

The

**ROYAL CANADIAN
DENTAL CORPS**

Quarterly

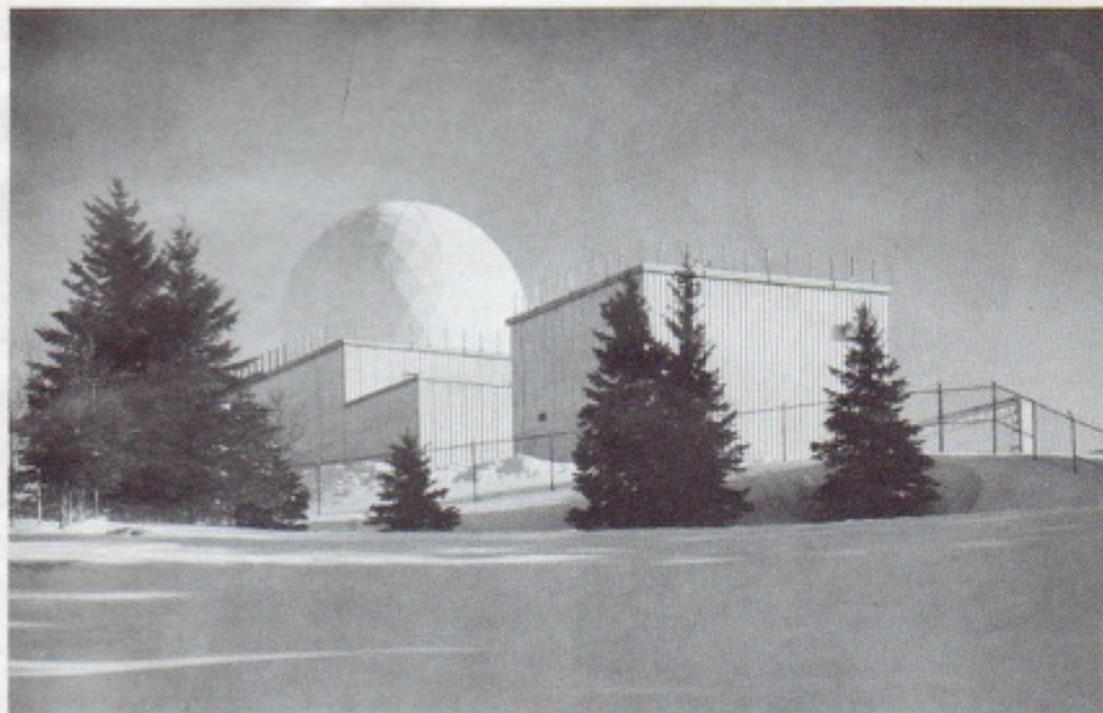


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The RCDC Quarterly

Published by authority of Brigadier BP Kearney, Director
General of Dental Services for the Canadian Forces

Editorial Board: Col JW Turner
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

Radar site in winter
Canadian Forces Station Foyssount

NO 13 DENTAL COMPANY
ROYAL CANADIAN DENTAL CORPS

Colonel A.T. Roger, MBE, CD, DOS, (Retd)



Background

The history of this unit dates from 1 Oct 46, the day on which the 'post-war' reorganization of the Canadian Army became effective. The unit was formed from personnel of Nos 22 and 36 Companies, which were based in Toronto and Trenton, respectively. No 13 Dent Coy thus became one of the three original Active Force Dental Units, and was designated the "RCAF Company", in recognition of the tri-service function of the Corps. Its Headquarters was located at Central Air Command HQ, RCAF Station Trenton, but its area of responsibility coincided with the geographical boundaries of the Army's Central Command.

From time to time certain changes have taken place in the regional limits of this unit's jurisdiction. When The RCDC School was moved from Ottawa to Camp Borden, a 'treatment wing' was established in the School, and the clinic which had been staffed by No 13 Dent Coy personnel was subsequently closed. At this time control of the dental clinic serving the RCAF in Camp Borden was also transferred to The School.

Another major change in this unit's establishment took place on 31 Mar 64 when all clinics in the Ottawa area were removed from No 13 Dental Coy's jurisdiction, in order to form No 1 Dental Detachment RCDC.

Administration

At the time of its organization, No 13 Dent Coy was placed under HQ Eastern Ontario Area-in-Kingston for local administration. However, the Commanding Officer was also Command Dental Officer, and as such had a direct channel of communication with HQ Central Command. He also dealt directly with the Directorate of Dental Services on matters of Corps policy, and any subject of a professional nature.

The HQ personnel of this unit were attached to the local RCAF Command HQ and provided with considerable administrative support from this source. In 1949 Trenton became HQ for Air Training Command, which remained for 10 years before being moved to Winnipeg. At this time Air Transport Command was established at Trenton, from where it now controls its world-wide passenger and cargo operations.



Canadian Guards prepare
to board a 'Hercules'
at CFB Trenton -
Operation Quivive

The availability of aircraft for transportation of dental detachments to the several part-time clinics situated in remote areas of Northern Ontario is particularly advantageous. Most of these are in locations where no easy access to civilian dental practitioners is possible, and must rely on periodic visits of No 13 Dental Coy personnel for dental attention. However, in only one of these sites, at Moosonee, are service dependents the responsibility of the RCOC.

Personnel

The total strength of No 13 Dental Coy at the time of reorganization was 11 officers and 36 other ranks. These figures moved steadily upwards with the enrolment of new members as the requirement for dental treatment increased due to the expansion of military organizations in Ontario. The authorized establishment reached a peak of 47 officers and 71 other ranks in 1951, and then dropped in 1960 and again in 1964 due to the loss of clinics in Camp Borden and Ottawa. Following the most recent establishment changes, the totals now read 28 officers and 62 other ranks. In addition one civilian dental officer and nine dental nurses are currently employed.

Over the years this unit has enjoyed a gradual up-grading in rank structure, in keeping with the general trend throughout the Corps. Originally the position of Commanding Officer was in the rank of Lieutenant-Colonel; in 1953 this was raised to Colonel. No 13 Dental Coy has been commanded, over the years, by a succession of highly qualified officers, the majority of whom moved on to positions of greater responsibility in the Directorate of Dental Services. The original Commanding Officer of the unit was Lt-Col RE Carroll, who was followed in 1949 by Lt-Col FR Drewry, recently deceased. In Nov 1950, Lt-Col Drewry was stricken seriously ill and underwent a period of hospitalization and sick leave which extended until his return to duty in late Jan 1951. During his absence Major AC Leman and Lt-Col RE Carroll assumed command of the Coy. In March of that year Lt-Col HL Harris was appointed to command, a position he held until Jul 1953, when a cross-posting was made with Col KM Baird from No 12 Dental Coy, the latter being promoted at that time.

A major change in the new establishment, effective in Jul 1951, was the addition of a Lieutenant-Colonel Senior Specialist. The first appointment to this vacancy was Lt-Col IAL Millar. An additional Lt-Col vacancy was provided in 1954 when a Senior Operator in the person of Lt-Col AC Leman was authorized.

These positions were later increased to three and the designation changed to Senior Clinician. Another establishment change was the inclusion of an Administrative Officer on the HQ strength. WO 2 GR Woodcock was promoted to Lieutenant to fill the position in 1954. Previously the Captain/Quartermaster had been the only 'non-dental' officer in the unit.

In Jul 1956 Col Baird joined the Directorate Staff and Lt-Col WM Sinclair assumed command until April of the next year when Col JA MacGowan was appointed Commanding Officer. He was succeeded in June 1959 by Col AC Leman, who remained in Trenton until 1963, when he was posted to Ottawa, to the staff of DGDS. Col AT Roger assumed command at that time and on his retirement from the Armed Forces in 1966 was succeeded by Col RMG Cunningham, the present Commanding Officer.

The position of Laboratory Officer was created in 1960 and Captain JW Lincoln was commissioned from WO 1 to fill the position. He continued in his employment as Senior Technician in charge of the Central Laboratory in Trenton, until his retirement in 1965.

During this time other auxiliary trades were being developed by DGDS, and this unit provided its share of candidates for training at The RCOC School.

To alleviate the chronic shortage of trained dental assistants a decision was taken in 1950 to hire civilian dental nurses, with a preference for those having some years of experience. In due course thirteen vacancies were allotted and a like number of applicants accepted for employment in various clinics throughout the unit.



