

WELCOME TO THE CORPS

A cordial welcome is extended to the following personnel who have recently joined the Corps:

Capt	L	Dombowsky	-	No 12 Dent Coy, Halifax
Pte	JAL	Boulianne	-	HMCS Cornwallis, NS
Pte	CSB	Heather	-	HMC Dockyard, Halifax, NS
LAW	BDM	Lavigne	-	RCAF Stn Camp Borden, Ont
LAW	ME	Mahlitz	-	RCAF Stn Portage la Prairie, Man
Miss	S	Carey	-	CFH Kingston, Ont
Miss	CD	Spurgeon	-	Oakville, Ont
Mrs	MH	Despres	-	Trenton, Ont
Mrs	E	Gow	-	Griesbach Bks, Edmonton, Alta
Miss	SE	Morken	-	Fort Osborne Bks, Winnipeg, Man
Miss	F	Parent	-	Valcartier, Que
Miss	J	Savard	-	RCAF Stn Uplands, Ont

PROMOTIONS

The following Corps personnel are congratulated on their promotions:

WO1	VO	Bergland	-	to Lieutenant
WO2	MB	Fisk	-	to WO1
Ssgt	GEC	Bradley	-	to WO2
Ssgt	MM	Fediuk	-	to WO2
Ssgt	JCA	Therrien	-	to WO2
Ssgt	LA	Lawson	-	to WO2
Sgt	KPH	Buchholz	-	to 2 Lt
Sgt	VH	Shaw	-	to Ssgt
Cpl	AH	Green	-	to L/Sgt
Cpl	RW	McDonald	-	to L/Sgt
Pte	HL	Boring	-	to Cpl
Pte	N	Cable	-	to Cpl
Pte	DJ	Davies	-	to Cpl
Pte	A	Girouard	-	to Cpl
Pte	JF	Giroux	-	to Cpl
Pte	BF	Hannah	-	to Cpl
Pte	B	Hannay	-	to Cpl
Pte	DH	Hardy	-	to Cpl
Pte	DC	Hughes	-	to Cpl
Pte	TJ	Herrett	-	to Cpl
Pte	HC	King	-	to Cpl
Pte	C	Lachance	-	to Cpl
Pte	RS	Lindsay	-	to Cpl
Pte	DH	McKay	-	to Cpl
Pte	DF	Middleton	-	to Cpl
Pte	JR	O'Mara	-	to Cpl
Pte	LH	Pion	-	to Cpl
Pte	RE	Thompson	-	to Cpl
Pte	JH	Thorburn	-	to Cpl

RETIREMENTS

The following personnel have recently retired from the Corps and return to civilian life with the best wishes of us all:

Colonel	CE	Purdy	-	RCDC School
Major	AR	Smith	-	Ceased call-out at Summerside, PEI
Capt	WJ	Bignell	-	Pers RCDC, Ottawa
Ssgt	SM	Toole	-	HMCS Naden, Victoria, BC

RELEASES

Good wishes for the future are also extended to the following personnel who have recently taken their release from the Corps:

Capt	JG	Boucher	-	35 Fd Dent Unit
Capt	JR	Boulay	-	RCAF Stn Winnipeg
Capt	SM	Claman	-	LWOP at University of Oklahoma
Capt	PJJ	Coulombe	-	RCAF Stn Clinton
Capt	JMM	Houde	-	15 Dent Coy
Capt	CD	Mollins	-	RCAF Stn Summerside
Capt	AG	MacKenzie	-	HMCS Stadacona Halifax
Capt	JT	Marshall	-	RCAF Stn Greenwood
Capt	WE	Shaw	-	4 Fd Dent Coy
Capt	AJJC	Vachon	-	HQ Camp Petawawa
Sgt	DD	Casson	-	Griesbach Bks Edmonton
Cpl	RW	Elundell	-	RCAF Stn Clinton
Cpl	JAY	Ferland	-	3 Det RCAMC Que
Cpl	JARG	Rochon	-	1 Dent Eqpt Dep, Petawawa, Ont
Pte	G	Drapeau	-	3 Det RCAMC Que
Pte	GED	Hayes	-	RCAF Stn Uplands
Pte	JE	Siverson	-	HL RCDC School
LAW	HL	Brooker	-	RCAF Stn Greenwood
LAW	E	Byrne	-	RCAF Stn Parent
LAW	FM	Lamont	-	RCAF Stn Cold Lake
LAW	AC	Perrier	-	RCAF Stn Comox
LAW	LS	Reed	-	RCAF Stn Downsview
LAW	SM	Thiele	-	RCAF Stn St Hubert
AWL	RD	Lewis	-	RCAF Stn Portage
AWL	EM	Romanick	-	RCAF Stn Camp Borden
Mrs	M	Berridge	-	3 Det RCAMC Que
Mrs	D	Hynes	-	Camp Shilo Man
Mrs	MJ	Riley	-	Camp Shilo Man

