

The

ROYAL CANADIAN DENTAL CORPS

Quarterly

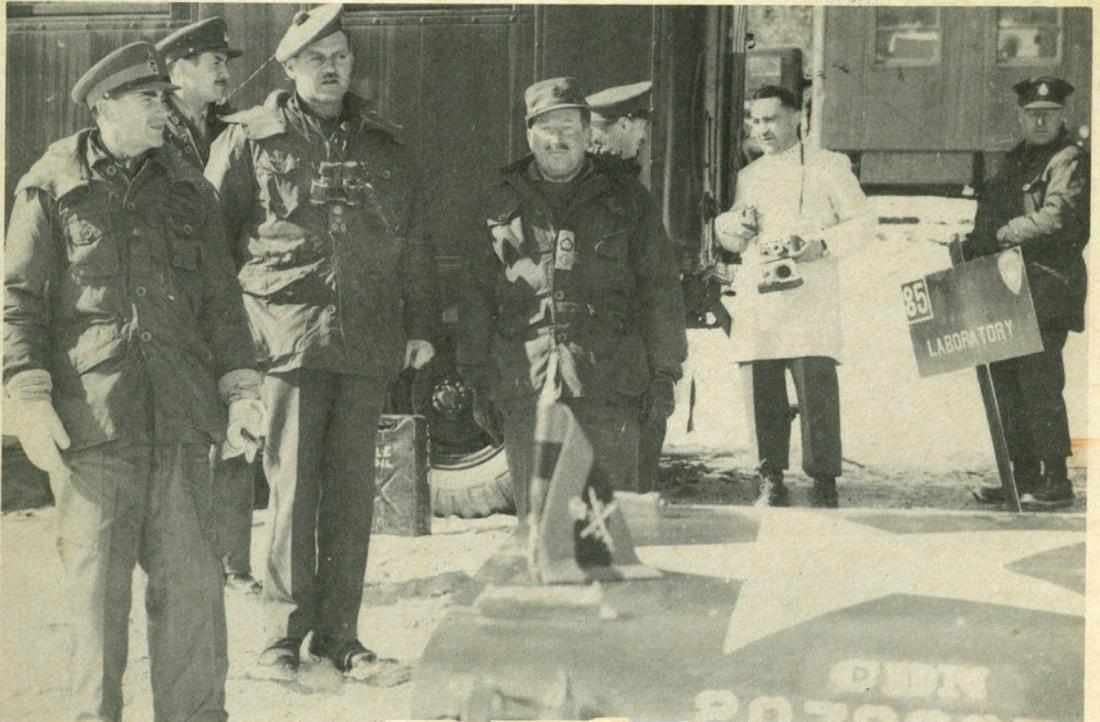


Table of Contents

	<u>Page</u>
The RCDC in Korea - Covey	1
Periodontal Surgery - Wright	11
Dental Public Health Program 1965-66 - Guevremont	18
The RCDC News	21
Directorate	22
11 Dent Coy	22
12 Dent Coy	23
13 Dent Coy	23
14 Dent Coy	23
15 Dent Coy	24
1 Dent Det	24
4 Fd Dent Coy	24
RCDC School	25
1 Dent Eqpt Dep	27
CBU(UNEF)	27
CCUNCYP	28
Training	28
Welcome to the Corps	28
Promotions	29
Retirements and Releases	29
Vital Statistics	29
Militia Efficiency Competition Results	29

The RCDC Quarterly

Published by authority of Brigadier KM Baird, Director
General of Dental Services for the Canadian Forces

Editorial Board: Col BP Kearney
Lt-Col G MacDougall
Major JVP Chatwin

Subscription Rates

The RCDC Quarterly may be subscribed for at \$4.00 per
year by writing to:

Director General of Dental Services
for the Canadian Forces,
Canadian Forces Headquarters,
Ottawa 4, Ontario.

Cover Photograph

Dent Unit HQ in Korea inspected by CGS, Lt-Gen Simonds and Bde Comd,
Brig Rockingham accompanied by CO, Lt-Col Shragge

RCDC IN KOREA

Col G.R. Covey, MBE, CD, DDS



1950

BACKGROUND

Following the Canadian Government decision in early August 1950 that Canada would actively participate in the police action in Korea, the task of manning such a Special Force began. Within months, a Brigade of ground troops was in Korea; at sea, RCN destroyers were patrolling the enemy coastline; and in the air, twenty RCAF fighter pilots flew with the USAF in sorties against the enemy while RCAF Transport Command pilots were flying a continuous airlift of men and materiel from Canada to Tokyo. In all, Canada's combined effort formed the third largest contingent in the sixteen-nation United Nations Force.

In forming the Brigade, it was decided that the Second Battalions of the RCR, R 22e R and the PPCLI would be brought to full strength, along with supporting arms of one Regiment of Artillery (2 RCHA), Squadrons of RCAC (The Strathconas), RCE and RC Sigs, and the support services of a RCASC Coy (23 Tpt), a RCME Workshop (191 Wksp), a RCAMC Field Ambulance (25 Fd) and Detachments of RCDC, C Int C, C Iro C, RCAF C and Chaplain Services.

ORIGINAL ESTABLISHMENT

The DGDS, Col EM Wansbrough, submitted originally a proposed establishment for the RCDC component to provide an independent Dental Unit of 14 officers and 52 ORs - these numbers being based on dental officer ratios similar to those used during World War II. The dental establishment, however, was reduced to two officers and six ORs to provide only emergency treatment and on 16 Aug 50, the 20 Cdn Fd Dent Det was approved by the War Establishment Committee with a complement of two Capt DOs, four Sgts and two lte drivers. During Sep 50, the personnel selected for the Detachment were "staged" at the RCDC School in Ottawa and consisted of Capt FM Nesbitt, his dental assistant ASgt DLG Flesher and Lab Technician Sgt WB Gilbert, Capt JR Harms and ltes WCH Sawyer and G Jennings.

FORT LEWIS

The second "staging area" for the RCDC was located at Fort Lewis near Tacoma, Washington, USA, and it was here on 8 Oct 50 that Capt Nesbitt and his assistant actually set up the first RCDC clinic in the MIR with the assistance of the USA (DC) who loaned him a field chair for the short period he was there. Following Capt Nesbitt's departure for Korea on 21 Oct 50, an increment to the dental establishment was authorized providing for an increase of two Capt DOs, two Sgt DAs, one Sgt DT Lab and two lte Dvrs.

In Nov 50, approval was granted for the OC Dental Detachment position to be up-graded to the rank of Major and Maj LM Gray went to Fort Lewis on temporary duty to fill the position pending the arrival of the newly appointed OC. On 3 Dec 50, Capt HS Lankin was promoted to A/Major, posted to 20 Cdn Fd Dent Det and dispatched to Fort Lewis to relieve Maj Gray. In those days the greatest problem at Fort Lewis was the large sick parade - 70 to 80 troops per

whose primary requirements were dentures. This problem was magnified by

the short period that the troops were there - the PPCLI for example was in Fort Lewis for only three days!

1951

On 9 Feb 51, the dental establishment was raised to 11 officers and 40 ORs, and on 20 Feb Lt-Col GE Shragge joined the Detachment as the new CO. By the end of the month all equipment and stores had been collected, which as a matter of interest included 60 pairs of Ordnance boots, all size eleven! On 13 Mar 51, a new establishment was received at Fort Lewis designating the CO as a Major and the Detachment became a self-accounting unit. Departure of the RCDC Detachment from Fort Lewis began on 19 Apr 51 when Maj Brown and his section left for the Far East. On 30 Apr 51 a further group who were to act as an advance party left for Vancouver and finally on 7 May 51 the remainder departed for Camp Wainwright which was to be another "staging" area.

CAMP WAINWRIGHT

The rear party of 20 Cdn Fd Dent Det was stationed at Camp Wainwright from May to Aug 51 pending their transportation overseas. Lt-Col Shragge, having appointed Maj Lankin A/OC of the Detachment, left the Camp on 21 May 51 for Vancouver, expecting to fly to the Far East on TD. His trip was delayed, however, and he did not arrive in Korea until 8 Jun where for the next three weeks he was quartered with RCEME. Since the CO expected to return to Wainwright to bring over the remainder of the detachment he moved Major Brown to the temporary HQ to act as CO. Lt-Col Shragge arrived back in Vancouver on 4 Jul 51 and proceeded to Ottawa for conference with DGDS.

On Fri the 13th of Jul 51 Maj Lankin was telephoned from Ottawa by Lt-Col Shragge and advised that the Detachment at Wainwright was to be ready to go to Korea by 1 Aug, and of course the morale improved 100% with this news. The CO rejoined the detachment on 27 Jul 51 and on the 12th Aug he left with Lt WJ Thomson to fly to Tokyo as the RCDC advance party from Wainwright. On 21 Aug 51 the main party sailed from Seattle, Wash., bound for Yokahama and thus completed the movement of the RCDC Detachment from Canada to the Far East.

20 CDN FD DENT DET IN THE FIELD

A group of officers
and men -
25 Fd Dent Unit
1953



The history of the RCDC in the field during the Korean affair commenced, as previously mentioned, on 21 Oct 50 with Capt Nesbitt and Sgt Flesher going aboard an American ship. They used the dental facilities available for emergencies during the voyage, a US Ritter unit and chair along with their own "I" kit, and arrived at Pusan, Korea on 12 Nov 50. At Pusan, Capt Nesbitt was again aided by the US Army (DC) with the loan of a portable chair, cuspidor, light and expendable supplies pending receipt of his own field equipment. This generosity permitted him to treat the Cdn personnel until the remainder of PPCLI arrived 22 Dec 50 with their dental detachment, including the mobile without generator.

