

The
**ROYAL CANADIAN
DENTAL CORPS**
Quarterly



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Editor's Note:

The following reply to the "Toast to the Ladies" is printed in this issue of the Quarterly through the kind permission of Mrs. A.C. Leman who presented it on the occasion of the Corps Mixed Formal Dinner held at the Gloucester St. Officers' Mess, Ottawa, Ont on 5 December 1961.

HONOURED GUESTS, BRIGADIER BAIRD, LADIES AND GENTLEMEN:

On behalf of the ladies present I would like to thank the speaker Major Brick for the proposed toast and his kind words and on my own behalf also thank him for introducing a subject, the lot of the service-wife, on which I want to say a few words. After twenty-one years of being one, I have been thinking back a little, analysing, and wondering, however, I don't intend to take the twenty-one years day by day.

The role of a service-wife is not on the whole an easy one. We are not in the Service and yet we are "of it". Uprooted time and time again, we must start afresh and create for our families a haven of peace and rest and comfort, no matter where we might be unceremoniously plunked down, and no matter what the materials might be with which we have to work. Like Ruth in the Bible we follow our man and "whither thou goest I shall go ... and thy people shall be my people". At times rather than of Ruth, I have thought of Stanley Holloway singing in "My Fair Lady" about the neighbour who comes a-calling "With a little bit of luck, with a little bit of luck, when he comes around, you won't be in".

Certainly there have been difficulties. I remember particularly the plaster coming down on the dining room table, the water freezing when spilt on the kitchen floor up in the Yukon, the balky, contradictory French furnace refusing to draw and the irate French landlady waving her hands above her head in exasperation and vowing that it was all our fault because Canadians didn't know how to manage a furnace. (When I got to know the french language a bit more I realized that she always waved her hands about and spoke vehemently even when she was saying the nicest things.) The scratched favourite coffee table, the stair carpet short by three steps, the drapes short by three and a half inches. The neighbour's dog in the newly planted flower-bed and the horrid little landlady's son reading comics by the hour in the bathtub of the shared bathroom. We've all had these experiences, and plenty more like them and doubts assail us about the new places and new people and new problems.

But as a tribute to our husbands and a return of the compliment, and in spite of our trials and tribulations, there has also been much fun. It has been interesting, and it has been a good way of life. There is an exhilaration that comes from meeting a challenge and beating a problem which I think keeps us young in spirit.

I remember one day in Whitehorse during the Christmas season that I had baked 240 dinner rolls with a great deal of enthusiasm for all the parties and festivities of the Yuletide season. There were buns all over the place and what to do with them was a bit of a problem! We finally rigged out a barrel on

pulleys and hung it up on a tree, safely away from the packs of malamute dogs roaming the district and filled it with our dinner rolls. It made a perfect deep-freeze in 35 below zero weather and whenever we needed some rolls we pulled down the barrel.

I remember another time, and this emergency measure happened in quite a civilized part of the country, the power went off for the day. We were expecting 12 dinner guests from one hundred miles away and there was a very raw looking 30 lb. turkey to cook. Of course the mess and the neighbours couldn't help as they were in the same fix. We took the bird downtown to various restaurants in the little town nearby, but no one wanted to tie up his oven with our dinner. At last we took it to our cleaning lady who cooked it for us to perfection. The vegetables were done on a Coleman stove and with the fireplace lit and a hot dinner ready for our guests when they arrived we were all ready, having brought back the turkey wrapped in a blanket in the car for warmth. The Leman menu of "Turkey in a Blanket" and "Beans a la Coleman" was the laugh of the Loop, but we were very pleased that our guests didn't even know that anything was wrong until we told them.

In our travels we have an opportunity for building friendships which enrich our lives, not only in Canada, but in other parts of the world. In our postings we can develop new interests and receive new ideas. The roots which we sometimes mourn are, after all, not lodged in the neighbouring buildings but within ourselves and in our families wherever they are.

And then there is something else. Something which was exemplified for me recently in a very moving and beautiful ceremony at the air station where we are now living. It was a change-over of the AOCs and while the guests sat watching in their summer finery, the troops were grouped on the parade square and an excellent band played marches. After the general salute and the inspection, the signing over took place and then slowly, the pennant of the AOC who was leaving was lowered from the masthead. A hush fell over us all as we watched. The AOC was pale and tense with emotion as his pennant was rolled up and presented to him. He saluted, turned, and left with it tucked under his arm and for the space of a moment the parade square became a little blurred for some of us. The troops were re-grouping and at first I thought they seemed to be milling about without direction and then suddenly they wheeled about to attention in front of their new Commander whose pennant by now was flying in place at the masthead.

I glimpsed then, I think, something "bigger", the "whole" of the thing, the continuity of the service, and I was suddenly proud that my husband belonged to this "whole" and that I, through him, was also a part of it.

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MARRIAGE? - AN ACT OF FOLLY!

The following is an extract from the Standing Orders of the 72nd Highlanders of 1873 reproduced from the Canadian Army Journal Vol XV No 4 1961:

"It is impossible to enumerate half the miseries which are the inevitable result of marriage to a soldier; officers, therefore, cannot do too much to dissuade their men from it; there are but few men who will not, in after years thank in their utmost hearts, the officer or friend who kept them from such an act of folly; indeed, it ought to be sufficient to point out to such men what some of their married comrades are daily undergoing, to prevent them subjecting themselves to a similar misery."

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THE CORPS - 1961

Brigadier KM Baird, OBE, CD, DDS, QHDS, FICD

A review of our activities for 1961 may not appear as spectacular as the one for 1960 but it nevertheless discloses an effort that has been productive and rewarding. A part of what has been accomplished is not expected to become manifest until some years hence and must be considered as a long-range investment. The short summary that follows is intended only to outline the more immediate results and to depict our position at the present time.