POSTINGS

The following posting have taken place in the past few months:

Major	PL	Falkner	- to HMCS Stadacona from RCAF Stn Downsview
Major	DJ	MacPhee	- to HQ 4 CIBG Fort Henry from 2 RHC Fort St Louis
Major	JJ	Walker	- to Currie Barracks from RCAF Stn Cold Lake
Capt	FC	Arpin	- to 4 Fd Dent Coy from Longue Pointe, Que
Capt	DS	Campbell	- to RCAF Stn Summerside from CFH Halifax
Capt	L	Dombowsky	- to No 12 Dent Coy from No 10 Pers Depot
Capt	AG	Garden	- to RCAF Stn Penhold from Calgary Grsn
Capt	IM	Hamilton	- to HMCS Bonaventure from HMCS Shearwater, NS
Capt	VD	Kvedaras	- to RCAF Stn North Bay from RCAF Stn Clinton
Capt	JFA	Marcil	- to CMR St Jean from RCAF Stn St Jean
Capt	JJ	Mitchinson	- to RCAF Stn Downsview from RCAF Stn North Bay
Capt	Rf	Mori	- to RCAF Stn Winnipeg from RCAF Stn Trenton
Capt	AB	Perkin	- to HMC Kingston from CFH Kingston
WO1	MB	Fisk	- to 1 Dent Eqpt Dep Petawawa from DGDS
WO2	AJ	Greco	- to Griesbach Bks, Edmonton from Calgary Grn
Ssgt	AD	Brown	- to HMCS Bonaventure from HMCS Stadacona
Sgt	M	Beauvais	- to RCAF Stn Camp Borden from RCDC School
Sgt	DR	D'Eon	- to HMC Dockyard, Halifax from 4 Fd Dent Coy
Sgt	GR	McKay	- to HMCS Naden, Victoria from HQ NWHS Whitehorse
Sgt	RF	Matheson	- to HMC Dockyard, Halifax from Camp Gagetown
Sgt	NC	Petersen	- to Griesbach Bks from HMCS Naden
Sgt	EV	Tanner	- to 4 Fd Dent Coy from HMC Dockyard, Halifax
L/Sgt	PAP	Hughes	- to HMCS Bonaventure from HMC Dockyard, Halifax
Cpl	JC	Bleakney	- to HMCS Stadacona from HMCS Bonaventure
Cpl	DJ	Davies	- to RCAF Stn Greenwood from HMCS Shearwater
Cpl	MJ	Hall	- to No 1 Dent Eqpt Dep Petawawa from 11 Dent Coy
Cpl	DC	Hughes	- to HMCS Naden, Esquimalt from RCSME Vedder Crossing
Cpl	HJ	McKinnon	- to No 1 Dent Eqpt Dep Petawawa from 3 Fd Amb Edmonton
Cpl	GM	Wadden	- to HMCS Stadacona from Camp Gagetown
A/Cpl	TR	O'Mara	- to RCAF Stn Downsview from RCAF Stn Trenton
Pte	DF	Ife	- to HMC Kingston from CFH Kingston
Pte	LI	MacLean	- to HQ, NWHS Whitehorse from HMCS Naden, Esquimalt
Pte	H	McRae	- to Fort Churchill from Calgary Grn
Sgt	MP	Foley	- to RCAF Stn St Hubert from RCAF Stn Camp Borden
Cpl	GAMC	Ridley	- to RCAF Stn Downsview from AFHQ Clinic, Ottawa
LAW	JA	Keryluk	- to RCAF Stn St Hubert from 35 Fd Dent Unit
AWL	SJD	Clutterbuck	- to RCAF Stn Cold Lake from RCAF Stn Goose Bay
AWL	MD	Scarbrough	- to RCAF Stn Parent from RCAF Stn Bagotville