On 28 Dec 50 the dental advance party proceeded in convoy with FPCLI HQ to Miryang and on 30 Dec 50 the first regular dental parade was held in the field with the DO working from his "A" Trunk. Over the next few months UN troops had reached the 38th parallel and by 26 Mar 51, the FPCLI including their dental detachment, were just a few miles from this parallel. It was at this time that Brigs J Fleury and Rockingham visited the Bde and Capt Nesbitt's DA, LCpl Sawyer, was placed on the honour guard. Brig Rockingham told the Cpl that he was "the smartest soldier in B'echelon".

Maj Brown and his section with the R 22e R arrived in Pusan on 4 May 51 and his first impression "a glorified slum area gone to the dogs" was considered the classic statement of the year! Capt Donely arrived in Pusan the next day, received his dental van, trailer and generator and with this equipment moved North on 16 May 51 with 2 RCR "at an average speed of 16 mph" to the first staging area - a river bed outside Taegu. From there he continued North to ten miles NE of Suwon, a hazardous trip since he had to get the American Engineers to dig a channel under a low bridge so that his mobile could pass under it!

By 19 Jun 51, "B" ech of the FPCLI, including their dental section, had moved 40 miles from Tokchong to just south of Chonwon (about 10 miles north of the 38th parallel) and the RCR and R 22e R dental sections were within sight at other locations along the road. Capt Nesbitt reported that by 21 Jun the FPCLI had made four moves in seven days with the thermometer registering 102°F in the shade.

CONSOLIDATION IN THE FIELD

The main party of 20 Fd Dent Det, which left Seattle by sea on 21 Aug 51, arrived at Yokahama on 3 Sep and sailed for Pusan where they were met on 7 Sep by Lt-Col Shragge and Lt Thomson. Early Sep 51 was spent getting the vehicles and supplies ready and on 20 Sep the CO and his Adjt/QM led a convoy of six vehicles to dock-side where 147 pieces of baggage were unloaded from the ship and put in the trucks. The next day the convoy started North and 35 miles from Pusan they had to stop because of a broken fan belt (no spares - in fact there were no spare tires and the tires on the trucks were dated 1942). Three days later, however, the convoy arrived in Seoul where the personnel stayed overnight at the Cdn FDS, and the next day went on to Uijongbu and 191 RCEME Wksp where they were met by Maj Brown. On 25 Sep 51 Capt Sills took his vehicle to the 2 RCHA area and Capt Harms proceeded to 25 Cdn Fd Amb. During the period that the convoy was going north, Maj Evans and Sgt Daw left for Kure and the 25 CRG clinic where Capt Crowley was located. Maj Lankin stayed in Pusan at that time and set up a clinic for Canadian personnel in that area, thus completing arrangements for provision of treatment for all Canadians in the Far East.

There remained now only the task of consolidating the Dental HQ and in early Oct 51 Lt-Col Shragge went to Pusan to supervise the conveying of the remaining dental vehicles to the Bde area. By 12 Oct 51 the convoy had arrived in Seoul and on 13 Oct 51 it came to its final destination at a field location with "hard dry standing" above the 38th parallel and about 300 yards from the Advanced Reinforcement Depot. The HQ dental clinic was set up at this location to provide treatment for personnel in the area and thus the 20 Cdn Fd Dent Det became a truly functional unit in the field, almost one year after Capt Nesbitt left Canada with the advance party.

PROBLEMS IN THE FIELD

During the latter part of Nov 51 the tempo of war increased and four of the DOs experienced shelling for the first time. Capt Sills, for example, had his laundry ripped to shreds on his improvised clothes line. The other problem

at this time was the onset of winter with frozen water trailers, anesthetic and other dental supplies as a result of the scarcity of kerosene stoves.

Christmas Day brought rain and thoughts of home and families but the dinner was excellent and the Korean house boys did their best to cheer up the group with decorations.

1952

REDESIGNATION OF UNIT

In Jan 52, 20 Field Dental Detachment officially became of age when it was redesignated 25 Field Dental Unit RCDC. During the same month the Unit was honoured by a visit from the Canadian Defence Minister, The Hon. Brooke Claxton, who inspected Unit HQ and spoke to all ranks.

The first of Mar 52 was also a memorable day for the Dental Unit as the date on which the DGDS, Brig Wansbrough, arrived in Seoul. He was met by Lt-Col Shrage and driven 50 miles by jeep to Unit HQ. During the next five days he visited all the Cdn Bde Units in the field and on his way back he paid a visit to Kure before boarding the train for Haneda Airport in Tokyo.



DGDS, Brig Wansbrough inspects 25 Fd Dent Unit

During the first week of May 52, Dent Unit HQ moved from its first location near the Advanced Reinforcement Coy to a new area next to the Indian Fd Amb at the entrance to the famous Gloucester Valley. This second and what turned out to be the final move of Dent HQ, came about mid-June and was to a rather flat area next to Rear Bde HQ. Those who were there at that time will recall a very efficient move since the convoy left the Gloucester Valley area at 1030 hrs., by 1300 hrs the cooks had a hot meal ready for everyone, and by 1700 hrs all tents had been erected.

CHANGE OF COMMAND

On 17 Jul 52 Lt-Col Shrage handed over command of the Unit to Maj GR Covey and then departed for Canada. At this time Sgt Shaw who had served an extra three months in Korea also returned to Canada.

In Jul and Aug 52, the DO from Kure went aboard HMCS "Nootka" and "Iroquois" to render treatment while they were in port. During the same period, most of the DOs in the field returned to new positions above the Imjim River when the Cdn Bde went back into the line. Three DOs were located at "A" echelons of the Bns.

Then the rains came and the Imjim rose 43 ft in a little over 24 hours. The rush of water carried away all bridges but one and it was so precarious that only one vehicle was permitted to cross at a time. This more or less isolated most of the DOs from Dental HQ for a while. To break up the debris floating down the river, the British tanks opened fire and some of the shells ricocheted off the water and landed in the Dental HQ area. One shell exploded about 30 ft from WO 2 Gareau's and the Sgts' Mess tent. This was a bit disconcerting to new arrivals from Canada who had come in to HQ that day and had their battle inoculation sooner than they expected. The incident was considered an "operational hazard" by Bde but in any event the CO, QM and Capt AG Andrews remained on duty until after midnight when the shooting ceased.

The year 1952 ended in Korea with some merriment and festivity, the greatest of which took place at the R 22e R "B" echelon with Capt Lavoie as the head waiter for the Christmas dinner and Pte Fortin as Santa Claus for the troops coming in from the front. The Canadian Concert Party from Vancouver was also in the Korean theatre to usher in the New Year with the troops.

1953

TREATMENT FOR RESIDENT CIVILIANS

Despite a high Cdn treatment load at the ADS, Capt AG Andrews continued to give emergency treatment to Korean civilians as well as all and sundry troops who came to the ADS for medical aid. One such case was a 73-year old blind Korean gentleman, who had been led by his five year old grandson and walked 15 miles to have a tooth extracted. This was an example of the co-operative and compassionate spirit of our dental officers in this theatre of war.

A divisional sweepstake on the Grand National was held on 26 Mar 53 and the first prize was won by the Dental HQ Tpt Sgt Cochrane who became \$1600.00 richer that day. Incidentally there were 16,000 tickets sold throughout the Comwel Div and the Sgt had to sleep with all that money under his pillow until the Field Cashier had permission from AHQ to hold it for him.

Change of
Command, Major
Covey hands
over to A/CO
Major Smith



In Apr 53, Dental HQ became a little larger as a result of the break up of Rear Bde, the new lodgers being the Field Cashier, Historical Section, Post Unit and Signal Detachment. These additions took place just prior to Maj Covey's handover of command to the new temporary CO, Maj AR Smith, on 27 Apr 53.

CHANGE OF COMMAND

Lt-Col BF Kearney arrived at Dental HQ on 25 May 53 to take command and all the DOs from the field units came to HQ to greet him. The actual turn-over parade, however, did not occur until 1 Jun 53. One of his first orders was a change in summer hours to commence work at 0600 hrs and have an afternoon stand-down to beat the heat. In addition, the HQ got a small "face lifting" in June with the completion of a new Men's Canteen, Officers' Mess and a flag raising ceremony which was attended by Brig Allard, several of his staff officers, Bill Boss the war correspondent and several Pay Corps types. Among the honours received during that period were the Dental HQ capturing first place in the Southern Conference Baseball League; and the track team from Dental HQ, Cpl Patterson and LCpl Palmer, which came second in the Bde sports meet - Palmer being the "all star" of the meet with five firsts in five events.

The first Interservice Dental Professional Meeting of the UN Forces was held in Seoul on 28-29 Nov 53. Five Cdn DOs attended and in all some 275 DOs from all Forces were present.

Early Dec 53 was spent completing the Dent HQ Officers' Mess for winterization and decoration for Christmas festivities. The Bde Commander and Miss Isobel Stewart of the Red Cross were dinner guests for this special occasion. A pine tree was found in the barren hills, brought to the unit lines and decorated with some 40 light bulbs dipped in various coloured paints. It was a most impressive sight on Christmas Eve.