No 15 Clinic Staff - RCAF Station Trenton - Sep 61

Seated L to R - Sgt Vout AC, WO2 Riddell EW, Capt EW Gazo, Lt-Col RMG Cunningham, Maj JG Andrews (Deceased), Capt JW Lincoln, Sgt Gilbert WD
Standing L to R - F/S Savage PE, AM1 Reddy ME, Cpl Palmer KP, Pte Stenabaugh, Mrs BL Darling, Sgt Raymond JE, Cpl Brennan JA, AM1 Carroll DL, LAM Hughes

RCAF airwomen have also rendered very useful service in the trade of dental assistant. These service women are employed on RCAF Stations where suitable accommodation can be provided.

Accommodation

At the time of its organization in 1946, the HQ of No 13 Dental Coy was accommodated in a building housing the Supply Section at RCAF Station Trenton. The QM Stores was relegated to a corner of the Seaplane hangar. However in early 1947, both HQ and Stores were moved to the Station Hospital building. This rather inadequate space was utilized for a number of years until a complete "H-hut" of war-time construction was made available in 1956. Renovation of this building provided plenty of area for offices and orderly room and for a roomy QM Stores. There was a space for reception and despatch of shipments, for systematic stocking of consumable and non-consumable items, as well as a repair department where servicing of equipment could be carried out.

During the years following the Second World War many of the 'temporary' frame buildings which had been used as war-time clinics were retained in service, or reopened, and in some cases enlarged.

These had been satisfactory during the pressure of mobilization and fitted in with war-time economy, but in many cases post-war maintenance became an ever increasing problem.

In early 1948 it was announced that Camp Petawawa was to be reactivated and in a short time one of the war-time clinics was in operation.

At RCAF Station Trenton the clinic was set up in the hospital, and in 1949 a clinic at the adjacent Repair Depot was opened. A new building of brick construction was approved for Trenton in 1954, which was specifically designed for efficient clinical operation. This included a large Central Laboratory and a chrome-cobalt casting layout.

War-time clinic - 1943

Barrie field Camp

Used for several post-war years



During the year 1950 clinics were opened at a number of military establishments, including Toronto Military Hospital, HQ Central Command Oakville and RCAF Station Mount Hope. The following year additional dental treatment centres were provided at RCAF Station Uplands, Camp Picton, Camp Ipperwash and 26 COD in Ottawa. A clinic at RCAF Station North Bay was functioning by 1952, as were part-time operations at the radar sites at Bigar, Poymount and Falconbridge. Radar sites at Ramore, Lowther and Fagwa, which had been the responsibility of the US Air Force, were transferred to RCAF control in 1962-63 and No 13 Dental Coy fell heir to the clinic accommodation and equipment in these locations.

At infrequent intervals certain clinics were closed as the establishments they served were transferred elsewhere or disbanded. No 26 COD was moved from Ottawa to Cobourg in 1954, while 27 COD at Hagersville was closed in 1963. RCAF operations at Mount Hope and Aylmer were discontinued.

From time to time it became possible to arrange for clinics to be transferred from older buildings into accommodation of more permanent construction. In general a policy of economy has dictated the utilization of quarters not required for other purposes, rather than erection of new clinics of functional design. Considerable ingenuity has been required to adapt rooms of unsuitable size and layout to fill the needs of a dental clinic, when it is considered how extensive are the plumbing and electrical demands. In common with the medical services, it has frequently been necessary to utilize surplus officers' quarters or barrack buildings. Usually these make quite satisfactory clinics, provided an adequate number of rooms is allocated, and most are superior to the renovated war-time clinics. An example of the latter is at Camp Petawawa, where an old building underwent a complete interior overhaul involving a heavy outlay of funds. It must be admitted that the result is a great improvement, but it is still far from ideal. At RCAF Station Rockcliffe an excellent clinic was created from an old dilapidated building which was moved from another site, veneered with brick, and the interior completely renovated.

One clinic worthy of special mention is that which is accommodated in the Canadian Forces Hospital at Barrie field, Ontario. Early in the planning it was decided that the dental clinic would be incorporated in this new hospital. The Directorate of Dental Services was assigned the task of laying out a clinic to be part of a modern accredited teaching hospital. Working closely with the Directorate of Works (Army) and the civilian architectural consultants, this facility was developed. The resulting establishment is a credit to the dental profession and an example of what can be produced when designers and users work in close co-operation. The clinic is located in the west wing of the first floor and has its own entrance adjacent to the out-patient department of the hospital. There is convenient access to the various hospital services, wards and operating rooms. The clinic consists of a large waiting room, two offices, three private operating bays, an x-ray bay and a prosthetic laboratory which accommodates two technicians. These facilities coupled with ready

access to hospital services, provide an ideal situation for rendering effective treatment.



Canadian Forces Hospital - Kingston

With the advent of new auxiliary tradesmen it has been necessary to negotiate for additional working space in a number of locations. These efforts have not always been immediately successful, being subject to the availability of surplus accommodation.

Training

The members of this unit have benefited from a comprehensive programme of training which has been developed over the years by the RCDC Directorate. Military courses resulting in qualification for promotion have been attended regularly by junior officers and other ranks. Professional advancement has been maintained through courses given at The RCDC School as well as at Canadian and American Universities and Service Training Establishments.

For a number of years, during the period 1948-52, RCDC Cadets, whose dental education was being subsidized in part by the Department of National Defence, were employed in clinics of this Company. This constituted their third phase training and involved a period of approximately twelve weeks. Some eight to twelve undergraduates participated in this programme each summer until it was taken over by The RCDC School.

Conclusion

This brief historical account of No 13 Dent Coy has outlined changes in the Unit's strength, establishment and accommodation which have occurred since its organization some 20 years ago. As progress is made towards integration of the Forces, it may be anticipated that further relocation of this Unit's resources may become necessary in the future.

CURRENT THOUGHTS ON CROWN AND BRIDGE

Major D.E. McDermott, CD, DDS



The thoughts and suggestions presented in this article have been gleaned from various dental textbooks, journals, courses and discussions with board qualified prosthodontists. The aim is not to present a comprehensive outline of the considerations in planning and constructing fixed partial dentures, but rather to discuss recent concepts regarding pulpal response and operative procedures which have proved helpful to the author. Some fundamental principles are re-stated in the hope that they may prove helpful to the reader.

Treatment Plan

The success of any restoration depends upon the treatment plan, and this must be formulated using all available aids. Relying upon experience and judgment, a tentative plan is produced which must be flexible and viewed with a sense of "continuing" diagnosis. A willingness to vary the treatment plan as required must be the rule.

Biological and physiological variations between patients are often overlooked. All patients do not respond alike to the same treatment plan. The following requirements must be recognized:

1. The patient's treatment requirements;
2. The patient's tolerance for the proposed treatment (i.e. patient selection);
3. The treatment must fall within the operator's capabilities.

Biologic Considerations of the Pulp

Recently, Dr. Stanley of the National Institute of Dental Research, Bethesda Maryland, presented a lecture series in which he discussed pulpal reaction to various stimuli. There has been much speculation regarding the biologic response of the pulp to high speed techniques. Most American dentists do cavity preparations in a wet field. It is contended that high speed preparation is so gentle to the pulp that the formation of reparative dentin is not stimulated. Thus, when the restoration is cemented, the free acid in the cement can readily reach the pulp through dentinal tubules. Research has indicated that where secondary or irregular dentin is formed, the pulp is protected against any insult in that area. It has also been found that the irregular or sclerosed dentin which lines a filled amalgam cavity has the same protective character.

After experimentally preparing and filling a non-carious tooth it was concluded that something in the amalgam, or the reaction of the amalgam and cement (zinc oxyphosphate), stimulates the odontoblasts to lay down secondary dentin. This sclerosing of dentin is a highly desirable result since it affords superlative protection to the pulp.

It was also observed that it is not easy to injure a pulp through

operative procedures so long as there remained a two millimeter covering of dentin. However, once inside the two millimeter limit, the pulp is susceptible to injury, particularly with the dry high speed dry technique. Having penetrated the enamel of anterior teeth, normally the two millimeter range from the pulp has been reached. The critical area in posterior teeth is reached following penetration of the enamel in the proximal surfaces. It has been shown that reparative dentin is not laid down in an area injured (i.e. burned) by the dry high speed technique. The pulp will die in from two to fifteen years depending on the severity of the injury regardless of ensuing palliative treatment. Hence, operating in a dry field is a hazardous procedure.

On the other hand, dentin exposed to the washed field and high speed suffers virtually no irritation; but the open dentinal tubules are subjected to continuous water spray being gently forced in by the rotation of the bur or point, creating (by absorption) a sponge-like tooth. The immediate use of oxyphosphate cements under these circumstances is contra-indicated due to the danger of free acid reaching the pulp too readily. A temporary crown filled with one of the zinc oxide-eugenol cements is recommended to give the tooth time to adapt with secondary dentin.

