

The

**ROYAL CANADIAN
DENTAL CORPS**

Quarterly



4 FD DENT COY
ROYAL CANADIAN DENTAL CORPS

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Col G.C. Evans

BACKGROUND

The need to create a force capable of withstanding the armed might of Russia in Central Europe was recognized by the formation of a defensive alliance with nations in Europe and North America known as the North Atlantic Treaty Organization, on 4 Apr 49.

In accordance with the NATO agreement, the formation of an Infantry Brigade for service in Europe was announced by the Minister of National Defence on 4 May 51. Recruiting for the Brigade began within three days of its authorization. Infantry personnel were raised from fifteen Militia regiments across Canada, with each battalion supplying two companies, while the supporting arms and services were chiefly from existing Regular Force units.

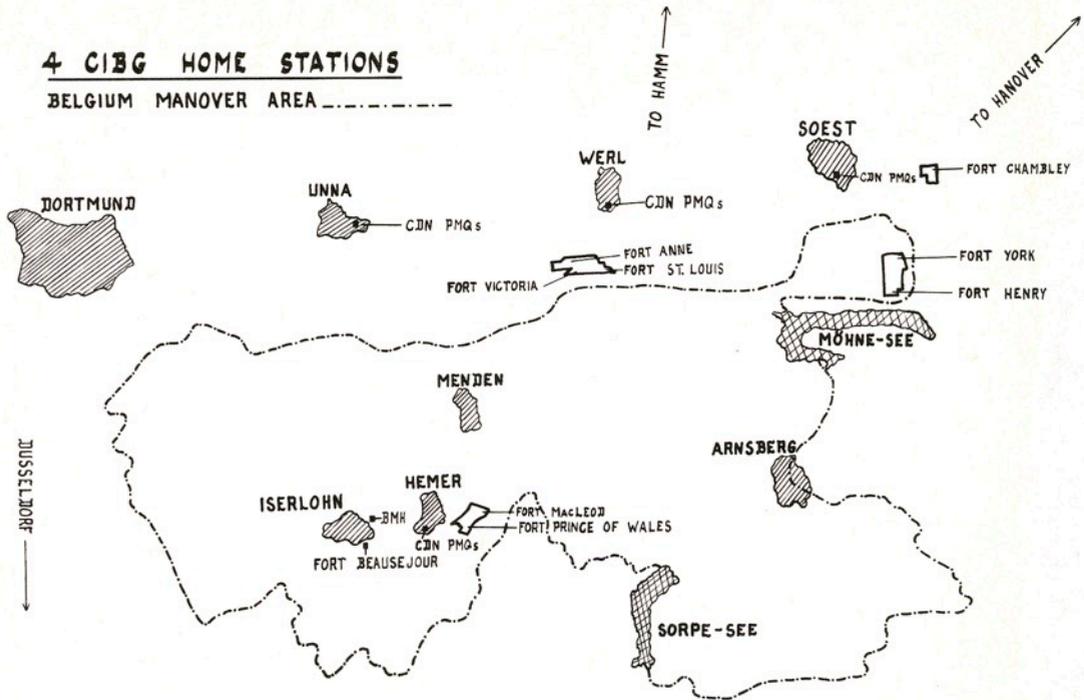
27 Canadian Infantry Brigade concentrated in Camp Valcartier for initial training. The advance party left for Germany on 15 Oct 51, followed by the main body in December. It was Canada's wish that the Brigade be deployed with United Kingdom forces. Accordingly, it moved into Hanover in the British Zone, occupying former German military barracks on the outskirts of town. Accommodation was limited and it was necessary for the Field Regiment RCHA and the Field Squadron RCE to locate at Hohne and Hamelin respectively. The Brigade remained in the Hanover area for two years, carrying out exercises and other assigned tasks.

When it was decided to maintain a Canadian Brigade Group in Germany indefinitely, suitable accommodation was built in the Soest area of Westphalia. 27 Brigade was reduced to nil strength on 7 Dec 53 and reconstituted as 1 Canadian Infantry Brigade Group, occupying the nine newly-constructed campsites at Soest, Werl and Hemer. (see map)

Personnel of 1 CIBG served in Europe until the entire Brigade was replaced by 2 CIBG in 1955. 2 CIBG was in turn replaced by 4 CIBG in November 1957. The wisdom of rotating the complete Brigade every two years was re-examined by the Canadian Government and it was decided that 4 CIBG would remain in Europe and major units only would rotate as a group, all other personnel being interchanged on a man-for-man basis. In addition, the period of service in Europe was extended to three years, as it is today.

4 CIBG HOME STATIONS

BELGIUM MANOVR AREA -----



RCDC PARTICIPATION IN THE BRIGADE

ADMINISTRATION

The requirement for an adequate Brigade dental service was recognized by formation of 27 Fd Dent Det on 1 Sep 1951. An establishment of sufficient size was provided at the outset, thus eliminating the "growth by necessity" as was the case with 25 Fd Dent Unit in Korea. Maj WI Whitehead was appointed Commanding Officer and Capt BJH Marchant Adjutant and Quartermaster. The bulk of the unit was concentrated and equipped at Valcartier and despatched overseas on 8 Dec. Headquarters was set up in London and Edinburgh Barracks, Hanover, on 18 Dec 51. On the 10th of January 1952 the detachment was redesignated 27 Fd Dent Unit because the Director General of Dental Services felt this title would more accurately describe the formation.

Dental personnel rotated each year until 27 Fd Dent Unit was reduced to nil strength on 7 Dec 53, when 1 Fd Dent Unit arrived from Canada and assumed the responsibility for dental service for 1 CIBG with HQ near Soest on the Mohne-See. The grey shield of 27 Bde was replaced by the red divisional patch of 1 CIBG.

1 Fd Dent Unit provided dental support to 1 CIBG and 2 CIBG from Dec 53 until Nov 57 when it was decided that the armoured support to the Brigade would be increased from a squadron to a regiment of tanks. To accomplish this armoured increase and at the same time reduce the manpower ceiling in Europe to 5500, various units suffered a cut in establishment. 1 Fd Dent Unit was reduced by four dental sub-sections and became a non-self accounting unit. Five sub-sections were attached for all purposes, on detachment posting to major units of the Brigade, and the Commanding Officer with a reduced staff, was attached to

the Transport Company based at Fort Chambly. On 15 May 58 the unit was redesignated 4 Fd Dent Coy, in line with its role of providing dental treatment to 4 CIBG on a more or less permanent basis.

It soon became apparent that six sub-sections could not cope with the dental treatment requirements of the 5500 man brigade. After several petitions to Army Headquarters, an additional dental officer, assistant and laboratory technician were authorized, raising the total to seven sub-sections effective 1 Dec 60. Concern over the erection of the Berlin wall in 1961 resulted in the Canadian Government lifting the man-power restrictions on 4 CIBG. During Oct 61 one more dental officer and assistant were dispatched overseas bringing 4 Fd Dent Coy up to today's strength of eight sub-sections.

PERSONNEL

At the conclusion of this article is a list of officers and men who have served with the dental component of the Infantry Brigade in North West Europe since 1951.

ACCOMMODATION AND EQUIPMENT

The dental sub-sections of 27 Fd Dent Det were equipped with the wartime 20 cwt dental lorry and the full range of field kits. Early in 1952 additions were made in the form of electric dental engines and pedestal cuspidors from British resources. Originally it was intended that all consumable dental supplies would be provided by the UK under the terms of the capitulation agreement but the unfamiliar scales of issue and range of British supplies made it necessary to indent on 1 Dent Equipment Depot in Canada for most items in common use by the RCDC. Eventually a scale was authorized for the Fd Coy in Europe and regular shipments were forwarded from Canada. This supply system continues to be used today.