Two days after Christmas, "Shorty" the Korean interpreter and batman for three previous Dental COs was married in Seoul. The Dental Unit was represented by Capt Evans and a number of ORs who reported the Korean ceremony was in many respects quite similar to the Canadian and just as effective.

1954

EVENTS OF INTEREST

On 31 Jan 54, the Korean New Year 4287 was celebrated and the CO presented every Korean attached to Dental HQ with a large bag full of "goodies" together with a pair of colourful hand-knitted Canadian wollen socks. This event received considerable publicity in the local press.

In early Feb 54 Maj Gen J Wren, DDS Army from UK, visited the Cdn Dental Unit HQ with his British Medical confreres and together with the Bde Comd, Brig Allard and all the DOs of 1 Commw Div, celebrated a rather unique luncheon. Lt-Col Kearney presented the General with an RCDC scarf as a memento of his visit to the Canadians.

During the latter part of Feb 54, Col CB Climo, DDGDS arrived in Tokyo for his long delayed inspection of the Dental Unit. He was met there by the CO and despite the torrential rains his whole visit was a complete success. He was able to visit all the major and most of the smaller units in the Bde and before he left on 28 Feb even managed to win two large prizes at the Dental Unit HQ bingo game.

To soldiers in the field, a visit from the Canadian Prime Minister was quite an event and this took place on 8 and 9 Mar 54. Although time did not permit his visiting all units, Dental HQ personnel did attend the unveiling

ceremonies for the newly designated "Maple Leaf Park" - a memorial to all Canadians who had died in the Korean War.

CHANGE OF COMMAND

The culmination of the 1954 rotation took place on 12 May when Lt-Col Kearney handed over command of the Dental Unit to Lt-Col WM Sinclair. Among the many occasions of honour to the departing CO, two are particularly outstanding. First was the Mess Dinner at Bde HQ during which Brig Allard presented Col Kearney with a hand-carved wooden shield with the RCDC Crest on top and the Commonwealth and Korean patches on each side. Surmounted on the wooden shield was a small brass plate proclaiming that it was presented by 25 Cdn Inf Bde to 25 Cdn Field Dent Unit on the 38th Anniversary of the Corps. This shield is now displayed at The RCDC School. The other dinner given in Col Kearney's honour was held at Dent HQ on 14 May 54 and marked the official opening of the Officers' Mess - the first and only RCDC Mess. Fifty-seven guests were present including Unit Commanders, nurses, Red Cross workers, members of the US Army and the Hong Kong tailors.

Change of Command
Lt-Col Kearney hands
over to Lt-Col
Sinclair.



KOREAN SCHOOL

In addition to his regular dental administrative duties, Lt-Col Sinclair was appointed by the Bde Commander as Chairman of the Fund-Raising Committee to help rebuild the village of Chin-Mok-Chong - a village "adopted" by 25 CIB. The first appeal for funds was made by Lt-Col Sinclair over Radio Maple Leaf on 29 May and on 30 May the Canadian Variety Show playing for the troops at that time handed over \$166.00 of their collections to the Chairman. Within a month the Campaign Committee had collected over \$3400. and were ready to begin building the school. By the end of Aug 54 construction was underway and in September the Bde Commander also approved the erection of a Canadian Memorial Chapel. In addition other Korean villages were planned in the Cdn sector at Hwason Dong and Keohon to house the refugees before the onset of winter. The school at the first village was completed by 15 Oct 54 and was officially opened by the Bde Commander, Brig Clift. Lt-Col Sinclair had extended his tour in Korea by a month in order to help supervise the other schools being constructed in the Canadian sector. For this he received high commendation from the Deputy Commander of the American Forces in Korea.

During Jun-Jul 54, three DOs were taken ill, two of whom, Captains Sivell

and Joslin, were repatriated to Canada leaving three major units with sadly depleted dental services. However, Lt-Col Sinclair opened a new Dent HQ Clinic and appointed Capt DH Frotheroe as 2 i/c of the unit thereby narrowly averting a major crisis.

NO 1 COMWEL DIV RUNS DOWN TO BDE SIZE

Actual planning of the "run-down" of the Division began in late Aug 54 and was significant for the Dental Unit because the Dental HQ would have to be turned over to some other formation with the necessary moves involved. By late Oct 54, the run down had progressed to the point where 4 Cdn Guards and 2 RHCs were leaving, Dental Unit HQ had put their vehicles in first class shape for sale to the Japanese and the Dental QM Stores had closed and begun the packing and disposal of stores.

25 CFDU DISBANDED

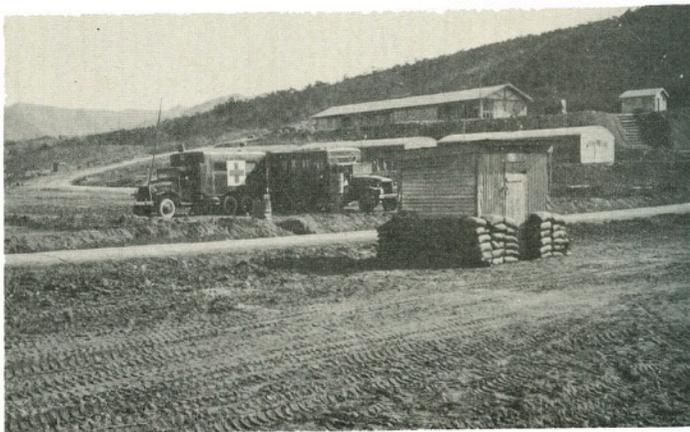
One hundred progress reports after commencement of Cdn Dental Services in Korea, 25 CFDU was run down to nil strength on 27 Nov 54 and most of the personnel embarked for Canada. This was the end of a fine Unit, which, under the direction of four COs and a considerable number of DOs, ORs and personnel attached from other services, provided a comprehensive dental service to Canadians in the field and aboard ship that was second to none.

1955

DENTAL INCREMENT

The dental increment which remained behind, was composed entirely of volunteers under Capt Harrington and continued to provide treatment at 3 Cdn Fd Amb while Capt Skinner moved into his new clinic with the QORs at Maple Leaf Park. During Jan 55, Capt Harrington went to Kure to provide treatment for the 300 Canadians on a one-week-a-month basis and Capt Skinner made a similar trip in February.

25 Cdn Fd Dent Unit HQ
and Clinic with 3 Cdn
Fd Amb.



By the end of Mar 55, the QORs including Capt Skinner and about half the 3 Cdn Fd Amb had left for Canada. The Fd Amb was brought back up to strength by replacements from Canada who arrived early in May 55. This left a total strength of Cdn Forces in both Japan and Korea of under 400. By June the Dental Clinic in Kure was closed along with 2 CAU which left about 100 Canadians in Japan for treatment on periodic visits. It was during this period also that Maj Harrington assumed control of the remaining Comwel Div DOs, namely, two British and one Australian.

On 26 Aug 55, Maj JG Butler arrived in Korea and took over the Dental

increment from Maj Harrington and the following month the Dental Clinic was moved from a van to a quonset hut where many Comwel Div tps received emergency treatment along with the Canadians. Incidentally, the greater part of the clinic local improvements were carried out by Sgt F Marchand and Cpl Patterson, the DT Lab and DA respectively.

1956-57

FINALE

On 5 Jul 56, Maj Butler and Sgt Marchand were replaced by Capt L Dombowsky and Sgt MD Crockett. This new increment continued the practice of alternating dental services on a weekly basis between the two remaining clinics.

The winter of 1956-57 was uneventful, but after all troops were out of Category 1, the detachment took a well deserved R & R in Hong Kong during Jan 57. By the end Apr 57, however, plans had been made for the withdrawal of the Cdn Med Det Korea and the RCDC personnel expected to leave by about 1 Jul 57. The two clinics therefore were closed on the 8th and 28th of Jun so that all remaining stores and equipment could be disposed of before departure.

With the return to Canada of Capt Dombowsky's Dental Detachment on 3 Jul 57, the mission of the RCDC to provide comprehensive dental treatment to Canadian troops during and following the Korean conflict was completed and a further seven years of distinguished service by the RCDC to the Canadian Forces had been accomplished.