Pulp Cappings and Pulpal Reaction

Current research on such materials as Mosteller's Solution and calcium hydroxide, and the effect of air drying of teeth will be briefly outlined.

Mosteller's formula contains prednisolone and is of value in reducing sensitivity of teeth only if dentin lies between the pulp and the cavity. It is of no value in cases of pulp exposure and causes a severe reaction if the solution contacts the pulp directly. The solution is only recommended for teeth known to be sensitive and which in the operator's opinion may give trouble later.

When using calcium hydroxide solutions (Dycal) for pulp capping, it should be realized that it must come in contact with the pulpal tissue. A dentin bridge forms in the area of contact as regeneration occurs. Hemorrhage must be stopped before the calcium hydroxide is applied, otherwise an embolus of this material can occur within the pulp. It is considered that this may be a cause of failure in pulp capping procedures; the theory being that the deeper layers of the pulp are exposed to emboli of calcium hydroxide which ultimately lead to the strangulation of the upper layers. After controlling the hemorrhage, calcium hydroxide must be applied without pressure and allowed to harden, coated with copalite varnish, and finally by a layer of cement also applied without pressure. It should be pointed out that the effective exclusion of bacteria from the site will almost ensure success.

Another facet of pulpal response attracting considerable attention is the role of the dental interstitial fluid. The maintenance of the equilibrium of this fluid is thought to be of paramount importance. Beveridge (6) believes that a serious insult to the pulp is created when a tooth is prepared in a dry field with only air as a coolant. The air drying of teeth during preparation and the evaporation of dental interstitial fluid upsets the physiologic balance between extracellular fluid pressure, and the intracellular and intercapillary fluid pressures. This initiates a massive displacement of odontoblast nuclei into the adjacent dentinal tubules, resulting in eventual pulp death. Beveridge concludes that preparations should be done with a water or air-water spray coolant and, in fact, predicts that an isotonic coolant will be used in the future. The prolonged use of compressed air is strongly contra-indicated by his findings.

Miscellaneous Principles and Procedures in Crown and Bridge

During the years of general practice since graduation, the author's difficulty in extrapolating what has been read and heard to the clinical

situations encountered has been considerable. From this background of attempting to assess the value of various teachings, techniques, and the personal preferences of many operators, the author proposes to present some ideas which may be of clinical value to others.

Centric Relation and Centric Occlusion

Before constructing any bridge, centric occlusion and centric relation must be brought into harmony. Centric relation is a definite position upon which the existence or non-existence of teeth has no bearing. The mandible is in centric relation when the heads of both condyles are in the most retruded position in the glenoid fossae from which lateral and protrusive movements can be made at a given degree of jaw separation. On the other hand, centric occlusion is a contact position. It very often is a habitual functional position which does not necessarily coincide with centric relation. In order to bring the two relationships into harmony, all premature contacts in the various mandibular excursions must be corrected and extruded teeth adjusted to conform with the occlusal plane.

A simple device to aid in detecting prematurities is illustrated. Using quick cure acrylic and models of the patient's mouth, make two acrylic plates, extended enough to provide stability and each with a flat plane as shown in cross-section.

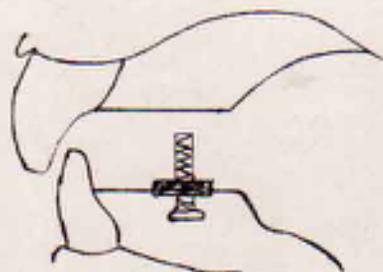


Fig. 1

In the lower plate an ordinary nut and bolt is inserted during the fabrication so that the bolt is free to move up and down by turning it. The bolt is adjusted against the upper plate. As the patient moves his jaw, a gothic arch tracing can be obtained. Having him close at the apex, by gradual adjustment of the bolt the prematurities can be detected. The most common location requiring adjustment is the maxillary bicuspid region.

Control of Saliva

Operative procedures are made easier if the operator has a clear view of the field in which he is working, and the successful completion of crown and bridge restorations demands this condition. Assuming that the patient is normal, 15 mg of Probanthine should be administered one hour before the appointment and a further 15 mg as the patient is seated. When required, it should be used both at the tooth preparation stage and also at the final cementation. It is contra-indicated for patients with glaucoma, liver infection and prostatitis.

Parallelism

Since most clinical cases seldom present ideal or perfectly aligned abutment teeth the problem of parallelism is a recurring one. The teeth to be used may be carious, extruded, retruded, or rotated; and all of these conditions complicate the procedure. X-rays, study models and the clinical

examination must all be given careful consideration in properly planning the type of abutment and the direction of slices, pits and grooves to be used.

One method of developing ones ability to construct parallel abutment attachments is to repeatedly practice drawing parallel lines an inch or so apart on paper.

When tipped or rotated teeth must be used, the tooth least out of alignment should be used as a guide and should be prepared first. With this as a guide, the other slices and grooves are made parallel to it, to some extent ignoring so called normal surfaces - mesial, distal, buccal, etc. Attaining parallelism can be simplified by using some line or plane as a reference point. Such a guide may be another tooth, an occlusal surface, a proximal surface, etc.

Establishing a Finish Line in Full Crown Preparations

After bulk reduction and outline for preparation, the bur or stone is angled as shown in Fig. 2.

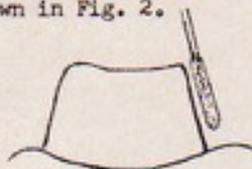


Fig. 2

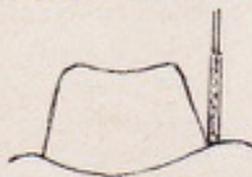


Fig. 3

To create a definite finish line or chamfer, change the direction of the bur as indicated in Fig. 3. This will also produce a cuffing effect which will increase the retention of the crown.

Creating Space for Anterior Jacket Crowns

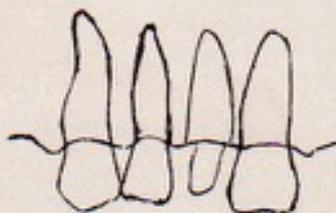


Fig. 4

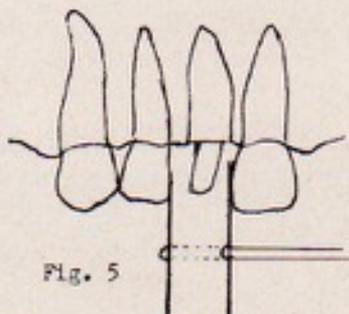


Fig. 5

In the case illustrated, the right central incisor is to be crowned. The available space for the crown is less than the width of the left central incisor, either because of crowding, or drifting following the carious breakdown of the right central. With a disc some of the mesial enamel can be removed from the lateral incisor and also some from the mesial of the left central. A Boley gauge will aid in determining the amount to be removed so that the jacket crown will match the other central in size.

It is also suggested that the operator should never fail to correct the contact points of adjacent teeth when preparing crowns or bridges. Often an adjacent tooth has an amalgam restoration for which the contour can be considerably improved, simply by sandpaper discing once the contact has been opened up during the preparation. This ensures a better result and is a real service to the patient.

Should the contact point between the crown and natural tooth be a "ball"

contact? It should be, provided the natural tooth presents unworn contacts. However, if the contact point of the natural tooth has become enlarged through wear, then the crown should present a small surface of contact. In summary, ball to ball contact is excellent, but ball to surface contact is not desirable.

Cuspid to Cuspid Fixed Bridges

The question of preference between the 3/4 crown and full crown as an abutment in the cuspid to cuspid fixed bridge is often contended. The 3/4 crown has some advantages which include durability, ideal esthetics, minimal cutting of tooth structure, little gingival irritation and good retention under ideal conditions. It is, however, contra-indicated when any of the following conditions prevail:

1. short crowns,
2. thin teeth (labio-lingually),
3. cuspids with a marked taper,
4. when the caries index is high,
5. when the cuspids are rotated or malposed.

In all of these situations the full veneer crown is preferable. The question of double abutments will not be discussed. Individually, there can be no doubt that the full crown provides more retention than does the 3/4 crown.

Grooves

A cylindrical groove is more desirable than a tapered groove in that it provides greater retention.

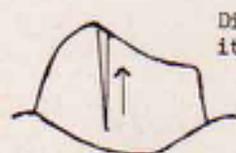


Fig. 6

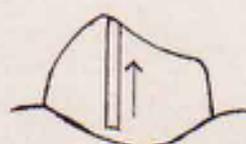


Fig. 7

As can be visualized from the diagrams, contact in the groove area between the crown and the tooth is not made until the crown is completely 'home to place' when the grooves are tapered (Fig. 6.); whereas when the grooves are cylindrical (Fig. 7.) contact in this area is made continuously as the crown slides to place and much greater retention is attained.