RCDC Officers
27 Brigade
Hanover, 1952

The old wartime dental lorries were a constant problem. Spare parts were difficult to find because this vehicle was being rapidly phased out of the Regular force. It was not until 15 Jul 59 that eight new 2½ ton shop-vans, complete with dental operating kit, were received. The arrival of these vehicles made it possible for the unit to participate in all schemes and exercises for the first time without fear of mechanical failures.

From the earliest days in Hanover it became apparent that in addition to using the mobile clinics during training exercises static clinics should be developed in the base camps. This was done in all instances. The following is a direct quote from Monthly Progress Report, February 1952-"Capt LG Craigie's sub-section moved into new accommodation at Hohne. This is a newly-decorated building occupied jointly by the Canadian and British Medical Corps. It is, up to this date, the most satisfactory accommodation we have been able to acquire. There is sufficient room for a second operator in this clinic, as well as a laboratory and dark room. An X-Ray machine and transformer are installed and ready for use."

Advanced planning has included clinic accommodation in conjunction with all medical inspection rooms (MIRs) in the Soest Camps, thus 1 Fd Dent Unit was able to move directly into permanent accommodation upon arrival. HQ was located in a specially-designed building in Fort Chambly that housed the QM section and a three-chair clinic. Over the years the clinics have been modified, the floors tiled and generally improved until today all accommodation in the Brigade area compares favourably with any in Canada.

In April 61, HQ and the stores section were relocated in a more satisfactory building near Brigade HQ at Fort Henry. At the same time the clinic at Fort Anne was closed and the dental sub-section reassigned to a new one-chair clinic in Fort Beausejour on the outskirts of Iserlohn. January 1965 saw the completion of an enlarged two-chair clinic at Fort St Louis, with sufficient facilities to provide for the troops from the three camps in the Werl area.

MILITARY TRAINING

Formal training in the early days of the unit was confined chiefly to convoy discipline and familiarization with the various areas of the Brigade responsibility. During the years 1953 to 1955 the pace of unit training was stepped up considerably. Under the guiding hand of Lt-Col TL Marsh and Major EC Purdy, 1 Fd Dent Unit moved into the field at regular intervals practising road movement by day and by night, camp siting, map and compass using, camouflage etc. The highlight of this period was probably Exercise Gemini 1 which was a combined exercise and training program for 35 Field Dent Unit, Metz, and 1 Fd Dent Unit from 3 to 9 Mar 55.



1 Field Dental Unit - 1954

When the Unit was changed to a non-self accounting organization, without cooks, carpenters or a transport section, independent schemes were not possible. Since 1957 unit training has consisted of as many sub-sections as feasible accompanying the unit to which they are attached on all Brigade schemes and exercises. HQ of the Dental Coy now moves with and is an integral part of Brigade HQ.

PROFESSIONAL TRAINING

Although one of the main objectives of service in 4 Fd Dent Coy is training and preparing RCDC personnel for war, the professional aspects of a dental officer's education are not neglected. The annual meeting of the Fédération Dentaire Internationale is often held within the bounds of continental Europe and over the years many RCDC officers of 4 Fd Dent Coy have taken this opportunity to attend. The annual USAFE - USAREUR Dental Conference at Garmisch-Partenkirchen is considered to be one of the finest professional meetings in the World. It has become traditional that half of the officers of 4 Fd Dent Coy attend each year, thus each is able to attend at least one meeting during his three-year tour. Because of the proximity and ease of travel to the UK several officers of the Unit have been enrolled in the General Oral and Dental Surgery Courses at the Royal College of Dental Surgeons in London England.

In the fall of 1962, through the persistent efforts of Major JVP Chatwin, the officers of 4 Fd began sponsoring monthly professional meetings. At first these meetings included RCDC officers and a few neighbouring RADC officers. Latest reports from the CO of 4 Fd indicate that these meetings are very successful. The attendance for the January 65 meeting was 7 RCDC, 15 RADC and 2 US Army DC.



RCDC, RADC and US Army DC officers attending the monthly professional meeting - Sennelager - Jun 64

LIFE WITH THE BRIGADE IN GERMANY

Completely furnished married quarters are provided in four locations in the Brigade area, in about the same ratio to married personnel as in Camp Borden. Every married soldier cannot be provided with a PMQ and a considerable number of families live "on the economy" where rents are cheaper than in Canada. They have an excellent opportunity to learn the language and customs of the country.

The Brigade leave policy is unique in that forty-five days leave is granted annually. The year is divided into three periods of four months, and fifteen days' leave is taken in each period. A maximum of eight days travelling time may be granted in conjunction with any one leave period depending on the destination of the tour contemplated. Holland, France, Belgium, Southern Germany, Spain and England are among the favourite countries. Hotel accommodation, particularly in Germany, Holland and Denmark is cheap and clean and the food is excellent. Travelling in Europe is cheaper than in Canada but it can be expensive if family tastes are luxurious.

In closing, we would like to add that a tour with the Brigade in Germany can be most rewarding and most interesting. If personnel assigned to 4 Fd Dent Coy will keep an open mind and try to appreciate the fact that Europe is not Canada and the the European approach to life even though it be different is not necessarily backward, their three-year tour will be most gratifying and certainly the highlight of their service career.



The old mill-wheel - a landmark in Soest

List of officers and men who served with the dental component of the Infantry Brigade in North West Europe since 1951. The rank shown is that held at the time of appointment while the year indicates when personnel were taken on strength.

Commanding Officers

Maj	WI	Whitehead	1951	27	Fd Dent Unit
Lt-Col	IAL	Millar	1952	27	Fd Dent Unit
Lt-Col	TL	Marsh	1953-54	1	Fd Dent Unit
Lt-Col	OW	Crummey	1955-57	1	Fd Dent Unit
Lt-Col	RHG	Cunningham	1957-60	4	Fd Dent Coy
Lt-Col	GC	Evans	1960-63	4	Fd Dent Coy
Lt-Col	G	MacDougall	1963-65	4	Fd Dent Coy
Lt-Col	IA	Richardson	1965		

Adjutant and Quartermaster

Capt	BJH	Marchant
Lt	BK	Wansbrough
Lt	E	Clark
Capt	CA	Casterton

RCDC OFFICERS AND MEN

1951

Maj	J	Durand	WO2	McMichael	W	Sgt	Mazerall	EE
Capt	FD	Charman	Sgt	Couture	GH	Sgt	Weir	WB
Capt	HL	Chartrand	Sgt	Fraser	FFA	Cpl	Paquette	T
Capt	LG	Craigie	Sgt	Fraser	SG	Pte	Adams	CH
Capt	JE	Hughson	Sgt	Gibson	GL	Pte	Finlan	H
Capt	G	MacDougall	Sgt	Greco	AJ	Pte	Jollimore	GD
Capt	JAA	Patenaude	Sgt	Hobart	FH	Pte	Jones	RK
Capt	LE	Richardson	Sgt	Jackson	TM	Pte	Sullivan	TW
Capt	GE	Windsor	Sgt	Laurence	KE	Pte	Therrien	JCA
						Pte	Thorsson	H

1952

Maj	NA	Butcher	Capt	JM	Smith	Sgt	McKay	GF
Maj	RE	Dyer	WO2	Hall	RWM	Sgt	Pushman	RS
Capt	WH	Carter	Sgt	Blackmore	VO	Cpl	Abernethy	EK
Capt	MC	Cole	Sgt	Desjardins	C	Cpl	MacDow	CE
Capt	JE	Graff	Sgt	Egan	PAA	Cpl	Martell	FL
Capt	JA	Lauziere	Sgt	Kennedy	FM	Pte	Parker	WT
Capt	EJ	McNiece	Sgt	McHugh	RD	Pte	Tapp	JM

