

The

ROYAL CANADIAN DENTAL CORPS

Quarterly



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Table of Contents

	<u>PAGE</u>
Another View of the Problem - McLean	1
Rencontre Avec Elizabeth II - Laporte	5
The Royal Canadian Dental Corps	
On The Northwest Highway System - Kearney	6
Orthodontic Repositioning of Abutment Teeth With A Simple Removable Appliance	14
The RCDC News	19
Directorate	19
11 Dent Coy	20
12 Dent Coy	21
13 Dent Coy	22
14 Dent Coy	23
15 Dent Coy	23
1 Dent Det	24
RCDC School	24
1 Dent Eqpt Dep	25
4 Fd Dent	25
CBU(UNEF)	26
Welcome to the Corps	27
Professional Training	27
Training	28
Promotions	29
Retirements and Releases	29
Vital Statistics	29

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Cover Photograph

Typical view of the Alaska Highway of the Northwest Highway System
approximately 25 miles south of the capital city, Whitehorse, Yukon Territory.

ANOTHER VIEW OF THE PROBLEM

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Dr. J.D. McLean

It will be accepted generally that there has been a significant increase in appreciation and desire for dental services by the Canadian people over the past two to three decades. While several factors have influenced this trend, the Royal Canadian Dental Corps can take pride that it has played an appreciable role in bringing about the change. Particularly during the period of the Second World War many Canadians, serving in the armed forces, were for the first time made fully aware of the role of dentistry in the provision of total health care. Perhaps the most striking evidence of an altered public attitude is contained in the report of the Royal Commission on Health Services. Their evident concern for the dental health needs of Canadians, as a part of the total health needs of the Nation, ought to be a source of gratification to the profession which has been urging attention to serious personnel shortages for so many years. The Commissioners' proposals to provide more adequate support for the operation of dental schools, dental research and the extension of teaching facilities are consistent with the objectives of their report.

Contained in the counsel, however, are certain recommendations which quite understandably give cause for concern to those more fully aware of the implications of the proposals and their effect in the practice of dentistry, than can be expected from those outside the profession. To some aspects of these latter recommendations, attention is not drawn.

At the outset, it should be observed that there are major inconsistencies between the basic philosophy of the report and the means proposed for the provision of more adequate dental health care. That portion of the report titled Health Charter for Canadians is intended to state the philosophy underlying their prescription. It is said that all plans should be "BASED upon freedom of choice, and upon free and self-governing professions and institutions." The practicality of de facto "freedom of choice" in a scheme which envisages centralized dental clinics staffed by salaried "auxiliaries" and a lesser number of supervising dentists, and no doubt frequently a single dentist, is beyond the imagination of this author. There may be special circumstances in some regions, as for example remote and sparsely populated areas, where a system utilizing salaried employees of the state is required to provide

service, but to extend this principle to the provision of all care under a publically financed plan, does not now seem either needful or desirable.

The Commissioners state that "this generation, we believe, will not be able to meet its total dental requirements." With this statement, there is no argument. The extent to which an attempt should be made to meet "total requirements" can, however, be little more than a matter of conjecture. The Commissioners note the need for and the relative absence of statistical information upon which to base future projections, and in the absence to date of their own foundation studies, upon which many of the recommendations seem to have been made, it is difficult to enter into a full discussion of some points.

While it is obvious that experience with a particular segment of society is unlikely to be completely valid for the population as a whole, it is equally incorrect to assume that nothing can be learned for an examination of experience with special groups.

The Government of Alberta, and the Alberta Dental Association, have co-operated for more than a decade in the provision of dental care at public expense for a segment of the people of that province. The recipients concerned have been categorized by the Welfare Department of that province into four groups. The first is composed of various pensioners such as those receiving old age assistance, supplementary allowances, widows pensions and so forth, and all are in the sixty year and over age group. The second is composed of blind and disability pensioners of all ages, the third group are recipients of mothers allowances and social allowances and are under sixty years of age, and the final group is composed of children who are wards of the Government. From statistics provided in a personal communication by the Secretary of the Alberta Dental Association on the utilization of services by the various categories, it is highly significant that even after more than ten years of operating the Plan, participation varies from a low of 8.8 percent by those persons over sixty years of age to a maximum of 45.5 percent by the group of children whose parents are recipients of mothers' allowances and social allowances. In the group comprised of children who are wards of the Government, and for whom one might reasonably expect there would be particular government concern to ensure adequate health care, there was only 38.4 percent participation in the available service in 1963, and this proportion was 2.7 percent higher than for the preceding year. The extent to which the population as a whole would avail itself of a higher, or lower, percentage participation in a national dental care program, even for children, is a matter of pure conjecture, but from this and other limited plans, it is not unreasonable to conclude that demand for service will fall significantly below "total requirements."

It is most surprising to find that the Commissioners did not place greater emphasis on what surely ought to be the prime target of any sound health plan, public education and prevention. It is true that proposals are made to strongly encourage fluoridation of community water supply, and research programmes, yet one group in the presently constituted dental health team which is most actively engaged in both education and prevention is dismissed with but brief mention in a couple of paragraphs, and no recommendation for their participation or indeed expansion is contained in the report. Reference of course is to the dental hygienists. The fact that their number in Canada is still small, at least in part because programmes were not available in this country until very recent times and the fact that

practitioners have been relatively slow to utilize their services, does not justify the seeming conclusion that their role is of no significance. Indeed, it is contended that provision of strong incentives should have been urged in order to augment this corps of important auxiliaries and to encourage their utilization in both public dental health programmes and in private offices.

Another matter which seems to have escaped the attention of the Commissioners, and their advisors, again perhaps of the lack of definite information on the subject, is the rate at which an expansion of available services will be fully utilized. The point may be illustrated by the changes in one Province. As recently as a decade ago, the population per dentist in the Province of Newfoundland was roughly three times that of the Canadian average. In the intervening short period, this figure has been reduced by some fourteen percent. While no one is likely to consider that even the approximately four thousand persons per dentist in the city of St. John's is an adequate supply, nonetheless, observations and comment by practitioners in that region lead one to suspect that even with an accompanying, and preferably preceding, programme of public dental health education, it might easily be possible to provide a service more rapidly than it would be appreciated and thus utilized by those for whom it is intended.

Finally in support of a contention that the number of dentists plus "auxiliaries" projected by the Commission is in excess of the probable utilization of these personnel, a brief examination of productivity is presented, based on figures from the Report.

Between the years 1931 and 1961, the population of Canada increased 1.72 times. In the same interval, the number of dentists increased 1.45 times, and their productivity 2.81 times. Thus, dental treatment for the average Canadian increased two and one-third times ($\frac{1.45 \times 2.81}{1.72}$).

Again, using the Commission figures, it is estimated that between 1961 and 1991 the population of Canada will increase 1.93 times, and if the proposed number of dentists are produced (a realistic proposal), the number of dentists will have increased 2.46 times. In the unlikely event that productivity does not improve over the indicated period, treatment for the "average Canadian" will increase 1.28 times (approximately 25 percent). In all of this, one should bear in mind the present estimate that one-quarter to one-third of the population is receiving reasonable dental care, (probably a high estimate), and that demand is unlikely to equal the need in so short a span even with strenuous efforts to promote dental health education.

In the more likely event that productivity will increase, and assuming that it does so at the same rate as in the past three decades, then treatment for the "average Canadian" will increase 3.59 times. Viewed in another manner, three and one-half times as many Canadians will be receiving the same quality of care as is now being given to the present population.

An interesting comparison for the United States is contained in a paper prepared for presentation at the annual meeting of the American Dental Trade Association, Manufacturers Section, Absecon, New Jersey in September of 1964 by the Director of the Bureau of Economic Research and Statistics, of the American Dental Association, Mr. B. Duane Moen. In his paper, Mr. Moen

stated that the amount of dental treatment received by the average American has increased from \$4.58 to \$11.58 (expressed in constant dollars) during the period 1935 to 1963. In the same interval, the population per dentist has increased by thirty percent. Thus in the twenty-eight year period productivity per dentist had increased more than three times ($\frac{11.58 \times 130}{4.58 \times 100} = 3.29$), an amount very similar and tending to support the Canadian figure.