The overall strength of the Corps was increased slightly in spite of a small reduction in dental officers, with a total of 54 personnel taken on strength and 48 struck off strength. Our civilian numbers remained constant but there was a gain in RCAF airwomen and in RCDC other ranks. However the Dental Officer Subsidization Plan, authorized during the past summer has produced the largest number of undergraduate enrolments in our history with a promise of even a wider response in the coming year when the benefits of the plan are fully publicized.

Those who diligently follow the seniority list may be somewhat surprised at the number of promotions which have come about since our last report was published. Eleven dental officers progressed to higher rank and one Warrant Officer Class I was commissioned in the rank of Lieutenant. Amongst the other ranks there was a total of 42 promotions including all levels from Corporal to WO 1 inclusive.

The training programme for 1961 was an exceptionally busy one for both the Militia and the Regular components. Dental units of the Canadian Army Militia, in addition to their Local Headquarters Training, had 18 officers on the Casualty Care Course at The RCDC School and seven on the Captain Qualifying Course Part 2. Five RCDC(M) other ranks were on attachment to the School as well. The Militia, of course, also conducted summer camps under command and unit arrangements where a total of 74 all ranks were trained. The General Efficiency Competition this year produced some new winners with the edge going to our Western units. It was gratifying to note that all units participated in the 1961 competition which had not been the case for the past several years.

In the RCDC Regular, 17 officer candidates underwent the Pre-Course Study Programme for qualification to the rank of Major and of these, 15 attended the Qualifying Course at The RCDC School. In the undergraduate programme, 46 ROTP and subsidized candidates attended the various practical phases during the summer at either our own School or the Royal Canadian School of Infantry. Qualifying courses for other ranks included 11 candidates on the Sr NCO Course and 7 on the Jr NCO Course.

Commanding Officers of RCDC Regular units are no doubt fully aware that a large number of their personnel were involved in technical or professional dental training. Trades training at our Corps School included 69 candidates of which 34 were dental assistants, 30 laboratory technicians and five clinical technicians. No 1 Dental Equipment Depot, in addition had eight for training as dental storemen. Professional training for officers was conducted at The RCDC School; at Canadian and US Universities; at US Service Schools and the Royal College of Surgeons in London, England. Thirty-three officers were provided with this post-graduate training which comprised courses varying in duration from one to 16 weeks and included all phases of clinical dentistry as well as the basic sciences. Papers and demonstrations were presented to professional meetings by eight Regular dental officers. National Survival training came in for its share of emphasis with certification of a further 13 officers and 19

other ranks in the St John Ambulance First Aid. This brought our Regular Corps status in qualified officers and other ranks to 96.1%, and 93.5% respectively. There were 22 officers and 52 other ranks trained in other phases of National Survival at either the Corps School; the Canadian Forces Medical Service Training Centre; the Civil Defence College at Arnprior or in Commands and Depots. These latter courses raised our Regular Corps status in officers and other ranks who have received such training to 68.1% and 43.5% respectively.

The programme for equipping and supplying the Corps with technical items proceeded in accordance with the long-range policy. The funds available for this purpose were expended to good advantage and many of the obsolescent major items of equipment were replaced by more efficient models. For example, 23 motor operating chairs, 42 oral evacuators, 44 airotors, 23 operating units, 25 X-ray machines and 79 dry heat ovens were procured and distributed during the year. The Stores Committee had for consideration 111 items and initiated investigation projects on 56 items of which 14 were recommended, 13 were still under test and 29 were not deemed acceptable.

Accommodation for the Corps was improved considerably with the opening of five new clinics; the renovation of a further eight, and the relocation of the headquarters of 4 Field Dental Company in Germany in improved facilities. New construction for Camps Valcartier and Petawawa is in the planning stage and there is hope that these projects may develop in the foreseeable future.

In the provision of dental services our achievement was maintained at a high level. The time-points ratio for dental officers per duty day was up slightly from last year and reached an all-time high for the Corps. Clinical technicians as well, continued to extend their effectiveness and demonstrated an increased productivity in all phases of their service, including prophylaxis, radiographs, total operations and patients. It is evident from this that all auxiliary personnel in the clinic, in the laboratory, in the stores and in the orderly room, are contributing with greater effect. The only area of concern in the overall treatment picture is in the field of periodontal treatment where, in spite of an increased emphasis on preventive dentistry, there continues to be a gradual decline. On analysis, the reason for this may prove to be statistical but it may be that further attention to this field will be necessary in future courses at the Corps School.

Finally, the Dental Health Education programme is producing encouraging results and is gaining wider acceptance by Service personnel and more enthusiastic support from the Corps members. Additional literature and more recent films are providing impetus to the project which ultimately should prove to be of benefit to all who participate.

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DENTAL PRACTICE

"Twenty-five or thirty years ago dental practice was limited to relieving pain and treating lesions of the teeth, the gums and other tissues of the mouth. Today it is concerned with the comprehensive management of oral, facial and speech defects and with the oral structures and tissues as they relate to the total health of the individual. Good dentistry in 1960 calls on the practitioner not only to prevent the occurrence and progression of dental diseases, but a search as well for oral pathological changes that provide early indications of systemic diseases".

Robert G. Kessel, D.D.S., M.S.
College of Dentistry, University of Illinois

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THE RCDC SCHOOL

Lt Col SG Bagnall, CD, DDS

The RCDC School has been operating for almost fifteen years and has gone through many stages of development. Many of the more recent members in the Corps perhaps are not aware that their School had a wartime counterpart. The requirement for technical training facilities for Dental Corps personnel was recognized early in the Second World War. The Canadian Dental Corps Technical Training Centre was established at 14 Spadina Road, Toronto in 1943 and during its two years of operation, courses of one to six weeks' duration in professional subjects and trades training were conducted. In all, a total of 116 refresher courses were conducted for 1232 all ranks of the Corps.