ROLL OF RCDC PERSONNEL WHO SERVED IN THE FAR EAST

<u>1950</u>			Cpl	WA	Bennett	Pte	WE	Hill
Capt	FM	Nesbitt	Cpl	JA	Fraser	Pte	LW	White
Sgt	DLG	Fletcher	Cpl	JG	Finn	Pte	HJ	Gethings
Sgt	WB	Gilbert	Pte	GU	Cobb	Pte	GF	Costello
Pte	WCH	Sawyer	Pte	WJ	Arnsby	Pte	GW	Adams
			Pte	EMB	Everett	Pte	RH	Palmer
<u>1951</u>			Pte	EA	Jermain	Pte	JM	Tapp
Lt-Col	GE	Shragge	Pte	JR	Yeates			
Maj	RE	Brown	Pte	JP	Carrier	<u>1953</u>		
Maj	HL	Lankin	Pte	TB	Cantley	Maj	BF	Kearney
Maj	GC	Evans				Maj	AR	Ramsay
Capt	WO	Mulligan				Maj	SG	Bagnall
Capt	LV	Crowley	Maj	GR	Covey	Capt	KM	Thompson
Capt	JMA	Donely	Maj	ED	Fraser	Capt	RA	Gray
Capt	JR	Harms	Maj	WW	Anglin	Capt	HE	McKenna
Capt	PS	Sills	Maj	AR	Smith	Capt	TD	Joslin
Capt	JMR	Gourdeau	Capt	HR	Kettyls	Capt	CJ	Sivell
Lt	WJ	Thomson	Capt	LR	Pierce	Capt	F	Veilleux
WO 2	AE	Pritchard	Capt	JW	Fletcher	Lt	DH	Evans
Sgt	RG	Stewart	Capt	WR	Thompson	WO 2	A	Van Ryssel
Sgt	EE	Davis	Capt	AG	Andrews	SSgt	DW	Riddell
Sgt	RG	Fortin	Capt	FB	Lavoie	Sgt	L	Lavictoire
Sgt	VH	Shaw	WO 2	AM	Gareau	Sgt	GW	Murphy
Sgt	RC	Vickers	Sgt	DR	Piche	Sgt	B	McLeod
Sgt	MB	Fisk	Sgt	AJ	Hughes	Sgt	BW	Holtham
Sgt	CA	Chartier	Sgt	RR	Claydon	Sgt	JR	Card
Sgt	RH	Daw	Sgt	ESW	Moore	Sgt	MG	Dean
Sgt	M	Kostyniuk	Sgt	A	Bourgeois	Sgt	FM	Kennedy
Sgt	CS	Madge	Sgt	HC	Bilbey	Sgt	C	Johnston
Sgt	EB	Morse	Sgt	WFE	Hutton	Cpl	JG	Smart
Sgt	G	Shand	Cpl	SL	MacLean	Cpl	JA	Roberts
Cpl	DA	Winslow	Cpl	WH	Fougere	Cpl	AF	Semple
Cpl	DD	Casson	Cpl	JAR	Shields	Cpl	MM	Fediuk
			Cpl	AR	Borsholt	Cpl	DF	White
						Pte	JE	Clarke
						Pte	WJ	Parker
						Pte	JR	Kennedy

<u>1954</u>			Sgt	GF	Keogh	<u>1955</u>		
			Sgt	CA	Young			
Lt-Col	WM	Sinclair	Sgt	FH	Habart	Maj	JG	Butler
Capt	DH	Skinner	Sgt	T	Hussey	Sgt	JF	Marchand
Capt	DH	Protheroe	Cpl	GM	Hemlow	Cpl	W	Olynyk
Capt	JD	Bourque	Cpl	JRA	Deblois	Pte	JH	Fatterson
Capt	AG	Taylor	Cpl	KR	Shappee			
Capt	WH	Murray	Cpl	G	MacCuish			
Capt	RL	Villard	Cpl	AJC	Gagnon	<u>1956</u>		
Capt	WH	Harrington	Cpl	BM	Roodman	Capt	L	Dombowsky
Lt	IF	Hunter	Pte	G	Cote	Sgt	MD	Crockett
WO 2	N	Curran	Pte	RV	Lafrance	Sgt	RK	Jones
SSgt	VO	Bergland	Pte	TJ	Matheson			

Colonel A.T. Roger Retires

Colonel AT Roger MBE, CD, DDS, commenced retirement leave 22 Aug 66 terminating service in the Dental Corps dating from 1939. During World War II he served in No 3 Coy CDC in UK, spent extended periods on staff at 1 Neurological Hospital Basingstoke, and 14 General Hospital. In Jan 45 he was awarded the MBE. After World War II he retired from the Army and re-enlisted in 1951. Since that time his appointments have included Chief Instructor at The RCDC School, CO of both 12 and 13 Dent Coy and CDO of the respective Commands. On 19 Aug 66 an informal reception was held at CFB Trenton to honour Col and Mrs Roger and appropriate presentations were made. Col Roger has accepted a position with the Faculty of Dentistry at Dalhousie University. All Corps members join in best wishes for a happy and successful future.



Col Roger being presented with a silver chafing-dish by Lt-Col NA Butcher with Brig Baird looking on.

PERIODONTAL SURGERY

Major JJJ Wright CD, DDS



The winds of change are blowing across all fields of dentistry. Prevention is rightfully becoming the first step on the stairway to a complete dental service. Likewise, preservation of the supporting structures of the dentition is becoming the primary goal in an integrated treatment plan designed to enable patients to maintain an optimal dentition over an ever increasing life span. However, until the goals of prevention are fully realized, treatment of advanced pathological processes will remain an important aspect of routine procedures. New periodontal surgical techniques, based upon a sound understanding of the basic histologic and physiologic aspects of the involved tissues, enable the clinician to manage advanced periodontal problems with predictable results. No longer are the terms "gingivectomy" and "periodontal surgery" considered synonymous. Gingivectomy, although not obsolete¹, is but one of the techniques available in our surgical "kit bag" for periodontal surgical treatment.

HISTOLOGY AND ANATOMY OF THE ORAL MUCOSA

The mucosa overlying the alveolar process is composed of:

1. the marginal and interproximal gingiva;
2. the attached gingiva;
3. the alveolar mucosa.

Separating the firmly adherent attached gingiva from the freely movable alveolar mucosa is a definite line of demarkation, the mucogingival junction. Under the microscope, the epithelium of the attached gingiva shows a surface layer which is keratinized (or parakeratinized), whereas the alveolar mucosa is usually non-keratinized. The epithelium of the alveolar mucosa is thinner than the attached gingiva, thus placing the blood vessels of the lamina propria closer to the surface. These two factors collectively account for the redder appearance of the alveolar mucosa as compared to coral-pink of the attached gingiva. Physiologically the tougher attached gingiva has far greater ability to withstand the forces of mastication than the delicate alveolar mucosa.

OBJECTIVES OF PERIODONTAL SURGERY

The three main objectives of all periodontal surgical procedures are:

1. elimination of the periodontal pocket;
2. re-establishment of proper contour which will enable the patient to maintain the gingiva in a healthy state;
3. provision of an "adequate" zone of attached gingiva.

Friedman² states "A 'functionally adequate' amount of attached gingiva is not a matter of millimeters, but rather a sufficient amount to dissipate the pull of the musculature transmitted through the frenum or the alveolar mucosa that may retract the marginal gingiva or interproximal papilla."

It is mandatory that following periodontal surgery this "adequate" zone of attached gingiva be provided. In other words, the tissue surrounding the tooth must have³:

1. firm attachment to the tooth and alveolar bone;
2. dense, collagenous, supportive, connective tissue;
3. long slender connective tissue papillae; and
4. dense keratinized epithelial surfaces.

Obviously, alveolar mucosa with its loose texture and large amount of elastic tissue does not fulfill these requirements.

Keeping the histology of the area and the objectives of periodontal surgery in mind, it is easy to understand situations where the gingivectomy is doomed to failure. If the pocket depth (Fig 1) is such that a bevelled incision from the base of the pocket will eliminate all the keratinized mucosa then failure is inevitable.

MUCOGINGIVAL TECHNIQUES

There are a number of periodontal surgical procedures, collectively termed mucogingival techniques, which prove to be successful in situations where the "simple" gingivectomy will fail. In these techniques the pocket is eliminated, the bone is resculptured if necessary, and attached gingiva is provided around the treated teeth.

In the past fifteen years a number of mucogingival techniques have been proposed. Some of the more important contributions have been made by: Fox⁴ the "Pushback", Schluger⁵ - "The Fouch Operation", Ochsenbier⁶ - "The Double Flap", Robinson⁷ - Periosteal Fenestration, Corn^{8,9} - Periosteal Separation and Edentulous Area Pedicle Grafts, Nabers¹⁰ - Repositioning the Attached Gingiva, and Grupell¹¹ - Lateral Sliding Flap.

As a diversity of techniques evolved in this field, terminology became a problem. Friedman¹² did much to clarify this situation with his classic article on mucogingival terminology. In this article he proposed the term "Apically Repositioned Flap" rather than "Repositioning of Attached Gingiva", and "Apically Displaced Flap" for "Pushback". Both of these terms have been generally accepted and are in current use.

APICALLY REPOSITIONED FLAP

Although no single technique can be considered a panacea, the Apically Repositioned Flap is one that is useful in a large percentage of cases. The technique was originally proposed by Nabers¹³ and later modified by Ariauo and Tyrell¹⁴.

It is now generally agreed that it is better therapy to resort to surgery in cases with deep periodontal pockets than to attempt to carry a patient along with oft-repeated subgingival scaling and curettage. Surgery is no longer looked upon as a radical procedure.

Prichard¹⁵ lists the following indications for mucogingival surgery:

- "1. To eliminate pockets extending apically beyond the mucogingival junction.
2. To relieve tension on marginal gingiva from frenulum and muscle

attachment and the elastic fibers in the alveolar mucosa.

3. To eliminate pockets and increase the width of attached gingiva where it is indicated.
4. To eliminate pockets and increase the width of attached gingiva where it is inadequate.
5. To extend the vestibule where necessary to provide for an adequate zone of attached gingiva.
6. To move attached gingiva apically keeping it consistent with the marginal bone after osseous resculpturing to correct marginal inconsistencies and furcal invasions."

The apically repositioned flap enables the clinician to treat the conditions listed.