The significant point is, however, that if the number of dental graduates can be increased over the next decade or so, and if productivity continues to increase, then to add a corps of "auxiliaries" who presumably can be as productive in their limited spheres as the dentists, may well result in an over supply of personnel. By 1991, the Commission's proposal would result in an average of one "auxiliary" for each dentist and thus the available service at that time would not be 3.5 times the present, but in fact, 7.2 times the presently available service.

It seems to this writer that a more realistic approach for 1991 would be to provide three and one-half times the presently available services from dentists, augmented by an increase in productivity resulting from the expanded utilization of the kinds of auxiliaries presently members of the dental health team. The Commission has presented proposals which could result in the required number of dentists, and the one real difficulty may be to convince the public that the profession intends and in fact will make more extensive use of auxiliary personnel. As one provincial Minister of Health observed not long ago "You have been talking for ten years about the more extensive use of auxiliaries, but what have you done about it?" The same question might well be asked as we enter into this new year of 1965! Nonetheless, the professional climate appears to be more favourable and with the suggested incentives to the establishment of group practices in dentistry and thus re-organize dental practice, there is good reason for the optimistic belief that this objective can be realized.

It is contended that the projected increase in the number of dental graduates, together with an increase in the utilization of the present types of auxiliaries, (though in the latter instance special incentives may be required) can result in a level of productivity which will meet the probable demands for service within a decade. True, the initial rate at which this increased service becomes available may be somewhat slower than that attending the implementation of the Commissioners' proposals for "auxiliaries" but there would not be the attending and very real potential danger of so altering the character and quality of dental service that the long future may be mortgaged to the present.

It is contended further that a child care program could be implemented from the outset on a fee-for-service - private practice basis, if Canadians are prepared to move somewhat more slowly in the initial five year period. Finally, it is urged that encouragement should be forthcoming to increase that corps of dental health educators and workers in prevention, the dental hygienists!

If the foregoing observations are reasonably valid, it would appear that an adjustment in some of the recommendations of the Royal Commission

would result in proposals more consistent with the basic philosophy of the Report and would also result in the provision of a more desirable level of dental service for Canadians in a manner consistent with the principles proposed by the Profession.

There should be no necessity to introduce a new type of "auxiliary" which the profession quite rationally fears could cause a radical change in the character and development of dental service, a dental service which has come to be so highly appreciated in this country that there is grave concern because it cannot be universally available at the moment.

RENCONTRE AVEC ELIZABETH II - 10 OCT 64

Captain J.P.J. Laporte, BA, DDS

Les jours passent mais ne se ressemblent point. En effet deux officiers dentaires du camp Valcartier eurent le privilège de rencontrer sa Majesté Elizabeth II. Invités à aller voir le défilé militaire du 22ième Régiment lors de la visite de la reine à la Citadelle de Québec, ces deux militaires et leurs épouses furent invités par la suite au mess des officiers de ce même régiment et de là, à aller visiter la demeure du Gouverneur-Général où, par hasard, se trouvait sa Majesté, la Reine. Pour ces deux officiers, la rencontre fût plus qu'un fait du hasard, elle fût une occasion de connaître plus intimement les dessous de la royauté. La rencontre fût brève mais très intéressante. En effet, l'horloge sonnait la dix-septième heure lorsque la conversation s'engagea;

- Sa Majesté: "Êtes-vous du Royal 22ième Régiment?"
Jeune Officier: "Non, je fais parti du corps dentaire de l'Armée canadienne."
Sa Majesté: "Mais je constate que vous avez de nombreux amis du Royal 22ième."
Jeune Officier: "En effet, je travaille au camp Valcartier comme dentiste et je suis en contact journalièrement avec les gens du 22ième."
Sa Majesté: "Est-ce que vous pourriez m'informer de quelle façon vous avez fait votre cours de dentisterie et où?"
Jeune Officier: "J'ai fait mon cours à l'Université de Montréal et cela avec votre aide financière."
Sa Majesté: "Est-ce que vous conciliez bien votre vocation professionnelle et votre vocation militaire?"
Jeune Officier: "Le travail est varié et l'expérience exceptionnelle je crois que les deux se concilient très bien."
Sa Majesté: "Croyez-vous demeurer avec le corps dentaire Royal Canadien quand votre contrat sera terminé?"
Jeune Officier: "Si sa Majesté me comble autant comme dentiste qu'el m'a comblé étant étudiant, il me fera plaisir de servir votre Majesté durant de nombreuses années."

Sur ces mots, la conversation se termina et après quelques petits appétitifs, ces deux officiers retournèrent à la maison, enrichis d'une expérience unique et profitable.

THE ROYAL CANADIAN DENTAL CORPS
ON THE NORTHWEST HIGHWAY SYSTEM

Colonel B.P. Kearney, MBE, CD, DDS, FICD



Colonel B.P. Kearney

Faced as they were with the Japanese threat in the Aleutians, the Joint United States - Canadian Board of Defence approved in February 1942 the construction of an overland route through Northern British Columbia and the Yukon Territory to Alaska. This decision led to one of the epic feats of construction in modern times, featuring the US Army Engineers who hacked 1523 miles of road through the Northern wilderness in less than eight months.

The truck route which later became known as the Alaska Highway was officially opened on 20 November, 1942. Because of the need for haste and the restrictions of war-time economy, the road had been pushed around soft spots that might cause delay, detoured around ravines to avoid bridging and directed towards open country which required less clearing. These considerations account for much of the crookedness of the road and on the walls of old restaurants along the Highway the following lines may still be seen:

"Winding in and winding out,
Fills my mind with serious doubt,
As to whether the lout who built this route,
Was going to Hell or coming out."

The original agreement provided for the US to maintain the Highway for six months following the war, and then that part lying in Canada was to be turned over to the Canadian Government. Accordingly, on 1 April, 1946, over 1200 miles of meandering gravel road plus associated facilities became the responsibility of the Canadian Army, and the Northwest Highway System was born.

The task of maintaining and improving the Highway from Dawson Creek B.C. to the Alaska border was accepted with enthusiasm by the Royal Canadian Engineers. To support them, various other Corps of the Canadian Army, including the Royal Canadian Dental Corps, were assigned to the Highway and took up their tasks with skill and energy. This is the story of the RCDC on the NWHS and of its personnel who served in association with it and with the Northwest Staging Route.

The operation of the RCDC on the NWHS commenced on 8 April 1946 with the arrival in Whitehorse of a dental subsection from Calgary aboard an RCAF Dakota named "Gravel Gertie". Capt JA Allan, Sgt J Seeman and Sgt DW Timbres had been instructed to man the clinic in the Whitehorse Military Hospital



Gravel Gertie

which had been taken over from the US Army. They were to provide treatment for all Service personnel, civilian employees and dependents scattered along the Highway and at stations of the Northwest Staging Route between Dawson Creek and the Alaska border. The clinic was most impressive, with SSW Master units, chairs and cabinets finished in ivory-tan. The floors had not yet assumed the "hills and gullies" appearance which later arrivals will remember so well.

It soon became obvious that a second detachment was required to provide a travelling dental service for personnel of the Highway Maintenance Camps, Repeater Stations and stations of the Staging Route. Accordingly, Capt J Conchie, Sgt VH Shaw and Pte R Drewery were posted to the Highway in July. Mounted in a mobile clinic, they left Dawson Creek and slowly but surely wended their way to Whitehorse where Sgt C Johnston joined the group as the second laboratory technician.

In late June the Dental Corps was represented in the first Canadian Army wedding in Whitehorse when Capt Allan temporarily surrendered his duties as organist at the Log Church to take part in the ceremony in the role of groom. He and his bride left the Highway in November and he was replaced in the clinic by Capt BD Friesen.

During the winter of 1946-47 Capt Conchie, Sgt Timbres and Sgt Shaw battled the elements in the mobile clinic and provided dental treatment to personnel stationed between Whitehorse and Dawson Creek. The trip south was largely uneventful but the return journey was dogged by accident and misadventure. That winter was one of the coldest on record with the thermometer dipping to an unofficial low of -84°F at Snag. At one time, frozen brake lines left them stranded on the Highway with the temperature approaching 70 degrees below zero. One can imagine the relief they felt when, about an hour later, a British Yukon Navigation Company bus appeared and rescued them from their serious plight.