Early in the post-war period it became obvious that there was a requirement for a school to conduct Special-to-Corps training in peace time. This was realized in 1947 with the establishment of the Royal Canadian Dental Corps School at 541 Sussex Street in Ottawa. Although the accommodation and facilities left much to be desired, the energy and persistence of the staff under the direction of Lt Col KM Baird, resulted in the development of training courses which are the basis of our present training programme.

Lt Col KM Baird, now Brigadier and Director General of Dental Services for the Canadian Forces, retained command of The RCDC School until July 1952, when he was succeeded by Lt Col WE Meldrum. Lt Col GB Shillington, now Colonel and DDGDS, was appointed Commandant in June 1953 to be succeeded by Lt Col IAL Millar, now Colonel and DDS, the following year. When the School moved to its present location in 1957, Col BP Kearney was appointed Commandant and retained command until July, 1961 when Col CE Purdy assumed command.

Repeated demands for larger and better facilities finally met with the approval of the authorities and construction commenced in 1956 for the accommodation currently occupied. The new RCDC School at Camp Borden was taken over and occupied in June 1957. It was officially opened by the Honourable George R. Pearkes, VC, Minister of National Defence, on 13 June 1958 in the presence of a distinguished gathering of service and civilian guests. This was a proud and memorable day in the history of the Corps.

Added functions and increased responsibilities have caused the expansion of the school staff to more than twice its original establishment. Although training is the primary function of The RCDC School, a treatment wing is included for the provision of dental services for personnel located at Camp Borden. With the introduction of National Survival Training in the Canadian Army, courses were established in 1959 for the training of RCDC officers and tradesmen in their Special-to-Corps role. Stores investigations, special projects, publications, trade tests, assessments and reviews are a few of the additional functions of the unit.

As a unit located in a military camp The RCDC School is required to accept its share of responsibilities in the administration and organization of camp and community activities by providing representation or leadership to several committees. Over the years a vast number of visitors, both civilian and military, from Canada and abroad have visited The RCDC School to examine the physical facilities and study its training methods.

The relocation of the School in Camp Borden with additional training facilities enabled the Corps to enlarge the scope of many of the courses. This

is especially true in the summer training programme for undergraduate dental students. Subjects such as drill, field exercises and survival training provide the young officer and officer cadet with a much broader knowledge of military and Corps subjects.

Summer training for officer cadets is carried out in two phases. Each phase consists of ten weeks. The first half of the initial phase is primarily a familiarization period and is conducted at Naval and Air Force units. During this period the undergraduate is taught the customs of the three Services, the functions performed by the various components of each and, in particular, his function after graduation as a member of the RCDC serving one of these components. The remaining five weeks of his initial phase is spent at The RCDC School on Special-to-Corps training including instruction in military dentistry.

The undergraduate spends the entire ten weeks of the final phase of his training at the Corps School. Three weeks of this training is Special-to-Corps military subjects, one week National Survival Training and six weeks' clinical indoctrination.

It is fairly common during these summer training periods to have undergraduates on course representing every dental college in Canada. Many of the young officers take good advantage of this opportunity to exchange ideas, compare notes and engage in free discussion on a variety of topics related to their profession and chosen careers.

The School provides a common meeting place and aids in the development of an esprit-de-corps for many members scattered amongst the various units of the Canadian Navy, the Army and the Air Force in Canada and abroad. Since its inception in 1947 a total of 153 courses have been conducted with a total enrolment of nearly 1600 candidates. This accomplishment has unquestionably benefited the Services, the individual and Canadian dentistry.

COURSES AT THE RCDC SCHOOL

The following is a statistical report on courses conducted at The RCDC School since its inception in 1947. These figures are felt to present an interesting view of the School's principal activities over the years.

<u>TYPE OF COURSE</u>	<u>NUMBER HELD</u>	<u>TOTAL CANDIDATES</u>
<u>Officers - CA(R)</u>		
Officers Clinical	31	191
Lt to Capt Qualifying	3	35
Capt to Maj Qualifying	9	74
Command Dental Officers	1	6
Officers Advancement Training	1	11
Officers Casualty Care	3	21
Practical Phase Training - ROTP - Subsidized - COTC	<u>16</u>	<u>307</u>
TOTAL	64	645

<u>TYPE OF COURSE</u>	<u>NUMBER HELD</u>	<u>TOTAL CANDIDATES</u>
<u>Officers - CA(M)</u>		
Senior Officers Qualifying	6	56
Dental Officers Indoctrination	1	5
Militia Officers	4	186
Militia NCOs	<u>1</u>	<u>5</u>
TOTAL	12	252
<u>Dental Technician Clinical</u>		
Group 3	5	25
Group 4	<u>3</u>	<u>16</u>
TOTAL	8	41
<u>Dental Assistants</u>		
Dental Assistant Instructors	6	58
Group 1	23	273
Senior Dental Assistant	<u>2</u>	<u>18</u>
TOTAL	31	349
<u>I&A Cadre</u>		
I Staff	2	16
<u>Dental Technician Laboratory</u>		
Dent Tech Lab Instructors	7	62
Group 1	7	71
Group 3	13	110
Group 4	<u>8</u>	<u>49</u>
TOTAL	35	292
<u>QM</u>		
QMS Course	1	3

Total Courses Held - 153

Total No of Candidates - 1598

HABITS AND MALOCCLUSION

John Abra, D.D.S.