TRAINING

With the start of a new training year Corps personnel have undertaken the following courses:

University of Toronto - Toronto, Ontario

Dental Public Health - 36 weeks commencing 6 Sep 63
Major WH Harrington

TRAINING (cont'd)Royal College of Surgeons - London, England

Oral Surgery - 21 Oct - 13 Dec 63 - Major DJ MacPhee
Major JJN Wright

University of Michigan - Ann Arbor, Michigan

Periodontics - 4 Nov - 15 Nov 63 - Major AL Kelland

Ent Air Force Base - Colorado Springs, Colorado

Oral Surgery - 12 Nov - 22 Nov 63 - Lt Col LR Pierce

US Naval Dental School - Bethesda, Maryland

Crown and Bridge - 14 Oct - 29 Nov 63 - Major JW Jolly
Periodontia - 29 Oct - 13 Dec 63 - Major JM Smith

RCDC School

Officers Casualty Care Course and Capt to Major
Qualifying Course - 16 Sep - 25 Oct 63

Capt	JF	Begin
Capt	EDH	Bunt
Capt	WR	Collier
Capt	RJ	Gillis
Capt	R	Lanthier
Capt	RJ	Lewis
Capt	JLM	Masse
Capt	GR	Myles
Capt	JCRR	Roy
Capt	JR	Senechal
Capt	CG	Travis
Capt	JJY	Turcotte
Capt	JB	Wilcock

Field Officers (Dental Officers-Militia) Course Part II
National Survival Operations - 16 - 20 Sep 63

Capt	WJA	Barron - 60 Dent Unit (M)
Capt	JF	Condon - 50 Dent Unit (M)
Capt	FJ	McCurry- 56 Dent Unit (M)
Capt	RC	Sills - 60 Dent Unit (M)

Senior Dental Assistant Course - 16 Sep - 4 Oct 63

Sgt	WR	Dowell
Sgt	JH	Kay
Sgt	RB	Innis
Sgt	DR	Piche
Sgt	WD	MacDougall
Sgt	GH	Taylor

Sgt Dowell was required to leave the course on the 20th of September because of the serious illness of his daughter.

TRAINING (cont'd)1 Dent Eqpt Dep, Camp PetawawaDental Equipment Repairer Gp 1 Course - 9 Sep - 29 Nov 63

Cpl	BA	Green
Pte	JA	Strasdin

Dental Equipment Repairer Gp 3 Course - 9 Sep - 20 Dec 63

Sgt	RH	Hopkins
Sgt	AJ	Tait

Summer Training

WO2	WK	MacCrow - 55 Dent Unit (M)
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14 Dent Coy, WinnipegSummer Training

Sgt	VL	Hera	- 57 Dent Unit (M)
Pte	H	Yesis	- 57 Dent Unit (M)

RCASC School Camp BordenSenior NCO - 16 Sep - 1 Nov 63

A/Sgt	LR	Barrett
Cpl	JC	Bleakney
A/Sgt	JLJ	Boulanger
A/Sgt	JRM	Chayer
Cpl	G	Dancer
A/Sgt	DL	Fenton
Cpl	JAJ	Fret
Cpl	AW	Hussey
Cpl	JF	Kennedy
Cpl	JG	MacDonald
Cpl	DF	McRoberts
A/Sgt	CC	Millard
L/Sgt	CE	Schmelzle
Cpl	GD	Schwarze
Cpl	WL	Wylie

Command Jr NCO Courses

A/Cpl	BF	Hannah at Camp Wainwright - 7 Oct - 15 Nov 63
Cpl	JF	Giroux at R22eR Depot

HQ Quebec Command, MontrealProjectionist Course

WO2	HJ	Stokes
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VITAL STATISTICSRCDC SCHOOLBirths

To Sgt and Mrs M Beauvais, a son, Bernard Marcel Joseph, on 17 Aug 63.