1953

Maj	DH	Hillier	WO2	Champoux	JM	Cpl	Petersen	NC
Maj	EC	Purdy	Sgt	Drouin	G	Cpl	Savoie	JR
Maj	JW	Turner	Sgt	Highason	WR	Cpl	Thompson	HA
Capt	GJD	Belanger	Sgt	Jerome	AMC	Cpl	Waring	J
Capt	PH	Guevermont	Cpl	Ledoux		Pte	Snutch	H
Capt	JW	Jolly	Cpl	Libby	GKW			
Capt	JGS	MacIntosh	Cpl	Murley	DT			
Capt	SW	Muller	Cpl	Noglin	HH			

1954

Capt	DJ	Carmichael	Sgt	Laverty	JH	Cpl	Field	AS
			Sgt	Malpas	RA	Cpl	Pasquini	A

1955

Maj	RE	Brown	WO2	Pritchard	AJ	Sgt	Pelletier	R
Maj	CM	Cornish	Ssgt	Heard	JF	Sgt	Piche	DR
Maj	CGB	Grant	Sgt	Claydon	RR	Sgt	Raymond	JE
Maj	EJC	Small	Sgt	D'Avignon	E	Sgt	Ryder	GP
Capt	RG	Darling	Sgt	DeBlois	JR	Sgt	Sherry	JM
Capt	PE	Fafard	Sgt	Kirby	HC	Cpl	Fogg	GL
Capt	J	McGaughey	Sgt	Knoll	ES	Cpl	Morrisette	B
			Sgt	MacDougall	WD	Cpl	Schmelzle	CE

1956

Capt	TD	Cobb	Sgt	Lillico	AD			
Capt	JPR	Guay						

1957

Maj	WH	Murray	WO2	Gareau	AM	Sgt	Wallace	KLM
Capt	L	Dombowsky	Ssgt	Jones	JM	Sgt	Wentzell	JS
Capt	73	Scott	Sgt	Southin	TH	Cpl	Green	AH
			Sgt	Storms	GH	Cpl	Kidd	VR

1958

Capt	GIJ	Bisaillon	Sgt	Palmer	RH	Sgt	Toole	SM
			Sgt	Shields	JAR	Sgt	Vrooman	KC

1959

Maj	DH	Skinner	Sgt	Hill	DF			
Capt	GT	Crossman	Cpl	Posyluzny	SD			

1960

Maj	C	Brown	WO2	Gourlay	PI	Sgt	Cahill	JR
Capt	LE	Kelly	WO2	Robertson	DD	Sgt	Clarke	JF
			Ssgt	Bennett	WA	Cpl	Kay	JH
						Cpl	Millard	CC

1961

Capt	PJJ	Coulombe	Sgt	D'Eon	DR	Sgt	Shaw	VH
Capt	RH	Headley	Sgt	Flesher	DLG	Cpl	Lansey	EJ
Capt	DJ	MacPhee	Sgt	MacDonald	MD			

1962

Maj	JVP	Chatwin	Sgt	Hossdorf	J			
Capt	WR	Collier	Sgt	Moore	JG			
Capt	WF	Shaw	Sgt	Wilkinson	GW			

1963

Capt	FC	Arpin	WO2	Riddell	DW	Sgt	Jones	RK
Capt	JF	Eadon	Ssgt	Sullivan	TW	Sgt	Olynk	W
Capt	LA	Reynolds	Sgt	Harmer	WG	Sgt	Tanner	EV
			Sgt	Jewson	CC	Cpl	Loosely	DB

1964

Capt	JF	Begin	Sgt	Libby	GKW			
Capt	EW	Gaxo	Cpl	Lambert	JPA			
Capt	PP	Morin						

1965

Capt	NA	McFarlane	Ssgt	James	MA	Pte	MacGillivray	HJ
Capt	DR	O'Hara	Sgt	Christiansen	JA	Pte	Mullin	FW
Capt	RJ	Paturel	Sgt	Petersen	NC			
Capt	MD	Taylor	Sgt	Reid	FJ			

ENDODONTICS IN ORAL REHABILITATION

Major H.J. Cashin, BSc, DDS



INTRODUCTION

Full mouth rehabilitation consists of an overall treatment plan which unites all branches of dentistry into a team whose purpose it is to restore the human dentition to normal function. The diagnostic phase of such a plan is an attempt to evaluate all the biological structures and to anticipate how these structures will be benefitted by the reconstruction. It also attempts to secure the serviceability of the reconstruction for the patient by setting up a maintenance program. In the past, the maintenance phase has stressed periodic periodontal service. However, because many unidentified pre-operative pulp problems show up after the case is completed, endodontics must be called upon to take its place not only in the planning stage but also in the maintenance program as well.

Root canal therapy, or endodontics, (to use current terminology) has evolved today as an entity comparable to other services in dentistry. In the last ten or fifteen years there has been strong evidence of a growing interest in the retention of pulpless teeth. This has led to the advancement and refinement of the endodontic techniques which are now in use. Modern day endodontics through the use of periradicular surgery and antibiotic therapy has provided an indispensable adjunct in the approach to oral rehabilitation.

TREATMENT

The pulp is a very important and irreplaceable organ, hence the responsible dentist is obliged to preserve it if possible. Every dentist has faced the problem of deep caries without apparent pulp exposure and has had to decide whether or not to remove the last layer of doubtful dentine, risking pulpal exposure.

The treatment of pulp lesions may be divided into three main categories:

1. Preservation of pulp vitality: (a) pulp capping, (b) pulp curretage, (c) pulpotomy.
2. Removal of living pulp (pulpectomy).
3. Treatment of teeth without living pulp, with or without periapical lesions.

Preservation of Pulp Vitality

When Herrmann introduced calcium hydroxide as a dressing to bring about the healing of the pulp and the formation of a dentine ceiling, the preservation of pulp vitality after exposure was established on a firm basis.¹ Since that time, thousands of teeth with exposed pulps have been restored to normal function. Satisfactory clinical and histological results give this method support biologically.

The three methods of pulp preservation rest on the same basic principles and differ from one another only in the depth of pulp amputation.

In capping there is no attempt to amputate any portion of the pulp. Curretage involves scraping the exposed area of the pulp. Pulpotomy involves amputation of the pulp as far as the entrance to the root canal or canals.

Removal of Living Pulp

Pulpectomy (i.e. complete removal of a normal or pathological vital pulp) constitutes the surest method of treatment of a tooth with a damaged pulp³ and the high percentage of success makes it the preferred method of treatment.

Treatment of Teeth with Non-Vital Pulps

All those cases of teeth requiring endodontic treatment not in the categories already mentioned are grouped under this heading. The treatment of teeth is justified by the satisfactory results obtained by those who adhere to rigid biological and technical principles. The results are in accord with those obtained in any other sphere of dentistry or medicine.²

General Considerations in Complete Mouth Rehabilitation

In full mouth rehabilitation there is an increasing awareness that diagnosis and treatment should be based on the entire occlusion of the teeth of the patient, rather than on the individual tooth defect.

Common to all attempts at rebuilding the occlusion is the preparation of some or all of the teeth to receive cast crowns and inlays. During the course of these preparations it is not uncommon that the pulps of some of these teeth may be jeopardized. Inevitably, therefore, a tooth with actual or potential pulp involvement must assume a critical role in the diagnosis and treatment planning for a mouth in which reconstruction of the occlusion is contemplated.