Consultant to the RCDC in Orthodontics

An acquired habit, from a psychological point of view is nothing but a new pathway of discharge formed in the brain, by which certain incoming currents ever after tend to escape. Habits in relation to malocclusion perhaps should be classified as either useful or harmful. Useful habits should include the habits of normal function, such as correct tongue position, proper respiration and swallowing and normal use of the lips in speaking. The harmful habits include all that exert perverted stresses against the teeth and dental arches as well as those habits such as open mouth habit, lip biting, lip sucking, thumb sucking etc.

Thumb sucking and finger sucking are of importance because of the concern they cause parents. The dentist to whom the alarmed parents come for advice is often as confused about the significance of the practise as are the parents themselves. He finds it difficult to help them or allay their fears. In order to do this successfully he is in need of a working knowledge of the significance of the habit at different age levels. He needs to know what harm, if any, may result; what factors lead to the development of the habit, and what measure should or should not be taken to handle the situation adequately.

The newborn infant has a relatively well developed mechanism for suckling. From it he receives not only his food but also a feeling of well-being, a sense of security, a feeling of warmth of association and of being wanted. To advise a parent to break up a finger or thumb sucking habit during the first year and a half to two years ignores the basic physiology of infancy. Since young children must continually adapt to new environments, some children will accept the restriction and turn quickly to more mature forms of satisfaction. Many children, however, will not, and the habit is made more pronounced so that it does not disappear as easily as it might have done if left alone. Constant badgering of the child by the parent to keep his fingers out of his mouth sometimes gives the child a potent weapon--an attention-getting mechanism. The child quickly learns that this is a fine way to attract attention and uses it accordingly.

For the first three years of life, experience has shown that damage to occlusion is confined largely to the anterior teeth. This damage is usually temporary, provided the child started with a normal occlusion. Some of the damaging consequences of the sucking habit are similar to the characteristics of a typically hereditary protrusion of the upper teeth. Hence it is easy to assume that this condition along with the retrusive mandible is caused entirely by the habit whereas a careful examination of both parents teeth may show that the child came by the condition honestly without any help from the thumb.

The permanence of the malocclusion increases markedly in children continuing the habit beyond three and a half to four years. The increase in overjet that goes with so many finger habits make normal swallowing increasingly difficult. Instead of the lips containing the dentition during swallowing, the lower lip often slips in lingual to the upper incisors forcing them further forward. Since we swallow about once a minute all day long the condition can become progressively worse even after the actual sucking habit has been overcome.

The TRIDENT of habit factors is:

Duration
Frequency
Intensity

Duration of the habit beyond early childhood is not the only detriment. Equally important are the frequency of the habit and the intensity. The child who sucks occasionally or just when going to sleep is much less likely to do any damage than is one who has his fingers in his mouth constantly. The intensity of the sucking is most important. Some children seem to have the finger or thumb lying passively in the mouth while others can be heard in the next room. Parents tell of removing a thumb from the mouth of a sleeping child producing a noise as loud as the "Pop" of a cork coming out of a champagne bottle.

The damaging consequence of these habits is apparent. One of the most valuable services a dentist can give is to help in overcoming these pernicious habits. This is often more easily said than done, but with patient understanding of the underlying cause and quiet but forceful talks to both child and parent, a great deal can be accomplished. If it is evident that co-operation is not going to be obtained from either one or both parties, then the suggestion should be made that the pediatrician or even a psychiatrist should be visited. No effort should be spared to break the childish habit before the eruption of the permanent teeth. If this is not accomplished the child at best will require months of expensive orthodontic treatment and, at worst, have an unsightly and unhealthy mouth for the rest of its life.

ENDODONTICS AND THE DENTAL ASSISTANT

Cpl WA Jackson

Endodontics is a branch of dentistry that in recent years has gained much prominence and it is imperative that dental assistants be familiar with the drugs and techniques commonly used. This article is, therefore, directed to the DA and his role in this field of dental science. More especially, it is hoped that it will answer some of the questions that arise in his mind respecting materials, equipment, and procedures and thus enable him to better fulfil his duties as assistant to the dental officer.

The practice of endodontics involves a number of important considerations not commonly included in other aspects of dentistry. While the following does not pretend to present a comprehensive list, it does include a few facts with which the DA may not have had an opportunity of acquainting himself.

The one thought that must remain constantly in mind is that all instruments and materials entering the canal must be sterile. Understandably then, if the root-canal instrument case is to remain sterile, the cotton pliers must be flamed immediately prior to each entry into the case; the lid should be opened no further than necessary to retrieve the instrument required and closed again as soon as possible. As the assistant reads on he will find that the greater portion of his duty is to provide, prepare, and present materials and instruments that are sterile.

Root-Canal Case

The first item of equipment to be considered is the root-canal case. (Fig 1) This is issued on an allotment of one per full-time dental clinic. Like most dental equipment, it is expensive and careful handling is required. Finger marks and smudges may be removed by means of an alcohol swab.

The instruments should be arranged in the removable tray according to the dental officer's preference, but the normal practice is to store the long-handled files numbered in increasing progression (ie 15, 20, 25, 30, 40 and 50) from left to right. In the shorter compartments the short-handled files are stored in the same series and the long-handled instruments numbered 60, 70 and 80 placed in the small space between the box and the compartment for the long-handled No 15 files. The additional small spaces on the right may be used for round and flame burs and paper points. Since the case does not provide space for cotton pellets, broaches, and straight-handpiece surgical burs, small trays of aluminum to accommodate these can be readily constructed.

The stainless steel slabs, spatulas, spreaders, Bowley gauge, and/or any special measuring device, are placed in the remaining unused portion of the instrument tray. The stainless steel slabs are used in lieu of the conventional glass slabs since they can be hot-sterilized without breaking.

The suggested number of files in each compartment is six. Files are now available with color-coded handles. The different file sizes have different colored handles which offer immediate detection of a file which has been placed in the wrong compartment.

