

The

ROYAL CANADIAN DENTAL CORPS

Quarterly



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Cover Photograph

Harpooned White Whales
Churchill, Man

THE PTERYGOMANDIBULAR SPACE -
ITS SIGNIFICANCE IN LOCAL ANAESTHESIA

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Dr. J.P. Coupland

The importance of the mandibular canal to dentistry is well established and its course through the mandible is reasonably well known by most dentists. It is doubtful if the same degree of familiarity applies to the pterygomandibular space - the anatomic region through which the contents of the mandibular canal reach its commencement at the mandibular foramen. (Fig 1)

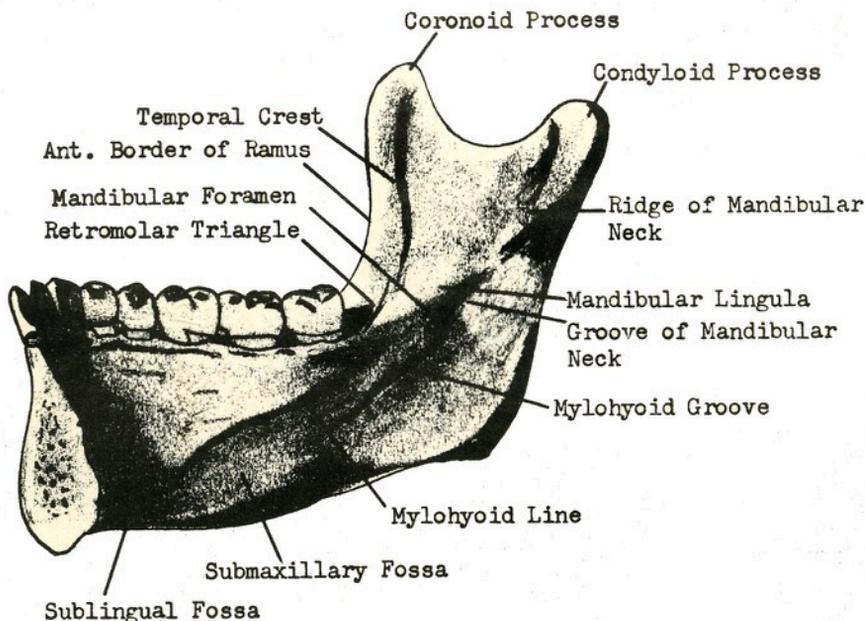


Fig 1. Medial Aspects of Mandible
(Redrawn after Sicher)

Descriptive Anatomy

According to Sicher "The pterygomandibular space is a well-defined space between the mandibular ramus and the pterygoid muscles. Its lateral wall is formed by the inner surface of the ramus of the mandible, its medial wall by the internal pterygoid muscle, its roof by the external pterygoid muscle. In frontal section the pterygomandibular space is triangular, narrowing downward where the internal pterygoid muscle converges with the bone to which it is attached. The pterygomandibular space communicates posteriorly with the retromandibular and infratemporal grooves. It is thus in relation with the parotid gland which fills the space behind the mandibular ramus."⁽¹⁾ Anteriorly it is separated from the oral cavity by the thin plate of the buccinator muscle and the oral mucosa. "The pterygomandibular space is filled with loose connective tissue which contains a variable amount of fat. The contents of the space are the lingual nerve in front and the inferior alveolar nerve behind. Posterior and lateral to the alveolar nerve are found the inferior alveolar artery and veins which converge with the nerve toward the mandibular foramen."⁽²⁾

The importance of local anaesthesia in dental practice is too well established to require documentation. The role of the Inferior Alveolar Nerve Block (more idiomatically called the Mandibular Injection) is equally accepted. As the receptacle of the local anaesthetic solution for the mandibular injection the pterygomandibular space is entitled to special study.

The boundaries of the pterygomandibular space consisting of the ascending ramus and the relatively impermeable pterygoid muscles effectively confine a solution deposited within the space. The loose connective tissue which occupies the space has a sponge-like property which readily accepts and diffuses the deposited solution so that theoretically the anaesthetic solution if introduced anywhere within the space will be quickly dispersed within the confines of its boundaries.

It has been pointed out by Sicher that only two relatively thin tissues, the mucosa and the fan shaped buccinator muscle, separate the oral cavity from the pterygomandibular space⁽²⁾ - measured in millimeters not less than three nor usually more than five. According to Shapiro "The distance from the point of insertion of the needle to the foramen is approximately one-half inch."⁽³⁾ These measurements suggest that when the standard 25 gauge needle 35 mm (1-5/8") in length is used it is easy to deposit the anaesthetic too deeply and "overshoot" the foramen.

One of the most informative studies on diffusion of the anaesthetic solution for a mandibular injection was conducted by Berns and Sadove.⁽⁴⁾ In a series of 66 cases they traced the course taken by a local anaesthetic solution by adding a soluble radiopaque material (diatrizoate sodium) to 2% xylocaine with 1/50,000 epinephine and injecting the mixture. Extraoral radiographs were taken immediately and the effectiveness of the anaesthesia evaluated as to onset, duration and depth. Their studies confirmed the clinical observation that the effectiveness of the injection is directly related to its proximity to the nerve and that relatively little solution need be used if accurately placed.

This same study seemed to demonstrate a significant occurrence not previously reported: the tendency of the injected solution to diffuse posteriorly rather than laterally or, much less, anteriorly. Translating this experimental investigation into clinical application it is reasonable to conclude that the point at which the solution is deposited, if not in the mandibular foramen, should be anterior to it rather than posterior and that in the lateral plane the needle point should be close to, if not in contact with, the bone of the ascending ramus.

Another and perhaps even better reason for depositing the local anaesthetic solution in or close to the mandibular foramen is the route by which the inferior alveolar nerve reaches its point of entry to the mandible. No words of the author could improve upon Sicher's description "The inferior alveolar nerve, the intermediate branch of the third trigeminal division, descends behind and slightly lateral to the lingual nerve between the two pterygoid muscles. It winds around the lower border of the external pterygoid muscle, which separate the alveolar nerve from the mandibular ramus, and then turns sharply outward and downward to reach the inner surface of the mandible at the mandibular foramen which it enters. It is important to stress the fact that the lower alveolar nerve has no contact with the mandible above the entrance into the mandibular canal."⁽⁵⁾ (Fig 2)

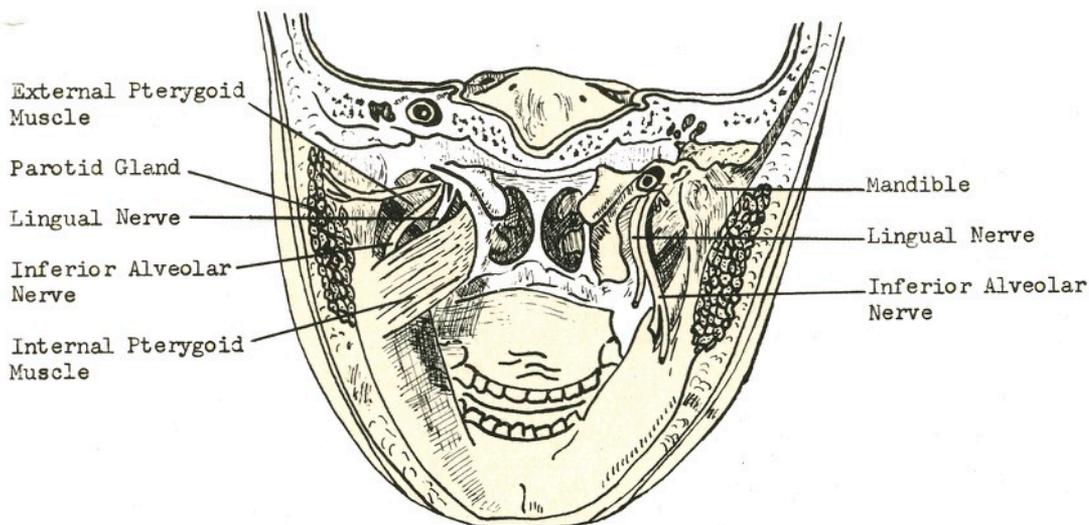


Fig 2. Course of Inferior Alveolar Nerve Through the Pterygomandibular Space (Redrawn after Sicher)

The dental officer during his professional training is likely to find that more emphasis is placed on the desirability of making a "direct hit" on the mandibular foramen than is placed on the not improbable possibility of achieving his objective and thereby depositing the local anaesthetic solution beside if not within the neurovascular bundle which is its contents. By any engineering standards a target 4 mm in width and 12 mm below the surface should be easily located. It is therefore hardly surprising that studies by Harris(6), Shira(7), Schiano and Strambi(8), have shown that as many as 12% of mandibular injections are intravascular. The dangers of directly introducing a local anaesthetic agent with its accompanying vasoconstrictor agent has been stressed by many authors.