Mouths requiring complete occlusal reconstruction may be grouped under two main classifications:⁴

1. Those showing periodontal involvement
2. Those in which most or all of the teeth show extensive caries of crown or root or both.

Regardless of the classification, all mouths have teeth which are candidates for endodontic treatment either before, during or after reconstruction procedures are completed.

Before the operative procedures are begun, pulps may be endangered or involved because of deep-seated carious lesions, certain restorative procedures, or erosion. Deep periodontal pockets may cause exposure of lateral canals and cause pulpal inflammation.

During the operative procedures, pulps may be exposed mechanically when extruded teeth are reduced or walls paralleled. Pulps may become inflamed because of the heat produced by rapid cutting technics.

After the reconstruction is completed and the crowns and bridges have been cemented permanently in place, pulps which may have been on the borderline between hyperaemia and pulpitis may suddenly become acutely inflamed. Pulp or periapical involvement may take place months or years after the occlusion has been rebuilt.

Should pulp or periapical involvement occur during the time that the reconstruction is being done, the entire plan of treatment might have to be altered, unless endodontic treatment can be accomplished successfully. After a reconstruction has been completed, a tooth with pulp or periapical involvement which has not been treated successfully by endodontic therapy must be extracted. This causes great embarrassment to the dentist, loss of money, time and needless discomfort to the patient.

It can be readily understood that a knowledge of endodontics and an ability to perform it are as important to the dentist as his technical skill in operative dentistry. Modern day endodontic procedures together with antibiotic and chemotherapeutic agents afford us a safe, efficient and dependable service.

Selection of Teeth for Endodontic Treatment

General Requirements

Several factors govern the selection of teeth for endodontic treatment in full mouth reconstruction.⁴ The requirements for successful endodontic treatment are:

1. The operator must possess the skill and experience to give him confidence that he can treat the tooth successfully, otherwise he should not attempt it.
2. Anatomy - The tooth must be operable. Examine canals by x-ray for extra canals and foramina and curvatures too great to operate.
3. The patient must have a satisfactory health history. Where systemic disease is present repair of periapical tissues takes place slowly or not at all. Patients with chronic debilitating disease are poor risks for root canal therapy.
4. The strategic value of the tooth must be high. The tooth may be very important in the program of reconstruction and maintaining a good oral condition.

Other Requirements⁴

1. The tooth must permit maintenance of asepsis during operative procedures.

There must be sufficient crown structure remaining to permit placement of the rubber dam. In some instances, a temporary banding crown can be placed on the tooth. This will prevent leakage of saliva into the root canal, then treatment has a better chance of success.

2. There must be sufficient periodontal support to maintain the tooth in its alveolus and this must also apply when an apicoectomy is required. The fulcrum of force on the tooth must be so placed as not to contraindicate the use of the tooth as an abutment.
3. The root canal must be mechanically accessible. If for example, the patient cannot open his mouth widely enough to allow introduction of instruments into the canals, it would be impossible to perform successful endodontic treatment.
4. The sterile canals and tubules must be hermetically sealed by agents of known tissue tolerance. This rules out all possible leakage of canals and enhances successful endodontic treatment.
5. A satisfactory restoration must be foreseen, otherwise it is useless to do endodontic treatment.

Retention of Teeth Strategic to Occlusion

Special emphasis should be placed on the importance of treating, with a view towards retaining in situ, certain teeth which are strategically important from the standpoint of maintaining the occlusion.⁴ These teeth are classed as follows:

1. All cuspids - The cuspid is both a strong abutment and an important buttress in maintaining the occlusion. It supports the corner of the mouth and resists the anterior component of force. Even after root resection there is usually enough root structure left to permit the cuspid to function as a firm anchor. Thus, every effort should be made to treat cuspids endodontically if there is evidence of pulp or periapical disease. This applies whether or not a fixed bridge or partial denture is to be constructed.
2. Most distal molar in the arch - The most distal molar, whether it is in the maxilla or the mandible, is of strategic importance. Only if there is a full complement of teeth in the arch can third molars be excluded from this category. The decision whether to construct a fixed bridge or a partial denture will depend on the retention of the most distal molar when there are other missing molars and bicuspid. If other molars have already been lost, the extraction of the distal molar will necessitate the construction of a denture with a free-end saddle. This is to be avoided if possible, for this type of denture is less satisfactory than one in which the saddle area is supported by natural teeth at both ends of the span.
3. Any remaining posterior tooth whose loss would destroy vertical dimension is strategically important. This is especially true of the last remaining posterior tooth on one side which is in contact with an antagonist, thereby maintaining vertical dimension. Retention of this tooth is of even greater importance if a planned change in vertical dimension

is contemplated.

4. When advanced periodontal disease is present and reconstruction is to be instituted, every tooth becomes strategically important. Each additional tooth extraction decreases the periodontal support in an already weakened arch. With continued loss of teeth a point is soon reached where the occlusal reconstruction can no longer be supported; in fact, the abutments become overloaded and are soon lost.

Pulpless Teeth as Abutments

It is the opinion of many dentists that pulpless teeth may be used satisfactorily for bridge abutments. Tylman⁶ says that "pulpless teeth serve satisfactorily as bridge abutments if the tooth is carefully treated, filled, and kept under periodic surveillance".

Pulpless teeth which are to be used as abutments for bridges or for partial dentures in the posterior arch should have complete occlusal coverage.

A valid reason for questioning the reliability of a treated tooth as an abutment does not exist. Failures usually are due to lack of observance of the basic principles of root canal therapy. If an aseptic technic is maintained, proper debridement of canal done, and root canal sealed hermetically, successful root fillings should result.

One objection to a root-filled tooth is its tendency to fracture. This is more likely to occur than is the fracture of the crown of a tooth with a living pulp. The dentine becomes more brittle once the pulp is removed. Fractures of cusps take place probably because there has been loss of dentine through caries and the enamel is unsupported.

Pulp Capping and Pulpotomy

Mechanical or carious exposures made during crown preparations cause the teeth to be poor risks for pulp capping or pulpotomy because they are invariably contaminated. These procedures are thus contraindicated in occlusal reconstruction. Pulp-capped or pulpotomized teeth of adults are not dependable. The remaining pulp may become inflamed at any time, especially after the irritation involved in crown preparations. Root canal therapy should be completed in advance of occlusal reconstruction.

Correlation of Endodontics with Orthodontics

In full mouth rehabilitation, orthodontic work is often necessary before crown preparations. This lessens the danger of pulpal injury and exposure during paralleling of walls. In full scale orthodontic treatment, endodontics often plays a critical role. Retention of the molars is important since these teeth are used for anchorage. Should the pulps of the molars become inflamed, root canal therapy can be performed with reasonable assurance of success.

If the orthodontic treatment plan dictates its retention, endodontic

therapy can be utilized for any tooth, provided it meets the qualifications already listed. Root-filled teeth can be moved orthodontically with the same assurance as can teeth with living pulps.

CONCLUSION

Endodontic therapy can never be divorced from occlusal reconstruction. Together with periodontal therapy, these procedures open up new by-ways in the never-ending road to preservation of the natural dentition.

Pulp problems have always been the concern of every dentist whether he is treating the mouth for a full rehabilitation or dealing with a single tooth. There has always existed an awareness of pulp reactions to operative procedures and filling materials. There is a need to consider these realities so that inevitable pulp changes are understood and anticipated.

The present status of pulp pathology is that infected teeth can be treated with an excellent prognosis.⁷ What assures success, however, is not one step of a procedure, but adherence to a number of principles involved. A properly treated pulpless tooth or root can provide years of service as an abutment as well as for an individual restoration. This trend in the retention of natural teeth has created a new high in the stature of endodontics.