Trays and contents, with proper care in handling, will remain sterile for one week; at the end of this period the entire unit should be re-sterilized.

Dry Heat Sterilizer

The second important item of equipment is the dry heat sterilizer, listed in the stores catalogue as OVEN, dry heat complete with temperature control. This item also is issued at present on an allotment of one sterilizer per full-time dental clinic. Care must be taken to operate it at the correct temperature of 320° F as the solder on the files melts at 350° F and a lesser temperature will result in incomplete sterilization. The sterilization period is 1½ hours. The lid of the oven should not be lifted once sterilization has begun as the unit tends to over-compensate for the heat loss. The instrument case is placed on the top shelf of the sterilizer to prevent overheating by radiation from the element in the bottom of the oven. Overheating, in addition to melting the solder in the instruments, scorches or burns the cotton pellets and the paper points. The sterilizer must be cleaned by daily dusting or wiping with a damp cloth since immersion of the unit or controls in water is contra-indicated. As only dental equipment is placed in this oven, its interior requires a minimum of care.

Rubber Dam and Clamps

The dental assistant must have in readiness all items required for the application of the rubber dam. The main variation from operative dentistry is that only the tooth undergoing treatment is isolated and after the dam is in place, the field of operation is sterilized with a disinfectant such as untinted metaphen.

Radiographs

The KV, MA, exposure time, and angulations used are recorded on the Treatment Record. The recording of these details makes it possible to make the follow-up radiographs which approximately duplicate the original.

As radiographs are made during the period of the patient's appointment, speed is essential in order that the dental officer may proceed as soon as possible with the next step in the procedure. In this regard the dental officer may request a modified processing technique for quicker viewing.

Patient Record

The dental assistant should keep a list of endodontic patients, showing all service particulars, local telephone number, date on which treatment began, number of treatments, and date of completed restoration. This record is of value not only to the dental officer but also to the dental assistant to provide a dependable reference for recalling the patient six months after completing the restoration.

Drugs and Materials

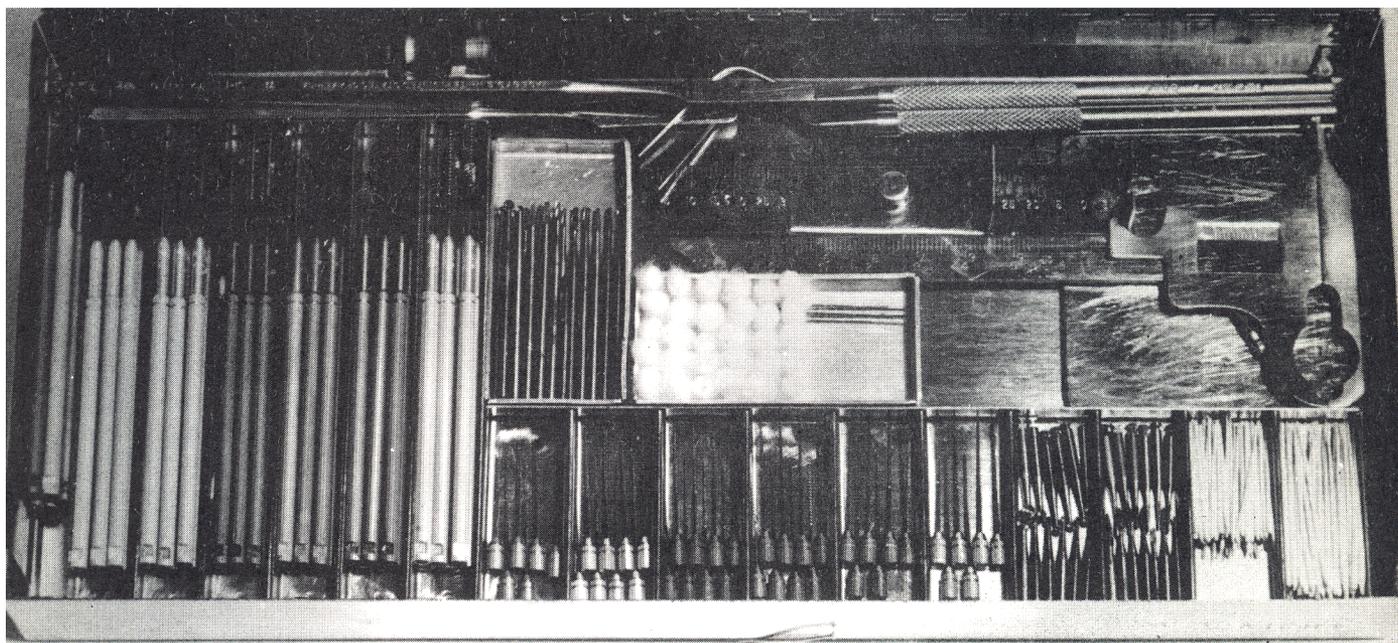
The dental assistant must be familiar with the following drugs and materials which are used in endodontics.

1. Camphorated Paramonochlorophenol is often sealed in the canal as a dressing between appointments. This drug is made available by dispensing it from a dappen dish, or direct from an eyedropper, to the paper point.
2. PBSC derives its name from the initials of its contents, viz, penicillin, bacitracin, streptomycin, and sodium caprylate. This dressing is introduced into the root canal with a blunt needle. The needle, stylus, and carpule are provided in the same box. It is the dental assistant's responsibility to maintain a clean, clear needle. After cleaning, it is necessary to sterilize the needle and place it in the surgery drawer ready for its next use. If for some reason the needle clogs, the stylus that is provided is used to clear the blockage.
3. Sodium hypochlorite (NaOCl) is used as an irrigating agent to remove debris from the canal. It is made up by diluting three parts of Javex (7% NaOCl) with one part water. The result is a 5% solution.
4. Hydrogen Peroxide is used in conjunction with sodium hypochlorite for the removal of debris from the root canal.