An explanation for the high incidence of intravascular injections may have been too simple to be considered worth mentioning. It has already been suggested that a "direct hit" with a 25 gauge (.5 mm) needle on the neurovascular bundle that enters the mandibular canal should not be difficult. Assuming that the bundle is 5 mm in diameter one may assume that the artery, vein and nerve each occupy one-third of the bundle so that each would have a diameter of approximately 1.6 mm. Expressed as a mathematical probability it is not the least surprising that intravascular injections are as frequent as investigators have reported. What is more significant is the obligation to use the aspirating type of syringes for local anaesthesia.

Summary

The anatomy of the pterygomandibular space has been reviewed. The significance of the pterygomandibular space as related to the mandibular injection has been discussed. Possible reasons for failures and suggestions for improving mandibular injections have been suggested. The importance of using only the aspirating type of local anaesthetic syringe has been emphasized.

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THE ROYAL CANADIAN DENTAL CORPS
IN THE LAND OF NANUK

Lt Col L.R. Pierce, CD, DDS



Lt Col L.R. Pierce

For nearly nineteen years personnel of the Royal Canadian Dental Corps have been employed North of the 58th parallel, on the centuries-old pathway for the Spring and Fall migration of the legendary cream-coloured beast known to the Eskimo as Nanuk. Others recognize him as the polar bear, Monarch of the North, but by whatever name he is known he is a most conspicuous visitor in and about the confines of Fort Churchill Garrison for several months of each year.

The recorded history of this area on the rocky shore of Hudson Bay dates back to the year 1619 when a Danish sailor Jens Munck and 64 others wintered within sight of the present military establishment. The harsh climate and an outbreak of scurvy accounted for all but three of the party who returned to Denmark the following year. Nearly 100 years later an English explorer, Captain James Knight, stepped ashore near the same site. In his diary Captain Knight wrote these words: "I never see such a miserable place". Similar expressions of dismay have been uttered from time to time by many servicemen and their families during the past two decades. However, despite the bitter cold and constant winds, Fort Churchill is now a highly organized Northern community, capable of supporting 3500 people in comfortable quarters and with most of the amenities of civilized living.

Fort Churchill is a name which has certain historical significance. About the year 1690 the British erected a fort near the existing trading post of the Hudson Bay Company and named it for Sir John Churchill, later Duke of Marlborough. Consumed by fire a few years later, it was replaced in 1733 by Fort Prince of Wales which was promptly ransacked by the French. The garrison was eventually restored by the British in 1782 as Fort Churchill. During the ensuing years both the fort and its name were abandoned until October 1946 when the Canadian Army took over from the Department of Transport the sprawling tarpaper encampment which had been established in 1942 as part of an air route to the United Kingdom. Thus the third Fort Churchill came into being.

It was at this time that the first Dental Corps representative, Sgt E.L. Proudfoot, arrived and set up the first Fort Churchill dental clinic in one small room of the hospital. By the time Major R. Kinney arrived a week or so later the operating bay was ready, complete with an "A" Kit and a portable

engine which had an electric motor attached. The latter item, as well as a sterilizer and miscellaneous other equipment, was procured from sources best left unidentified.

Because there were only four families and a small number of single servicemen in the new camp, the few available amenities, primarily bowling and curling, were very popular. The other main diversion and the highlight of each week was the Wednesday arrival of the train, which was the source of all mail and new faces.

Cpl A. Rew arrived in November 1947 to replace Sgt Proudfoot who it is assumed caught the first train to Winnipeg with considerable joy in his heart. Major O.W. Crummey took over the clinic in December 1948 and the next dental assistant, Sgt H. Hodkinson, arrived the following month.

One of the tribulations during this early period was the lack of a water system. Water from a nearby lake was distributed to various points by truck and occasionally in extremely cold weather it was impossible for deliveries to be made in camp before the water froze. Because there were no flush toilets, a similar tank truck would appear infrequently, towing a steam generator which would force steam into the tanks beneath the lavatories and pump out the contents. No doubt some inhabitants lived in mortal fear that the two trucks might one day be wrongly employed.

During 1949 Capt G. MacDougall, Sgt A. Brown and Cpls G.S. Gilbert, K. Daw and D. Casson arrived. Cpl Gilbert was the first dental laboratory technician to be employed at Fort Churchill. Prior to the arrival of Capt MacDougall and his assistant Sgt A. Brown the existing clinic was enlarged to provide an area approximately 9 by 15 feet where the two dental officers worked back to back in very close quarters. During their stay in the north, Capt MacDougall and Cpl Gilbert were strong supporters of the chapel choir, as vocalist and pianist respectively.

By 1949 Fort Churchill was well established as a Joint Services station administered by the Canadian Army. The various components of the RCN, RCAF, Defence Research Board, Department of Transport, US Army and USAF all continued to increase the number of personnel as the scope of their training and testing projects expanded. The tar-paper shack camp gradually had blossomed into a network of well constructed permanent buildings with central heating and running water and the population had grown appreciably. The heavily burdened dental clinic was faced with a commitment of approximately 4000 potential patients and, with the passing of time, this figure climbed to well over 5000.

For some readers these figures may have little meaning, but, to the Corps personnel who served during those years of inadequate clinic accommodation and staff, the overpowering workload was ever present and real. Because the nearest civilian dentist was 500 miles away in Le Pas, each day's work involved treatment for Eskimos, Indians, civilians from the camp and townsite of Churchill, as well as for servicemen and their dependents. Under such circumstances the requirements for monthly submissions of accurate treatment records and returns taxed the administrative abilities of all clinic personnel. Automatically, as each new staff member arrived, the Manual of Dental Services became required reading material for many evenings.

Extensive construction to provide permanent buildings, married quarters, and a DND school swung into high gear in late 1949 with a concomitant increase in population. The PMQs were well planned, reasonably spacious, and compared favourably with accommodation available anywhere. These two storey blocks were assembled in long rows on either side of a heated corridor with fire-doors at regular intervals. Hence it was possible to visit thirty or more families without going outside into the cold. In a similar manner the single quarters were linked by heated corridors to the theatre, garrison shop, messes, canteens and most of the available amenities.

As frequently happens in the services, after almost everyone else was comfortably settled and housed, thought was finally given to improving the dental clinic. A wing of the hospital was converted into four operating bays, an X-ray room, laboratory, and the usual offices and storage space. These facilities, which proved to be quite adequate, were completed in the autumn of 1951 just prior to the arrival of Pte W. Horton, a Laboratory Technician.

Incoming personnel during 1952 included Pte J. Gagnon, Major C.G.B. Grant and Capt I.W. Susser, who were followed in 1953 by Capt J. Walker and Sgts D. Wood and J. Fraser. Major Grant became Officer-in-Charge when Major Crummev departed in Mar 53 after more than four years - the longest tour at Fort Churchill for a member of the RCDC.

The new arrivals took up their daily tasks with enthusiasm and were soon participating in a variety of sports, hobbies and social activities. There were always ardent hockey and curling enthusiasts and the many budding photographers and badminton players were equally willing to relate their current exploits. The numerous avid hunters and anglers seldom returned to camp empty handed since wild life was most plentiful and every small lake or river teemed with fish. Once or twice each summer when schools of white whales would appear at the townsite harbour the local Indians and Eskimos would put on a skillful demonstration of the handling of small boats and the use of harpoons in capturing these mammals; a spectacle always well attended by garrison residents. The curlers and hockey enthusiasts had a particularly long season although occasionally these activities would cease for several days because it was so cold inside the curling rink and hockey arena that the ice would crack and splinter. Winter sports participants learned to accept the ungainly parkas, windpants and shearling-lined boots as necessary evils.