Early in the Spring of 1947 Capt Friesen was replaced by Maj WI Whitehead, Sgt Gibson by Cpl R Stewart and Sgt Timbres by Sgt AC Vout. Capt Friesen and Cpl Stewart formed the team to provide treatment to the outlying stations still operated by the services. These had been reduced by the takeover of Repeater Stations by the Canadian National Telegraph and the manning of Highway Maintenance Camps by civilians. Hence, there was a reduced requirement for a mobile team and by the spring of 1948 air transport was increasingly resorted to.

It was also about this time when the decision was made to open clinics on the southern part of the Highway. Sufficient space was acquired in the Administrative Building at RCAF Station Fort St John and in the hospital at RCAF Station Fort Nelson to permit installation of pedestal cuspidors and dental chairs. Part-time clinics were officially established at these locations in February 1948 and were operated by Capt NA Butcher, assisted by Cpl Stewart and Sgt Vout. From their home base at Fort St John they divided their time between these two stations and, with the use of field equipment, provided dental treatment at Dawson Creek, Grande Prairie, Beatton River, Smith River and Watson Lake. During this period, personnel from Mile 300, which later became Camp Muskuwa, were treated at the Fort Nelson Clinic. Also associated with Capt Butcher, prior to his replacement by Capt RE Dyer in June 1950, were Sgt W Powers, Cpl GF Keogh and Cpl MF Conkey.

In Whitehorse meanwhile, further personnel changes were being made along with certain minor alterations in the clinic itself. Major AC Leman, who took over from Major Whitehead in March 48, despite the normal "space at a premium" situation, nevertheless contrived to have an office built, which although very small served for many years. He also displayed a certain amount of literary talent, acting as Northern editor of the "Western Commander".

During Major Leman's time in Whitehorse he witnessed the arrival of Capt TA Richardson and the replacement of Sgts Shaw and Vout and Cpl Stewart by Sgts EM Lobb, FR Taylor and W Powers and Cpl EB Morse. Before Sgt Shaw left the Yukon he accompanied Maj Leman to RCAF Teslin on what proved to be the last treatment visit to that station prior to its closure. It is of particular interest that they used the old mobile clinic which, following the tough luck that had dogged it in 1946, had remained unserviceable for two years.

Commencing in 1949, RCAF Stations of the Staging Route were phased out or their responsibility was transferred to the Department of Transport. In particular, Fort St John became a DOT responsibility in Jun of 1950 and clinic equipment was withdrawn at that time.

Capt Dyer, on taking over from Capt Butcher, was based at Fort Nelson with a treatment responsibility for Cdn Army, RCAF personnel and dependents of that area, in addition to which he was of considerable assistance to the civilian population of the surrounding territory. He was aided in this large task by Pte AR Borsholt. Shortly after Capt Dyer's arrival, Watson Lake became the responsibility of the Whitehorse Clinic and that location received periodic visits from Whitehorse. Furthermore, scheduled flights by RCAF North Star were quite frequent at that time and emergency requirements were readily handled by the Whitehorse clinic. This service became more infrequent when many aircraft were withdrawn for the Korean airlift in 1950, but their lack was largely compensated for by the reduction in the personnel strength at Watson Lake.

The Fort Nelson clinic ceased to function full-time when that station was reduced to detachment status in 1951. Clinic space was retained in the hospital however and Whitehorse began a periodic service for those personnel remaining at Fort Nelson.

In August 1950 Maj Leman was replaced by Major BP Kearney whose tour of duty in the North included visits to the RCCS detachments at Mayo and Dawson in addition to the periodic trips to Fort Nelson and Watson Lake. Much could

be told of the occasion on which Maj Kearney, accompanied by Sgt Lobb and Sgt Morse, travelled to Mayo and Dawson but perhaps it will suffice to say that never before was a welcome mat spread so sincerely and enthusiastically; never before, nor probably since, has a dental detachment had the unique experience of celebrating Robbie Burns anniversary on two successive nights in communities several hundred miles apart deep in the Yukon.

The final visit to RCAF Aishihik, and the last known journey by that very-tired mobile clinic, was made by Maj Kearney and Sgt Taylor in the fall of 1951. Only superb driving and certain weird maintenance and repair procedures on the part of Sgt Taylor succeeded in getting the vehicle home to pasture. But she was not to travel upon the "Big Road" again. Allegations were made at the time that the weight of moose and game birds was just too much for her, but this writer stands fast in the belief that it was only age and previous misadventure that ended her career.

Capt Richardson departed from the Whitehorse scene in November 1951 and was replaced by Capt CL Gullekson. Farewells were also said to Sgt Lobb, Sgt Taylor, Sgt Morse and Sgt Powers while greetings were extended to Sgt SM Toole, Sgt JE Shiner and Cpl Pamela White, who was the first RCAF airwoman dental assistant to serve with the RCDC in the Yukon. Other notable events during this period include the creation of a third operating space in the clinic by converting part of the store-room (in anticipation of a third phase COTC candidate who never did arrive), and the local laundry finally agreed to starch the dental gowns!



Whitehorse Military Hospital as seen in April, 1946. The dental clinic was housed in the section to the extreme right of picture.

Maj JG Andrews accepted the No 6 Clinic inventory from Maj Kearney in July 52 as well as the managership of the Army fastball team and, subsequently, the early morning disc jockey program at the local radio station.

Early 1953 saw the departure of Capt Gullekson after a longer-than-usual stay for a single man in the Yukon. That his time was well spent was demonstrated by his subsequent marriage to his favorite Yukon nursing sister.

It became increasingly apparent on the Highway that the Korean conflict and the resultant expansion of the Canadian Forces was making heavy demands for dental personnel and it became very difficult for the limited clinic staff to cope with the demands for their services. In this endeavour however, they performed admirably. Fortunately, late in 1953 some of the gaps in the lab were filled and Sgt Shiner was given a helping hand by Sgt AM Jerome for two months, followed by Sgt GF McKay for a similar period. Their combined efforts apparently overcame the accumulated backlog of prosthetic cases for the laboratory staff never again numbered more than one technician. Sgt A Fox took up the laboratory burden in Jul 54 on departure of Sgt Shiner.

In December 1953 No 6 Clinic received a Christmas present in the person of Capt FM Nesbitt who was closely followed by Capt CR Pugh. Their arrival marked the beginning of a new dental era in Whitehorse with the establishment of a second clinic (No 14 Clinic) at RCAF Station Whitehorse. The patient responsibility was divided between the two clinics, with the hospital clinic handling Army personnel and dependents living downtown while No 14 Clinic looked after RCAF personnel and dependents living up the hill. All patients who required general anesthetic were treated by No 6 Clinic which had the facilities of the hospital available.

On the completion of his Northern posting during the summer of 1954 Maj Andrews turned over the position of senior dental officer to Maj LC Craigie who retained this appointment until August 1956. It is understood that Maj Craigie arrived with more hunting and fishing equipment than previous incumbents had managed to accumulate during their entire stay in the North.

Pte M Tremblay, Sgt MG Dean and Pte CC Millard arrived in that order to join Sgt J Roberts in handling the duties of dental assistant in Whitehorse and in the part-time clinic at Fort Nelson. In order to provide a much improved clinic with two operating spaces and laboratory area, a small building was obtained adjacent to the hospital at Fort Nelson and the space formerly used was abandoned. This building was subsequently moved to Camp Muskwa and continued to function as a part-time clinic there until the Highway was handed over to the Department of Public Works in 1964.

During 1956 another series of personnel changes involved Maj HR Kettyl's arrival in January, Capt Pugh's departure in May, Capt MP Quinn's arrival in June, Maj Kettyl's departure in July and Maj RA Gray's arrival the same month. To replace Sgt Fox, Sgt Morse came back for a second tour of duty in his beloved Yukon. It is interesting to note that Capt Pugh did not stay away long either; he returned several years later to enter civilian practice in downtown Whitehorse. Both of these gentlemen were able to relocate their favorite fishing spots without difficulty.