The dental officer and his assistant should arrive at a dappen-dish "code" which is mutually satisfactory, as the three above-mentioned solutions, viz, camphor, paramonochlorophenol, sodium hypochlorite, and hydrogen peroxide are to all intents and purposes colorless. The system in use at The RCDC School has proven satisfactory; amber being used for the CMCP, green for the NaOCl, and white for the H₂O₂. By standardization of these medicaments with a certain colored dappen dish, the dental officer knows immediately the contents of each.

5. Root-Canal Sealer - regardless of the brand in use, the DA must ensure that he is completely familiar with the mixing instructions enclosed with each package.

Fig 1

ROOT CANAL INSTRUMENT CASE

6. Metaphen (untinted) - This solution has the same antiseptic quality as the tinted metaphen, but does not have the staining effect. It is dispensed in a Petri dish and used to sterilize the rubber-dam field and Gutta Percha points. The Petri dish is also an excellent place to put a few rubber stops where they are readily accessible to the dental officer.
7. Rubber Stops - These may be made from ordinary 1/8 inch wide elastic bands cut into 1/8 inch squares, each of which is punched centrally with the rubber-dam punch. The punch is set at the smallest hole. These stops may be stored in a small sealed bottle in untinted metaphen. As mentioned above, they are best dispensed in a Petri dish.
8. Dehydrating Solution - This is used for cleaning and drying the pulp chamber prior to a bleaching procedure and is made up of three parts alcohol and one part chloroform.
9. Superoxol - This is a 30% aqueous solution of H_2O_2 , and is the bleaching agent used in the bleaching procedure. It is caustic and the following precautions must be observed:
 - keep tightly capped when not in use,
 - avoid contact with the skin,
 - keep refrigerated, and
 - handle carefully.
10. Xylene (xylol) - This is an excellent solvent for cleaning files, reamers, barbed broaches, spreaders, etc. It is available through medical stores.

CAUTION: For use only in a well-ventilated area as the fumes are harmful.

11. Swabs - These are made up of a large pledget or tuft of cotton on a wooden applicator. They are used to spread the untinted metaphen on the rubber dam field. Any suitable method of autoclaving these swabs is acceptable. A recommended method of wrapping for autoclaving is as follows:

Using the length of a dental towel, as a guide, lay the swabs in a row at right angles to the sides of the towel and about half an inch apart. When this has been accomplished, fold both sides of the towel into the centre over the row of swabs. Roll up the towel and swabs and secure the towel roll with towel forceps, dental floss or pins. Now autoclave the roll. To obtain a swab, one needs only to unroll the towel until a swab is uncovered. Store the roll in a surgical drawer of the cabinet.

12. Towels - Several autoclaved dental towels should be kept in the cabinet, preferably in the same drawer as the swabs. One of these will be used during each treatment as a sterile field on which to place those instruments that are to enter the canal. Further, to protect the broaches and files during use, the dental officer may place them under a fold of the towel.
13. Flame - An alcohol or gas flame is needed for the flame sterilizing of many of the endodontic instruments and the softening of Gutta Percha temporary stopping. The dental assistant will be required to make this available during root-canal treatment.

This outline of endodontic procedures is intended to supplement whatever knowledge the dental assistant already possesses. Additions or variations may be prescribed by the dental officer. By close co-operation with the dental officer, the dental assistant will find that he can share in the satisfaction that comes when an endodontic operation is brought to a successful completion.

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The following is an excerpt from a report submitted by Maj WH Murray, Camp Borden on a course in Endodontics he attended recently at the University of Michigan, Ann Arbor, Michigan:

"New Developments, Drills and Doctrines which it is considered should be included in the training of the active or reserve forces"

Sterilization of carious dentin by the use of a mixture of penicillin and camphorated parachlorophenol was strongly advocated in preventive endodontics as a more conservative alternative to the present routinely used calcium hydroxide preparations, since with the former preparation less secondary dentin is formed in the healing process thus allowing more favourable conditions for subsequent root canal therapy if such should ultimately be necessary."

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A REVIEW OF CURRENT LITERATURE ON INFECTIOUS HEPATITIS
AND ITS RELATIVE, SERUM HEPATITIS

Major RE Dyer, CD, DDS

15 Died, Doctor Is Charged

CAMDEN, N.J. (AP)—A pathologist for the Philadelphia medical examiner's office testified Wednesday that an autopsy he performed on one of Dr. Albert Weiner's patients showed death was due to phosphorous poisoning.

Weiner, 43-year-old Erlton osteopathic psychiatrist, is on trial in Camden County court on manslaughter charges in connection with the deaths of 15 of his patients.

The state charges all 15 died of serum hepatitis, a liver disease, contracted through unsterile needles and syringes used by Weiner.

The pathologist, Dr. Joseph E. Campbell, examined by prosecutor Norman Hein, insisted he could not testify as to cause of the poisoning since he had not been sworn as an expert witness.

The defence alleges death could have been from other forms of the liver disease, including toxic hepatitis, caused by drugs.

The clipping at left is taken from the Halifax Mail Star, November 2, 1961. As these court actions are becoming more common, it is time that members of the dental profession learned how to prevent the transmission of viral hepatitis and thus protect themselves and their patients from the effects of this disease.

While the existence of the infectious hepatitis and serum hepatitis viruses are well established we cannot as yet fulfil Koch's Postulates with them. A situation such as this can give rise to false assumptions from available evidence.