In paralleling grooves, the bur should be watched rather than the environment, and movement should be free hand. Every operator has what might be termed a 'built-in paralleling mechanism'. Having completed the first groove, one should return to it to check alignment while preparing additional grooves.

Suggestions for Avoiding Pitfalls in Crown and Bridge

1. Molar Full Crown Preparations

When preparing molars for full crowns, the occlusal surface should be reduced following the cuspal anatomy so that a "pot-hole" effect is produced. Circumferential irregularity in the preparation, rather than the cylindrical shape, greatly improves resistance form.

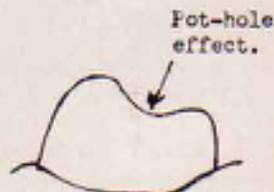


Fig. 8

2. Achieving Dryness Prior to Impression Taking

Before taking an impression, both dryness and tissue retraction must be

achieved. Extra heavy weight rubber dam has great retracting ability and can be used alone as the method of tissue retraction. Gingi-pack cord may be used as an alternative. A small bladed plastic filling instrument is useful in placing the cord which should remain in place for ten minutes. Rubber base impression material will not flow into a sulcus that isn't dry. Before removing the cord the sulcus should be blown dry, because an attempt to dry it after removal usually results in hemorrhage.

3. Rubber Base Impression Material

Before using rubber base impression material, the tubes should be massaged in order to remix the contents. There is a tendency for the components to separate out during storage. If the spatula is coated with the catalyst, a more uniform mix will be produced. Contrary to popular belief, rubber base impression materials are not dimensionally stable, because shrinkage takes place due to polymerization. The model should be poured up within twenty minutes. Within thirty minutes demonstrable shrinkage has occurred and after two hours this change almost doubles.

4. Impression Pouring

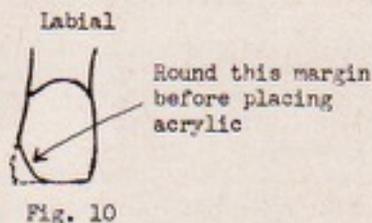
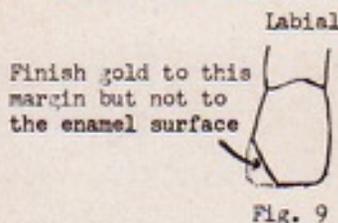
When pouring up an impression, whether a rubber base or other material has been used, only the crowns should be covered with cast material initially. After the initial pour hardens, then a second pour is used to complete the cast. Pouring the full cast with one mix of material produces too much weight on the impression material and causes distortion.

5. Pontics

Only two types of pontics are recommended - the conical or egg-shaped type for mandibular bridges, and the ridge-lap type for maxillary bridges. The pontic should never touch moveable tissue. The base of the pontic should be concave with as little contact with the tissues as esthetics will permit. On the lingual aspect, embrasures should be wide to ensure as much self-cleansing as possible.

6. Fractured Anteriors

When preparing fractured anteriors for which the restoration of choice is a gold inlay with an acrylic facing, the gold should be finished to the broken surface as indicated in Fig. 9.



After the inlay has been cemented to place, before inserting the acrylic, the enamel margin should be bevelled slightly so that the acrylic does not form a butt joint with the enamel, resulting in a noticeable line.

7. Temporary Crowns

When fabricating temporary acrylic crowns, they should be made thick at the gingival margin in order to obtain a butt joint without ragged margins. The cement won't show and the crown will be stronger, more esthetically pleasing and more acceptable to the soft tissue.

8. Acrylic Veneer Full Gold Crown

In order to compensate for the shrinkage which occurs with all acrylics, the gold face should be undercut completely as illustrated in Figs. 11 and 12. As the acrylic shrinks, it becomes tightly locked in the undercut area and seepage of saliva will be minimal.



Cross-section

Fig. 11



Undercut completely
as illustrated in
cross-section

Fig. 12

9. Gold Castings

Castings fit better when they are etched with aqua regia. This permits better seating and also provides a slight space to accommodate the cementing medium.

10. Soldering Bridges

If the crowns and pontics of a bridge are tightly butted together prior to soldering, the expansion during heating will cause movement of the components and thus distortion of the soldered bridge. The space required between the components is slight, perhaps as little as .005", but it is essential.

Summary

An attempt has been made to review some of the fundamental principles which should be constantly born in mind when practicing operative dentistry, and in particular when designing and constructing crowns and bridges, if success is to be realized. Also a series of suggestions have been outlined concerning techniques which have been recommended by various authorities and have proven to be of value to the author. It is hoped that these suggestions may serve as an aid to the reader in avoiding some of the pitfalls prevalent when practicing this branch of dentistry.

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6. Beveridge, E.E. Pulp Physiology, breaking the inside story; South Calif. S. Dent. A.J. Sep. 1966.
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8. Klecinic, E. American Board of Prosthodontists. Personal Communication. Oct. 1966.

Acrylic resin fillings should be finished and polished no less than 24 hours after insertion to avoid causing internal strains which may cause the restorations to craze.

J. Pros. Dent. 16:143, 1966

BOARD OF CONSULTANTS TO THE
ROYAL CANADIAN DENTAL CORPS

On 5 Jan 60 an Order was issued under the authority of Section 4 of the National Defence Act authorizing and constituting a Board of Dental Consultants to advise the Director General of Dental Services of the Royal Canadian Dental Corps on matters relating to specialized fields of dentistry.

The Board of Dental Consultants consisting of highly respected members of the profession and leaders in their specialized fields are invited to serve for a period of three years with the opportunity for extension of the appointment for a further period. They serve as an advisory board on specific dental problems, as well as on the broader aspects of treatment policy and the training of dental officers and auxiliary personnel.

Consultants serve without remuneration, although repayment of travel costs and out-of-pocket expenses when engaged on official duties of their appointments has been approved by Treasury Board.

In order to ensure a broad coverage of the dental specialties individuals were originally appointed from eight different fields of dental interest, namely:

Oral Surgery
Periodontics
Orthodontics
Oral Diagnosis and Roentgenology
Prosthodontics
Dental Ethics
Restorative Dentistry and
Dental Research.

In addition, authority was recently obtained to appoint a Consultant in Dental Public Health, a field which has become prominent in public and service interest.

As far as possible and in addition to their pre-eminent position in the profession, previous service records and geographical locations of those appointed have been considered.

As a gesture of appreciation for participating on the Board, each consultant has been presented with a suitably engraved framed certificate.

Although only one formal meeting of the Board has been held since its inception, DGDS has benefited from the services of the Consultants on many occasions and their willing response has been greatly appreciated. They have submitted articles on various subjects which have been published in the RCDC Quarterly from time to time. Full co-operation and assistance has been pledged by members who have been newly appointed and has been reaffirmed by those who have accepted reappointment.

During the past year, having completed a second term of service, Dr. Donald W. Gullett retired from the Board. Dr. W.G. McIntosh has kindly consented to accept the appointment as Consultant in Dental Ethics.

Dr. R.A. Connor has accepted the newly established appointment as Consultant in Dental Public Health.

To those who have completed their term of service and are retiring from active participation on the Board, and to those members who have accepted the invitation to serve for an additional term, sincere thanks and best wishes are extended from the DGDS and all members of the Corps. To the new members, the DGDS bids his welcome.

Following are biographical sketches of the members of the Board.

Consultant in Orthodontics



Dr JE Abra, DDS, FRCO(c), of Winnipeg, graduated from the University of Minnesota Dental School in 1931 and took post-graduate training in Orthodontics there in 1932. Since that time, apart from war-time service, his practice in Winnipeg has been limited to Orthodontics. He joined the CDC in 1939 and later commanded No 6 Company in Northwest Europe. Dr Abra has served in an executive capacity in many organizations both dental and non-dental, Canadian and American. He is a past-president of the Canadian Society of Orthodontists and of the Midwestern Section - American Association of Orthodontists. He became a member of the Board of Governors of the CJA in 1965 and was a member of the Board of Directors, American Association of Orthodontists, 1964-65. From 1948-58 he served as a consultant at the Winnipeg Children's Hospital and since 1960 has been a member of the Dental Faculty, University of Manitoba.

Consultant in Dental Public Health

Dr RA Connor, DDS, DDPH, FICD, of Ottawa is Chief of the Dental Division, Department of National Health and Welfare. He graduated from the University of Toronto in 1933 and practiced in St Thomas Ontario until 1939 when he joined the Canadian Armed Forces. He first served as an Infantry Officer (Elgin Regiment), later transferring to the CDC. Dr Connor obtained a Diploma in Dental Public Health at the University of Toronto in 1949 and since then has held several appointments pertaining to that specialty in Ontario and Manitoba, culminating with his present appointment with the Federal Government. He was a member of the Faculty of Dentistry, University of Manitoba from 1960-63. He has served on various Committees and councils relating to public health and dental public health in both Canadian and International organizations. At the present time he is President, Canadian Society of Public Health Dentists and also an Advisor to the Public Health Services Commission of the International Dental Federation.