To Pte and Mrs JA Strasdin, a daughter, Heidi Romona, on 29 Sep 63.

Hospital

WO2 EC Carpenter - 3 - 10 Sep 63

WO2 AG Ponton - 22 Sep 63 -

12 DENT COYBirths

To Ssgt and Mrs EMB Everett, a daughter, on 19 Aug 63.

13 DENT COYBirths

To Capt and Mrs JJ Mitchinson, a son, John David, on 1 Jul 63.

To Cpl and Mrs CVS Forsythe, a son, Stephen Cameron, on 11 Sep 63.

To Pte and Mrs RA Garnhum, a daughter, Bernadine Lynn, on 31 Aug 63.

Hospital

Capt. EW Gazo - 26 Aug - 3 Sep 63

Capt R Lanthier - 12 Aug - 26 Aug 63

Cpl JEN Boucher - discharged from Ottawa Sanitorium 4 Jul 63

14 DENT COYBirths

To Capt and Mrs JJB Houde, a daughter, Marie Jeannette Sylvie, on 30 Jul 63.

Hospital

Sgt N Demedash - 26 Sep - 30 Sep 63

15 DENT COYBirths

To Major and Mrs WA Sugars, a daughter, Cynthia, on 17 Aug 63.

To Sgt and Mrs AE Werkmann, a daughter, Suzanne Anita, on 9 Sep 63

Hospital

Capt PR McQueen - 16 Aug - 4 Sep 63

Sgt MD Crockett - 17 - 23 Sep 63

Cpl C Lachance - 3 - 5 Sep 63

VITAL STATISTICS (cont'd)4 FD DENT COYBirths

To Major and Mrs DJ MacPhee, a daughter, on 17 Jul 63.

Hospital

Sgt EJ Lansey - 30 Aug - 16 Sep 63

DIRECTORATE NEWSDirector General Visits Camp Borden

Brigadier KM Baird, accompanied by Colonel IAL Millar, visited Camp Borden, 8 - 9 Aug 63, for the purpose of interviewing the cadets undergoing training and to inspect the cadets on the occasion of their marching-out parade.

These Directorate officers were present at a Mess Dinner which was held at The CFSMTC Officers Mess on the 8th of August. Attending were medical and dental officers, guests from other Corps Schools, and the officer cadets on 2nd and 3rd phase training at The RCDC School. After the dinner, Brig Baird made a presentation to Col CE Purdy on behalf of the staff of the School and other Corps personnel. Impromptu entertainment, provided by 2/Lts Walls and McRae and O/Cdt Chernesky, contributed to the success of the evening.

The following morning, Brig Baird took the salute at the marching-out parade and that evening he and Col Millar attended a farewell party for Col Purdy, which was held at the Officers' Mess.

Annual Unit Inspections

Brig KM Baird toured a portion of 13 Dent Coy area for the purpose of inspecting clinic facilities and interviewing personnel. The locations visited, during the latter part of October, were Trenton, Kingston, Downsview, Oakville and London.

Lt Col Hillier Speaks to Dental Nurses

Lt Col DH Hillier attended the Graduation Dinner of the Ottawa Dental Nurses and Assistants Association. Following dinner, he spoke to the members of the association and their guests concerning the expanding role of auxiliaries in the RCDC.

Captain Bignell Retires

Officers in the Ottawa area met at the Army Headquarters Mess on Thursday, the 5th of September, to bid farewell to Capt WJ Bignell who retired from the Corps after 24 years service.

EODA Convention

Brig KM Baird and Lt Col SG Bagnall attended the EODA Convention which was held at the Seignior Club, Montebello, Quebec, 16 - 18 Sep 63.

NO 1 DENTAL EQUIPMENT DEPOT NEWSSpecial Events

WO1 WD Morris was chairman of a very successful Camp Petawawa Fall Fair held 6 - 7 Sep 63.

Major JW Fletcher, Lt VO Bergland and Ssgt AF Davison attended the first annual RCDC Golf Tournament at Camp Borden, 21 Sep 63.

Depot Personnel Promoted

Major JW Fletcher is shown congratulating Lt VO Bergland and WO1 MB Fisk on the occasion of their recent promotions.