The high incidence of infectious hepatitis and its near relative serum hepatitis provided the military with one of its more serious problems in the Second World War. The concept of infectious hepatitis has undergone drastic changes since the early days of the war. Today it is viewed as a viral infection which is becoming more and more prevalent, particularly in children and young adults. It is characterized by destructive changes in the liver, occasionally a severe illness in the adult and usually a mild illness in children, often so mild as to pass unrecognized. The severity of infectious hepatitis is known to be increasing among adults, and seems to be greater in women than in men. Serious chronic complications of acute infectious hepatitis seem to develop more readily in females than in males. Follow-up studies of Service personnel who contracted hepatitis have failed to show any increase in cirrhosis in later years. (1)

However, recent studies among civilian groups indicate that infectious hepatitis may lead to serious chronic liver disease (2).

Much of our knowledge of the causative agent or agents is derived from intensive studies using human volunteers as experimental subjects. While both infectious hepatitis (IH) and serum hepatitis (SH) are believed to be caused by viruses, none have been isolated to the extent of being grown on a laboratory host and then being able to reproduce the disease in man. At the present time man appears to be the only susceptible host. Knowledge of these infections will accumulate rapidly when a successful experimental host is discovered and a specific diagnostic test is found. The present laboratory tests are only aids in the diagnosis of infectious hepatitis and must be properly applied and properly interpreted. Recently, determinations of serum enzymes have been applied with considerable usefulness to the differential diagnosis of jaundice. The most widely used of the enzyme tests has been the determination of the serum transaminases. However, it must be remembered that no specific laboratory test for infectious hepatitis exists. Even the histologic findings of needle biopsy specimens from the liver are not absolutely diagnostic of this disease. (3)

The rapidly changing concept of this infection mentioned above began in the early days of the Second World War, when the German investigator Voegt (4)

reported the first successful transfer of infectious hepatitis from man to man by oral feeding. British workers first demonstrated the presence of a virus in the blood (5) and in stools. (6)

The virus agents of infectious hepatitis are present in the blood and stools of infected people during the incubation period two to three weeks before the emergence of hepatitis and during the acute phase of the disease. (7 & 8). With regard to the presence of the viruses in blood and stools after recovery of the victim, the evidence is rather inconclusive at this time. Capp, Bennett and Stokes (9) report the presence of the virus in the stools of two patients with chronic hepatitis five months and fifteen months respectively after the onset of the disease. Neefe, Stokes and Rheinhold (10) have failed to detect a virus in stools in as little as three weeks after disappearance of the jaundice. Murray and his associates (16) demonstrated viremia in one person eight months after recovery and at a time when all liver function tests were normal. In view of the above, it would appear that a good deal more investigation is required into the matter of virus retention in the post-recovery period.

It has long been suspected that infectious hepatitis occurs in most people as a non-apparent (subclinical) infection. A six-year old child was fed infectious hepatitis material and observed daily thereafter for two months. During this time, he had no fever, no symptoms, no enlargement of the liver, no jaundice, no bilirubinuria, no abnormality of the serum bilirubin, thymol turbidity or cephalin flocculation. The only change detected in the patient was a rise in the serum glutamic oxalacetic acid transaminase on the thirty-seventh day. Serum obtained on this day was injected into eight persons, six of whom developed hepatitis, three with jaundice, three without, after incubation periods of 33 to 47 days (7). With the above it is evident that the most potentially dangerous carrier would be the young person with a sub-clinical infection (9).

There is much evidence pointing to the intestinal oral pathways as the principal methods by which infectious hepatitis spreads. Although water (11), milk or food outbreaks have been reported, it is believed that direct human association is the prime factor. Indeed, in a report on the outbreak of infectious hepatitis in the Kenora area of Ontario in 1958-59, Dr R.D.P. Eaton said, "There was no proof of any mode of spread other than by direct contact. Water, milk and food supplies were not incriminated". (12)

In connection with this report, Dr Eaton's table of the incidence of infectious hepatitis by age and sex in this outbreak should be of interest. It is attached as Table 1.

While most of the available evidence of hepatitis transmission through dental procedures deals with serum hepatitis (15) we must bear in mind that infectious hepatitis may also be introduced into the body by parenteral injection. (13) The virus is present in the blood during the incubation period and the acute phase of the illness, and a strong possibility of viremia (16) exists in the post recovery period. This, complicated by the likelihood of a sub-clinical infection in the young, makes a second mode of transmission apparent. It is an artificial one and, like serum hepatitis, it can be transmitted by contaminated needles and syringes, (14) in fact by any penetrating instrument used in medical or dental procedures.

Since infectious hepatitis and serum hepatitis run such parallel clinical courses, it would be wise at this time to compare the two viruses. One of the differences between the two is a different incubation time. Infectious hepatitis takes a period of 2 to 8 weeks while serum hepatitis is much longer, 8 - 26 weeks. The

incubation period of infectious hepatitis appears to be unaffected by the size of the dose or by the portal of entry of the virus.

A comparison of the two viruses is outlined in Table 2 compiled by Ward, Krugman and Giles. (8) On close examination of this table several deductions can be made:

1. Any method of sterilization that is satisfactory for serum hepatitis will also be effective for infectious hepatitis.
2. The resistance of serum hepatitis to ether and merthiolate solutions plus its unknown reaction to coagulation, combined with the resistance of infectious hepatitis to ether and chlorine, one part per million, throws doubt on the wisdom of using cold sterilizing solutions.
3. Heat appears to be the best method for prevention of parenteral spread of infectious hepatitis and serum hepatitis from the carrier to our patients.