An unusual diversion was engaged in by Pte Gagnon who, in addition to being active in sports also spent many hours on his trapline collecting mink and fox. Sgt Fraser was fortunate enough to be a member of the curling team that participated in the Prairie Command Bonspiel during the winter of 1953-54. Another notable event involved Capt Walker who entered the state of matrimony in the Autumn of 1953. Because PMQs for dental personnel were very restricted at that time, his tour was shortened and he moved to RCAF Station MacDonald early the following year. It was also during that winter that the first firing of Nike rockets was made by Canadian troops.

Capt C. Brown commenced a tour of eighteen months in early 1954 and Major G. Finkbeiner arrived during the summer as the new Senior Dental Officer. In 1955 the only RCDC arrival at the clinic was Capt J. Mergl. During that same year a battalion of the US Army Corps of Engineers began construction of a 12 mile road across the muskeg and tundra, at the end of which they created the

Fort Churchill Rocket Firing Range which received considerable publicity during the International Geophysical Year, 1956-58. Accompanying these troops was an American Dental Officer and his assistant who were provided with an operating bay in the RCDC clinic - a situation that proved to be both pleasant and beneficial to everyone.

By this time Fort Churchill had grown into a busy metropolis and the townsite of Churchill, five miles away, could boast of a supermarket (Northern style), liquor and furniture stores, and new government buildings. The train service was now more frequent and Canadian Pacific Airlines had daily flights to and from Winnipeg. Later, Transair bought the air franchise and established a direct route to Ottawa and Montreal. As a result of these facilities the sensation of being isolated in Churchill was largely dissipated, although the cost of a trip to the "outside" did not appeal to most service personnel.



Townsite of Churchill

Sgt W. Hill, Pte D. White, and Major L. Pierce arrived in 1956 to replace others who had completed their tours. They were joined in 1957 by Capt G. Crossman and Cpl G. Cote. Each new arrival was soon caught in the whirl of the busy clinic routine, the extensive social life and, above all, sports. Practically everyone belonged to at least one curling rink and the truly sports minded, which included Capt Crossman and Sgt Hill, were also stalwarts in hockey, volleyball, and softball. Normally the softball season was limited to the six or seven weeks when it was warm enough to play an outdoor sport. For the rest of the year, all residents of Fort Churchill were governed in dress and activities by the varying degrees of coldness.

Within a day or two of arriving in camp all service personnel were provided with environmental clothing for protection against the weather. The issued items were parkas, windpants, double mitts and shearling-lined boots. The parka was worn a good portion of the year, but the other items were used only when the windchill was high or when it was necessary to be outside for more than fifteen minutes. A majority of the residents trimmed the hoods of their parkas with wolverine or arctic wolf furs. This was neither a status symbol nor a "regimental quiff": it was simply a very satisfactory method of ensuring visibility and protecting the face from frostbite in high winds and blizzards.

The Churchill region is quite dry: indeed, in a warmer part of the world it would be described as semi-desert. For this reason, many residents of PMQs purchased humidifiers which were run constantly to prevent the wooden furniture from developing loose joints and collapsing through moisture loss. Winter at Churchill lasts about eight months and begins with consistent below-freezing temperatures in October. January is the coldest month, ranging from 16 to 20 below zero. The thaw generally begins toward the end of May and during June the ice begins to break up in Hudson Bay. Rarely can the first grain ships enter the harbour at Churchill townsite before the middle of July.

To those who picture arctic and subarctic regions as areas where snow is of mountainous proportions, it may seem unbelievable that over a 20 year period the snowfall at Fort Churchill averaged only 45.1 inches, which is less than half that of Montreal and considerably less than most places in Ontario and on the Prairies.

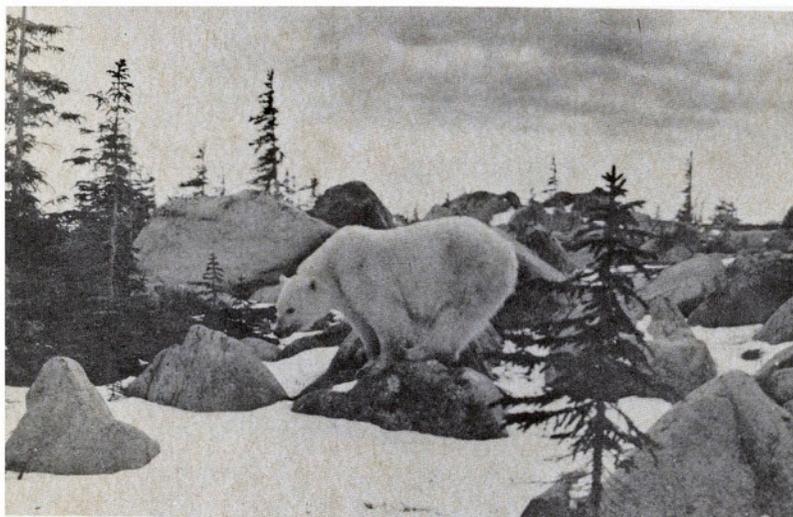
When the snow comes to Churchill, however, it stays--and stays and stays. The resulting drifts, often six or eight feet high, are so hard-packed that they readily support vehicular traffic.



Dog Team on "The Bay"

Lest some readers who have spent winters on the Prairies or other Northern locations gain the impression that winters in Churchill are rather puny affairs, it should be pointed out that the most significant factor in Churchill's weather picture is the almost constant high winds. These are of such magnitude and frequency that the manner in which inhabitants of the region dressed and carried out their duties was directly related to the statistically computed "Windchill Factor". Windchill is a relatively new meteorological concept which is a measure of the body heat that the air is capable of removing from exposed skin in a given time; it is a factor of temperature and wind. The computed figures express with accuracy the degree of discomfort or danger for humans and are therefore especially significant in a region like Churchill. Whereas a windchill of 1200 is quite comfortable when a person is properly clothed, at 2000 exposed areas of the face freeze in one minute and 2490 is roughly equivalent to 175 below zero in a very gentle wind. The highest windchill factor ever recorded at Fort Churchill was 2530 in January 1962. On the basis of windchill it is a fact that for a period each winter Churchill has more severe weather than the North Pole!

During 1958, as a result of the normal turnover and an increase in the clinic staff, a number of new faces appeared: Cpl R. Lowery, Capts H. Cashin, and S. Claman, Sgt A. Arsenault, and Major J. Bourque. One of Sgt A. Arsenault's pet diversions was waking the polar bears who were often "sleeping it off" at the back door of the clinic after having gorged themselves at the garbage cans of the adjacent hospital kitchen.



Polar Bears
near
camp area

The arrival of Cpl R. Walker, Sgt R. Jones and Capts J. Eadon and H. Paturel, took place in 1959. During his tour Capt Eadon spent a portion of one leave period working for the Indian and Northern Health Services, providing dental treatment at Eskimo communities located at Chesterfield and Rankin Inlets, Whale Cove and Eskimo Point. Air transportation was provided by the RCMP and, when forced by inclement weather to make an unplanned stay at Resolute Bay, Capt Eadon rendered treatment there as well.

The following years Capt C. Arpin, Sgts K. Buckholz and W. MacDougall arrived as well as a new Senior Dental Officer in the person of Major J. Jolly.

During most of his tour Major Jolly served as Chairman of the Maple Leaf Services Committee which was a large undertaking, since MLS at this time controlled the grocery store, canteens, theatre, bowling alley and other amenities.

It is also recalled that during the winter of 1960-61 Sgt MacDougall suffered a serious and painful knee injury while on the Arctic Indoctrination Course which all medically fit personnel on strength of Fort Churchill Garrison had been required to take since 1956. Although the details of the course varied from year to year, the first two or three days were invariably taken up with lectures. The subjects covered included navigation, the proper use of Arctic equipment and clothing and the building of various types of shelter, such as snow caves, igloos and lean-to's. The practical portion of the course consisted of two days and nights on the tundra where candidates alternated between acting as navigators and pulling loaded toboggans. Everyone took turns at cooking, chopping wood for the fire, or cutting ice to obtain water. These tasks, as well as digging snow caves, setting up tents, and snow-shoeing were certainly a far cry from the sedentary occupations to be found in a dental clinic.

All new arrivals to the Churchill clinic looked forward to their "trial by tundra" with a certain amount of natural trepidation which was just as naturally aided and abetted by those who had previously completed the course and who regaled the potential candidates with some rather scandalous embellishments of the potential hazards. Although it was a rugged experience, it is safe to say that each candidate had a feeling of deep satisfaction when he received his diploma at the end of the course if only because he in his turn was now qualified to relate "Arctic Tales" to all the uninitiated members of the clinic staff.