TECHNIQUE FOR APICALLY REPOSITIONED FLAP

1. The area to be surgerized is prescaled¹⁶ about one week prior to surgery for the following reasons:
 - a. to improve tissue tone by reducing the inflammation in the area;
 - b. to minimize the time required at surgery for removal of local accretions.
2. The initial surgical step is to make a horizontal (gingivectomy style) marginal incision, provided adequate attached gingiva is present. Frequently however, it is necessary to conserve as much attached gingiva as possible by using a reverse bevel incision¹⁷ (Fig 1). It is made with a Bard-Farker No 12 blade (or some other suitable instrument) running obliquely from the marginal gingiva downward and inward to the alveolar crest. This incision removes the pathologic crevicular epithelium and, where necessary, thins the flap. It may be straight or scalloped (Fig 4) in its horizontal aspect.

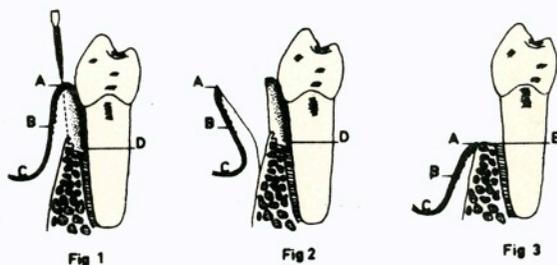
A-B - Attached gingiva

B-C - Alveolar mucosa

B - Mucogingival junction

D - Base of periodontal pocket

E - Recontoured marginal bone



3. A flap is raised (Fig 2 and 5). If the flap is short, it is necessary to make mesial and distal vertical incisions. These incisions should begin in the area of an interproximal papilla and be through periosteum to the alveolar process. They also must extend well into the alveolar mucosa.

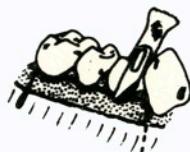


Fig 4



Fig 5



Fig 6



Fig 7

4. The interproximal tissue and that coronal to the initial incision is curetted out (Fig 6).
5. If recontouring of the bone is required it is done with a number eight round bur using adequate coolant. The desired end result is to recreate an acceptable bony architecture (Figs 7 and 15-21).
6. The full thickness flap is then repositioned apically so that the margin of the flap approximates the buccal or lingual alveolar crest (Fig 3). If inadequate attached gingiva is present, the amount can be increased by repositioning the flap further apically thus leaving an area of denuded bone coronal to the flap. This area will "granulate in" and form new attached gingiva which will subsequently merge with the repositioned flap.
7. Suturing - When the flap is repositioned it is usually sutured to stabilize it during pack application. Horizontal sutures to adjacent tissue (Fig 12) may be made at the vertical incisions and/or "sling" type sutures placed interproximally to prevent the flap from being displaced apically. When using the Sling Suture as proposed by Gottsegen R¹⁸, the procedure is as follows:

- a. The suture is passed interproximally from the lingual through the distal embrasure (Fig 8) and the flap pierced from the periosteal side opposite the distal interproximal area.



Fig 8

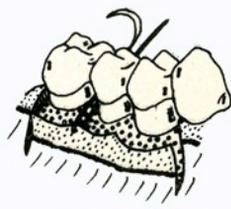


Fig 9

- b. The suture is then returned through the same interproximal space (Fig 9) and directed mesially around the lingual aspect of the same tooth.



Fig 10

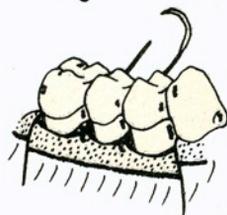


Fig 11

- c. The suture is then directed through the mesial interproximal space (Fig 10) and the flap is once again pierced from the periosteal side opposite the mesial interproximal space.

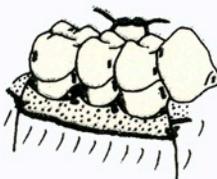


Fig 12

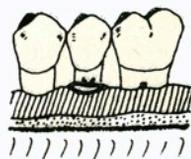


Fig 13

- d. Finally, the suture is looped back over the flap margin, returned through the mesial interproximal space (Fig 11) and a knot tied on the lingual (Fig 12-13). Although Gottsegen advocated piercing the flap from the periosteal side, it is often easier to pierce the flap from the surface side with an equally good result. It is usually advantageous to have the dental assistant stabilize the flap in the desired position while the knot is being tied. This is the critical part of the procedure, in that the proper length of

"sling" which controls the apical displacement of the flap is mandatory if optimal post-operative results are to be attained.

8. A periodontal pack is placed, taking care that no pack finds its way under the flap. The pack ensures the flap will not slip coronally to the position predetermined by the "slings".
9. Pack and suture removal is usually carried out seven days post-operatively and a new pack inserted. The number of pack changes required will vary with the situation and the individual.

ADVANTAGES OF AFICAL RE-POSITIONED FLAP TECHNIQUE

The advantages of this over other mucogingival techniques include the following:

1. the flap aids in healing;
2. the flap protects the area;
3. the size of the surgical wound is minimal;
4. less pain is encountered than with denudation techniques;
5. post-operative bleeding and over-granulation is minimized;
6. permanent resorption of the alveolar bone is minimized.

In addition, as in other flap procedures, osseous recontouring and management of intrabony defects is facilitated.

ONE DENUDATION

Histologic and clinical investigations have shown that when alveolar bone is left denuded, such as is done in the apically displaced flap, attached gingiva forms over the denuded area^{19,20,21}. Granulation tissue, the precursor of future attached gingiva is derived from the cells of the periodontal ligament^{22,23} and the bone marrow²⁴. Although the end result of denudation techniques is quite predictable as to the permanency of the width of attached gingiva and created sulcular depth²⁵, two main disadvantages are encountered:

1. a stormy post-operative course;
2. significant marginal bone resorption.

These drawbacks limit the usefulness of denudation techniques when large areas are involved.

OSSEOUS SURGERY

Present concepts in periodontal osseous surgery are based on a classic article written on the subject by Schluger²⁶ and later elaborated on by Ochsenbein²⁷. In a healthy periodontium the gingiva follows closely and is consistent with the surface topography of the underlying bone. When the bone has been affected by periodontal disease and irregular bone contour has resulted, the surface of the gingiva does not follow these irregularities but maintains a more even contour with resultant pocket formation. Furthermore, if the gingiva is surgically contoured to follow irregular bony patterns, it will not remain in this form but will revert to a smooth scalloped form, thus recreating the pockets. It is only when the bone has been resculptured to a "normal" architecture, or when the rise and fall of contour is gradual, that the gingiva

will follow this form and maintain it. Irregular defects such as intrabony pockets, sharp or wide ledges and irregular margins must be recontoured. **THUS IF PERIODONTAL SURGERY IS TO BE ULTIMATELY SUCCESSFUL WHERE BONY IRREGULARITIES EXIST, OSSEOUS SURGERY IS NECESSARY.**

Friedman²⁸ defined two terms for osseous procedures:

1. Osteoplasty refers to the resculpturing of bone without removal of the alveolar bone proper (i.e. the cortical bone which lines the socket).
2. Ostectomy refers to procedures in which the alveolar bone proper is removed.

Where possible, bone is resculptured so that the topography resembles that which is referred to as "normal", i.e. the surface contour is the same but due to the periodontal involvement is usually shifted apically.



Fig 14

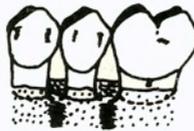


Fig 15

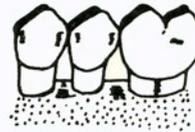


Fig 16

When interproximal craters exist (Fig 14) ramping of the bone results in the interproximal bone being apical to the adjacent marginal bone (Fig 15). Whenever interproximal bone is apical to adjacent marginal bone, be it due to ramping of craters or resorption from periodontal disease processes, it is necessary by ostectomy to lower the marginal bone (Fig 15 - to dotted line) so that surface contour which mimics the normal will be re-established (Fig 16). Only in this way will the reformed gingiva be able to follow the osseous contour, thus preventing recurrence of pockets in the area.



Fig 17



Fig 18



Fig 19



Fig 20

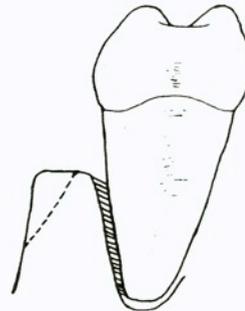


Fig 21

There are several approaches to the management of the interproximal crater. Either the buccal or lingual lip is removed, thus "ramping" the bone either to the buccal or lingual. In the mandible the bone is usually ramped to the buccal if the "lips" are equal (Fig 17) since access is better in this direction. When the lips are unequal in height, the more apical one is ramped since this minimizes bone removal (Fig 18-19). In the maxilla the bone is

usually ramped towards the palate³⁰ (Fig 20) regardless of which lip is more apical. If ramping is done to the buccal in the molar area, reduction of marginal bone will likely be necessitated and the trifurcation area may thus be involved. In the maxillary anterior region, esthetics necessitates a palatal approach.

When bony ledges exist (Fig 21) it is necessary by osteoplasty to thin the marginal bone thus recreating the normal knife-like edge contour in the marginal area.

There are many types of osseous deformities other than the interproximal crater (e.g. 1, 2 and 3 wall intrabony pockets). Management^{30,31} of these lesions is beyond the scope of this paper. However, in the surgical correction of any type of bone defect, three basic principles should be followed:

1. There must be sufficient supporting bone present, prior to surgery, to allow for adequate support of the involved teeth post-operatively.
2. Normal physiologic contour should be recreated as closely as possible, with minimal bone removal.
3. If normal anatomy cannot be attained a gradual rise and fall of surface contour should be developed.