Another noteworthy addition to the staff during this period was Capt D Charlton who is perhaps best remembered for flying the Southern Cross of Australia on the flagpole of the Officers' Quarters in downtown Whitehorse on some now-forgotten Australian holiday. A telephone call from a civilian who was enquiring about the strange flag caused the Commander to investigate, and the colours were struck!

The summer of 1958 saw the departure of Maj Quinn following the closing out of No 14 Clinic at the Air Base and the transfer of its responsibilities to Major WH Harrington who had taken over No 6 Clinic in January of that year. In this manner the wheel turned full cycle and the RCDC operation in Whitehorse reverted to what it had been during earlier years; the original clinic, which had been taken over from the US Army in April of 1946, was once again responsible for the dental treatment of all Army and RCAF personnel and dependents in Whitehorse.

Other new arrivals that summer included Capt WR Collier, Sgt JM Moore and Cpl HEG Franzgrote. Their first duties included assignment to fire-fighting during the 1958 bush fire around Whitehorse which destroyed the buildings at the well known Takhini Hot Springs. The fires, followed a short



Her Majesty Queen Elizabeth and Prince Philip arrive in Whitehorse on 18 July, 1959. Major WH Harrington was unofficially appointed "Queens Own Honorary Dentist" for the duration of her visit.

time later by earthquakes which shook up the town and the military bases quite thoroughly, will not soon be forgotten by Maj Harrington and his staff. It is also probable that Capt Collier's successes in big game hunting will long be remembered as will Cpl Franzgrote's association with the RC Youth Hostel for Indian Children. The Yukon crests the youngsters were taught to make by Cpl Franzgrote are still being produced and provide a valuable source of income.

On return to a one-clinic status in Whitehorse, it was decided to relieve its personnel of the responsibility for the part-time operation at Camp Muskwa. This chore fell to the Edmonton branch of the RCDC family who continued to man it periodically until 1963 at which time it was returned to the care of Whitehorse.

In late 1958 it was agreed that the Whitehorse dental clinic should be established in Bldg 425 at the Air Station. This project was completed in November of the following year, and old No 6 Clinic gave way to new No 6 Clinic "up on the hill".

Sgt Morse was finally induced to leave Whitehorse in July 1959 after two postings which covered a total of six years in the Yukon. He was replaced temporarily by Sgt V Krymlak who handed over to Sgt DB Wood in August.

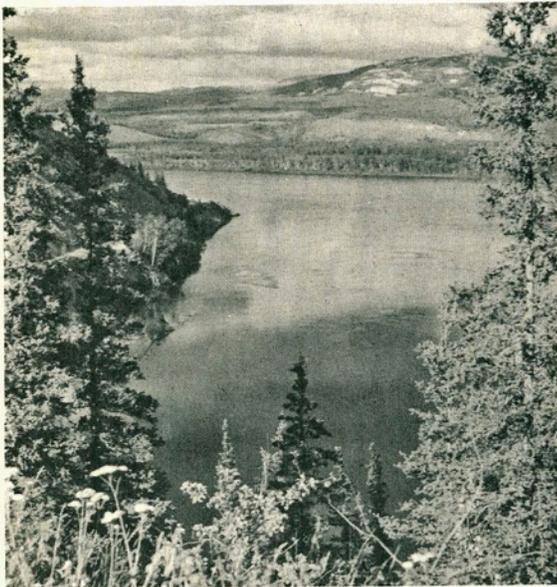
Maj WK Dickie replaced Maj Harrington as the Senior Dental Officer on the Highway in July 1960 and said his farewells two years later when he handed over to Major SW Muller. It was during 1960 also that the first dental technician clinical was employed in Whitehorse in the person of WO 2 VO Blackmore who proceeded to that location following his qualification at the RCDC School.

Sgt Moore was replaced by Sgt VR Kidd in 1961 and the staff was augmented by the addition of Cpl GD Schwarze. Capt Collier was granted an extension until 1962 at which time he bade farewell to the Yukon hills and departed with his trophies of the chase. He was replaced by Capt GA Johnson who took over not only his duties but also his love for the rivers and hills.

Improvements were made to the clinic in 1962 and plans were formulated the following year to enlarge the dental accommodation. These improvements never came to pass as it was decided later to reduce the dental staff in accordance with the cutting back of the Department of National Defence in the Whitehorse area.

Having successfully completed his course at the RCDC School, Sgt Kidd returned to Whitehorse to assume the duties of dental technician clinical from WO 2 Blackmore, and Sgt GH Taylor moved into the position of senior dental assistant. It was also during the summer of 1962 that the laboratory responsibility shifted from Sgt Wood to Sgt RL Thornton and Maj IAC MacDonald arrived in Whitehorse to replace Maj Muller whose service in the North was terminated because of illness.

This happy group, under Maj MacDonald's genial direction, made repeated assault on the almost forgotten golf course out the Carcross Road which had been hacked out of the wilderness by the long-departed US Army Engineers. Some months and many golf balls later, they were forced to conclude that it would be better to abandon this off-duty pursuit in favour of hunting and fishing. Hence, like their predecessors, they turned to the natural opportunities of that country for their relaxation from clinic duties. It is felt that Maj MacDonald's fishing was not always completely orthodox in that he acquired certain notoriety and considerable "joshing" for catching a sea-gull on his trolling line.



A view of the Yukon River
in the Whitehorse area

Dental treatment was provided by the aforementioned staff in Whitehorse and at Muskwa until the handover of the Northwest Highway System to the Department of Public Works on the first of April 1964. At that time the Muskwa clinic was closed and No 6 Clinic reduced to its current staff of Capt Johnson, Sgt Thorton and Mrs O Johnson; their attachment was changed from the Northwest Highway System to RCAF Station Whitehorse.

Certain Canadian Army Personnel still remain on the Highway, seconded to Department of Public Works, but the day will undoubtedly come when the only Army personnel remaining in the Yukon will be wearing the badges of the RCDC.

Undoubtedly they too will join those who preceded them in fond remembrance of their Yukon postings. They will certainly recall the strenuous work in the clinic which served a large and highly varied clientele, but they also will remember the relaxation and wonderful fellowship in messes and homes, the hunting and fishing which are unparalleled in other locations and, above all, the Yukon itself. In the words of Robert Service:

"It's the great, big, broad land 'way up yonder,

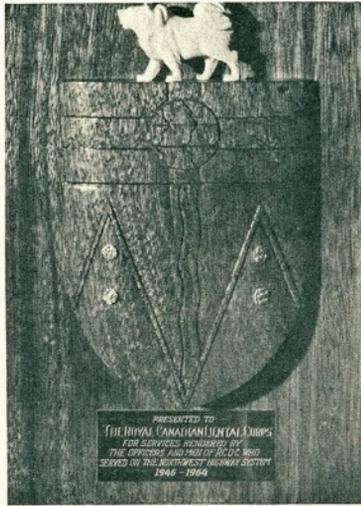
It's the forests where silence has lease;

It's the beauty that thrills me with wonder,

It's the stillness that fills me with peace."



Cairn commemorating the handover of the Highway from the US Army to the Cdn Army



Plaque presented to the RCDC following handover of NWHS to DPW



Cairn commemorating the handover of the Highway from the Cdn Army to the Dept of Public Works

Note:

Restriction of space and lack of records have precluded the mention of RCAF airwomen dental assistants and civilian dental nurses who served with the Corps in Whitehorse. Their contribution is in no ways minimized because of this omission nor is that of various other RCDC personnel who spent short temporary periods of duty or who transferred to the RCDC while serving with other Corps on the Highway.

ORTHODONTIC REPOSITIONING OF ABUTMENT TEETH WITH A SIMPLE REMOVABLE APPLIANCE

Captain Y. Kamachi, DDS

INTRODUCTION

In the practice of crown and bridge prosthesis, more complex problems are now being treated. Abutment alignment is one of the most important factors in determining the design, esthetics and longevity of fixed and removable partial dentures. In the past, malposed teeth were often extracted or compromises were adopted which reduced the effectiveness of the prosthesis. Improving the axial direction of the abutment will provide a more suitable foundation for the prosthesis and also will permit the utilization of teeth that were formerly extracted as being unsuitable for abutments.