Prior to the arrival of Capt H. Brogan and Ssgt Fediuk in 1961, Cpl H. Walker developed what the writer believes was the first indoor soccer tournament, a project that evoked great enthusiasm from both players and spectators. During that same year Capt Paturel and Cpl G. MacDonald emplaned from Fort Churchill to provide treatment for servicemen and civilian federal employees at Alert which is situated several hundred miles to the North. They were grounded at a series of places, (none of them named Alert), by either blizzards or engine trouble caused by the severely low temperatures.

A most energetic person around Churchill during this period was Capt Brogan, who spent nearly three years there and was an ardent hunter and angler. In addition to these activities he managed not only to organize the Fort Churchill Skeet Club but also acted as Cadet Corps Training Officer.

Those who served at No 8 clinic during the earlier years were able to purchase, at reasonable prices, the highly regarded Eskimo carvings of soapstone and ivory; the latter material being obtained from walrus tusks. In that period also many living rooms displayed arctic wolf and polar bear rugs. Eventually, however, strict government controls made these items very expensive and the shopper had to be wary of Oriental imports.

It is felt that everyone who served for any length of time at Churchill was greatly impressed by the pervading sense of friendship and obligation to one's neighbours and associates, a feeling which fostered a true community spirit. One striking example of this spirit was the walking blood bank system.

For a number of reasons it was impossible for the RCAMC hospital to keep adequate blood available for all emergencies and one stormy Sunday night massive transfusions were required for a maternity patient. The local radio station CHFC made the announcement and requested listeners with a particular blood group to report to the hospital. In less than 15 minutes there were four donors on hand, three of whom were RCDC personnel!

It can be appreciated that in such a diversified dental practice, which served Eskimos, Indians, and a multitude of nationalities from the grain boats, the language barrier was a daily clinic problem, particularly when, as often happened, an interpreter was unavailable. One humorous example of these difficulties occurred when an Eskimo woman who was able to speak little English was being treated at the try-in stage for a denture. Repeatedly she looked up at the dental officer and said "Gotta pay". Several times he explained patiently that the Great White Fathers in Ottawa were providing the denture free. The poor woman became quite agitated and finally started patting her abdomen as she repeated "Gotta pay", "Gotta pay". At this point a discerning dental nurse guided her to the washroom. The appointment was then continued uneventfully.

Staff arrivals in 1962 included Major P. Fafard, Capt W. Froese, Cpl J. MacLean, Pte D. Mand, and Sgt D. Playford. In addition to his duties as Officer-in-Charge of the clinic, Major Fafard served as PMC of the Officer's Mess for many months. All these people were soon involved in a heavy work schedule and in a social life that was just as frantic. With regard to social activities, perhaps only those who have also served in out-of-the-way places can fully understand the enthusiasm which is displayed when live entertainment such as USO Shows or the Winnipeg Symphony Orchestra, visited Churchill. The same enthusiasm was evident in the planning of celebrations for both Canadian and US holidays as well as in providing lavish hospitality for all visitors from "The Outside".

By the time Capt L. Armstrong and Cpls H. McRae and R. Black reported for duty in 1963, the changing concepts of North American Defence dictated an end to the varied roles of Fort Churchill. The rocket launching site, so tragically destroyed by fire in 1961, had been replaced the following year and will presumably continue to be used for some time. On the other hand, the huge refuelling planes of Strategic Air Command ceased to operate there in 1963 and on 31 March 1964 the RCAF unit closed and the Canadian Army officially handed over the garrison to the Dept of Public Works. This event did not end the RCDC's commitment in Fort Churchill however, although No 8 clinic of No 14 Dent Coy has turned full cycle and once again is a one-operator clinic. The present dental officer, Major H. Meisner, and his assistant Cpl N. Cable took over the clinic during the summer of 1964 and since that time a civilian dental nurse has also been posted to the clinic.

The future of the Corps in Fort Churchill is a matter for conjecture at this time, but one thing is certain, for many years to come a glimpse of the Aurora Borealis, the mention of polar bears or white whales, or a display of Eskimo carvings will undoubtedly release a flood of warm memories among those who served with the RCDC in the land of Nanuk.

Note

The writer is aware of his failure to mention the many dedicated Dental Nurses who contributed so materially to the successful operation of No 8 Clinic over the years. Incomplete records and the lack of space precluded naming them as well as many RCDC personnel who spent varying periods on Temporary Duty at Fort Churchill.

RESTORING TISSUE HEALTH UNDER DENTURES

Lt Col L.A. Richardson, CD, DDS



Lt Col L.A. Richardson

In recent years prosthodontists have become increasingly interested in the health of the supporting tissues of dentures. For example, Pleasure (1) was written: "In view of the unnatural demands which dentures impose upon the oral mucosa it is no wonder that the observant operator is alert to detect evidence of irritation starting with mild, acute erythema which, if neglected, will produce epithelial and fibrotic changes and ultimately resorption of underlying bone. These lesions are incurred far more frequently than the joint symptoms to which we have been so attentive. Too commonly these irritations of the mucosa are regarded as inevitable or are attributed entirely to poor fit of the denture base. Rarely does the operator appreciate the degree of abuse of the oral mucosa resulting from poorly distributed denture loading and from occlusal disharmony which induces small but frequent displacements of the denture base, deformation of the mucosa, and internal shearing stresses."

Various writers (2)(3) agree that restoration of tissue health is ideally accomplished by removing the old dentures from the mouth. Barone (4) reports an increase of as much as 3 millimeters between the tuberosities when the tissues were relieved of an old denture. The complex pattern of modern business and social life makes this effective treatment method nearly impossible to carry out as most patients are unwilling to go without dentures for any period of time.

In the past, various temporary relining procedures have been advocated. Capt Lytle (5)(6) of the U.S. Navy Dental Corps has extensively investigated the effects of wearing ill-fitting dentures and advocated various methods of dealing with these problems. Lt Col Windsor (2) has described one effective technique of carrying out a temporary relining procedure to deal with abused tissues.

In approximately 1960 soft acrylic resin materials first became generally available for this purpose. These materials are marketed under several trade names.* Chase (7) describes their action as "the intermittent stress of force and motion that it transmitted to the basal seat tissues through the resilient, flowing material."

When properly preparing dentures prior to using treatment material there are three procedures which must not be violated:

1. Areas of the denture base which displace or impinge on the basal tissues should be relieved.
2. Vertical dimension of the face must not be increased beyond rest vertical dimension.
3. Gross occlusal disharmonies should be corrected.

Over-extensions must be removed and under-extensions built up with self-curing acrylic or impression compound. Intentional tissue displacement over areas of epulis pissuratum can be accomplished first with impression compound prior to placing the tissue conditioning material in the denture. In cases where there has been gross resorption and displacement of the denture, modifications of the border of the denture can also be made in compound to ensure proper re-orientation of the denture to the foundation base.

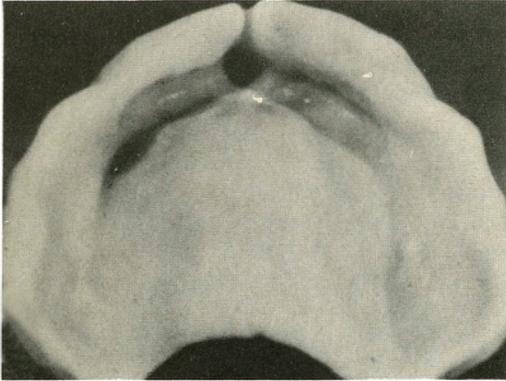
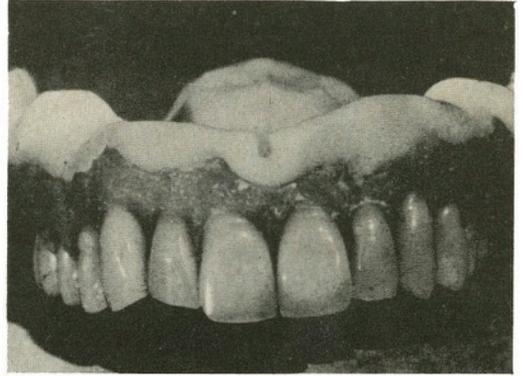
The conditioning material is prepared by mixing an acrylic resin powder with the accompanying liquid according to the manufacturer's specifications. The mixture begins to gel immediately and in approximately ten minutes it is cohesive resilient mass. The material flows under pressure at a rate inversely proportional to time up to approximately 72 hours.