THE RCDC SCHOOL NEWSOfficers Receive Appointments

Colonel GR Covey was recently appointed by the Camp Commander as Chairman of the Fire Prevention Committee.

This secondary duty has entailed many hours of work in arranging meetings to appoint various committees in connection with National Fire Prevention Week, which was held from the sixth to the twelfth of October.

Lt Col WR Thompson has been appointed Chairman of the Camp Borden Public School Board.

School Team Wins Golf Tournament

The RCDC School was well represented in the Tuffy Tieman Trophy Competition on 4 Oct 63. This golf tournament is open to all RCAMC and RCDC Units in Ontario.

Nine medical units and The RCDC School were represented by the 88 golfers who participated in the competition.

The four low gross scores from each team were counted as the aggregate score for that team. The RCDC School won the trophy for the first time. The team included Capt Casterton, who also won low gross, Major Sills and WO2 Batten.

11 DENT COY NEWS

Outdoor Activities

Congratulations are extended to Major Carmichael on winning the golf tournament at the British Columbia Dental Association Convention and to WO2 Powers who took home the Corby-Wiser trophy from the recent RCN tournament in Esquimalt.

On behalf of the winning team which represented HQ Western Command, Sgt RH Palmer accepted the Griesbach Garrison Softball Trophy.

12 DENT COY NEWS

Social and Sports

Major AL Taylor was a Halifax Garrison team member in the tri-service golf tournament held at Green Gables, PEI. The only success reported was of a social nature.

Major George Crossman acted as Chairman of the tournament committee at Greenwood Golf Club this year.

Farewell parties were held for Capt Sid Campbell who is now in Summerside and for Sgt George MacCuish who was posted to No 1 Dent Eqpt Dep.

13 DENT COY NEWS

Dental Conferences Held

All dental officers of the Kingston and Trenton areas attended two clinical sessions which were held at CFH Kingston on the 11th of September and the 9th of October. The guest speaker in September was Dr Albert Antoni, who demonstrated techniques for impactions and frenectomy, and lectured on emergency measures for maxillo-facial casualties. During the early part of the October meeting, a talk on "Fungus Infections" was presented by Dr Hinton of Queen's University. This speech was followed by a symposium which dealt with "Apnea as a Hazard During General Anaesthesia". The main speaker of the day was professor RA Gordon of the University of Toronto who discussed the subject of "Pain".

The Bay of Quinte Dental Society held their annual cruise and dinner on the 14th of September. A pleasant outing with a most congenial group was enjoyed by several 13 Coy members.

Duty Trips

The CDO has now visited all the full-time clinics to become acquainted with personnel and to investigate problems related to accommodation.

Dental Sections have been employed in part-time clinics at the following locations during the past three months: Ipperwash; Lanther; Moosonee; Ramore and Pagwa. The QM and DER have also visited most of these sites to check equipment.

Sports

Fifteen members of 13 Coy participated in the RCDC Golf Tournament and we congratulate the team, comprised of Lt Col Windsor, Capt Gazo and Sgt Hill, who were successful in winning the inter-unit trophy.

Personnel

Dr WO Gardner has retired from his Part V position and is now employed on a per diem basis at RCAF Stn Uplands.

Retired Sgt A Pasquini died on the 6th of August at Kingston, Ont. The funeral was attended by WO2 Sherry and Sgt Holtham.

Our sympathies are extended to Sgt Craig whose son-in-law was the victim of a drowning accident in the Clinton area in August.

14 DENT COY NEWSDuty Trips and Visits

Lt Col RB Jackson, Capt GJ Moore and Lt HF Doyle have spent a busy summer visiting various locations within 14 Coy.

Ssgt AH Nixon visited Fort Churchill and RCAF Stns Armstrong and Sioux Lookout to repair and check dental equipment.

Dental Officer on Staff at University of Manitoba

Lt Col LA Richardson has resumed his part-time duties as instructional assistant in the Department of Prosthodontology, Faculty of Dentistry, University of Manitoba.

Community Chest Campaign

Lt Col RB Jackson was appointed Chairman of the Winnipeg Garrison Community Chest Campaign for 1963.

15 DENT COY NEWSPersonnel in the News

Lt Col WW Anglin and Ssgt JM Tapp attended a Mess Dinner at No 2 Manning Depot at which Lt Col Anglin was the guest speaker.