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DR. COGSWELL'S ORAL SURGERY TRAINING KIT



Major D.H. Skinner

Dental officers of the RCDC are provided with an excellent surgical training aid in the form of the view-master system of stereoscopic photography. This training aid was developed by Dr. W.W. Cogswell and is available on a loan basis from company stores.

The capabilities of three dimension photography realistically portray the author's superbly executed case models. Not only are step by step surgical procedures presented, but also many of the significant cases treated by Dr. Cogswell in his many years of practice and his development of the technique of controlled tooth division. Stereo pairs of slides show roentgenographs of actual case histories, pre-operative planning diagrams and the wax models of each surgical stage.

The four hundred page text accompanying the slides describes the diagnosis, pre-operative planning and major operative steps for fifty-seven common surgical problems of the oral cavity. The slides consist of fourteen hundred stereoscopic views illustrating the fifty-seven surgical procedures, with radiographs and progressive stages of technique.

The kit is divided into two complete sections, one dealing with the maxillary region, the second with the mandibular region. The sections are introduced by a smaller section entitled "Variations in Normal Anatomy of the Head and Neck". In this section Dr. Cogswell demonstrates the two extremes of facial form, the rectangular or tapering and the square or compact forms. Dr. Cogswell emphasizes that a clear understanding of these two basic facial forms will assist in the development of a surprising ability to anticipate many surgical problems even prior to roentgenographic verification. Of particular interest are those areas where the prevalence of impacted teeth is most common, namely the mandibular third molar area, and the relative involvement of the anterior border of the ramus.

Since removal of impacted mandibular third molars is a surgical problem which confronts most operators at one time or another, a careful study of this particular part can be most profitable.

The slides and text classify each type of ramus along with each type of impaction. The classification of each is clearly demonstrated by roentgenograms, dried specimens, models and photographs, all giving a valid and realistic view. Step by step surgical procedures for each type of impaction completes the series.

It is not intended that one should try to master all of the surgical procedures portrayed in the kit at one time. The selection and careful study of one particular phase will give the operator a practical system of approach and produce rewarding results. Any attempt to absorb too large a portion tends to defeat the system of training by observation of the illustrations. However, if used judiciously, the material covered by the series should enhance the skill of any operator to a worthwhile degree.

Editor's Note:

Dental officers are encouraged to make full use of this unique, comprehensive, compact training aid which is available in each dental unit.

Dr. Cogswell is an eminent oral surgeon, an experienced teacher and an originator of the principle of controlled tooth division. He is director of the Cogswell Oral Surgery course at ENT Air Force Base, Colorado Springs, U.S.A. A number of RCDC officers have attended this excellent course through the kind auspices of the United States Air Force Dental Corps.

An illustrated article on the "Cogswell Technique of Controlled Tooth Division for the Removal of the Impacted Third Molar" by Major E.J. Small appeared in the RCDC Quarterly Vol 5 Number 2 July 1964.

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Just as undergraduate study supplies the necessary number of new dentists, so graduate work must supply that necessary new life, thought and inspiration without which our profession cannot survive. The future of our profession depends on graduate work. It is the only means by which we shall go forward. We cannot expect the dental student to advance the science of dentistry. Nor can we believe that our profession will be greatly helped by the practitioner who is content to gather up the crumbs of progress.

— Written 40 years ago by Walter H. Wright, former Dean of the College of Dentistry, New York University.

In defence of the general practitioner—

"Those who comprehend the whole in general are in no way secondary to those who comprehend the part in particular".

— Editorial, British Dental Journal, 3 August 1965

DENTAL TREATMENT STUDY - PATIENT PARTICIPATION

W.H. Harrington, CD, DDS, DDPH



Major W.H. Harrington

In May 1965 a study was conducted to determine the extent to which servicemen avail themselves of dental treatment provided through RCDC facilities. The aim of the study was to obtain certain statistics which might serve as a guide in future submissions and to provide a basis on which the value of the RCDC dental health program might be assessed.

Commanding Officers of RCDC units were requested to select clinics in which a sampling of dental records could be reviewed and particulars recorded according to specific definitions and principles.

Nineteen RCDC clinics representing a total patient strength of 46,460 service personnel, i.e. approximately 38% of the total strength of the Canadian Forces, were selected for the study. Of these 46,460 patients the dental records of 3421 were examined and the findings tabulated as follows:

Category of dental treatment	Number of Selected Charts	Percentage
Regular Treatment	1105	32.03
Intermittent Treatment	1075	31.42
Emergency Treatment	745	21.78
Nil Treatment	496	14.5
Total	3421	100.00

In conducting such a survey it was realized that the information requested was of a general nature. It only provided a beginning for future surveys of a more sophisticated type. The Commanding Officers of Dental Units reported that loss of clinical time required by dental officers to complete the pro-forma was not significant.

It would appear from this study that a total of 85.5% of the RCDC patient commitment receive dental coverage of a varying degree and that 63.72% receive good or adequate dental treatment. For this relatively high percentage of personnel receiving dental coverage it should be remembered that the dental service is free, the age group specific, that is, ranging from the late teenage to middle-age and these personnel are a "captive patient" group. Undoubtedly, the COs and DOs have shown an unknown degree of bias in the selection of clinics and recording of data respectively. Had the present Dental Record DND 422 been in use earlier than mid-1962, it is conceivable and even likely that the findings disclosed by this study would have been quite different. However, it is anticipated that in future studies, the continuing RCDC dental health education programme will reflect a significant improvement in patient participation, especially in the regular and intermittent treatment categories.

The RCDC News

Corps Conference

The Command Dental Officers and Commanding Officers of the RCDC Regular Force gathered at the Canadian Forces Headquarters, Ottawa, Ontario for the 16th Annual Director General of Dental Services and Unit Commanders' Conference held November 21st to 24th, 1965.

On the evening of November 23rd, officers participating in the Conference and officers from the Ottawa area attended a Formal Mess Dinner at RCDC Station Uplands to celebrate the 50th Anniversary of the Royal Canadian Dental Corps. The guest speaker was Vice Admiral K.L. Dyer, Chief of Personnel for the Canadian Forces, who reviewed the Corps History and spoke in general terms on integration of the Forces.



Front Row L to R - Col GC Evans; Brig KM Baird; Cmdre SE Paddon; Col BP Kearney; Col LG Craigie; Col GR Covey.

Back Row L to R - Col CM Cornish; Lt Col WR Thompson; Lt Col SG Bagnall; Lt Col G MacDougall; Lt Col AW Brusso; Lt Col WW Anglin; Col AT Roger; Capt CA Casterton; Col RHG Cunningham; Lt Col LA Richardson; Maj JW Fletcher; Lt Col JC Brick; Lt Col WH Carter; Lt MB Fisk; Maj WH Harrington; Capt E Clark; Maj DH Newall (US Army DC)

Corps Association Meets at Ottawa

Brigadier K.M. Baird, the Director General of Dental Services for the Canadian Forces, and Colonel B.P. Kearney, the Deputy Director, attended the Seventeenth Annual Meeting of the Royal Canadian Dental Corps Association held in Ottawa on December 3rd and 4th, 1965. At this meeting the following slate of officers was elected:

Past President	- Lt Col AZ Henry, Toronto, Ont.
President	- Lt Col MJ Snidal, Winnipeg, Man.
President-Elect	- Lt Col AJ Harris, London, Ont.
1st Vice-President	- Lt Col JE Hallet, Halifax, N.S.
2nd Vice-President	- Lt Col JB Lachance, Quebec, Que.
Secretary	- Col CBH Climo, Ottawa, Ont.
Treasurer	- Col CE Woods, Ottawa, Ont.