It has been estimated that local or environmental factors such as thumbsucking, early loss of deciduous teeth, prolonged retention of deciduous teeth, early loss of permanent teeth, abnormal or deleterious habits of musculature cause 28 percent of all malocclusions. Combined with the neglect of interceptive orthodontics, the prosthodontist is often faced with tilted, rotated and drifted teeth in the reconstructive procedures.

This article will discuss the criteria for simple and complex orthodontic procedures and the management of minor irregularities of abutment teeth within the realm of the dental officer.

DIAGNOSIS, ANALYSIS AND TREATMENT PLANNING

Recognition of the existing problem concerning the abutment tooth is the main factor in diagnosis. The scrutiny or analysis of the abnormality is the basis for formulating the treatment plan. Appliance design and consideration of the tooth must go hand in hand as the type of prosthesis will dictate the amount of stresses on the tooth and the necessity for its correction.

In the analysis we use normal diagnostic aids such as study models, radiographs and an oral examination. The study model and radiographs will show the axial inclinations of the teeth in a mesio-distal direction, facio-lingual axial inclinations, abnormal rotations, interlocking cuspal relations resisting orthodontial, and unerupted teeth. Oral examinations will reveal cuspal interference in different excursions and excessive overbites due to infra-occlusion of posterior teeth or supra-occlusion of anterior teeth with the jaws at rest.

A treatment plan can now be formulated to design an appliance to correct the problem to the extent permitted by the limiting factors. This will also include the direction and distance desired in tooth movement.

Teeth can be moved in three planes simultaneously. In many cases tissue will not respond favourably, movement may be difficult or impossible and new positions may be unstable. The lack of skill and the lack of appreciating the appliance potential may also affect the expected results.

TYPICAL PROBLEMS

The most frequent problems presented are: FIRSTLY, open contacts between adjacent teeth which, if corrected by overcontouring of the crown, will result in food traps; SECONDLY, axial tilting of the abutment, resulting in overloading of the tooth, followed subsequently with periodontal and alveolar atrophy; THIRDLY, occlusal interference in eccentric excursions; FOURTHLY, rotation of teeth effecting disturbances in inclined plan relationships resulting in difficulty in tooth preparation causing poor esthetics and mechanics; FINALLY, labially or linguallly tipped or labially flared anterior teeth resulting in poor esthetics. There are many more but the problems may be incorporated in the above five.

ANOMALIES REQUIRING INVOLVED ORTHODONTIC PROCEDURES

There are several irregularities which require co-operation with an orthodontist. One is when the abutments are tipped mesially or distally in excess of 30 degrees, or when they are rotated in the same magnitude. This functional imbalance is usually the result of one or more extractions. The orthodontist should hope to achieve parallel abutments for fixed bridge work. The second requirement the orthodontist may achieve is to re-establish the plane of ideal occlusion when the maxillary teeth have elongated into the space where mandibular teeth have been extracted. Another is where excessive rotation is present and simple correction is not feasible. It is considered to be of less importance to use extreme measures to correct rotated teeth as full crown coverage decreases the need.

Other fields for the orthodontist are excessive overbite and/or overjet and any re-construction will fall short of ideal if dento-alveolar relationships are neglected. Thus, the prosthodontist should expect the orthodontist to achieve parallel abutments, a balanced occlusion and a correct dento-alveolar relationship.

MANAGEMENT OF MINOR IRREGULARITIES OF ABUTMENT TEETH

The general practising dental officer may correct less complicated malocclusions by the use, and understanding the mechanics, of simple orthodontic appliances. The mechanics of tooth movement can be achieved with either fixed or removable appliances. The most simple and versatile in adult dentistry is the use of a removable appliance. Their usage is not limited to one or two teeth but several at one time. The removable appliance will now be considered.

REMOVABLE APPLIANCES

Basically, the appliance is an acrylic resin palate for the maxilla and a continuous lingual acrylic appliance for the mandible. The acrylic serves as a stress breaker for the active forces which are derived from auxiliary springs attached to regulate the malposed teeth.

Factors presented by each individual case determine the design. The simplest and most effective generator of force is the use of "the safety pin spring" attached to the acrylic. The one-sided spring will move or "push" a tooth away from its activated leg, (Fig. 1) while the two-sided spring will push teeth away from each other, (Fig. 4). To make a single spring, take a 3-inch piece of .020 or .022 inch stainless steel wire. Grasp the wire in a

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No 139 orthodontic pliers $\frac{1}{2}$ inch from one end; turn the long end around the round beak of the pliers one complete turn. This forms the activating loop in the spring. Ideally, a loop of $\frac{1}{8}$ to $\frac{3}{16}$ inch diameter is made to upright mesially or distally tipped abutment teeth. Forces from smaller loops are less than that of a large loop.

A labial bow or Hawley arch bar is added to the appliance to maintain the remaining anterior teeth in their normal labiolingual inclination while they are being tipped mesially or distally.

During processing and finishing, the activating loops must be protected with tin foil to keep them free of the acrylic. If the loops become imbedded in acrylic their effectiveness will be destroyed. Another factor to consider is that a space must be provided around the teeth in the direction of the required movement as the spring action will be nullified by the acrylic which surrounds these teeth on the opposite side of the forces.

To adjust or insert the appliance, the free legs of the safety spring pin are activated slightly more than the desired movement. This can be done by opening the loops of the pin approximately 2mm. The free legs are advanced in the direction of the desired movement. When the appliance is seated the springs are compressed in the edentulous area. The loops then become smaller which is the power for the movement and as the loops enlarge they become deactivated and move the teeth in the direction they are deactivating.

CRITERIA FOR THE USE OF THE REMOVABLE APPLIANCE

In the anterior segment, one must make a differential diagnosis in its usage. This appliance will work well in instances where:

- a. tooth shifting is in the immediate area of the extraction site and space is required for a bridge, and
- b. where molar, bicuspid and cuspid relation is normal in both arches and the anterior teeth have drifted into the edentulous area. A simple appliance such as this will not work where all the teeth in the upper buccal segment have drifted anteriorly into the edentulous space. To treat this, multiple band techniques must be used.

In the posterior segment, the appliance will correct simple rotation and tilting, if there is no occlusal interference with the cuspal relationships.

TYPES OF TOOTH MOVEMENT

The simplest types of tooth movement are:

Labial and Lingual Movement of Incisors

Lingual tipping can be utilized with just a Hawley labial arch bar which is formed to place a labial force on the tooth to be removed. The acrylic is cut away on the lingual surface and by gradually closing the vertical loops over the cuspid the pressure will move the tooth lingually. (Fig. 1)

Labial tipping is achieved with a single safety pin spring on the lingual surface of the tooth. The labial arch bar and clasps around the molars will prevent the appliance from unseating. (Fig. 2)

Mesial and Distal Tipping of Anterior Teeth

Mesial and distal tipping is accomplished with a single (Fig. 3) safety pin appliance for the movement of one tooth or a double (Fig. 4) safety pin appliance to move one tooth mesially and the other distally. Rotation is controlled by the labial arch wire, the acrylic butting against the tooth and by relieving the acrylic in the direction of tooth movement.

Mesial and Distal Movement of Posterior Teeth

In this case a heavier wire is used such as .028 inch wire. (Fig. 5&6) Frequently it may be necessary to free the occlusion since cuspal interdigitation may counteract the force exerted by the appliance. An acrylic bite opener may be placed as part of the appliance and an opening of 1 to 2 mm is ample.

Bucco-Lingual Movement of Posterior Teeth

Like mesial and distal movement we can use both the single spring or double spring appliance. Lingual movement may be brought about by a single spring with an inset on the buccal arch. Another method is the Hawley arch bar type appliance but used in the posterior region. The force is generated by opening and closing the vertical loops.