Consultant in Oral Surgery



Dr JF Coupland, DDS, FACS, FICD, FRCO(c), of Ottawa has limited his practice to Oral Surgery since graduation from the University of Toronto in 1930. He served with the CDC from 1943-45, retiring with the rank of Major. He is Consultant in Oral Surgery to the Dental Department, Ottawa Civic Hospital. Dr Coupland has held the following offices in organized Dentistry: President, Eastern Ontario Dental Association - 1937; Director, RCDS of Ontario since 1959; President RCDS of Ontario 1965-66; Member CDA Council on Legislation 1948-54 and its Chairman 1953-54; Member, CDA Board of Governors since 1959; Member, CDA Executive Council since 1961; President, CDA, 1966-67. He has appeared as a clinician on programs of most Canadian and many American Dental Conventions and scientific meetings.

Consultant on Dental Research



Dr J.P. Lussier, BA, DDS, BSc, MS, PhD, FACD, is Dean and Director of Studies, Faculty of Dental Surgery, University of Montreal. He received his DDS from the University of Montreal in 1942, later engaging in post-graduate work in Physiology at that University and in Endocrinology at the University of California. He has served in various capacities on both the Dental and Medical Faculties of the University of Montreal. Dr Lussier has served as an executive with many Canadian and American dental organizations, particularly those involved with education and dental research, including the following: Chairman, Council on Dental Education, CDA, 1960-63; Chairman, Associate Committee on Dental Research, National Research Council, 1963-66; Member, Sub-committee on Dentistry, Department of National Health and Welfare, since 1965. He is the author of many published papers in the field of dental research.

Consultant in Oral Diagnosis and Roentgenology

Dr H.R. MacLean, DDS, FACD, FICD, FRCO(c), is Dean of the Faculty of Dentistry, University of Alberta. He graduated from the University of Alberta in 1928 and has been associated in a teaching capacity with that University since 1935, becoming Professor of Operative Dentistry in 1946. He did post-graduate work in Oral Roentgenology at the University of California in 1955-56. Dr MacLean is an active member of the American Academy of Gold Foil Operators and the American Academy of Oral Roentgenology. He has been a member of and has held executive positions in various dental organizations including the following: President, Alberta Dental Association; Executive Committee, Board of Governors, CDA; President, International College of Dentists (Canadian Section); Member, Organization Committee to form the National Dental Examining Board. Dr MacLean is a member of the Executive Council of the American Association of Dental Schools and a member of the National Examining Board.



Consultant in Prosthodontics



Dr J. McCutcheon, BA, DDS, MSD, FACD, FICD, FRCO(c), Dean of the Faculty of Dentistry, McGill University, received his DDS from that institution in 1945. Following graduation he undertook post-graduate training at the University of Michigan and obtained his MSD in Prosthetic Dentistry. He holds the appointment, Dental Surgeon-in-Chief and Director, Department of Dentistry, Montreal General Hospital. He is associated with the following professional organizations: Member, Board of Governors, College of Dental Surgeons of the Province of Quebec, and of several committees within that organization; charter member and past-president, The Canadian Academy of Prosthodontics. Dr McCutcheon has also served with various other organizations involved with health and education, and at the present time is chairman, Council on Education, CDA.



Dr W.G. McIntosh, DDS, MSD, FAGD, is Secretary of the Canadian Dental Association, having received that appointment in 1965. Upon obtaining his DDS from the University of Toronto in 1937 he entered private practice. From 1942-46 he served with the CDC retiring with the rank of Major. Following the War, he became associated with the University of Toronto both in a teaching capacity and in post-graduate work in Periodontics. He also took courses in this specialty at the Universities of Michigan and Alabama, obtaining a MSD from his Alma Mater in 1957. Dr McIntosh has been a hospital consultant in Periodontics and has held many executive positions in dental organizations including the following: Member, CDA Board of Governors and serving on several committees; Chairman, Research Committee, American College of Dentists; President, Canadian Dental Association, 1959-60.

Consultant in Restorative Dentistry

Dr James D McLean, DDS, FICD, FAGD, Dean, Faculty of Dentistry, Dalhousie University, graduated from the University of Toronto in 1942. Upon graduation he served in the CDC in England and Northwest Europe, retiring in 1946 with the rank of Captain. He engaged in one year of post-graduate study in fixed partial prosthesis at the University of Minnesota prior to joining the Faculty of Dentistry, University of Alberta in 1947 as part-time lecturer and Associate Professor in this specialty. In 1953 he was appointed Professor of Dentistry at Dalhousie University and Dean of the Faculty of Dentistry in 1954. Dr McLean has acted in an executive capacity in the Canadian Dental Association as: Chairman of the Committee on Ethics 1949-58; and Chairman of the Council on Dental Education 1958-62. He has served as Consultant at the Victoria General Hospital, Halifax and at the Halifax Children's Hospital and has been active in other organizations including the Canadian Red Cross Society.



Consultant in Periodontia

Dr J.M. Neilson, BA DDS, MS, FICD, FAGD, FRCD(c), Dean of the Faculty of Dentistry, University of Manitoba, received his DDS from the University of Alberta in 1941. Upon graduation he served with the CDC in Canada, UK and Northwest Europe, retiring from the Army as a Captain in 1945. He received his MS (Dentistry) from the University of Michigan in 1946 and became Head of the Department of Oral Pathology and Periodontology, University of Alberta, in 1947. After a period on staff of the Dental Faculty, University of Washington, Seattle, he was appointed Dean of the Faculty of Dentistry, University of Manitoba, in 1957. He is a Diplomate of the American Board of Periodontology and has served in an executive capacity in many professional organizations concerned with education, qualifications and research, both in Canada and the USA. Dr Neilson has been a speaker, essayist and clinician at many dental meetings and is the author of numerous published papers.



FOLLOWING DIRECTIONS-IN THE DARKROOM

WO 2 Everett E.M.B.

Great emphasis must be placed on the importance of following the manufacturers' instructions in the use, operation and maintenance of dental supplies and equipment. This concept is stressed by the Ritter Company of Rochester, N.Y. with whom the author of this brief article recently completed a course for dental equipment technicians.

Precise techniques have been established in using the x-ray machine which, if observed, should routinely produce good radiographs providing properly stored, unexpired film is used. However, "processing pitfalls" may occur in the darkroom and the dental assistant must be constantly concerned with avoiding these if radiographs of good interpretive quality are to be produced. This article is concerned only with darkroom processing pitfalls.

Improper lighting

How safe is the safelight? Safety is a matter of light intensity, plus distance, plus the length of time the film is exposed to the safelighting. The Kodak Company recommends a Wratten Series 6B or M1 Safelight Filter with a 7½ watt bulb four feet from the working surface for a one-minute interval. No lighting is safe if x-ray film is exposed to it for too long a period. Bare red bulbs should never be used. An unsafe safelight can produce a "dense image". Of course the room itself must be lighttight and should be periodically checked by closing the door, waiting until the eyes become accustomed to the darkness and then looking for minute light leaks around the door.

Improper Developing Time and Temperature

Chemical fog, recognized by a general grayness in the light areas of the film, can be caused by too long developing time and by developing solution which is too warm. A "thin image" may result from insufficient development or from cold developing solution. A "dense image" can be caused by overdevelopment or the use of a warm developing solution. Thermometers and timers should be checked periodically for mechanical efficiency.

'Worn Out', Improperly Mixed, and Contaminated Solutions

Solutions falling into any of these categories will produce unsatisfactory results. As emphasized previously, the manufacturers' instructions regarding the preparation and use of solutions must be followed "to the letter".

Solution Levels

Partial recording of the tissue area covered by the packet in the mouth may be caused by immersion of only part of the film in the tank or by the films touching the tank side or another film during development. Some evaporation occurs in a developer solution and dry films soak up a quantity of solution which is lost when the film is transferred to the rinse tank. Solution levels must be checked and films carefully placed on clean hangers for processing. Films in contact during development prevents the solution from reaching parts of the emulsion, resulting in inadequate development.

Agitating the Film

Many types of artifacts can appear in the processed film which increase

interpretive difficulties. When films are first placed in the developing solution they should be agitated to break loose any air bubbles that may be on the surface of the film. An air bubble restricts the developer's action on the emulsion and a spot can result.