The material is mixed and placed evenly in the dried upper denture in a semi-liquid state. Care must be taken not to place too much on the labial flange, otherwise anterior displacement of the denture may occur. The denture is seated into place when the material begins to flow sluggishly. The lower denture is placed in the mouth and the patient is instructed to gently tap the posterior teeth together to position the upper denture. Heavy tapping or closure with force will squeeze out too much of the material. During the next 5 to 10 minutes further border molding can be accomplished by having the patient gently suck in on his lips and cheeks as in smoking. After 10 minutes the material will have polymerized sufficiently to allow the lower denture to be removed, and modified in the same manner. Tongue movements are of course required to mold the border of the lingual flange.

In approximately 10 to 15 minutes both dentures can be removed and the excess material on the outside of the denture can be removed with a sharp knife or scissors. Pressure spots or overextended borders not previously located can be reduced and repaired with a small mix of the material. The illustrations show an upper denture correctly modified with tissue conditioning material.

* Hydrocast is the basis of this report.

Labial view of an upper denture modified with tissue conditioning material and worn by the patient for approximately 30 minutes



Tissue surface view of the same denture

The patient is dismissed for two to three days with instructions to use and clean his dentures in the normal manner.

Tissue conditioning procedures are easy to carry out and are readily accepted by the patient. The slight loosening of the denture that occurs over the first two days does not detract from improved comfort and stability of the dentures. The continued flow characteristics of the material allows, during the first two to three days, a compensation for changes in tissue contour resulting from the recovery of tissue health. Removal of sources of tissue trauma, namely, disrupted occlusal forces and lack of fit of the denture base, result in improved tissue health.

After about three days the tissue conditioning material should be scraped or ground out of the denture with a vulcanite bur or Kingsley scraper and replaced with fresh material. If the material is worn in the denture for longer than a couple of weeks it discolors and becomes coarse, hard and grainy.

When the tissues have recovered sufficiently to permit making new impressions of the patient's mouth, the tissue conditioning material can be maintained in the old dentures during fabrication of the new dentures. During this period, the tissue conditioning material need not be changed so frequently.

Chase(7) reported a requirement of from one to eight treatments in 343 dentures over a period of three to twenty-three days.

It must be pointed out that to be successful, the following principles apply:

1. Occlusion of the dentures must be acceptable to a degree that there are no gross interferences or untoward occlusal forces.
2. Vertical dimension of the dentures must not be excessive.
3. Undesired tissue displacement or distortion by the denture base must be eliminated.
4. The patient must not be allergic to the tissue conditioning material.

SUMMARY

The health of the basal tissues must be restored before making impressions to provide a patient with a new or relined denture. A method of restoring the health of tissues under a denture that permits the patient to have uninterrupted use of his dentures have been described. The procedure is simple and very acceptable to the patient in terms of odor, taste, comfort and social convenience. Tissue conditioning is advocated for cases of denture sore mouth and abused denture foundation tissues.

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DENTAL OFFICER SUBSIDIZATION PLAN TRAINING - 1965



Major W.H. Murray, CD, DDS

Summer Practical Phases 1, 2 and 3 of DOSP training began at Camp Borden on the 19th of May 1965 when twenty-seven Dental Officer Cadets commenced Phase 1 training with the Royal Canadian School of Infantry.

Phase 1 training consisted of the normal intensive ten-week basic training course at the RCS of I and upon its completion, O/Cdt DJ Morrow of the University of Manitoba was named the Honour Cadet.

Phase 2 candidates numbering twenty-five, commenced training in the early part of June 1965. Stage I of their training, from the 7th to the 27th of June 1965 consisted of RCAF Indoctrination including a tour of Airforce establishments in Europe under the supervision of the Conducting Officer, the Deputy Director General of Dental Services, Colonel IAL Millar. Stage II of their training commenced upon their return to Canada, with Corps Training Part A being conducted at the RCDC School from the 28th of June to the 2nd of July. Subjects covered in a series of thirty-two periods were mainly Clinical and Laboratory Procedures, Organization and Administration and strong emphasis on Documentation and Treatment Policy. Stage III gave the candidates a break from classroom routine from the 5th to the 23rd of July when they embarked on another tour, this time visiting Royal Canadian Navy ships and establishments in Nova Scotia. Stage IV included the continuation of Corps Training Part B at the RCDC School from the 26th of July to the 13th of August when emphasis was placed on practical procedures in the clinic and laboratory, and an introduction was given to National Survival and Nuclear Biological and Chemical Warfare.

O/Cdt HA Pankratz of the University of Manitoba was named Honour Cadet for Phase II training, with O/Cdt TJ Erskine of the University of Alberta as Runner-Up.

Phase 3 candidates, numbering twenty-two, followed the same syllabus as in previous years with Part One, Clinical and Dental Survey Training in June, and Part Two, formal course in Military and Clinical subjects in July.

2Lt JF Stansfield, of the University of Toronto, was named Honour Cadet for Phase 3 training with 2Lt HM Amos of Dalhousie University as Runner-Up. 2Lt JW Bergerman of the University of Manitoba was awarded the Chief Instructor's Trophy for clinical efficiency.

The Director General of Dental Services visited the RCDC School from the 4th to the 6th of August at which time he interviewed Third Phase DOSP Officers and reviewed both Second and Third Phase Officers on their Graduation Parade on the 5th of August. That evening a training Mess Dinner for all DOSP Officers was held by the RCDC School Staff Officers at the CFM and DS Officers Mess.

The RCDC News

The RCDC Golf Tournament

Seventy-two golfers, the largest number to participate in the annual RCDC Tournament to date, were hosted by the RCDC School in Camp Borden on 24-25 September.

Competitors from as far West as Edmonton and as far East as Greenwood Nova Scotia, assembled for this event and were favoured with perhaps the only two consecutive fine days of weather this Fall.

Teams representing seven RCDC units were entered and the RCDC Officers' Trophy for team play was won by No 1 Dental Detachment, Ottawa, with Lt Col Bill Carter, Maj Ed Gazo and Sergeant Bill Hill as members. Their success in this event is becoming a habit, since 1 Dent Det also won the honour last year.



The Director presenting the KM Baird Trophy to Lt Col G Windsor



Col GR Covey presenting his trophy to Capt JFA Marcil

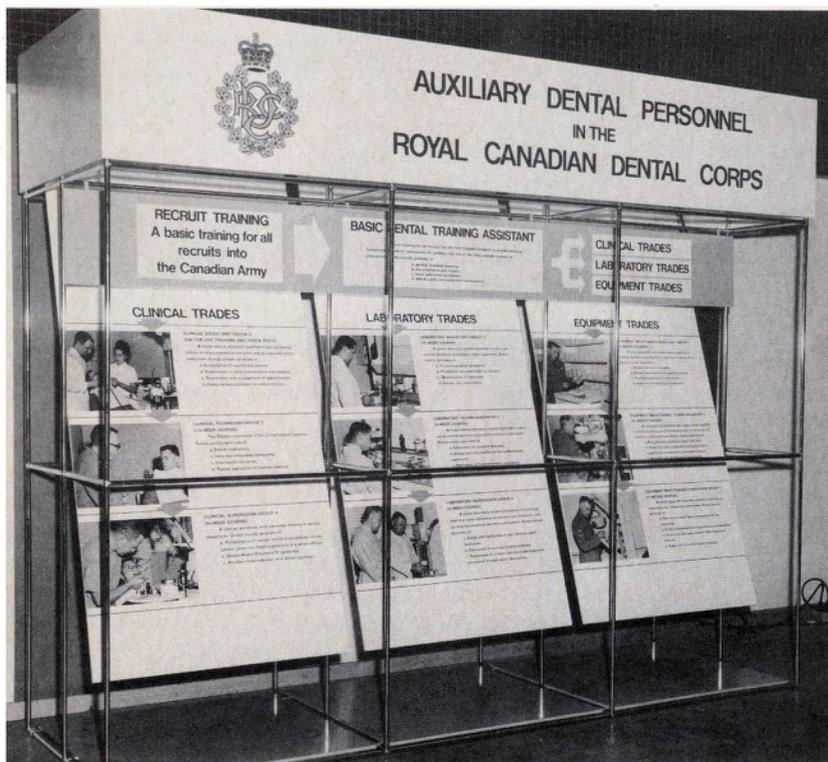
The KM Baird Trophy, presented for the first time, to the player with the low gross for 36 holes Medal Play was won by Lt Col George Windsor from Camp Petawawa, with a score of 161.