Rotation of Incisor Teeth

Rotation is obtained by two forces acting simultaneously. One force is from the lingual and the other from the labial with the distance between the two as great as possible. One method is the use of a Hawley labial arch acting on the labial surface, selective relief of the acrylic on the lingual to force the tooth to rotate instead of tipping lingually. The other is the safety pin spring acting from the lingual instead of a fulcrum point on the acrylic against the arch bar. The tooth is braced on the mesial by an acrylic tooth which fills the edentulous space. This double action forces the tooth to rotate in situ rather than tip. The choice depends upon the result desired. (Fig. 7)

SUMMARY

The purpose of this article is to present some orthodontic criteria to the general practitioner facing some common problems of malposed abutment teeth. With a minimum of supplies and equipment many abutment teeth condemned in the past can be utilized in the construction of dental prosthesis.

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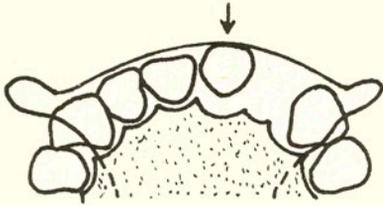


Fig. 1. Labial Arch Bar used to force /1 lingually

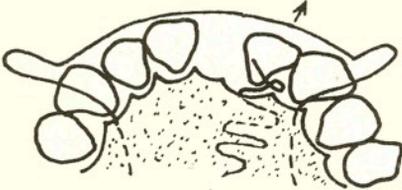


Fig. 2. One sided safety pin loop appliance forcing /2 labially. Remaining teeth kept in relationship to each other by the Hawley Arch Bar

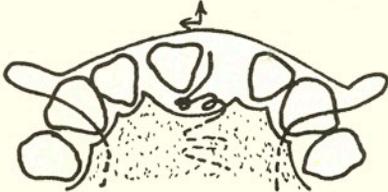


Fig. 3. One sided safety pin loop appliance used to tip /1 distally and labially

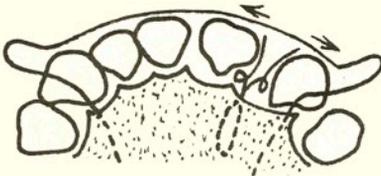


Fig. 4. Two sided safety pin loop appliance used to tip /1 mesially and /3 distally

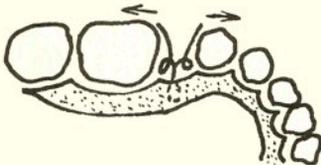


Fig. 5. One sided forcing /5 distally

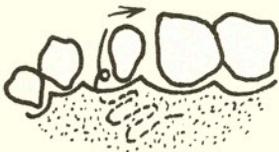


Fig. 6. Two sided safety pin loop appliance used to tip /6 distally and /4 mesially

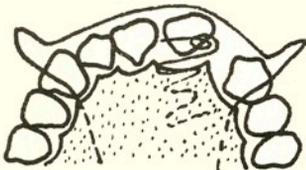


Fig. 7. One sided safety pin loop used to rotate /1

The RCDC News

Directorate

Corps Conference

Commanding Officers of the Regular Force RCDC Units gathered in Ottawa for the 15th Annual DGDS and Unit Commanders' Conference held from 22-25 Nov 64.

The social functions connected with the Conference began Sunday evening when Col and Mrs AC Leman entertained the officers and wives of the Directorate and the visitors. A Formal Supper Dance was held Tuesday evening at the AHQ Officers' Mess which was thoroughly enjoyed by all the RCDC officers and their ladies from the Ottawa area. At the conclusion of the Conference on Wednesday, Brigadier and Mrs KM Baird held a buffet luncheon in their home prior to the departure of the visiting officers and their wives.



Front Row L to R - Col BP Kearney; Brig KM Baird; A/V/M MP Martyn, the Deputy Chief of Personnel; Col AC Leman, Chairman; Col IAL Millar; Col GR Covey.

Back Row L to R - Lt Col CM Cornish; Maj WH Harrington; Col RB Jackson; Major AW Brusso; Maj JW Fletcher; Lt Col GC Evans; Lt Col WW Anglin; Col AT Roger; Lt Col SG Bagnall; Col RHG Cunningham; Lt Col LG Craigie, Lt MB Fisk; Capt E Clark; Capt DH Evans.

Christmas Party

The annual Christmas Party was held as in previous years at HMCS Carleton Chiefs' and Petty Officers' Mess on the 18th Dec and was attended by all Service members and civilian personnel in the Ottawa area.

Brigadier Baird Attends Dental Meetings

Federation Dentaire Internationale (Armed Forces Dental Services Commission)

Brig KM Baird attended the International Conference on Military Dentistry held in conjunction with the Annual Meeting of the American Dental Association at San Francisco, California, 8 to 14 Nov at which time he presented a paper "Effective Use of Dental Manpower in the Armed Forces".

Massachusetts Dental Society

The Director attended discussions of the Council of Education of the Massachusetts Dental Society, Boston, Mass., 19-21 Jan at which time he presented a paper concerning employment of RCDC dental auxiliary personnel.

CDA Auxiliary Service Committee

At a meeting of the Canadian Dental Association Auxiliary Services Committee, held in Toronto, Ont., 22 Jan Brig Baird presented a paper on the results of current studies within the RCDC pertaining to the effective use of dental auxiliary personnel.

11 Dent Coy

The Importance of First Aid Training

The First Aid Training received by all RCDC personnel has again proved its value. When Sgt WD MacDougall of No 11 Dental Company arrived at the Delta Rod and Gun Club on 20 Sep 64 he found a six year old child bleeding and unconscious on the floor. The child had been struck by a .22 calibre bullet which had entered the neck on one side and emerged near the ear on the opposite side. Sgt MacDougall noted that the bleeding was severe, pulse not detectable and anoxia was evident.

As no one present apparently knew what to do, Sgt MacDougall covered the wound with a large pad to arrest haemorrhage, gave external cardiac massage and began mouth to mouth resuscitation. Immediately, the colour of the patient improved. Transportation to a hospital was eventually arranged, and Sgt MacDougall continued mouth to mouth resuscitation during the trip, at speeds up to 100 mph, to the Vancouver General Hospital.

Sgt MacDougall's outstanding efforts were instrumental in prolonging the life of the child until medical treatment could be available. Unfortunately, the severity of the wound was such that the child died two weeks later.

Accommodation

The new clinic accommodation at HQ BC Area is vastly superior to the former clinic. There are four operating bays, hygienists office, dark room, laboratory, dressing room, OIC's office and orderly room. The washroom and waiting room are shared with the medical staff and patients. A special Christmas party was held to say "thank you" to the Engineers who produced the new clinic.

Camp Chilliwack National Survival Exercise



Capt Y Kamachi, assisted by Sgt K Shappee and two sappers are shown treating a patient for a simulated chest wound. The RCDC acted as the medical team for this exercise.

Curling

Cpl Bob Neill's rink squeaked by Capt Dick Chernesky's rink to win the 4th event of the Norlite Mixed Bonspiel at Cold Lake.

12 Dent Coy

Easter Island Expedition

Major AG Taylor left Halifax mid-November in HMCS Scott as part of the medical research team of scientists that has proceeded to Easter Island. The object of this project is to assemble a biological portrait of an ancient and isolated people before effects and changes are caused by the influence of modern civilization. During the two month stay on Easter Island, Major Taylor will gather pertinent material such as numerous stone casts, skull radiographs, intra-oral films, side view facial photographs plus related information for later analysis by the team. The results of the analysis will be used by various dental departments to find whether there is some correlation with DMF rate, diet, hereditary and environmental factors.

Sports

Hockey: Ssgt RF Matheson, Sgt JG MacDonald and Sgt MO McDonald are coaching teams at HMCS Cornwallis while Ssgt KJ Smallshaw is coaching a team in the Dartmouth league.

WO 2 SL MacLean attended the Maritime Amateur Referees Association Hockey Officials clinic at HMCS Cornwallis and is now in action in games at HMCS Shearwater. Sgt JF Kay is also busy doing the same job for the teams in the Dartmouth league.

Capt JO Strom keeps himself in shape by playing for two teams (Infirmary and Wardroom) at HMCS Shearwater. WO 2 SL MacLean is also a member of the Shearwater team.