Cleanliness

Careless procedures in handling the film such as splashing solution on to the working area can result in white blotches on the radiograph. Clip lines often appear after using a clip that has not been properly washed after previous immersion in fixing solution. The dried chemicals dissolve in the developer, run down the surface of the film and are recorded in the emulsion.

Conclusions

The list of pitfalls which can occur in the darkroom is a long one. It is said that a picture is worth a thousand words. This is certainly true of the value of a radiograph to the dental officer; but it must be a good one, and this is dependent upon proper handling in the darkroom. Let us follow the manufacturers' instructions carefully, check the darkroom, and remember that when processing film we need not be 'in the dark' to radiodontic pitfalls. Having checked the common errors listed in this article, if anyone continues to have a darkroom problem, he should call on the friendly boys at equipment repair.

1. Sweet, A.P.S. Radiodontic Pitfalls. Eastman Dental Company, Rochester, New York.
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Commemorative Wall
The RCDC School



Brig KM Baird, formerly DGDS, and Col GR Covey, Commandant of The RCDC School, are shown standing beside the beautiful Commemorative Wall at the main entrance to the School. The Wall commemorates the 50th Anniversary of the RCDC and is dedicated to all those who have served in the Corps. It was erected by WO 2 Morris WD.

Brigadier E.M. Wansbrough

OBE, MM, ED, CD, QHDS, DCS, FICD, FACD

Colonel Commandant of the

Royal Canadian Dental Corps



Since being honoured by the appointment of Colonel Commandant of the Royal Canadian Dental Corps two years ago, I have been asked from time to time, - "What are the duties of the office?". To answer I cannot do better than quote from Canadian Army Order 20-26, 31 August 1964.

"The tenure of appointment of Colonel Commandant will be for a period of five years. Officers appointed from the Retired List will be enrolled in the Supplementary Reserve for the tenure of their appointment."

Terms of References

It will be the duty of the Colonel Commandant to:

- a. foster esprit de corps throughout the corps;
- b. advise Army Headquarters as appropriate in his capacity as Colonel Commandant;
- c. act in an advisory capacity to the corps association and unit commanders of the corps on matters pertaining to the corps so that uniformity is maintained in such matters as dress and customs;
- d. advise on the administration and disposition of corps funds and property;
- e. advise on corps charities, organizations and memorials;
- f. maintain close liaison between the Regular and Militia units of the corps;
- g. keep in touch with allied corps.

The disbandment of RCDC(M) units has created a very difficult situation with regard to fostering esprit de corps and maintaining close liaison between Regular and Militia elements. There is little opportunity for keeping in touch with civilian members of the Dental profession who are interested in the Corps or could be encouraged to do so. There are at the present time 78 officer vacancies on the established strength of the RCDC(M). The RCDC Association has been ably fulfilling its role, but unless conditions change radically its efforts will have a constantly diminishing effect.

It would therefore appear that the responsibility of maintaining interest and activity in military dentistry rests on individual effort. As my contribution I submit the following:

1. The organization and promotion of a Corps reunion for all ranks in the near future;
2. The provision of a suitable and adequate memorial for all members of the Dental Corps who lost their lives during periods of warfare.

To one and all I hope that this Centennial Year will be the best ever.

Sincerely yours,

Elgin M. Wansbrough

The RCDC News

Corps Conference

The 17th Annual DGDS Study Period and Conference was held in Ottawa 20-23 Nov 66 with Dental Unit Commanding Officers from across Canada, and from Europe attending. This year, for the first time, dental staff officers from Training and Mobile Commands were also in attendance. The meetings, which covered a wide range of topics of particular interest to the Corps, were chaired by Col LG Craigie.



Seated L to R - Col LG Craigie, Brig KM Baird, Brig GH Spencer (DGTR), Brig BF Kearney.

Standing L to R - Maj JW Fletcher, Maj JVR Chatwin, Col GC Evans, Col JM Turner (partially hidden), Maj LA Reynolds, Lt-Col WH Harrington, Lt-Col LR Pierce, Col GR Covey, Lt-Col AW Brusso, Col MHC Cunningham, Col CM Cornish, Col SG Bagnall, Lt-Col WR Thompson, Lt-Col JC Brick, Lt-Col WM Anglin (partially hidden), Lt-Col G MacDougall, Maj CA Casterton, Maj IH Guevremont, Lt-Col LA Richardson, Lt-Col JH Frotheroe, Capt E Clark.

A formal dinner was held at CFB Uplands on the evening of 23 Nov as a social function for the Conference and to bid farewell to Brig KM Baird, retiring DGDS. A portrait of the Brigadier, to be hung in the RCDC School, was presented on behalf of the Corps by the Colonel Commandant, Brig EM Mansbrough (Retd). Other suitable mementos were presented to Brig Baird and a bouquet to Mrs Baird. In his farewell speech, the retiring DGDS spoke of his long and happy association with the RCDC during both peace and war-time service.

Brig Kearney conveys best wishes on behalf of the Corps to Brig Baird on his retirement.



Annual Corps Association Meeting

Brig BF Kearney and Lt-Col G MacDougall attended the annual meeting of the Royal Canadian Dental Corps Association held in Ottawa 9-10 Dec 66. At this meeting

the following slate of officers was elected:

Fast President	-	Lt-Col MJ Snidal, Winnipeg, Manitoba
President	-	Lt-Col AJ Harris, London, Ontario
President-Elect	-	Lt-Col JE Hallett, Halifax, Nova Scotia
1st Vice-President	-	Lt-Col SG Geldart, Edmonton, Alberta
2nd Vice-President	-	Lt-Col JMR Gourdeau, Montreal, Quebec
Secretary	-	Lt-Col MC Parks, St Catherines, Ontario
Treasurer	-	Lt-Col TW LeSage, Ottawa, Ontario

Recruit Dental Index to be Established

Recruits entering the Canadian Forces are being dentally examined at the six Personnel Selection Units across Canada in order to determine a dental index for young Canadian males within this age group. Maj JVP Chatwin is currently visiting the PSUs in order to ensure standard procedures in conducting dental index examinations.

RCDC Curling

The Fifth Annual RCDC Bonspiel will be held at CFB Jordan 17-18 Feb 67.

The Bonspiel will be conducted on a Three-Event system with the first draw at 0800 hrs 17 Feb. Details concerning the draw will be contained in the instruction booklet which is issued on arrival.

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

The Presentation Dinner will be held on Saturday evening 18 Feb.

Division News

New Director General of Dental Services

Brig & Kearney, MBE, CD, QMDS, P, DCS, FICD

On 9 Dec 66 Col B. Kearney was promoted Brigadier and appointed Director General of Dental Services, replacing Brig KM Baird who retired from the Armed Forces. Brig Kearney is heartily congratulated and wished every success by all members of the Corps, and to Brig Baird go wishes for happiness in his retirement and future endeavours.



Division Officer Promoted

Lt-Col JW Turner has been promoted to the rank of Colonel and appointed Senior Consultant for the RCDC replacing Col LG Craigie who is now Deputy Director General.

Dental Health Meeting

Maj JVP Chatwin as DPHO representing DMS, attended a meeting of the Subcommittee on Statistics and Evaluation to the Advisory Committee in Dental Health of the CMA, held in Ottawa in October. The Corps will make available to this Committee results of the recruit survey presently being conducted by RCDC teams.

Special Events

RCDC officers of the Ottawa area were hosts for the annual Christmas party held on 16 Dec 66 at the Senior NCOs Mess, HMCS Carleton. Lt-Col LR Pierce organized this successful party and it was attended by members of the RCDC and civilian personnel from all clinics in the area.

11 Dent Coy

Retirements

Best wishes are extended to Dr FM Murray who retired from the Civil Service on 10 Nov 66. Since his retirement from the RCDC in 1958, Dr Murray has served in the clinic at CFB Esquimalt.

Sports

"A team of braggarts consisting of Maj Sivell, Capt Stansfield, Lt Savoie and Sgt Shergold were soundly trounced by Col Evans, Lt-Col Hillier, WO1 Bilbey and WO2 McHugh at the start of the Recreation Curling Season."

The First Annual Christmas Bonspiel was held in Edmonton on 16 Dec 66 with one team from Calgary, two from Cold Lake and three from Edmonton taking part. It was won by a rink from Cold Lake with Capt Chernesky (skip), Capt Gudzinski (third) and with Capt Wilson and SSgt McPadden 'holding up the front end'. An excellent meal, speeches and the presentation of trophies followed the curling. Approximately 40 RCDC personnel attended this one-day spiel and all were in favour of making it an annual event. The CC kept a keen eye on prospective curlers for the forthcoming RCDC Bonspiel, and all Dental Units are to take fair warning that a strong representation will come out of the West this year.