Ssgt and Mrs Tapp are spending their holidays in Ireland visiting with Mrs Tapp's relatives.

Sports

No 9 Clinic and QM Stores have entered a combined team in the RCAF St Jean Bowling League for this season. Members of the team are: Capt Jacob, WO2 Lawson, Ssgt Tapp, Ssgt Couture, Sgt Jermain, Sgt Chayer and Cpl Thompson.

Lt Col Butler and Capt Harrison were members of the golf teams which captured both the Quebec Command Trophy and the Inter-Service Officers Trophy for 1963.

Capt and Mrs Harrison attended the Corps Golf Tournament held at Camp Borden, the Captain to participate and Mrs Harrison to visit with old friends.

Ssgt Franzgrote Receives Certificate



Ssgt H Franzgrote, who completed a correspondence course in Management Training conducted by Air Defence Command as reported in the July issue of the Quarterly, is shown receiving his certificate from GC WB Hodgson, Commanding Officer, RCAF Station St Hubert.

4 FD DENT COY NEWS

Unit on Exercises

4 Fd Dent Coy, with the exception of two sub-sections, concentrated in the Soltau area for the period 31 Aug - 20 Sep.

Two sub-sections participated in the NATO exercise KEEN-BLADE for the period 4 - 11 October. One sub-section was located in the forward area and one in the Bde Adm Area.

35 FD DENT UNIT NEWS

FS Torrens Double Tournament Winner

Our heartiest congratulations are extended to FS CMB Torrens who competed so successfully in the Annual ADHQ Golf Tournament which was held in Luxembourg late in September. Not only is she the first female ever to participate in this tournament but she also won both the low gross in the main event and the low net in the two-ball foursome. As an afterthought, we also announce that Lt Col Craigie won a minor prize for being closest to the pin on one of the shorter holes.

FS Torrens further demonstrated her talents for athletics by winning both the women's singles and doubles championships in the ADHQ Tennis Tournament.

CBUME NEWS

Leave and Tours

Capt Paturel, Ssgt Murley, Sgt Shechosky, Sgt Sprathoff, Cpl Johnson and Cpl Vandervaart recently spent a very enjoyable week in Beirut, Lebanon. The three hotels at this leave centre are situated in the Broumana Hills, about three quarters of an hour from the centre of Beirut up a winding mountain road which is guaranteed to produce several new white hairs. Transportation is obtained either by buses which are provided free by the UNEF, by the local bus service or by taxi.

From this central location, tours are arranged to various interesting places. You might travel to Byblos which is said to be the most ancient continuously lived in city of the world. The points of interest here are the Citadel, the Roman Theatre and the Crusader's Castle. Another interesting trip is to the Cedars, where you can see the "Cedars of the Lord", which once covered the whole Lebanese country side. Baalbeck has some very interesting Roman ruins and the cities of Damascus and Tripoli are always popular. For those who are interested in night life, there are tours of the Beirut night clubs and the Casino Du Liban, which produces the best floor show in the Middle East.

On the 17th of September, Major Pyne met his wife in Beirut and spent nine days touring the area. They then flew to Cairo and visited Memphis, the pyramids, citadel, museum and many other places of interest. Following this, the entire Gaza Strip was visited before Mrs Pyne returned home. Mrs Pyne commented that of all the countries she has visited, the Middle East had proved to be the most fascinating.

Special Visitors

On the 15th of July, the UNEF Chief of Staff, accompanied by other senior officers, inspected the dental facilities. A month later, Mr Terrence Robertson, a journalist from Ottawa, paid a visit to the area. During their trip in September, the Right Honourable John Diefenbaker and Mrs Diefenbaker appeared to be very impressed with the work that the Canadians are doing in supporting the UNEF forces.