Judo: Capt AN Swanzey was declared Grand Champion (Black Belt) in the elimination matches of the Stadacona Invitational Judo Tournament which was held on Saturday 12 Dec 64.

Curling: Lt Col JG Butler, WO 2 JE Shiner and Sgts EL Schell and JE Clark form a team in the Cornwallis Curling League. Major HJ Cashin and Sgts AJA MacFarlan and KJ Smallshaw are members of the Halifax Garrison Curling League and Capt JH Quackenbush skips a team in the RCN Curling Club at Stadacona.

Hunting: Cpl DF Middleton is wearing Moose Antlers after dropping a 1200 pounder.

Sgt ES Knoll took leave recently with the idea in mind of getting a couple of deer..! The only luck he had was to get away from a big black bear who took off as soon as he saw him.

Golf: A late entry. Sgt LG Flesher won the Low Net and Cpl DJ Davies was runner up in the Eastern Command Golf Tournament which was held on 21 Sep.

Rugby: Capt JO Strom was a member of the Shearwater Falcons the team that won the Nova Scotia Rugby Championship.

13 Dent Coy

Farewell Party - Mr WAW Brampton Retires



Mr Brampton, Col AT Roger

A unique record of service with the Royal Canadian Dental Corps which commenced in Dec 1939 with the CA(AF) and was terminated on 29 Nov 64 when Mr WAW Brampton retired from his Part V position in the repair section at this HQ. On 18 Nov 64 a farewell dinner was held, attended by approximately forty 13 Dental Coy personnel and a good representation from No 1 Dental Equipment Depot, at which best wishes were extended to Mr Brampton for a happy future. An engraved tray was presented. Mr Brampton plans to participate with his two sons in an electronics business in Grimsby, Ont.

Farewell Party

A party was held by personnel in the Trenton area to mark the departure on posting of Sgt JRA deBlois to No 15 Dental Coy for employment in the clinic at St. Jean, PQ.

Christmas Parties

Parties were held in Trenton and other locations by HQ and clinic personnel and their wives, as part of the seasonal festivities.

Curling

Many unit personnel are engaged in curling activities and it is anticipated that a strong contingent will visit Camp Borden for the annual bonspiel in Feb.

Injury

Capt RE Warren had the misfortune to injure his thumb when he stopped a volley ball from the side lines during a game at RCAF Station Clinton. He discovered that practicing dentistry with a large cast on one hand is not feasible; however, he has now completely recovered.

WO 2 EE Mazerall Elected

WO 2 EE Mazerall was elected to the position of councillor for Ward II during the recent election held by PMQ residents at RCAF Station Trenton.

14 Dent Coy

Sgt AD Lillico, CD

Sgt Alfred Douglas Lillico, a respected member of our Corps who was born and educated at Keliher, Saskatchewan, passed away on 21 Nov 64 at the age of 42. During the Second World War Doug served from 31 Mar 42 to 22 Feb 46 in the UK, Italy, France and Germany as a member of the RCASC. After a five-year period on "Civilian Street" Doug again leaned toward service life and joined the RCDC in Feb 51 and was posted to 12 Dental Coy. His post war service also included tours with DGDS, 1 FDU, Europe and latterly with 14 Dental Coy from 16 Jul 63 until his untimely death.

Although Doug in late years was plagued with illness this did not deter him from carrying out his duties in his typical cheerful and accommodating manner. The sympathy of all ranks is extended to Mrs Lillico and family.

15 Dent Coy

On page 5 is the report of a brief conversation last fall between Queen Elizabeth II and two RCDC officers, Major JLM Masse and Capt JPJ Laporte on the occasion of the Governor-General's Reception for Her Majesty at Quebec City during the Royal Visit.

Curling at Goose Bay

It was unfortunate that a "once in a lifetime" event, which occurred early last year, was not previously mentioned. An eight-ender in curling, is considered a greater feat by some people than a hole in one in golf, but not to Mr Curling himself, Capt Ben Parent, did just this on his way to winning a Bonsel at the Goose Bay Curling Club. It was the first eight-ender recorded at the club.

1 Dent Det

Accommodation

The old RCDC School on Sussex St in Ottawa, that became No 1 Clinic AFHQ in 1957 has been vacated. The CFHQ clinic is now located in a new, air conditioned building at 100 Gloucester St. This occasion marks the end of an era and finally provides CFHQ with a modern clinic. It is expected that photo and a description of the clinic will be published in a forthcoming issue.

A new full time dental clinic was opened at the National Defence Medical Centre with Maj JY Turcotte in charge.

RCDC School

Distinguished Visitors

The Honourable William Earl Rowe, Lieutenant Governor of Ontario, visited the RCDC School 3 Nov. He showed particular interest in the prosthetic and national survival aspects of the RCDC School and spent considerable time conversing with the staff.

Lieutenant Colonel JFF Roell, Regional Commander of the Province of Overijssel, Royal Netherlands Artillery, visited the RCDC School 6 Nov, and was most impressed with the Canadian Dental training facilities.

Colonel TB Mahone, Commanding Officer US Army Interchange Officers Group, visited the RCDC School 16-17 Dec. Major DH Newell, a US Exchange Officer now at the RCDC School, showed Colonel Mahone the training and treatment facilities of the School.

Sports

In addition to the annual curling fever which seems to have infected the majority of the personnel, the somewhat rougher contact sports of hockey and judo have gained considerable support from some of the younger members of the RCDC School. Capt Rausch's enthusiasm for judo has waned a little since he broke his wrist in an "encounter" with one of his "adversaries" in late November.

1 Dent Eqpt Dep

Curls Eight End Game



A rink skipped by Major JW Fletcher with Sgts Palmer and Strub in the line-up scored the first 8-ender ever curled in the Camp Petawawa Curling Club. The fourth member of the rink, Ssgt Hutchinson who missed his first game of the year because of duty is also missing out on all the glory. A repeat of this event is not planned before February the 19th or 20th.

Sgt RH Palmer (Vice), Maj JW Fletcher (Skip), Sgt AL Strub (2nd)

Elected to Office

Major JW Fletcher has been appointed Chairman of the Camp Petawawa High School Board for 1964/65.

Capt CA Casterton was elected President of the Camp Petawawa Golf Club for 1965.

Turkey for Christmas

There was no shortage of turkey at Major Fletcher's during the festive season, both he and Mrs Fletcher bagged a bird in the local mixed bowling league.

Christmas Party

A very enjoyable Christmas Party complete with Santa Bob Mills was held at the Depot for the children on Dec 12th. The parents got together with the personnel of 3 Dental Clinic for a most successful "adult" party on Dec 15th.

4 Fd Dent Coy

Change of Command, 4 CIBG

A change of command took place at HQ 4 CIBG with Brig A James Tedlie replacing Brig MR Dare on 9 Dec.

Annual Broomball Game

The annual broomball game between the officers and Sr NCOs of HQ 4 CIBG took place on 28 Dec with the Sr NCOs the winners.

4 CIBG Yuletide Bonspiel

The 4 CIBG Yuletide Bonspiel took place at Fort York commencing 28 Dec. A dental rink from Fort Henry consisting of Ssgt Tom Sullivan, Lt Col George MacDougall, Sgt Art Tait and Sgt George Plante (non-dent) were "runners-up" in the main event.

Professional Meetings

Two Dental Professional Meetings were held during the quarter:

- (1) A meeting at Fort Henry on 5 Nov with the following papers presented:
 - Simple Procedures in Orthodontic Practices - Col CH James(RADC)
 - Paper on TM Joint - Capt A Davis(US Army).
- (2) A meeting at Fort St Louis on 10 Dec with following papers presented:
 - Latest Concepts of Periodontal Surgery - Capt P Morin(RCDC)
 - White Lesions of the Oral Mucosa - Maj L Reynolds(RCDC).

NCOs Refresher Training

Two meetings were also held by the unit NCOs during the quarter with the following papers presented:

- (1) Dental Documentation - WO2 Riddell
Dental Stores Indenting - Ssgt Sullivan
History of the DT Laboratory - Ssgt Jewson
- (2) Maintenance and repair of clinic equipment - Sgt AJ Tait.