12 Dent Coy

Retirement

Sgt Fleisher DLO is retiring from the RCDC after nearly 22 years service. During World War II he saw service in UK, France and Germany; and later, in Korea, he was one of the few RCDC personnel to be awarded the United States Distinguished Unit Citation. Most of the members of this unit in the Halifax area were present on 18 Nov to bid him farewell and to witness suitable presentations.

Sports

The following RCDC members who took part in the Halifax Garrison Curling Club Turkey Bonspiel were prize winners: SSgt MacFarlane ADA, WO2 Everett EMS, Capt EF Foley and Capt M Kostyniuk.

Major RH Headley won a turkey at the Gagetown Turkeyspiel.

WO1 Shiner JE won a turkey at the Annual Cornwallis Turkey Shoot.

The writer of No 12 Coy news has aptly stated--"the dentals were really 'for the birds' this season."

Special Events

A very successful unit Christmas party, in the form of a supper dance, was held at Windsor Park on 16 Dec. This was the first one held for some time and was very well attended. All clinics except Chatham and Summerside were represented, with almost all of the staff from Cornwallis in attendance. The committee secured a band and prizes, all of which added to the festive atmosphere.

13 Dent Coy

Retirement

SSgt "Frank" Heard upon reaching retirement age after serving with the Armed Forces from NPAM Service in 1933 and Active Service 1940, was released from the Regular Forces on 20 Nov 66. He has accepted a call-out from the Supplementary Reserve and will continue to be employed at CFB Trenton.

14 Dent Coy

Special Events

A unit Christmas party was held on 3 Dec 66 at the Charleswood Motel where a cocktail hour, dinner and dancing were enjoyed by all who attended.

A Royal Canadian Dental Corps stained glass window was presented to the Protestant Chapel, Selkirk Lines, CFB Winnipeg, by Protestant personnel of No 14 Dent Coy. It was dedicated at the morning service of worship on 18 Dec by the Chaplain, Maj EV Porrior.

Sports

The hunting season in Shilo saw Maj Collier and Capt Harach each get a deer - the former by marksmanship and the latter by sheer luck. (so says the writer from No 14 Coy)

15 Dent Coy

Special Events

A formal mixed dinner was held at the Officers' Mess, CFB Montreal, on 10 Nov 66 for Majors Durand and Masse on the occasion of their retirement. The retiring officers were presented with RCDC plaques and the ladies with bouquets.

Col Cornish (centre)
presenting RCDC plaques
to Major Jacques
Durand (l) and Major
Lucien Masse (r)



Brief biographical sketches of the retiring officers were presented in the Oct 66 issue of the Quarterly.

Christmas Party

The officers of No 15 Dent Coy were the hosts at a mixed Christmas Party for members of the Company in the Montreal area. This gala event was held at the Social Centre, CFB St Hubert, on 12 Dec 66.

RCDC School

Training

Dental Technician Laboratory Gp 1 Course



Front row L to R - Sgt J Hossdorf, WO1 DD Robertson, Lt-Col DH Protheroe, Col GR Covey, Maj FS Sills, WO2 EB Morse, Sgt KS Rothwell

Back row L to R - Cpls NJ Hope, RC Wormington, ML Allen, NB Sharp, HKK Gapmann, JA Larouche, RS Todd, WD Suxton, HE Ayerst, AF Abfalter.

Training Assistance

On 13 Oct 66, Dr DG Gardner, Associate Professor of Oral Pathology at the University of Western Ontario presented lectures to the Capt to Maj candidates. The class and staff welcomed another point of view and approach to Pathology.

Inspections and Visits

On 30 Nov, AVM RC Stovel, Commander TC, visited the School to be briefed on training activities. During his visit he gave an informal talk to all Comdts and COs of Schools and Units in Borden on the progress of unification.

Personnel

Maj AG Taylor reported for duty on 11 Oct and is employed in the Training Wing in the Fixed Partial Denture department.

Sports

Sgt RS Walker was a member of the Borden soccer team which won the zone play-offs at Kingston but unfortunately lost to the HMCS Naden team in the semi-finals of the Fearkes Trophy at Winnipeg (11-15 Oct).

Lt-Col Protheroe's rink reached the semi-finals in A Division of the Yuletide Bonspiel held at Borden.

WO2 Mazerall EE was vice-skip of a CFB Borden rink which won the trophy at the Barrie Chamber of Commerce Bonspiel 16 Nov 66.

Plans for the Fifth Annual RCDC Bonspiel are now firm and Lt-Col Sills, the Chairman of the Committee, has sent out the "flyer" to all Dental Units.

Special Events

The traditional Christmas Dinner, at which the officers and senior NCOs serve the men, was not held this year. In lieu, the officers of the RCDC(S) hosted a Christmas party for all ranks at the School on 21 Dec. The door prize was won by Sgt Joe Hossdorf.

Cpls Todd RE and Averst NE, candidates on the Dental Laboratory Assistant Course, won the trophy for the euchre tournament during the O'Keefe's Night held at the Huron Club CFB Borden 1 Nov 66.

Commissioned from the Ranks

All ranks were delighted to learn of WO1 DD Robertson's promotion to Capt on 17 Oct 66. He enlisted in the Canadian Army in 1940, serving with the Dental Corps from that time. As a laboratory technician, he has seen a generation of dental officers come and go. After a brief sojourn on "civvy street" following the War, he re-enlisted in 1947. Congratulations Robbie!



1 Dent Det

First Aid Training Put to Use

On 13 Oct 66 Sgt Innis RB helped to control bleeding from head and facial injuries until the ambulance arrived for a woman who was struck by a car.

Sports

Sgt Parker WJ is a playing member of the CPHQ Team in the National Defence Hockey League. At CFB Rockcliffe he has been selected as referee-in-chief for the inter-section hockey league.

Special Events

An all ranks informal dance and buffet was held at the Community Centre, CFB Uplands, on 21 Dec 66.

1 Dent Eqpt Dep

Special Events

Maj & Mrs Fletcher had the pleasure of attending a Retreat Ceremony performed by 2 Bn Canadian Guards in celebration of their 13th Regimental Birthday.

A very enjoyable Christmas party complete with Santa Bob Mills was held at the Depot for the children on 17 Dec. The parents got together with personnel of 3 Dental Clinic for a very successful "adult" party on 14 Dec.

35 Fd Dent Unit

Conferences

Lt-Col Brick attended the Western Germany Armed Forces Dental Society Meeting in Ramstein on 14 Oct. Col JD Louis, Chief of Oral Surgery at the USAF Hospital in Wiesbaden spoke on "X-Rays - Facts and Fallacies".

Special Events

One of the social events of the festive season was the Medical/Dental Christmas Party held 15 Dec. The "powers that be" decided that would be an ideal evening to call a "Snowball" (practice alert). Thoughtfully, however, the alert was of short duration, so the party continued to the enjoyment of all.

Sports

This unit's entry in the HQ 1 Air Div Mixed Bowling League is leading the league at the season's halfway mark, thus ensuring the team a berth in the play-offs at the end of the season.

Maj Y Kamachi spent Christmas skiing in the Vosges Mountains. He reported good skiing and returned with all limbs intact. Unfortunately the same cannot be said for FS Torrens CMB who broke an ankle while skiing in Austria.

4 Fd Dent Coy

Conferences

Professional meetings were sponsored by 4 Fd Dent Coy on 5 Oct 66, 9 Nov 66 and 7 Dec 66, with varied programs consisting of professional films and presentations by Lt-Col Richardson and Capt O'Hara. US Army, RADC and RAF officers attend and participate in the programs.

The NCO Study Group met on the same dates and were addressed by WO2 Bennett, Sgt Lambert and SSgt Dion.

Special Events

On 2 Dec 66 4 Fd Dent Coy held its annual Christmas party in the Castor Club in Werl. The executive of the NCO Study Group made the arrangements for this excellent party.

The officers of this Unit sponsored a Medical - Dental Ball in the Canadian Officers' Club in Soest, on 9 Dec 66.

Sports

SSgt Tait was vice-skip on the rink that won "A" Event of the Fort York Yuletide Bonspiel. He credits his win to the physical fitness program conducted recently for all ranks of this unit.

CCUNCYP

Personnel

Capt G Hye turned over the Dent Det CCUNCYP to Capt J Strom in Oct 66. Cpl O'Dell was replaced by Cpl Timmers.

Excerpts from the Nov Liaison Letter

"After two weeks of heavy rainfall the parched brown earth of the Messoria Plain blossomed into a Spring-time garden. This induced us to plant one of our own, and the clinic area is blooming with poinsettias, geraniums and chrysanthemums under the able 'green thumb' of Cpl Timmers."