Fluoridation of Defence Establishments Water Supplies

The Minister of National Defence has now approved the recommendation that water for human consumption in Defence Establishments not already provided with naturally or artificially fluoridated water be fluoridated to a concentration of one part fluoride per million. He has further directed that the necessary action be taken to implement this policy in the applicable Defence Establishments.

RCDC Curling

The Fourth Annual RCDC Bonspiel will be held at Camp Borden 18-19 Feb 66.

All Regular, Militia and retired RCDC(R) personnel and RCAF Airwomen employed with the RCDC(R) are eligible to enter. The Bonspiel will be run on a Three Event system with the first draw at 0900 hrs 18 Feb 66. Details concerning the draw will be contained in the instruction booklet which will be issued on arrival.

Curling brooms will be available without charge; however it is recommended that if possible personnel bring their own brooms.

A presentation dinner will be held on Saturday evening. Refreshments will be available at the Curling Club throughout the Bonspiel.



This handsome trophy was donated by the WOs and Sr NCOs of the RCDC for the Third Event of the Annual RCDC Bonspiel. Generous subscriptions totalling approximately \$ 100.00 made the purchase of this trophy possible. It is presently held at the RCDC School and will be seen by all who attend the forthcoming Bonspiel.

Directorate

Brigadier K.M. Baird attended the annual meeting of the American Dental Association at Las Vegas, Nevada, November 8-12, 1965. Also attending from the RCDC were Major P.S. Sills and Major A.G. Taylor both at present stationed in Washington, DC with the US Army Dental Corps.

Colonel Kearney appointed Queen's Honourary Dental Surgeon

Canadian Forces Headquarters recently announced that Her Majesty Queen Elizabeth II has graciously approved the appointment of Colonel B.P. Kearney, MBE, CD, P, DDS, FICD, as Queen's Honourary Dental Surgeon. The appointment is an honour granted to selected dental officers in recognition of distinguished service. It is held by officers of the Regular Force for "tenure of office" and by officers of the Militia for a period of two years.

Colonel B.P. Kearney and Colonel R.H.G. Cunningham, the Command Dental Officer, Eastern Command, Halifax, N.S. inspected Royal Canadian Dental Corps facilities and interviewed Corps personnel throughout the Maritimes October 11 to 19th, 1965.

Major W.H. Harrington, Canadian Forces Headquarters, Ottawa, Ont represented the Director General of Dental Services at the Montreal Dental Club Convention, Montreal, Que, October 25 to 27, 1965. At this time a new exhibit presenting the varied roles of Auxiliary Dental Personnel in the Royal Canadian Dental Corps was displayed.

Christmas Party

The annual Christmas Party was held on 14 Dec 65 at the Senior NCOs Mess at HMCS Carleton and was attended by RCDC members and civilian personnel within the Ottawa area.

11 Dent Coy

Accommodation

11 Coy reports that renovations to the RCAF Station Holberg clinic are progressing favourably and that a full time dental officer will be stationed there by the end of Jan 66.

Sports

The Sgt's Mess Curling Spiel was held on 4-5 Dec 65 at RCAF Station Cold Lake. Sgt Fox A was on the winning rink in the second event and Ssgt Shand on the rink that captured third event.

Sgt W.B. Gilbert is the owner, for the next year, of the Butterworth Trophy for "Low Gross" in the BC Area HQ Golf Tournament.

RCDC personnel of the Edmonton Area held an abbreviated bonspiel in conjunction with their annual Christmas party--no doubt practicing for the forthcoming Annual RCDC Bonspiel. Some people will stoop to anything!

12 Dent Coy

Accommodation

HQ and QM Stores are in the throes of acquiring and moving to new accommodation, a step necessitated by the activation of Maritime Command. QM has already occupied a Butler building at RCAF Station Gorsebrook and it is

anticipated that suitable accommodation located near by will become available for HQ later this year.

Sports

A program of physical training - 40 minutes per week - is being organized by the Halifax Garrison. It is planned that dental personnel in Halifax take part.

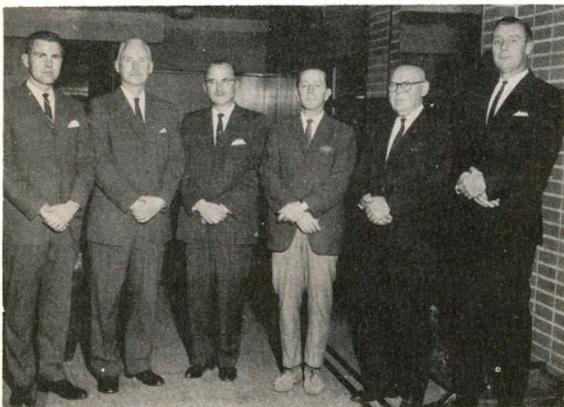
The deer hunting enthusiasts in 12 Coy got their quota this Fall with one to each of the following: Sgt WD Chase, Cpl DJ Davies, Cpl DF Middleton, Capt JF Mullins and WO1 DD Robertson. (We hope that it was just one each.)

13 Dent Coy

Personnel

13 Coy welcomed the appointment of Lt Col RE Brown to the Part V vacancy in No 21 Clinic London, on his retirement from the RCDC in October.

The officers of No 2 Clinic at RCAF Station Clinton were hosts to the Wingham and District Dental Society on 9 November. Clinical presentations were made by each dental officer of No 2 Clinic and by the D Tech Clin and D Tech Lab. The non-service members in the photo form the executive of the Society.



From L to R:
Capt RWR Horn, Col AT Roger,
Dr P Palmer, Dr J Buljabasic,
Dr JA Munn and (with the look
of distress) Maj DJ Carmichael

Sports

Major EMC Franklin was a member of an RCAF rink which scored an "eight-ender" during an invitational bonspiel at RCAF Station Centralia on 28 Oct 65.

Special Events

The Commanding Officer and four Trenton area dental officers attended a recent meeting of the Bay of Quinte Dental Society held at Campbellford. The guest speaker was Dr P Smylski, head of the Department of Oral Surgery, University of Toronto.

Capt George Moore's retirement from the RCDC becomes effective at the end of January, after a period of over 25 years service with various units in Canada and overseas. A mixed party is planned for the evening of 21 Jan 66 in the Social Centre at RCAF Station Trenton to honour the Moores on this occasion and wish them well for the future.

14 Dent Coy

Accommodation

No 2 Dental Clinic will be moved from the Training Command site to the RCAF Station Area in Winnipeg. Work commenced 1 Dec 65 on the conversion of a barrack block which will provide a spacious 8-chair clinic.

Meetings

Lt Col Anglin, Major C Brown and Capt RT Mori attended a meeting of the Winnipeg Dental Society on 25 Oct 65. Dr SS Stahl, Associate Professor, Department of Periodontia and Oral Medicine at New York University College of Dentistry, discussed "An Appraisal of Current Periodontal Therapy".

Farewell Party

On 1 Dec, Members of 14 Coy in the Winnipeg Area met at the Curling Club to say good-bye to Capt Lionel Jacob prior to his departure to No 4 Personnel Depot, St Jean, PQ for release. Lionel has served in the Canadian Army for approximately twenty-five years. He must be considered as one of the individuals who seem to be a vanishing breed in the Armed Forces in general. It is presumed that he will be settling in La Belle Province and best wishes are extended to him.

15 Dent Coy

Accommodation

Construction has been started on the new part-time clinic at RCAF Station Val D'Or.