The GR Covey Trophy (also presented for the first time) to the player with the low gross for 18 holes Medal Play was won by Capt JFA Marcil from CMB, St Jean, Que, with a score of 81.

The low net winner for 36 holes Medal Play was Maj Gerry Bisailon from Camp Petawawa.

There were several other participants who scored well; and then too there were those who played a good game - despite those misleading figures on score-cards. Both groups of necessity must be left unnamed.

On the final evening, a dinner was held in the CFMSTC Sergeants' Mess after which trophy awards were made and novelty prizes presented.



The new RCDC Exhibit was displayed for the first time at the Montreal Dental Club Convention 25-27 Oct 65.

Directorate

Colonel Millar Retires

Colonel IAL Millar CD, DDS, QHDS, FIGD, Deputy Director General of Dental Services for the Canadian Forces since June 1963 commenced retirement leave 8 September 1965. Colonel Millar joined the Corps in 1939. Following his overseas service in the United Kingdom and Northwest Europe (which included participation in the D Day landings 6 June 1944) he returned to Canada September 1945 and subsequently enrolled in the CA(R). Appointments held by Colonel Millar include: Instructor and later Commandant RCDC School, Senior Specialist 13 Dent Coy, CO of 27 Fd Dent Unit, CO of 11 Dent Coy and CDO Western Command. During his military career Colonel Millar has been awarded the Canadian Forces Decoration and has held the appointment of Queen's Honorary Dental Surgeon. He is a Fellow of the International College of Dentists. Colonel Millar is married and has a son and daughter. He has now been appointed Chief Dental Officer for the Ottawa Public School Board. An informal gathering of RCDC officers and wives was held in September at the Army Mess in Ottawa to bid farewell to Colonel and Mrs Millar at which time presentations were made by Brigadier KM Baird.

New Deputy Director General of Dental Services

Colonel BP Kearney in September 1965 was appointed Deputy Director General of Dental Services for the Canadian Forces. In May 1940 Colonel Kearney was commissioned in the Canadian Dental Corps. He served overseas for three years in the United Kingdom and Northwest Europe until his return to Canada in September 1945. Following his return he enrolled in the CA(R). He has served in various locations in Canada and appointments held include: Instructor at the RCDC School, CO of 25 FDU Korea, Senior Specialist in 13 Dent Coy, Commandant RCDC School, CO of 11 Dent Coy and CDO Western Command. During his military career Colonel Kearney has been awarded Member of the British Empire, the Canadian Forces Decoration and the Parachutist Wing. He is a Fellow of the International College of Dentists. Colonel Kearney has been an active participant in sports, particularly baseball, curling, fishing and golf. He is married and has three children.

Directorate Officer Promoted

Lt Col LG Craigie has been promoted to the rank of Colonel and appointed Senior Consultant for the RCDC.

Capt Evans Retires

Capt Doug Evans will be retiring shortly from the RCDC after 25 years of continuous service in the RCDC. He was commissioned in 1951 and since then has served at the RCDC School, in Korea, France and immediately prior to retirement at the Directorate. A farewell party in his honour was held at the RCAF Station Uplands Officers' Mess. We wish him well in his new civilian appointment as Administrative Assistant to the Dean of the Faculty of Dentistry, Toronto. He and his family will be residing in Scarborough.

11 Dent Coy

Special Events

A farewell party for Sgt Moore and Cpl Bowness was held on 27 August in the Corporals' Lounge, Griesbach Barracks. The occasion was prompted by Sgt Moore's forthcoming retirement and Cpl Bowness's posting to Borden and OGP.

Sports

Sgt A Schuh visited Hinton, Alberta, while on leave and attended Derby Days. He entered the Black Powder Shoot and won most of the prizes including the Grand Aggregate Trophy.

L/Sgt Shergold and Sgt Gilbert were on the golf teams representing Alberta and BC areas respectively in the Western Command Golf Tournament held in Winnipeg recently. L/Sgt Shergold was a member of the winning team.

Maj Sivell attended the Third Annual RCDC Golf Tournament as the only representative from No 11 Coy. He had the distinction of being the player who travelled farthest to attend the tournament.

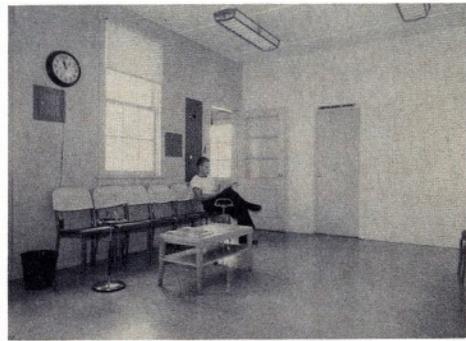


Clinic Staff

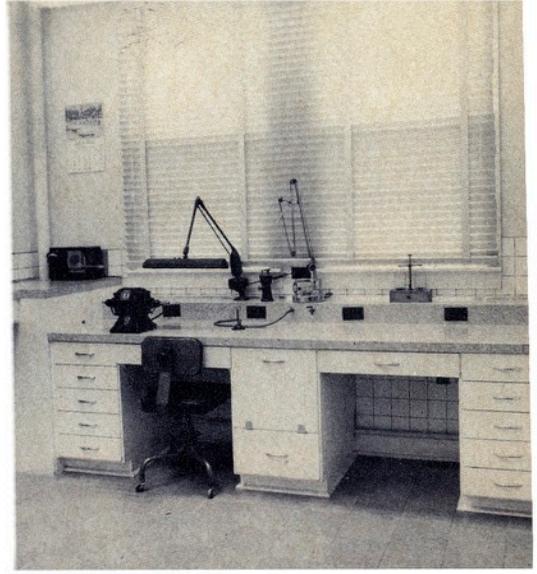
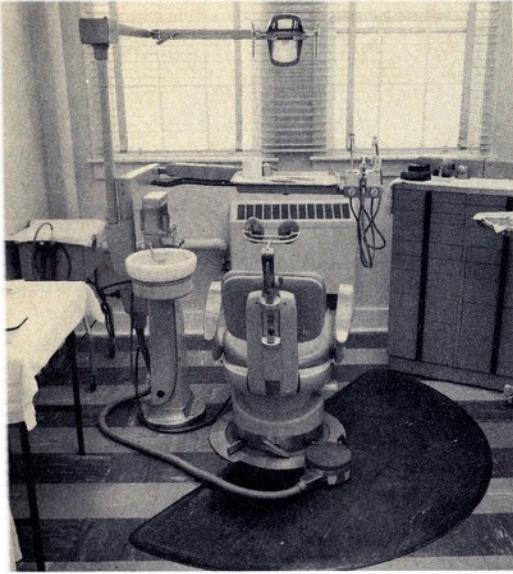
L-R Front:
Miss MJ Warnock,
Dr. GE Shragge,
Maj SW Muller,
Lt Col LR Pierce,
Capt MB Kricken &
Mrs D Howson.

L-R Rear:
Ssgt Lowery RJ,
WO2 PL Gourlay,
Sgt GF McKay,
WO1 AJ Greco,
WO2 Johnston C,
Pte NB Sharp,
Pte F Bosch &
WO2 McMichael W.

Members of the RCDC who have served post-war in No 8 Clinic, HMCS Naden, will be pleased to learn that it has been expanded into a 10-chair clinic and completely re-finished. The renovated clinic was ready for occupancy in April. As will be noted from the photos, the laboratory is particularly spacious, easily accommodating four technicians. The lone patient in the waiting room is not indicative of the treatment volume at Naden.



12 Dent Coy



Views of one of the operatories and the laboratory in No 5 Dental Clinic, RCAF Station, Summerside.

A spacious new clinic was opened at RCAF Station, Summerside earlier this year. The clinic occupies a wing of the station hospital and consists of four operatories, a recovery room, X-ray room, laboratory and waiting room. The clinic OIC, Maj McMaster, happily reports that two new units have recently been installed.

Duty Trips and Visits

Capt JR Robertson was despatched on TD to St John's Nfld to present a table clinic at the Atlantic Provinces Dental Convention from 11-14 Aug. The subject of the table clinic was The Restoration of Fractured Anteriors (Incisal Angle) using metal pins or wire and acrylic material.