SUMMARY

The histology and anatomy of the normal oral mucosa which surrounds the teeth has been reviewed. Surgical approaches to periodontal pocket elimination have been discussed in general. A valuable mucogingival technique, the "Apically Repositioned Flap", and some principles of osseous surgery have been discussed in detail.

Acknowledgement: The author is indebted to Major DH Newell, USA, DC for providing the illustrations included in this article.

Editor's note: There are 31 references. Bibliography supplied on request.

US Army Exchange Dental Officer Posted

During the past two years the RCDC School have been fortunate in having on staff a very competent American exchange dental officer. Maj Don Newell of the US Army DC has served at the School in a teaching capacity both within his specialty of Periodontics and in Basic Sciences. He received his undergraduate training at the University of Illinois and also received a Qualification in Periodontics and a Master of Science in Oral Histology from the same University. Major Newell's tour of duty at the RCDC School terminates in Oct 66 and is followed by an assignment as Periodontist on the staff of Madigan General Hospital, Tacoma, Washington. His excellent service has been appreciated by the Corps and best wishes are extended to Major Newell and his family for the future.



DENTAL PUBLIC HEALTH PROGRAM 1965-66
NO 15 DENTAL COY RCDC(R)

Major H.P. Guevremont, CD, BA, DDS, DDPH



During 1965-66 a long-range Dental Public Health Program was organized in 15 Dental Coy. This report enumerates the principles applied in formulating the program, outlines objectives and methods used in its implementation, and presents recommendations for future planning.

Definition - Dental Public Health is a branch of Preventive Dentistry and is defined as "prevention organized through community effort".

Aim - The aim of the program is to assist in fully realizing a state of health as defined in the Constitution of the World Health Organization; namely, "a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity".

Principles - Three principles form the basis for this program.

1. Patient Education - This is the keynote for the entire program. People cannot be legislated into good health. Only an informed and interested individual or community can take advantage of the ever-increasing knowledge of ways to achieve positive health.
2. Participation - The low degree of participation of lower class persons is a constant frustration. They are constantly referred to as the "hard to reach group". Hard to reach in all likelihood must be regarded as a conclusion largely based on "don't know how to reach", much less than on "they are not receptive". (Polgar, S)
3. Planning - The purpose of planning is "to rationalize the activities on which planning is imposed; to make subject to calculation what was previously left to chance; to organize what was previously unorganized; to replace spontaneous adjustment with deliberate control". (Eckstein, H)

Program Objectives

1. Patient Education

* Note - The shortage of dental public health personnel restricted this phase of the program to new entries and DND school children.

a. Servicemen

- (1) Recruits were given group lectures on oral hygiene during their first week in the Service. The objective was to indoctrinate and motivate them with correct perceptions regarding dentists and dental health. This portion of the program included 50 lectures to large groups.
- (2) After being informed and motivated, the individual approach was used to induce the decision to act. Personal contact with small groups (five-ten) is the best known method. For many of the recruits, this was their first contact with the dental professi

The lectures were based on established and proven techniques of individual chairside instruction and given by a Technical Dental Therapist and Dental Technician Clinical. It was found that familiarization with the clinic environment and relaxed participation in discussions of oral hygiene and home care measures stimulated positive interest. 197 lectures were given to small groups.

- (3) Individual chairside instruction was given to each patient by the Dental Technician Clinical.

b. In-service Training

All auxiliary dental personnel should be indoctrinated with a sense of responsibility for participation in a dental public health program and should be trained so that they are capable of fulfilling that responsibility. Dental assistants at CFB St Jean undergoing in-job training were given lectures and demonstrations in oral hygiene by the Dental Technician Clinical.

c. Public Relations

The World Health Organization states that, "Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people".

- (1) Commanding Officers should be informed regarding the needs of their troops and the RCDC dental health objective.

- (2) Dental Health Week

Each year, during the week devoted to Dental Health, every medium of communication available has been used on bases and stations. Some of the programs carried out during Dental Health Week are listed hereunder:

CFB Goose Bay

- examination of, and lectures to 638 school children
- DPH films shown at school and over the local TV station
- posters placed in every section
- articles in the RCAF newspaper
- radio and TV spot announcements made daily during the week
- a controlled panel discussion on TV
- all clinic personnel took part in the program.

CFB St Jean

Due to the weekly intake of recruits, every week is a Dental Health Week.

RCAF Mont Apica

Lectures were given and discussions held with the Parent-Teachers Association.

CFB Valcartier

Examination of, and lectures to 1187 children
Distribution of Crest kits to grade III DND pupils

- (3) Pamphlets were distributed on the use of fluoride as a dietary supplement in non-fluoridated areas.

Future Planning

1. Priority of dental treatment for recruits:
 - a. Recruits at CFB St Jean and CFB Valcartier will be in Cat II on completion of training;
 - b. Apprentice soldiers at Longue Pointe will be in Cat III after two years training;
 - c. Officer cadets at CMR St Jean will be in Cat III before graduation.
2. Radar stations:
 - a. Dental Technicians Clinical will lecture to parents, teachers and school children during temporary duty trips.
3. DND Grade III children will be on the Crest Program once a year. This includes free toothbrushes and toothpaste supplied by Procter and Gamble.
4. OICs Clinics will report annually to base commanders regarding the state of dental health, probably during Dental Health Week.

Summary

A co-ordinated long-range Dental Public Health program has been initiated in No 15 Dental Coy. It is based on the principles expounded by various authorities on public health including the World Health Organization. The keynote for the program is "patient education" and this is mainly directed towards the recruit. Results to date have been encouraging.

.....

Cet article du major P.H. Guevremont porte sur le Programme d'hygiène dentaire public dans 15 compagnies dentaires. Il énumère les principes sur lesquels se fonde ce programme, il en étudie les buts ainsi que les moyens utilisés pour les atteindre, et il expose les projets d'avenir. L'idée dominante du programme est l'éducation patiente et persévérante, surtout dans le cas des nouvelles recrues et des enfants des écoles du ministère de la Défense nationale. Le major Guevremont met l'accent sur l'action personnelle, la formation au sein des forces armées et les Relations extérieures, qui doivent utiliser pleinement tous les moyens de communication. Il s'agit d'un programme coordonné et de longue haleine, dont les résultats sont déjà encourageants.

.....

During a dental health campaign in Gloucestershire a novel idea to impress the public was used. A display card was produced - depicting the four tons of teeth annually extracted from the mouths of British children being carried away on a huge four-ton lorry.

- British Dental Journal - 3 May 1966

Naturally the main benefit of fluorides is in the area of caries prevention, but there is also sufficient evidence to prove that an ideal concentration of dietary fluorides may also strengthen bones and prevent some bone-wasting diseases that accompany old age.

- Editorial - Dental Digest - August 1966

The RCDC News

Fourth Annual RCDC Golf Tournament

The RCDC School once again played host to Corps members for the annual RCDC Golf Tournament held at CFB Borden 23-24 September.

Seventy-nine golfers from as Far West as Edmonton and as far East as Montreal assembled for this event and teams representing six RCDC units competed for the RCDC Officers' Trophy for team play. This award was won by the team from the RCDC School.

Lt-Col WH Carter receiving
The KM Baird Trophy from
Brig Baird.



Sgt Bill Hill receiving
The GR Covey Trophy from
Col Covey.



RCDC Officers' Trophy being
presented by Col BF Kearney
to members of the RCDC School
team - L to R - WO 1 Tom
Batten, Sgt Dick Walker and
Maj Jim Wright.



The KM Baird Trophy was awarded to Lt-Col WH Carter from CFB St Jean with a low gross score of 170 over 36 holes.

The GR Covey Trophy for low gross for 18 holes Medal Play was won by Sgt Hill WE with a score of 84.

Prizes and novelties were awarded to twenty-one other participants, ranging from the Tournament Low Net to Lt-Col GE Windsor with a score of 146, to the renomination of Major DJ Macphee as the Most Honest Golfer with an undisputed gross score of 326. (Don never makes excuses, but undoubtedly the wet and windy conditions during the first morning of the tournament added at least two or three strokes to his score.)

A number of "drop-ins" joined the golfers on the final evening to swell their numbers to 100 attending the banquet and presentation of awards held at the RCDC Sergeants' Mess.

Directorate

Duty Trips and Visits

Brig KM Baird and Col BF Kearney visited the RCDC School 9-10 Aug. DGDS was the reviewing officer for the cadets' graduation parade at which awards were presented to the honour cadets. DDGDS interviewed all Third Phase candidates.

Col BF Kearney and Col LG Craigie inspected No 1 Dent Eqpt Dep Petawawa, on 26-27 July.

Col BF Kearney attended the Senior Officers' Management Symposium held at CFB St Hubert, P.Q., from 7-16 September.