"A most interesting tour of a few of the operational outpost areas was provided

by Tjiklos Company for the clinic staff. After visiting two specific outposts - "Mountainside" and "The Saddle", we were taken to the very beautiful and historic St Hilarion Castle (still held by the Turks), and on a tour through it by the Turkish Contingent stationed there. A perfect way to end a most memorable day."

Sports

Capt Strom qualified as a 3rd class diver in the RCR Scuba Diving Course. A very successful day of spearfishing climaxed the course, and Cpl Timmers has decided to enrol in the next one.

Special Events

A Christmas Carol Service was held in the UNFICYP HQ Chapel for all contingents. Each contingent sang its own country's carols and 'Silent Night' was sung by all contingents in their various languages. It was a most beautiful and impressive service.

The UN Helicopter Sqn took Cpl Black for a familiarization flight about the Island. He was impressed both with the scenery and the skill with which the aircraft was handled. The rest of the clinic staff is anxiously awaiting their turn.

CBU (UNEF)

Visits

His Excellency, Mr JR Maybee, Canadian Ambassador to Lebanon, accompanied by Mrs Maybee, visited UNEF 23-28 Oct 66. They visited this detachment and met the members of the staff.

Special Events

A farewell party was held 4 Nov 66 on the patio outside the Detachment quarters for SSgt Jim Kay. Refreshments and a fine steak and chicken dinner were served, followed by a sing-song.

Sports

The "Canadian Open" Golf Tournament was held at the Bedouin Golf Club (Rafah) on 16 Oct 66. Maj Bisailon took 1st Low Gross with a score of 71.

Cpl Hall was runner-up for the Bedouin Golf Club Championship held on 6 Dec 66, no mean feat since he really only took up golf after his arrival in the Middle East.

Polar Bear Club

Approximately 200 personnel of the Canadian Contingent 'braved' the time of year and took a dip in the 'Med' to qualify for entry into the Polar Bear Club. Among those qualifying on 31 Dec was LSgt Eady.



Professional Training

Royal College of Surgeons, London, England

Majors JF Begin, IW Susser - Basic Dental Science Course - 31 Oct 66 - 20 Jan 67

US Naval Dental School - Bethesda, Maryland, USA

Major ED McDermott - Fixed Partial Dentures - 3 Oct-18 Nov 66

Major JLY Cyrenne - Oral Surgery - 16-20 Jan 67

Major RH Headley - Oral Surgery - 30 Jan-17 Mar 67

CFMTC - Canadian Forces Base Borden - Medical & Dental Officer NBCW Course - 9-20 Jan 67

Major JH Marion

ENT Air Force Base - Colorado Springs, Colorado, USA

Major CJ Sivell - Cogswell Oral Surgery - 16-27 Jan 67

University of Michigan - Ann Arbor, Michigan, USA

Capt NH Andrews - Endodontics - 28 Nov-9 Dec 66

Maj HW Brogan - Interceptive Orthodontics - 30 Jan-3 Feb 67

Canadian Forces Base Borden - Unit Officers Security Course - 30 Nov-14 Dec 66

Captain RG Peebles

Canadian Forces Base Clinton - Behaviour Analysis Course - 28 Nov-9 Dec 66

Lt-Col AG Andrews, WO1 TL Batten

Training

RCDC School - Canadian Forces Base Borden

Dental Laboratory Technician Course - 16 Jan-10 Mar 67

Sgts Roberts HW, Roy JRR, Schuh A, Cpls Mandruisiak GW, O'Mara TR

Dental Clinical Supervisor - 9 Jan-5 Mar 67

WO2 Abernathy EK & WO2 Robertson SNE

Dental Technician Laboratory Course - 29 Aug-16 Dec 66

Cpls Abfalter RP, Allen ML, Ayerst NE, Bristow GB, Buxton WD, Geymann HKK,

Hope NJF, Larouche JA, Sharp NB, Todd RE

Dental Assistant Course - 24 Oct-9 Dec 66

Ftes Arbour JCM, Bernier JJ, Boissonneault JMM, Brophy GL, Burt GR, Craig MJ,

Gallagher GJ, Harley AD, Lamontagne GHR, North RC, Paquet Y; Cpls Batson JF,

Clifton NB, Daffield RG, McKenzie JN, Mallin RW, Solomon RL, Taylor TH

No 1 Dent Egmt Dep - Canadian Forces Base Fatawawa

Dental Egmt Maint Tech - 12 Sep-16 Dec 66

Cpls Cliche JFGA, Clint JA, Palmer WJ, Schultz EJ

Conversion Course - DET Gp 1 to DEMA Gp 2 - 14 Nov-9 Dec 66

Cpls Boulianne JAL, Gratton JRY, Harkin PE, Violette JL

Special Conversion Course Dent Stan Gp 3 to DEM Trade - 9 Jan-31 Mar 67

SSgt Sullivan TW, Sgts Kennedy JF, McDonald RM, Parker WJ

RCAC School - Canadian Forces Base Borden - Jr NCO Course - 31 Oct-19 Dec 66

Cpls Boulanger JFGF, Labrosse JGJ; Pte Beauchamp CJN

R 22E R Regt Depot La Citadelle - Jr NCO Course - 25 Jan-15 Mar 67

Ftes Boissonneault JMM, Cloutier JRA, Paquet Y

RCASC School - Canadian Forces Base Borden - Sr NCO Course - 19 Sep-18 Nov 66

Sgts Arseneault JB, Brighty RG, Cable N, Fathers GN, Forsythe CVS, Fraser DE, Giroux JF,

Hannay B, Hughes DC, Maclean JM, Pevevill LG, Pink A, Pion LN, Roy R, Rutledge RJ

Welcome to the Corps

Ptes - Chenail BJ, Coss FR, Desgroseilliers JRAR, Jones NG, Lambert LA, Williams MGE, Kayne JE, Harding WA, Michaels MJC.

Cpls - Mackie BL, Reil GJA, Heintz A, Hughes JG, Hildebrant GG, Proud IG, Longford MD, Mason DW

Promotions

To Brig - BF Kearney

To Col - JW Turner

To Lt-Col - PS Sills

To Capt - WO1 Robertson DD

To WO2 - Laurence KE

To SSgt - Tait A, Adams CH

To Sgt - MacLean JM, Arsenaault JB, Hannay B, Fathers GM, Feverill LJ, Giroux JF, Cable N, Lambert JFA, Fion LH, Fraser DE, Ratledge RJ, Roy R, Forsythe CVS, Pink A, Eady NAJ, Vandervaart B, Mylie WL

To Cpl - Delmage RK, Straadin JA, Abfalter RF, Hatcher LR, Palmer WG, Bosch F, Bristow GB, Hope NJ, Allen ML, O'Dell RG, Kukurudziak TRJ, Gapmann HKK, Braslins IA, Wesley JA, Belanger JF, Jack A, Roy DW, Labrosse JG, Larouche JA, McIntosh MR, Kilgrain JC, Scheer RV, Walker JM, Mallin RW, Peeney DC, Renwick WH, Clint JA, Shave CC, Tallack RJ, Maelde P, Esterbrooks AL, Anderson GM, Bowser GG, Cliche JFAG, Batson JF, Solomon RL, Clifton HB, Daffield RG, Taylor TH, McKenzie JW, Timleck LJ, Likins JA, Haiplik RM, Hewitt DG, Thomson JE, Wilson AM, Hughes JG.

Retirements and Releases

Brig KM Baird, OBE, CD, QHDS, DOS, FICD; Capt MD Taylor, DOS; SSgt Heard JF, EM, CD; Sgt Flesher DLG, CD.

Vital Statistics

Marriages

Capt FGC Arpin to Miss Nicole Huguette Champaigne; Capt JA Mattress to Miss Margaret Elizabeth Phillips; Cpl Anderson GM to Miss Haruko Maysniski; Cpl Heather CSS to Gabriela Rita Schuler.

Births

Son - Maj & Mrs L Dombowsky; Maj & Mrs MH Headley; Maj & Mrs JFA Marcil; Maj & Mrs EW Gazo; Capt & Mrs MH Harach; Capt & Mrs AF Brothers; Capt & Mrs GB Furcell; Capt & Mrs JLC Giguere; Capt & Mrs JAA Boucher; Cpl & Mrs WD Horne; Cpl & Mrs GG Bowser; Cpl & Mrs CW Deveaux; Cpl & Mrs AH Peck (Adopted).

Daughter - Maj & Mrs JF Begin; Capt & Mrs JR Robertson; Capt & Mrs MH Lunnigan (Adopted); SSgt & Mrs JR Yeates; Cpl & Mrs JA Likins.