Special Events

On 5 Jul the 2nd Phase RCDC Cadets visited HMCS Cornwallis. They were taken on a tour of the local places of interest including Fort Anne and the Habitation at Port Royal. They attended a Navy Mess dinner that evening.

Sports

Sgt RF Matheson and Cpl JAL Boulianne were members of the winning team in the HMCS Cornwallis softball league.

Maj George Crossman competed in the annual Cornwallis Greenwood Invitational Golf Tournament winning low net 1st division.

13 Dent Coy

Anniversary Celebrations

The 50th Anniversary of the RCDC was celebrated in Western Ontario Area by an all-ranks mixed party which included RCDC (Regular and Retired), Militia and civilian personnel.



The festivities started with a cocktail party at Lt Col Windsor's home. The group then proceeded to the "Friar's Cellar", a local night club where the entertainment included dancing and the usual refreshments, followed by a buffet and huge birthday cake complete with candles honouring the RCDC.

Although a very informal evening was planned, some speeches were inevitable. Col HL Harris (Retired) and Col CE Strachan (Retired) officiated at the cake cutting ceremony and later Col Harris spoke on the history of the Corps.

Special Events

Capt JW Lincoln retired from the RCDC in Jul 65 after some 25 years of service, the last 10 of which were served in this unit's central laboratory in Trenton. A social gathering of Unit personnel and their wives was held to mark this occasion and to tender best wishes for the future. Mrs Lincoln was presented with a bouquet of roses and Capt Lincoln an engraved silver tray. The Lincolns are residing in Trenton.

Sports

No 3 Clinic, Camp Petawawa, has always had a keen group of curlers. Recently Lt Col GE Windsor was elected President of the Camp Petawawa Curling Club and WO2 JA Fraser Drawmaster.

14 Dent Coy

Sports

S Ssgt Taylor won a number of first and second prizes in the Senior Events of the Manitoba Water Skiing Championships. During Rehab Leave he conducted a junior training school in water skiing at Lac Du Bonnet during the month of July.

Capt Lionel Jacob participated in the Manitoba Area Golf Tournament in Clear Lake 11-12 Sep 65 and was a member of the winning team.

Capt Jacob, Armstrong and Mori participated in the RCDC Annual Golf Tournament in Camp Borden. It is rumoured that No 14 Coy was a bit off par.

15 Dent Coy

Change of Command

On 13 Jul 65 Col RB Jackson handed over 15 Coy RCDC to Lt Col CM Cornish who became Command Dental Officer Quebec Command.



Left to Right:
Capt Jacob
Capt Gareau
Lt Col Cornish
Col Jackson
Lt Col Charman

Special Events

A Farewell Party for the outgoing CO, Col RB Jackson, was held at RMC Station St Jean on 2 Jul 65. Lt Col FD Charman presented the guest of honour with a going away gift on behalf of the personnel of 15 Coy.

Sports

Lt Col FD Charman, Maj HP Guevremont, Capt JF Marcil and Ssgt LG Brown represented No 15 Coy at the Annual RCDC Golf Tournament. Capt Marcil is to be congratulated for winning the GR Covey Trophy. 15 Coy wish to issue a warning to the other companies for keen competition next year.

1 Dent Det

Sports

Major Bill Carter continues to make news in this issue - in that he also joined the "hole-in-one club". The time - 23 Aug, the place - 15th hole of the Gatineau Golf Club, the occasion - the CFHQ Tournament.

4 Fd Dent Coy

Conferences

Lt Col Richardson and Maj Eaden attended an Oral Surgery Course conducted by Colonel RB Shira at the US Army General Hospital, Landstuhl, Germany.

Unit Officers conducted a seminar in which they considered the role of the dental officer as it relates to the role of 4 CIBG units in the field. Each officer reviewed the role and activities of the unit to which he is attached and how they affect his dental responsibility to the unit.

Sports

4 Fd Dent Coy held a unit sports event in the Soltan training area. Maj Begin retained the Horseshoe Championship by defeating Pte Moore. The men defeated the officers in the finals of the Volleyball Tournament.

Lt Col Richardson was appointed Vice-President of the Fort York Curling Club and Ssgt Sullivan the Treasurer.

35 Fd Dent Unit

Courses and Seminars

Maj WK Dickie and Lt Col JC Brick attended a three day series of lectures on Oral Surgery at Landstuhl, Germany and Orleans, France respectively. The invitation to attend was extended to all RCDC Officers by Col RB Shira, Dental Surgeon, US Army, Europe.

Lt Col JC Brick attended a Senior Officer Management Symposium held at No 4 (F) Wing, Baden-Soellingen, for 2 days during August.

Sports

FS "Gussie" Torrens, Dent Tech Clin, was a member of the winning doubles team in the Air Div Tennis Tournament.

Lt Col Brick and Capt Van Ryssel participated in an Air Div Golf Tournament held on 29 Sep at the Luxembourg Golf Club.

Cpl Wadden and Sgt Jennings participated in a Cpl and Sgts Golf Tournament held on 6 Oct at the Cherisey Golf Club. Word has been received that both of these NCOs won prizes.

CBU (UNEF)

Sports

A farewell party and sports afternoon with presentation of appropriate plaque was held 28 Aug for Capt Charron on completion of his year in the Sinai.

Sgt Beattie as a member of the Canadian Contingent Rifle Team participated in the UNEF Rifle Team Championships.

Cpts Chernesky and Nattress placed eighth in the Individual standings for the UNEF Bridge Championship.

Sgt Raymond was on the winning team from the Camp Rafah Bedouin Golf and Country Club in a home and home match tournament for UNEF.

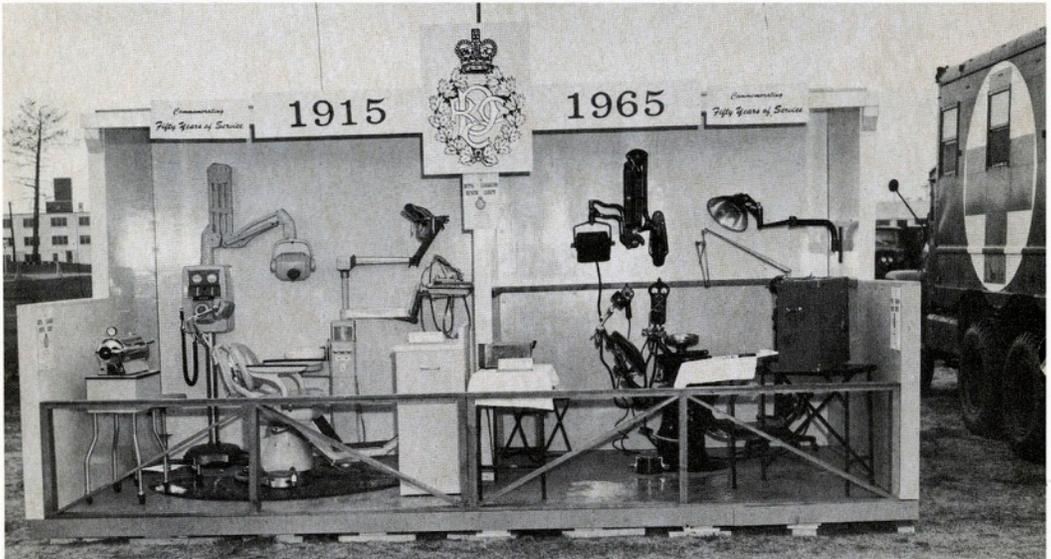
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Leave

Capt Wade spent 8 days of his leave on an African Safari with other UN soldiers. The tour included visits to Cairo, Nairobi and Addis Ababa, with stopovers in Khartoum and Bijouti. The highlight of the tour was the excursion to the Amboseli National Park on the border of Kenya and Tanganyika, with Mt Kilimanjaro in the distance. Many hours were spent big game hunting with a 35 mm camera.

1 Dent Eqpt Dep

Anniversary Celebrations



This display showing today's modern static clinic equipment (left) and field equipment (right) was prepared by 1 Dent Eqpt Dep for the Corps anniversary and Camp Petawawa Diamond Jubilee Day.

Special Events

Personnel of No 1 Dent Eqpt Dep participated in a garrison parade held on 7 September to honour Lt Gen G Walsh, Vice Chief of the Defence Staff, on his retirement.