Postings to Directorate

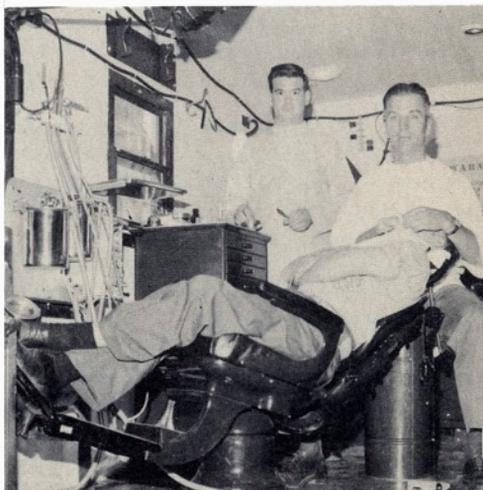
During the summer the following members of the Corps were posted into the Division:

Lt-Col JW Turner, assistant to the Senior Consultant;
Lt-Col LR Pierce, staffing and requirements;
Maj JVP Chatwin, D.F.H.O.; and
SSgt Sullivan TW, Procurement Section.

11 Dent Coy

Equipment

Maj MP Quinn and his DA Cpl Wesley JA working in mobile dental van at Camp Vernon. The Encore Mobile Field Dental Unit may be seen attached to the wall of the van.



Conferences

A one-day conference on Militia matters was held 8 Sep 66 at HQ No 11 Coy RCDC. Lt-Cols Geldart, Snidal, Rondeau and Mintz attended.

Retirements

Capt Ian Hunter

A Unit party was held on 14 Sep 66 to say "farewell" to Capt Ian Hunter who commenced retirement leave on 16 Sep after 25 years service with the Corps. Capt Hunter has decided to venture into the hotel business and is wished the best of luck by his friends in the Corps.

Sgt MacKay GF

All ranks of No 8 Clinic attended a gathering in the POs' Mess, CFB Esquimalt, to say good-bye to Sgt Gordie MacKay who proceeded on retirement leave 30 Sep 66 after 26 years of service in the Corps.

Commissioned from the Ranks

Congratulations are extended to Lt JR Savoie on being commissioned and promoted to the rank of Lieutenant (Specialist Officer) effective 16 Sep 66. He has served as a storeman clerk, enrolling in the CA(R) in 1950.



12 Dent Coy

Duty Trips

Capt FGC Arpin and Pte Beauchamp CJN returned from a 17-day cruise aboard HMCS Cape Scott and visit to Bermuda. Hardships!

Sports

A Garrison Golf Tournament was held on 19 Sep at the Brightwood Golf Course, Dartmouth. Out of ten RCDC competitors, seven won trophies or prizes. The winners of trophies included Capt JF Mullins, SSgt McFarlane AJA and Cpl Davies DJ. Prize winners included Capt EF Foley, Capt HS Wood, Capt GS Zwicker and Sgt Flesher DLG.

13 Dent Coy

Retirements

WO 2 McLeod BA

WO 2 "Mac" McLeod is severing ties with the Armed Forces dating from NPAM Service 1938 and Active Service 1941. Since 1946 he has been a member of the RCDC. A gathering was held at CFB Trenton to honour him with a suitable memento from 13 Dent Coy HQ and dental clinic staff in the Trenton area. WO 2 McLeod and his family will take up residence in London, Ontario.

WO 2 Stokes HJ

WO 2 "Jim" Stokes enlisted in 1939 and all of his service of almost 27 years has been in the Dental Corps. WO 2 Stokes is seen receiving an engraved silver tray presented by Lt-Col JM Smith on behalf of members of 13 Dent Coy. He will remain in London, Ontario on completion of his rehabilitation leave.



14 Dent Coy

Conferences

Lt-Col Anglin attended a meeting of the Medical and Dental Services Committee for the Pan American Games to be held in Winnipeg 22 Jul-7 Aug 67.

Personnel

Maj LA Reynolds was welcomed to Winnipeg on reporting for duty as the Dental Staff Officer Training Command Headquarters.

2nd Lt Bowness has assumed his duties as Quartermaster 14 Coy.

15 Dent Coy

Dental Public Health

Lectures and films were organized at the Farnham Cadet Camp and were presented by WO2 Fortin and Sgt DeBlois. The senior officers of the Camp were most eager to co-operate in this programme and even cancelled military lectures to accommodate DPH talks and discussions.

Val D'Or Clinic

A one and a half room clinic - a Bachelor - was made operational at RCAF Val d'Or. This is probably the smallest but best equipped clinic north of the 48th parallel.

Sports

CFB Montreal conducted a golf tournament on 27 Sep 66 in which Lt Jackson placed 2nd in "B" flight.

Special Events

Perhaps all births should be recorded under "special events", but because of lack of space in the Quarterly this is not the practice. However, when notification was received that WO2 Roger Fortin named his new son "Maurice Richard", special mention seemed warranted. Obviously "The Rocket" still has loyal fans after several years of retirement.

Retirements

Major Jacques Durand, a University of Montreal graduate, has commenced retirement leave having had continuous service with the Corps since 1942. He has served with various dental units in Canada and with 27 Field Dental Unit, Germany. Jacques' outgoing personality has made him a well known member of the Corps and his many friends wish him success in his new career with the Dental Department of the City of Montreal.

Major Lucien Masse is retiring from the RCDC after 12 years of service. He graduated from the University of Montreal in 1945 and served for two years in the Corps at that time, re-enlisting in 1956. Upon retirement he plans to accept a position with the Department of Health and Welfare in the Province of Quebec.

1 Dent Det

Sports

Maj EW Gazo for the second year in succession became Club Champion of Fine View Golf and Country Club, Ottawa. Congratulations Ed!

4 Fd Dent Coy

Sports

Lt-Col Richardson and Major Begin started off the curling season by participating in a German-sponsored international bonspiel in Cologne, Germany, 9-11 Sep 66.

In the patient's mind -

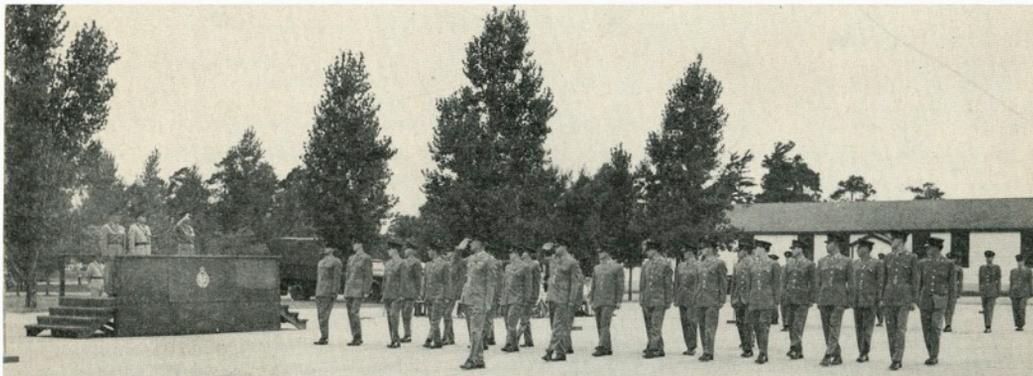
Explanations prior to treatment are education; those after treatment are excuses.

- Journal of Prosthetic Dentistry - July-August 1966

RCDC School

Dental Officer Subsidization Plan - 1966

As in previous years Practical Phase DOSF Training was conducted at CFB Borden during the summer months.



DOSF Cadets' Graduation Parade 1966



- Upper left - 2 Lt HA Fankratz receives Third Phase Honour Cadet Trophy from Brig Baird.
- Upper right - O/Cdt EL MacInnes receives Second Phase Honour Cadet Trophy from Col Kearney.
- Lower left - 2 Lt ED Cragg receives Chief Instructors' Trophy from Lt-Col Frotheroe.
- Lower right - O/Cdt Steel receives First Phase Honour Cadet trophy from Col Covey.

2 Lt HA Fankratz of University of Manitoba was named Honour Cadet, Third Practical Phase, and 2 Lt TJ Erskine of University of Alberta was Runner-up.

2 Lt ED Cragg of University of Alberta was awarded the Chief Instructors' Trophy for clinical efficiency.

O/Cdt EL MacInnes of University of Toronto was named Honour Cadet, Second Practical Phase, and O/Cdt PE Arnold of University of Alberta was Runner-up.

O/Cdt JC Steel of University of Alberta was named Honour Cadet, First Practical Phase.

The DGDS and DDGDS visited the RCDC School from 8-11 Aug during which time Third Phase DOSP officers were interviewed. A Graduation Parade was held on 11 Aug followed in the evening by a Training Mess Dinner for all DOSP officers at the CFM and DS Officers' Mess.

Successfully Completed Officer Candidate Programme

Colonel GR Covey, Commandant of The RCDC School congratulates O/Cdt RW Bowness on completion of Third Phase OCP training and promotion to 2 Lt.



2 Lt Bowness enrolled in the Canadian Army as a Private on 22 Feb 62 and was allocated to 2 Bn PPCLI. He served as a clerk with the Battalion in Edmonton until his transfer to the RCDC on 24 Sep 64. He was promoted to Corporal in July 1965. 2 Lt Bowness was accepted into the Officer Candidate Programme while serving with the RCDC and through diligent training and perseverance achieved his present rank. 2 Lt Bowness and his wife will reside in Winnipeg where he will assume duties with HQ No 14 Dental Coy RCDC.

Inspections and Visits

On 5 Aug, AVM R Stovel, newly appointed Commander of Training Command, visited Base Borden and made a short inspection of the RCDC School. During his visit as reviewing officer of the RCASC(S) Graduation Parade, he presented the Platoon Commander - DOSP First Phase Honour Cadet JC Steel, with a special award.