CBU (UNEF)

Leave and Tours

In October, Sgt Reid and Lsgt Wylie spent four days in Cairo. Major Gaudet was on tour for four days in Jerusalem in November; Sgt Chase took three days to go to Jerusalem on tour and Cpls Hannay and Herrett returned to Canada for 21 days' leave with their families at Christmas and New Years.

Special Events

Those remaining in Camp, joined in the merry making and celebrations of the holiday season. Many functions were held in the different messes of Camp Rafah, Gaza and others. Officers and other ranks joined together sharing drinks and food which were most lavishly provided.

Notice

The 50th Anniversary of the RCDC will be commemorated in the April issue of The Quarterly. It is expected that extra copies of this issue will be available at a nominal price for those wishing to have one of their own.

Unit commanders will be canvassed for an estimate of the number of additional copies required.

Arrangements are being made to have a souvenir key chain available for sale. Details for obtaining this souvenir will be sent to unit commanders in the near future.

Welcome to the Corps

Cpls WB Looker, JW Shore, RC Wormington, Ptes JA Atherton, HE Ayerst, RW Bowness, JDW Clark, JD Cormie, RW Danyluck, HEM George, FN Hagglund, JAP Hogan, RK James, H Kalmet, JH MacGillivray, GK McDonald, JB McEwen, CPAL Morissette, JP Pitchford, FW Porteous, JR Ritchie, DF Ross, EJ Schultz, JLA Violette, Mrs ML Jensen, Miss RA Vennard

Professional Training

University of Michigan - Ann Arbor, Michigan

Major WH Carter	Periodontics	30 Nov - 11 Dec
Major RJK Pyne	Periodontics	30 Nov - 11 Dec
Major MP Quinn	Complete Dentures	4 Jan - 15 Jan

US Naval Dental School - Bethesda, Maryland

Major PE Fafard	Oral Surgery	4 Jan - 19 Feb
Major RH Headley	Partial Dentures	25 Jan - 29 Jan

Ent Air Force Base - Colorado Springs, Colorado

Major DJ MacPhee	Oral Surgery	30 Nov - 11 Dec
Major DH Skinner	Oral Surgery	1 Feb - 12 Feb

RCDC School - Camp Borden, Ontario

Captain to Major Qualifying Course 14 Sep - 23 Oct

Captains HW Brogan, L Dombowsky, EW Gazo, JJ Houde, BG Johnston, Y Kamachi, PP Morin, JG Parent, RJ Paturel

CFMSTC - Camp Borden

Major AG Andrews	NBCW3	4 Jan - 14 Jan
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NBCW School - Camp Borden

Lt RG Peebles	Officers Basic Course	23 Nov - 11 Dec
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Training

RCDC School - Camp Borden, Ontario

Dental Technicians Laboratory Group 4 Course 11 May - 19 Jun

Sgts M Beauvais, A Bourgeois, T Hussey, DB Playford, H Mackwort, JV Minnelli, GH Storms and Cpl AF Randall.

Senior Technician Laboratory Course 16 Nov - 11 Dec

WO2 DD Robertson, Ssgt LG Brown, Sgts KE Laurence, JF Marchand, GP Ryder.

Dental Technicians Clinical Group 3 Conversion Course 8 Jun - 19 Jun

Ssgt AS Field, JA Fraser, VR Kidd, RJ Lowery, RF Matheson, SE Robertson, JH Sadler, HD Wagstaff and Miss LJ Colter, Miss EC Whebell, Miss IM White.

Dental Technician Laboratory Group 3 Course 8 Sep - 16 Oct

Sgt AE Werkmann, Cpls JC Bleakney, PAP Hughes, Cst C Sabine-Paisley, Mr RG Symonds (DVA).

Dental Assistants Group 1 Course 28 Sep - 6 Nov

Ptes GG Albertson, AM Burns, WD Buxton, SD Delnick, CW Deveaux, PE Harkin, WP Harmer, AH Peck, DS Smith, PA Timmers, RG Todd, WE Tweed, J Van Hemert, LE Wannamaker, JM White.

Senior NCO Special to Corps Part B 26 Oct - 6 Nov

Sgts EJ Lansey, WJ Parker, SD Posyluzny, Cpls PJ Dumas, EA Duve, NAJ Eady, PA McCoy, PD Peterson, CFM Shergold, B Vandervaart.

Technical Dental Therapist Course 11 Jan - 30 Apr 65

WOs2 VO Blackmore, N Fediuk, H Franzgrote, JM Sherry, JM Tapp.

Dental Technicians Clinical Group 3 Course 11 Jan - 25 Jan 65

Ssgt G Shand, Cpl RB Johnson, Miss F Fortin, Miss ME Ward.

Dental Technicians Laboratory Group 1 Course 11 Jan - 28 May 65

Cpls GN Fathers, JJ Gallivan, BF Hannah, DK Mand, DF Middleton.

1 Dental Equipment Depot - Camp Petawawa, Ontario

Dental Storesman Group 3 Course 1 Jun - 26 Jun

Ssgt JP Carrier, Cpls PJ Dumas, GM Wadden.

Dental Equipment Technician Group 1 Course 18 Jan - 9 Apr

Cpls JRY Gratton, MD Longford, H McKrae, Ptes CW Deveaux, PE Harkin.

Training with Industry

Ticonium - Albany, NY 27 Jul - 31 Jul

WO 1 EC Carpenter, Ssgts EMB Everett, RG Stewart.

SS White Company - Staten Island, NY 19 Oct - 23 Oct

Sgt JW Hutchinson.

Promotions

To Ssgt - LR Barrett, J Dion, JAJ Fret, WA Jackson, EJ Lansey.

To Sgt - ES Beattie.

To Cpl - ZWJ Mitrikas, CSB Heather.

Retirements and Releases

Sgts AT Nicholson, KIM Wallace, LAWs EJ Beers, MM Carnegie, MYC Daigneault, JH McDonald, Mr EH Ciesielski, Mrs R Dryland, Mrs J Vaness.

Vital Statistics

Births

Son - Capt & Mrs HW Brogan; Pte & Mrs WD Buxton; Maj & Mrs HJ Cashin; Pte & Mrs JGB Dionne; Capt & Mrs N Goldberg; Cpl & Mrs WD Horne; Pte & Mrs JH James; Maj & Mrs DJ MacPhee; Capt & Mrs RFC Oswin; Cpl & Mrs LH Pion; Cpl & Mrs RE Thompson; Sgt & Mrs RJJ Tremblay; Cpl & Mrs RC Wormington.

Daughter - Maj & Mrs JOL Bourget; Capt & Mrs GDV Dippel; Capt & Mrs JGL Giguere; Pte & Mrs H Kalmet; Maj & Mrs IAC MacDonald; WO2 & Mrs SL MacLean; Sgt & Mrs FL Martell; Sgt & Mrs RH Palmer; Capt & Mrs GE Purcell; Cpl & Mrs JW Shore; Capt & Mrs WJ Sinclair; Pte & Mrs J Van Hemert.

Marriages

Sgt JIJ Boulanger to Miss MMC Mondor; Pte CW Deveaux to Marily Joan Roberts; Capt MH Harach to Janet Helen Maciborski; Cpl DH Hardy to Jeanne Crevier; Lt Col HR Kettlys to Stella Beatrice Allison; Pte GK McDonald to Mary Maricia Benoit; Cpl RG Peverill to Patricia Ann Merson; Capt AN Swanzey to Patricia Diane Whalen; Pte PAG Timmers to Linda Merle Latimer; Pte J Van Hemert to Kathryn Ann Keiran; Capt JWC Walls to Irene Ann Sosnowski; Cpl PD Whynott to Lucy Marie Plourde; LAW MM Delorey to Mr Albert Carnegie; LAW MJ Hebert to AIC WC Gregerson (USAF); LAW EC MacRae to LAC TM James; LAW JM Roberts to LAC Patterson.

Deaths

Our sympathy is extended to Capt WR Kyle whose Mother died suddenly on 2 Sep 64; to Cpl CStC Sabine-Pasley on death of his Father Dec 64.