Meetings

Members of 15 Coy who attended the Fall Clinic of the Montreal Dental Club included Col Cornish, Lt Col Charman, Major Bunston and Capt Laporte.

Col Cornish presented RCDC orientation lectures to 1st year students at both McGill and the University of Montreal to stimulate interest in the DOSP.

Sports

Major HG Bunston was recently awarded the Bronze Medallion on completion of a Life Saving Swim Course held at RCAF Station Goose Bay.

Ice-fishing at Goose Bay has been excellent this year. The dental "shack" was put onto the ice during the second week of December and members of the staff are enjoying an abundance of cod, smelt and trout.

Special Events

RCDC officers of the Greater Montreal Area hosted the other ranks at a Christmas Party at RCAF Station St Hubert - with Col Cornish as "Head Chef" and Maj Sugars "Chief Organizer".

RCDC School

Training



Senior NCO Course, RCDC School, Oct - Nov 1965

Rear Row - LSgts King HC, Shore JW, McKinnon HJ; ASgt Johnson RB; LSgts Hall MJ, Neil RA, Deloughery TJ, McDonald RW.

Front Row - Lt Col Prothro, CI, Col GR Covey, Comdt, Lt Lobb EN, Crse Administrator.

Cpl Fraser completed the four-week course at CFMSTC in First Aid Instructing. He was given a glowing report and steps are being taken to obtain his Voucher Qualification from the St. Johns Ambulance.

Visitors to the RCDC School

His Excellency JS Malecala, High Commissioner for Tanzania, and Mr. Kishoska, Tanzania Adviser on Student Affairs, visited the School in October and were given a tour of the facilities.

In November, Brigadier CM Gurner, DDGMS of the Royal Australian Army Medical Corps, toured the School and was briefed on the RCDC training programme.

Sports

On 8 Dec the Barrie Chamber of Commerce were hosts for a bonspiel with Camp Borden Army and RCAF rinks. Lt Col Protheroe's rink (with Col Covey as second) won the bonspiel when the skip's "cold draw" broke a tie, securing the trophy for the Army.

35 Fd Dent Unit

Training

Majors Bourget, Gaudet and Kamachi attended a clinical symposium on Crown and Bridge Technique presented at the 767 US Medical Detachment (Den Svc) Verdun.

Sports

Major "Rocket" Gaudet reports that he has retired from active participation in hockey at No 1 Wing but is keeping in condition with 5BX.

Sgt and Mrs Jennings continued their winning streak in Christmas Turkey "roll-offs." Between them, they have won a turkey every year for the past five. The Jennings are entered in three bowling leagues this year. He bowls in the Inter-section League, Mrs "J" in the Ladies League, and for "togetherness", they both bowl in the Mixed League.

Special Events

Dr Callenius was feted at a Mess Dinner on 2 Dec at 1 Air Div HQ Officers' Mess on his departure to "Civvy Street". This was one of several functions held to honour Dr Callenius, a German dentist who has rendered dental treatment to the dependants of Canadian Service personnel at 1 Air Div HQ for the past eight years. He is setting up a dental practice near Stuttgart, Germany.

4 Fd Dent Coy

Conferences

The monthly professional meeting was sponsored by 4 Fd Dent Coy and was held in the Canadian Officers' Club on 4 Nov. Major Begin chaired the meeting which viewed and discussed professional films on complete dentures, the infra-boney pocket and root resection. The meeting terminated with a dinner at the Club.

December's professional meeting was held in 4 Fd Sqn RCE Officers' Mess. Capt Davis, USDC, spoke on the US Army Preventive Dentistry Program; Lt Col Richardson on Dental Clinical Auxiliaries; and Major Leonard, RADC, on Interpretation of Intra Oral Radiographs of Impacted Lower Third Molars.

The dental NCO study group met on 15 Dec in the 4 OFP Sgts' Mess, Fort Chambly. Their meeting was chaired by WO2 Abernethy and the role of the various dental tradesmen was discussed.

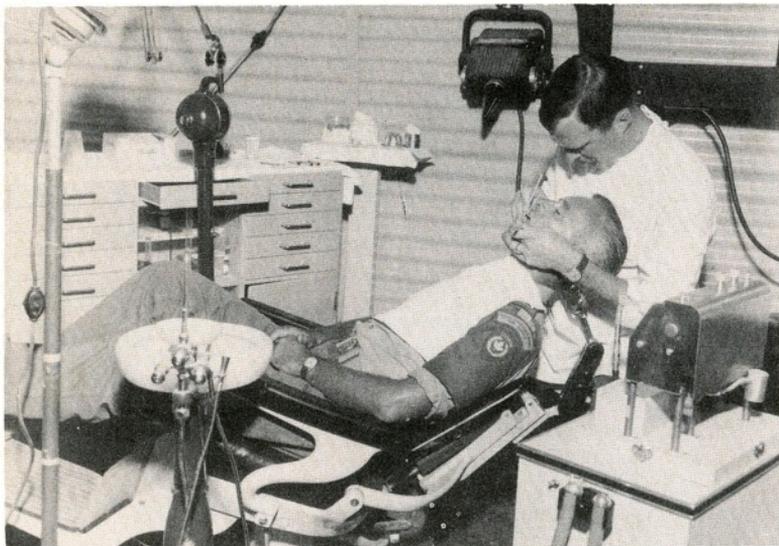
Accommodation

A two-bedroom apartment type PMQ in each of the PMQ areas of Soest, Hemer and Werl is being converted into a dental clinic. These clinics will be used primarily to treat dependants in 4 CIBG but will also provide the necessary garrison services to rear parties when brigade units are on exercises.

Sports

A rink skipped by Lt Col Richardson were runners-up in the main event of the Fort York Yuletide Bonspiel.

CCUNCYP



Capt PS Wade working on a patient in the clinic at HQ Canadian Contingent, UN Cyprus. Capt Wade returned to Canada in Oct and was replaced by Capt H Griesbach.

Sports

Cpl Forward participated as a member of the 2nd Cdn Gds basket-ball team against the "Dhekelia All-Stars". Unfortunately, the Canadians met honourable defeat.

Leave

Clinic personnel enjoy touring the island in spare time and are impressed by its rugged beauty. A trip to the ruins of Salamis is well worth while.

Capt Griesbach took all of his Special Leave and visited France and Germany.

Cpls Forward and Mandrusiak proceeded to Beirut on one week's Special Leave.

CBU (UNEF)

Special Events

A unit "farewell party" for Ssgt Sharpee was held in conjunction with a charcoal broiled steak dinner.

Capt Chemesky, playing his guitar, sang several "Folk Songs" at a UNEF Amateur Show held in the El Nasser Theatre, Gaza.

All dental personnel attended a Christmas dinner and party sponsored by "A" Sqn VIII Cdn Hussars. The officers and Sr NCOs assisted in serving the ORs.

Sports

Capt Chernesky as a member of the Camp Rafah All-Star baseball team went to Cairo where they played and won two games against employees of the American Embassy.

Several members of the unit participated in the UNEF Polar Bear Swim in the Mediterranean on Christmas Day and became qualified members of that select club. (The uninitiated should be informed that the water in the "MED" at that time and in that location isn't as cold as it is in the Atlantic off the coast of Nova Scotia in mid-summer.)