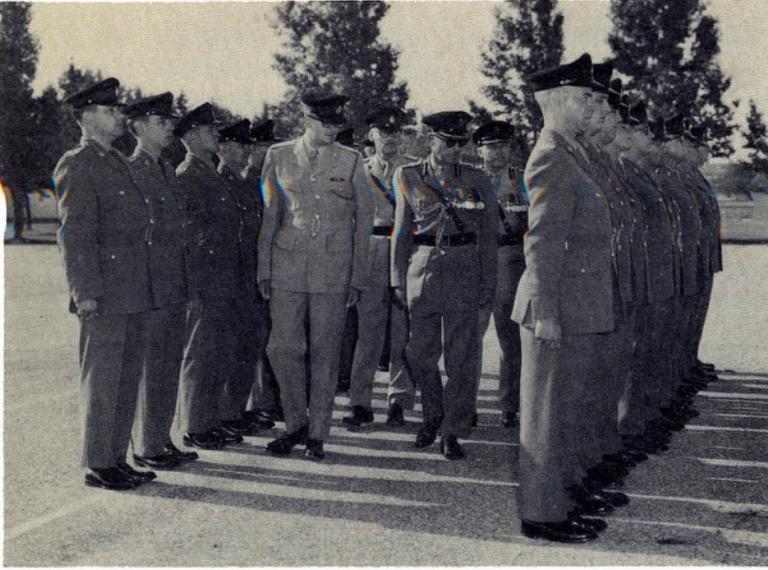
Sports

Ssgt Palmer and Cpl Hall were on the soft ball team that won the Camp Petawawa Soft Ball League this year.

Duty Trips

Lt EA Church proceeded on temporary duty on 8 Oct to inspect and repair dental equipment for the Dental Detachment at Camp Rafah, Canadian Base Units Middle East.

RCDC School



Brigadier KM Baird
inspecting Second
Phase Candidates

Recent Changes in Appointments at the RCDC School

Lt Col JW Turner appointed Senior Clinician, Treatment Wing.
Lt Col DH Protheroe appointed Chief Instructor.

Retirement

Lt Col RE Brown proceeded to 6 PD Toronto on retirement on 30 Sep 65, after 23 years of service. On 28 Sep the other ranks on staff at the RCDC School presented him with a suitably engraved gift, and that same evening, all RCDC staff and course officers "dined him out" at a special dinner in the CFM and DS Officers' Mess. Lt Col Brown and his family will settle in London, Ont.

Sports

On 17 Sep the "Tuffy Tieman Trophy" Golf Tournament was held at Camp Borden for all RCDC and Medical personnel of Ont who wished to compete. The RCDC(S) team with Lt Col Protheroe, Capt Cartwright, WO 1 Batten and Cpl Walker won the Trophy by 30 strokes less than their closest opponents.



Capt Charlie Loken joined the illustrious "hole-in-one club" during late June. The place - 2nd hole of the Camp Borden Army Course. His witness - Sgt GE McGunigal of Camp Shilo. He is shown receiving his award from T Booth, Players Representative from Barrie.

Professional Training

University of Michigan - Ann Arbor, Michigan - Maj C Brown - Complete Denture Prosthesis - 13 Sep-24 Sep 65. Maj JJ Walker - Crown and Bridge Prosthesis - 13 Sep-24 Sep 65.

University of Toronto - Toronto, Ontario - Maj JVP Chatwin - Dental Public Health - Sep 65-Jun 66.

The Doctors Hospital - Toronto, Ontario - Lt Col WR Thompson - Oral Surgery - 1 Jul-31 Aug 65. Maj AG Andrews - Oral Surgery - 25 Oct 65-10 Jan 66.

US Naval Dental School - Bethesda, Maryland - Lt Col LR Pierce - Periodontics - 27 Sep-12 Nov 65. Maj JLM Masse - Removable Partial Dentures - 4 Oct-8 Oct 65. Capt L Dombowsky - Oral Pathology - 18 Oct-22 Oct 65.

Walter Reed Army Medical Centre - Washington, DC - Maj AG Taylor - Advanced Theory and Science of Dental Practice - 19 Aug 65-17 Jun 66.

ENT Air Force Base Colorado Springs - Colorado, USA - Maj HK Meisner - Oral Surgery - 18 Oct-29 Oct 65.

RCDC School - Camp Borden, Ontario - Capt-Major Qualifying Course - 13 Sep-22 Oct 65 - Cpts NH Andrews, MN Deyette, JFA Marcil, NA McFarlane, WE Russell.

Training

RCDC School - Camp Borden -DT Lab Gp 1 Course - 30 Aug-17 Dec 65 - Cpls RS Black, CS Brown, AM Burns, CSB Heather, WD Horne, ZWJ Mitrikas, AH Peck, JM White, PD Whynott, Ptes GN Challenger, JD Cormie, JR Ritchie.

No 1 Dent Eqpt Dep - Camp Petawawa, Ontario - DET Gp 1 Course 7 Sep-26 Nov 65 - Cpls JAL Boulianne, NL Highfield, Ptes LA Russell, JLA Violette.

Senior NCO Qualifying Course - 14 Sep-5 Nov 65 - A/Sgt RB Johnson, Cpls TJ Deloughery, BA Green, MJ Hall, HC King, RW McDonald, HJ McKinnon, RA Neill, A Pink, JW Shore.

Training with Industry - Ticonium Div, CMP Industries Incorp - Albany, NY - 20-24 Sep 65 - WO2 JW Hutchinson, Ssgt RG Hopkins, Cpl EA Duve. Ritter Trg School, Rochester, NY - 18-29 Oct 65 - WO2 MF Conkey. SS White Co., Staten Island, NY - 27 Sep-1 Oct 65 - WO2 WD Morris, WO2 EMB Everett, Sgt SD Posyluzny.

Promotions

To Col - LG Craigie, CM Cornish; To Lt Col - WH Carter, JM Smith; To Maj - EW Gazo, PP Morin; To Capt. - CH Loken; To Lt - EM Lobb.
To WO1 - DD Robertson; To WO2 - CA Young, MF Conkey, RG Stewart, JW Hutchinson, EMB Everett, FM Kennedy; To Ssgt - KE Laurence, RH Palmer, TH Southin, A Bourgeois

GP Ryder, GF Keogh, GH Storms, HC Kirby, JE Raymond, JF Marchand, RJ Goodwin, DB Wood; To Sgt - ADT Gardner, RB Johnson, JC Bleakney.

Retirements and Releases

Col IAL Millar; Lt Col RE Brown; Capts - JW Lincoln, BG Johnston, RL Moran, JH Quackenbush; WO2 - JR Card; Sgts - JM Moore, AF Semple, KC Vrooman; Ptes - JP Pitchford, JR Powell, LE Wannamaker; Airwomen - Cpls MR Matlock, KP Palmer; LAWs - BD Lavigne, LJ Olson; Civilians - Miss BR McLean, Mrs MFC Papps, Mrs A Ruffo, Mrs AN Turner, Miss IM White.

Welcome to the Corps

Ptes - JG Bernier, JFGP Boulanger, IA Braslins, E Charlebois, HKK Gapmann, A Jack, TRJ Kukurudziak, JGJ Labrosse, RG O'Dell, DW Roy, JYLN Vachon, RF Vance, JA Wesley. Miss C Gareau, Mrs R Hill, Miss C Hillier, Miss CM Van Tassell.

Vital Statistics

Births

Son - Maj & Mrs JLY Cyrenne; Cpl & Mrs DJ Davies; Cpl & Mrs TJ Deloughery; Capt & Mrs JP Grise; Sgt & Mrs J Hossdorf; Capt & Mrs DG Jones.

Daughter - Ssgt & Mrs A Bourgeois; Maj & Mrs PP Morin; Capt & Mrs JA Pigeon; Capt & Mrs GS Zwicker.

Marriages

Capt RB Andrews to April Anne Belik; Cpl DW Griffiths to Faye Dianne Thompson; Cpl H McRae to Jeanette Ann Jenks; Cpl OW Mandrusiak to Monica Teresa Shoemaker; Pte MG Olinik to Joan Bernice Barrett Moore; Cpl TR O'Mara to Andree Francoise LeBlanc; Pte JR Ritchie to Margaretha Tremp; Capt TC Tervit to Lynda Lois Bushell; Capt Z Tukums to Margaret Schwager.

Deaths

Major JC Duff (Retired) 4 Sep 65. Deepest sympathies are extended to Col Cornish whose parents died within a two week period in mid-September.