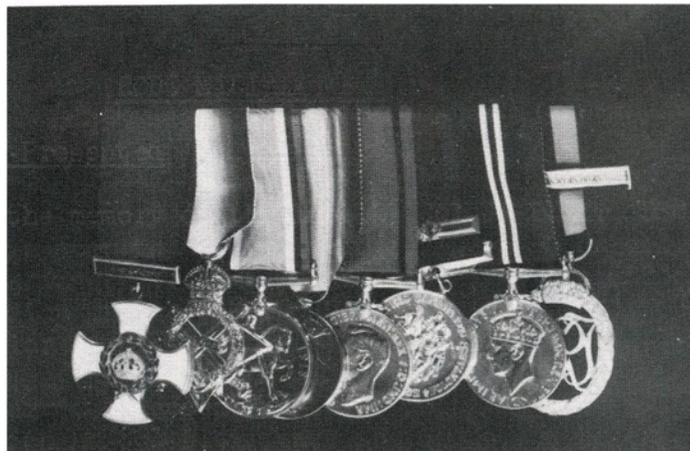
RCDC MILITIA NEWSLt Col Blair Memorial Presented

A memorial to the memory of the late Lt Col JF Blair, DSO, ED, composed of his medals and portrait, is soon to be displayed at The RCDC School. The presentation to the Corps was made, during the recent Annual Dinner of the RCDC Association, by Lt Col AJ Harris, Commanding Officer, No 55 Dental Unit RCDC(M), which unit Lt Col Blair actively supported prior to his death in January of this year.

Brigadier KM Baird, in accepting this memorial, paid tribute to the many years of devoted service which Lt Col Blair gave the Corps and he expressed his appreciation to both the family of Lt Col Blair and to No 55 Dental Unit for making the memorial possible.



LT-COL JOHN FREEMAN BLAIR DSO ED RCDC



Lt Col JF Blair, DSO, ED, was born in 1887 and obtained his degree in dentistry from the Royal College of Dental Surgeons of Ontario in 1908.

His appointment as a dental surgeon attached to the Canadian Army Medical Corps in early 1915 led to his becoming one of the first officers in the Canadian Army Dental Corps which was formed later that year. Proceeding overseas, he served in England and France and on his return to Canada he took his release as a Major in September 1919. One of the highlights of Lt Col Blair's service occurred in April 1919 when he was awarded the DSO, thus becoming one of the very few dental officers ever decorated for conspicuous gallantry in the field.

At the outbreak of hostilities in 1939, he once again became a "charter member" by accepting a commission in the Canadian Dental Corps on the first of September. Proceeding overseas as a major in 1940 he was promoted lieutenant colonel in March 1941. He served as Commanding Officer, 15 Base Dental Company from November 1942 to June 1944 and on his return to Canada Lt Col Blair accepted an appointment as District Dental Officer of Military District No 13. At the time of his release from Active Service in January 1946, he was District Dental Officer of Military District No 1, London, Ontario. Lt Col Blair's official service ended in February 1950 when he was placed on the Retired List with the rank of lieutenant colonel.

RCDC Association Holds Annual Meeting

The Royal Canadian Dental Corps Association held its Fifteenth Annual Meeting in Ottawa from the 12th to the 14th of September. This well attended conference was addressed by several prominent speakers who provided an insight into many subjects of interest to the Association. Annual reports indicated that all units of the RCDC Militia had conducted a most active and worthwhile training program during the past year.

The members and guests who were present at the annual dinner at the RCAF Officers Mess on Friday were privileged to hear Brigadier WS Rutherford, a past president of the Conference of Defence Associations, who outlined the functions of Corps Associations. Brigadier KM Baird presented the trophies to the winners of the General Efficiency Competition, which were announced in the July edition of the Quarterly. The newly established Edgecombe Award was presented by its donor Colonel JF Edgecombe, Colonel Commandant of the RCDC, to No 54 Dental Unit, Ottawa. Later, the President, Lt Col WG Campbell awarded certificates to the new Life Members and accepted the Hugh McLaren Gavel which will be used at all future meetings of the Association in memory of our late Treasurer, Colonel HR McLaren.

On Saturday morning the following officers were elected for the coming year:

Immediate Past President	-	Lt Col WG Campbell
President	-	Lt Col JL Ramsay
President Elect	-	Lt Col AZ Henry
1st Vice President	-	Lt Col MJ Snidal
2nd Vice President	-	Lt Col AJ Harris
Secretary	-	Col CBH Climo
Treasurer	-	Col CE Woods

The two Honourary Presidents Col LE Kent and Col WE Meldrum were elected last year for a period of three years.

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