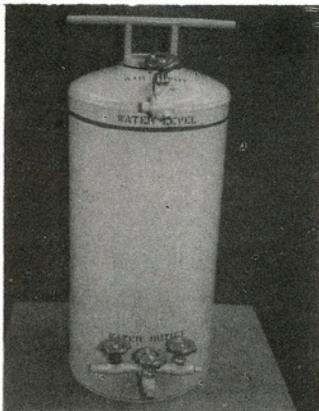
Leave

Members of the unit took advantage of their location to go on interesting leave trips during the quarter:

- Capt Chernesky to Beirut and Cairo
- Capt Nattress on an extensive tour to Athens, Rome, Madrid and Paris
- Ssgt Raymond to Cairo
- Sgt Beattie to Jerusalem for Christmas
- and Major Roy, Cpl MacLean and Cpl McKay back to Canada for 30 days leave over the Christmas period on a chartered flight.

1 Dent Eqpt Dep

Equipment



The 10 gallon container shown in the photo was devised by Lt Church as a reservoir of fresh water in sufficient quantity and pressure to supply the 3 airtors and 3 thermo water syringes in the CEU(UNEF) Clinic in Rafah, Egypt. Before this method was used, the main water supply to the clinic was neither considered suitable for drinking nor for use in dental operating procedures. Then too, the water system lacked the pressure required to permit the water to be used as a coolant with the airtors and water syringes. The water pressure is maintained by a compressed air supply from the air compressor in the clinic and controlled by a regulator and shut-off valve located on the top of the tank.

Sports

Major JW Fletcher is to be commended for winning the Men's Senior Bowling Tournament in the Petawawa area. This victory was sweetened even more when the prize of \$75.00 was presented.

Ssgt RH Palmer was a member of the rink that won the Camp Petawawa Men's Open Curling Bonspiel held in November.

Meetings

The monthly seminar for all dental officers was held at NDMC on 5 Nov
The following papers were presented:

- Hospital procedures as they apply to NDMC - Maj JY Turcotte
- Dental aspects of sub-acute bacterial endocarditis - Lt Col WR Thompson
- Anti-coagulant cardiac therapy - W/C Fitzgibbon

The dental assistants and dental technicians (clinical) held a meeting on 5 Nov also. WO2 Feduik spoke on "Dental ethics pertaining to auxiliary personnel", and Sgt Duve spoke on "maintenance of dental equipment".

Capt Weeks conducted a seminar for the officers of No 1 Dental Detachment on Oral Cytology on 3 Dec.

Sports

The officers of No 1 Dental Detachment are taking the business of keeping physically fit seriously. Lt Col Carter, Maj Skinner, Maj Gazo, Capt Adams and Capt Weeks have started a physical fitness programme during noon hours at the YMCA. (Just shows what Bill Carter's determination to lose weight can do)

WO2 Sadler (dental technician clinical) was member of the RCAF Station Rockcliffe rink who were "runners-up" in the City of Ottawa Bink's Bonspiel.

Professional Training

Royal College of Surgeons - London, England - 1 Nov-21 Jan 66

Maj AL Kelland, Maj LA Reynolds

University of Michigan - Ann Arbor, Michigan

Capt HW Brogan - Periodontics - 29 Nov-10 Dec 65

Maj LE Kelly - Oral Surgery - 6 Dec-17 Dec 65

US Naval Dental School - Bethesda, Maryland

Maj WR Collier - Oral Surgery - 10 Jan-14 Jan 66

Maj EW Gazo - Oral Surgery - 17 Jan- 4 Mar 66

Maj GT Crossman - Complete Dentures - 31 Jan- 4 Feb 66

ENT Air Force Base - Colorado Springs - Colorado, USA

Maj JJY Turcotte - Oral Surgery - 17 Jan-28 Jan 66

The Doctors Hospital - Toronto, Ontario

Maj AG Andrews - Oral Surgery - 25 Oct 65 - 10 Jan 66

Training

Training with Industry - Ritter Training School - Rochester, NY - 6-17 Dec 65
WO1 Carpenter

RCDC School - Camp Borden, Ont - Dental Assistant Gp 1 Course - 8 Nov-17 Dec 65
Ptes AF Abfalter, ML Allen, F Bosch, JF Boulanger, IA Braslins, GB Bristow, HK Gapmann, OIA Hatcher, NJ Hope, A Jack, JG Labrosse, JA Larouche, RG O'Dell, WG Palmes, DW Roy, RF Vance JA Wesley

Dental Technician Laboratory Gp 3 Course - 10 Jan-18 Feb 66
Sgts ER Borden, H Chamberlain; Cpls DJ Davies, CVS Forsythe, DH Hardy, DC Hughes, A Pink

Technical Dental Therapist - 10 Jan-29 Apr 66
WO2 JH Sadler; Ssgt RF Matheson

Dental Technician Clinical - 10 Jan-24 June 66
Sgts JRA DeBlois, JG MacDonald, PD Peterson; Asgts TJ Deloughery, HC King, RA Neill; Mrs TE Aubin

No 1 Dent Eqpt Dep - Camp Petawawa, Ont - Dent Eqpt Tech Gp 3 Course - 10 Jan-1 Apr 66
Asgt EA Duve

Dental Equipment Technician Gp 2 Course - 10 Jan-22 Apr 66
Cpl BA Green

Junior NCO Course
Cpls JR Ritchie, IA Russell, JL Violette

RCASC School - Clerk Adm Course Gp 3 - 6 Oct-3 Dec 65
Cpl RS Walker

Promotions

To Capt - HF Doyle, EL Proudfoot

To Sgt - Deloughery TJ, Neill RA, King HC Duve EA

To Cpl - Cormier JD, Challenger GN, Ritchie JR, Schultz EJ, Hogan JAP, James RK, Kalmet H, McDonald GK, Ayerst HE, George HB, Atherton JA, McEwen JB, Clark JD, Violette JL, Danyluck RW, Porteous GW, Hagglund RN, Hansen KV, Girdleston TV, Russell IA, Audet JA, Olinik MG, Sharp NB.

Welcome to the Corps

Ptes - Beauchamp JNC, Baxter HE, Clint JE, Cloutier JRA, Delmage RK, Feeney DC, Kilgrain BC, Lapointe JOM, Larouche JA, McIntosh WR, Mehler PJ, Morin EAJ, Mullin RW, Osborne RE, Renwick WH, Scheer RB, Shave CC, Walker JM.

Retirements and Releases

Cpts JAL Jacob, GJ Moore; Ssgt Nixon AH; Sgts Boulanger JIJ, McGunigal GE; Cpls Gallivan JJ, Herrett TJ, Lachance C; Pte Charlebois E.

Vital Statistics

Births

Son - Capt & Mrs Boston; Capt & Mrs Kricken; WO2 & Mrs Pelletier; Capt & Mrs Rausch; Capt & Mrs Taylor; Cpl & Mrs Thorburn.

Daughter - Cpl & Mrs Harmer; Capt & Mrs Laporte; Capt & Mrs Walls.

Marriages

Cpl JAL Boulianne to Miss Sandra Prouty; Capt RH Crowson to Miss Carol Ann Johnson; Capt L Dombowsky to Mrs Marie Schneider; Cpl JF Giroux to Miss Louise Plante; Sgt RB Johnson to Miss Gail Marie Cooper; Cpl JPA Lambert to Miss Lynn Hodge; Capt JD McCallum to F/O (N/S) Anne Heykin; Cpl G Porteous to Miss Carol Humphries; Law ND Scarborough to Lac AE Bennett.

Deaths

Deepest Sympathy is extended to Cpl HH Nogler on the death of his wife.

Editor's Note

Photographs for the Quarterly

RCDC personnel are encouraged to forward photographs to DGDS (attention RCDC Quarterly Editorial Board) for possible publication in the Unit News Section of the Quarterly. The receipt of old photographs which may help to complete records of the history of units of the Corps will also be appreciated. If possible, photographs should be "black and white" with glossy finish. On request, photographs submitted to DGDS will be returned to the donor.