Sports

Tuffy Tieman Trophy - a golf team from The RCDC School again captured the Tuffy Tieman Trophy in the annual tournament held at Base Borden for all RCDC and CFMS personnel serving in Ontario. The members of the School team were Lt-Col DH Protheroe, Maj JN Wright, WO 1 TL Batten and Sgt RS Walker.

Capt CH Loken Retires

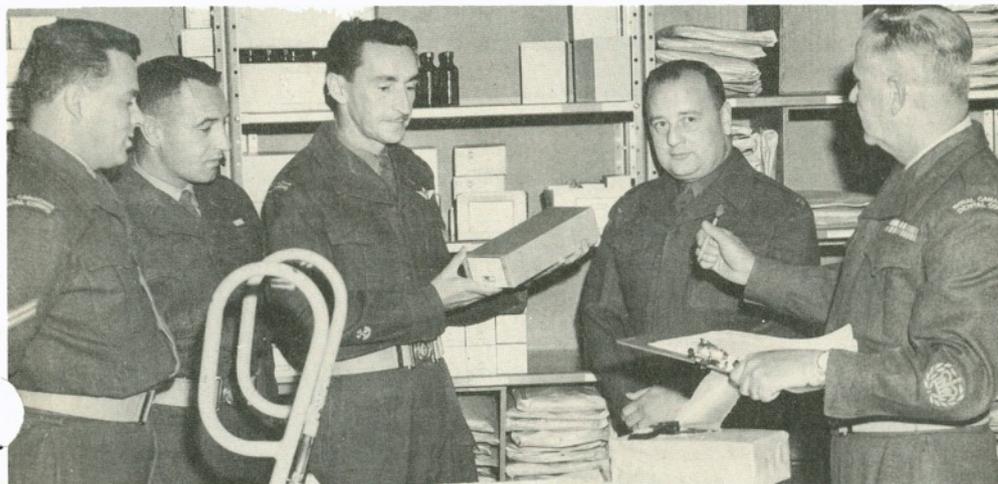
Capt CH Loken has retired from the Forces after more than 26 years service. Charlie was well known in the Corps, not only because he served a full generation

dental officers as a lab technician, but also because he spent extended periods time on staff at The RCDC School. He was commissioned in 1965 and completed his service as Lab Officer at the School. His Corps associates wish him well in his new career on staff at University of Toronto Dental Faculty.

1 Dent Eqpt Dep

Training

With the advent of changes in trade structure, two courses are being conducted at the Depot of particular note. The Dental Equipment Maintenance Assistant Gp 2 Course now being conducted introduces the new training for Dental Equipment Technicians and Dental Storemen. The Dent Stmn Gp 3 Course now in progress is the last course of this nature to be held.



Dental Storeman Group 3 Course - L to R - Cpl Nadeau LJP, Cpl McKay DH, Cpl McKinnon HJ; Pte Lubitz HE; WO 2 Ponton AG (Instructor).

CBU (UNEF)

Visits and Inspections

Mr John Starnes, Canada's Ambassador to the United Arab Republic, paid a visit to this detachment and inspected dental facilities.

Special Events

Dominion Day celebrations were held at the Rafah Beach during the morning of 1 July. LSgt Lindsay of this detachment won the swimming event for HQ Coy and Maj Bisailon participated in the Pte to Maj Race. The highlight of the festivities was the camel race.

Cpl Hall was a member of the guard of honour on 2 Jul for Dr Ralph Dunche, UN Undersecretary for special Political Affairs.

Sports

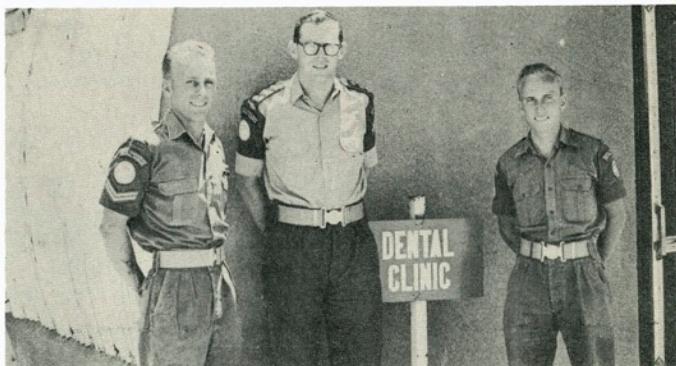
Maj Bisailon became president of the Bedouin Golf Club vice Capt Chernesky.

Labour Day was celebrated with a golf tournament during the afternoon. Cpl Hall won a prize for "high hidden hole" and Cpl Harmer won his prize for being the "most honest golfer".

Rotation

During rotation Capt Nye, Cpl Pink and Cpl O'Dell welcomed Capt Strom, Cpl Black and Cpl Albertson.

RCDC Detachment -
outside the clinic -
Cyprus - L to R -
Cpl Pink, Capt Nye and
Cpl O'Dell



Training

RCDC School - Canadian Forces Base Borden - Capt to Major Qualifying - 12 Sep-21 Oct 66

Cpts JFA Legendre, JL Girard, GW Hill, PR McQueen, CM Mason, DR O'Hara

RCAC School - Canadian Forces Base Borden - Jr NCO Course - 7 Sep-26 Oct 66

Cpls Strasdin JA, Ritchie JR, Delmage RK, Bosch F, Kukurudziak TRJ; Ptes Evans RV, Estabrooks AL, Kilgrain BC, Feeney DC, Scheer RV

No 1 Dent Bqpt Dep - Canadian Forces Base Petawawa - Dental Storeman Gp 3 - 12 Sep-7 Oct 66

Cpls McKinnon HJ, McKay DH, Nadeau LJP; Pte Lubitz AG

University of Michigan - Ann Arbor, Michigan, USA

Major AT Hinch - Complete dentures - 19-30 Sep 66

US Naval Dental School - Bethesda, Maryland, USA

Major HG Bunston - Removable Partial Dentures - 26-30 Sep 66

Major JFA Marcil - Oral Pathology - 24-28 Oct 66

Walter Reed Army Institute of Dental Research, Washington, USA

Major JJJ Turcotte - 18 Aug 66 - 6 Oct 67

University of Toronto

Major SW Muller - Dental Public Health - Sep 66 - June 67

Training with Industry - SS White - Statten Island, NY, USA - 19-23 Sep 66

WO 1 Carpenter EC; WO 2 Stewart RG; SSgt Hopkins RG

Training with Industry - Ritter Training School - Rochester, USA - 19-30 Sep 66

WO 2 Hutchinson JW

Welcome to the Corps

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

Mrs PJJ Rutherford, Miss JC Minicola, Ptes Gallagher GJ, Brophy GL, McKenzie JN, Haiplik RM, Paquet Y, Thomson JE, Hewitt DG, Arbour JMM, Wilson AM, Likins JA.

Promotions

To Lt-Col - AG Andrews
To Major - RJ Paturel, CAC Casterton, HW Brogan
To Lt - JR Savoie
To 2Lt - RW Bowness
To WO 1 - Ponton AG
To SSgt - Jerome AMC, Yeates JR, Lunnin SH, McFadden EE
To Sgt - Hussey AW, McRoberts DT
To Cpl - Gapmann HKK, Hope WJ, Tallack RJ, Maelde P, Walker JM, Anderson GM, McIntosh WR, Timmers PAG

Retirements and Releases

Col AT Roger, MBE, CD
Majors ED Fraser, WA Sugars, J Durand, JLM Masse
Capts GR Rowe, JJ Anderson, IF Hunter
WO 2 Stokes HJ, McLeod BA
Sgts Grundy FG, MacKay GF
Cpls Forward RJ, Hogan JAP, Hagglund FN, Pouliot JR, Morrissette B, Longford MD
LAW Hardy MRJM
DA Pt V Mrs AM Debicki, Mrs L Ruigrok

Vital Statistics

Marriages

Major LA Reynolds to Miss Ursula Augusta Lissette Brenscheidt; Capt ICM Wambura to Miss Judith Ann Banks; Capt NA McFarlane to Miss Norma Lake; Cpl McBine-Pasley CSTC to Miss Agnes Philomena Fleming; Pte Mehler PJ to Miss Dennis Faye Shore.

Births

Son - Cpl & Mrs RD Veinot; Pte & Mrs TH Taylor; Cpl & Mrs LH Pion; Sgt & Mrs RB Johnson; WO 2 & Mrs RG Fortin.

Daughter - Capt & Mrs JHD Charron; WO 2 & Mrs VO Blackmore; Cpl & Mrs PJ Dumas.

Deaths

Our sympathy is extended to Cpl & Mrs NL Highfield upon the death of their son on 6 Jul 1966 and to SSgt and Mrs Dion on the sudden loss of their daughter 31 Aug 66.

RCDC(M) General Efficiency Competition Results

The Moore Trophy - Major Militia unit with most efficient dental element
- 1st Toronto Service Battalion - Major WC Waid - dental officer

The Trelford Trophy - Runner-up
- 20 Field Regiment RCH(M) - Capt CH Gulleckson - dental officer

The Saskatchewan Dental Association Memorial Trophy to the area with highest RCDC(M) training attendance

- Western Ontario District
- Lt-Col J MacLean - Senior Supplementary Reserve Dental Officer