With respect to the above, in a comprehensive consideration of the problem of virus-caused hepatic infections, Perkins (17) claims that brief exposures to boiling water or immersions in chemical solutions are inadequate. He also stresses that the National Institute of Health stipulates that all instruments capable of transmitting serum hepatitis should be sterilized by one of the following methods:

1. Autoclaved for thirty minutes at 121° C (15 lbs pressure)
2. Dry heat at 170° C for two hours
3. Boiled for thirty minutes

The above list is prepared in order of descending efficiency and 30 minutes of boiling is the least permissible method. It should be pointed out at this time that the carpule system is not recommended for thick or viscous suspensions because of the difficulty of flushing out the lumen of the needle. Indeed it appears that the more viscous the injected material the less reliable the boiling method becomes, unless a very thorough mechanical flushing of the needle and syringe can be done.

Other deductions which may be drawn from Table 2 and the various writings referred to earlier in this paper are:

1. Infectious hepatitis is present in the stools as well as the blood. It is transmitted orally or parenterally but the prime method of transmission is by direct contact of people. In any outbreak it is very difficult, if not impossible, to trace the origin to a parenteral transmission.
2. Serum hepatitis viruses are present in the blood and transmitted parenterally only. Any outbreak of serum hepatitis can be traced to penetrating wounds within the incubation time - often many cases to the same office and that office alone.
3. There is some doubt as to the degree of immunity conferred by an attack of virus-caused hepatitis and the following observations are made:

a. One attack of infectious hepatitis generally confers immunity against further attacks. However in a study of 525 cases over a six-year period, 4% had second attacks (8). These recurrences might be explained by:

- (1) the existence of multiple types of infectious hepatitis virus
- (2) the primary infection by the virus becoming dormant, only to be re-activated by some unknown factors
- (3) persons having a deficient immunity mechanism or the immunity being overwhelmed by a massive dose of virus in the second illness.

b. As pointed out in Table 2, evidence of immunity to serum hepatitis virus is rather inconclusive at this time.

4. Gamma globulin prepared from normal adult sera will suppress the severity of hepatitis as manifested by the appearance of jaundice. This power of gamma globulin indicates the presence of an antibody or antibodies with broad protective powers. In the literature available to this writer the terms "icteric" and "anicteric" hepatitis made their appearance in conjunction with gamma globulin prophylactic measures. Rather than discuss infectious and serum hepatitis separately the writers combined them and spoke of hepatitis with (icteric) and without (anicteric) jaundice.

Since subclinical carriers are the most potentially dangerous, the most effective measures which can be used in dental clinics to prevent the transfer of the disease are listed below:

1. A high standard of personal cleanliness for clinic staffs.
 - a. Careful washing of hands with a good soap before eating, after bowel movements and after each patient.
 - b. Suppression of flies, cockroaches and other insects in offices and homes. (This is aimed at breaking the intestinal oral pathways of infectious hepatitis)
2. Boiling all penetrating instruments for thirty minutes. Chemical solutions are inadequate.
3. All instruments, particularly serrated types such as burs and hemostats must be cleaned of all debris before sterilizing.
4. A dentist should have a sufficient number of syringes on hand to ensure that they can be sterilized for thirty minutes between their use and re-use.
5. Always discard any anesthetic or drug carpules once used regardless of the amount of solution left in the carpule.
6. As chlorination of water supplies does not destroy the infectious hepatitis virus (if present) never wash out a wound with tap water, particularly if there is any outbreak of infectious hepatitis in the area.

7. In case management of patients with infectious hepatitis or serum hepatitis and those with a history of hepatitis, disposable needles and syringes should be used. Also aseptic surgical principles should be followed in all routine procedures. (A fissure bur can lacerate gingival tissue during cavity preparation)
8. In the event of suspected exposure to infectious hepatitis or serum hepatitis gamma globulin should be given. Dosage - 2 ml per lb. of body weight.

TABLE I (12)

Incidence by age and sex of Infectious Hepatitis Cases

<u>Age</u>	<u>Male</u>	<u>Female</u>
0-4 years	14	12
5-9 "	50	42
10-14 "	26	30
15-19 "	19	5
20-24 "	8	13
25-29 "	7	16
30-34 "	5	11
35-39 "	7	4
40 plus	<u>4</u>	<u>5</u>
Totals	140	138

TABLE 2 (8)

Comparison of Infectious Hepatitis (I H) and Serum Hepatitis (S H) and diseases caused by them

<u>Characteristics</u>	<u>I H Virus</u>	<u>S H Virus</u>
Size	Unknown - passes Seitz EK filters	about 26 mu
Temperature resistance -15 to -20° C. (2 yrs & 4 mos)	Remains active	Remains active
Room Temperature - 6 months	--	Remains active
56° C., 1/2 hrs	Remains active	Remains active
60° C., (140° F) 4 hrs	--	Remains active
60° C., 10 hrs	--	Inactivated

TABLE 2 (8) (cont'd)

Characteristics	I H Virus	S H Virus
Resistance to ether	Remains active	Remains active
Resistance to merthiolate 1:2000	--	--
Resistance to chlorine 1 ppm	Remains active	--
Coagulation, settling filtration & chlorine	Inactivated	--
Susceptible Host	Man	Man
Pathologic changes	Same	Same
Season of year	Fall and Winter	Any
Age	Children and young adults	Any
Incubation period	2 - 8 weeks	8 - 26 weeks
Clinical features	Same	Same
Secondary cases	plus	0
Virus in stools	plus	0
Virus in blood	plus	plus
Virus transmitted parenterally	plus	plus
Homologous immunity	plus	plus (x)
Heterologous immunity	0	0
Gamma globulin supresses jaundice	plus	?

(x) Inconclusive - evidence indicates that it is inferior to that for infectious hepatitis.

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- (1) Zieve, L., et al. The incidence of residuals of viral hepatitis. Gastroenterology 25: 495 - 531. Dec, 1953
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- (3) Popper, H.: Pathological findings in jaundice associated with iproniazid therapy. J.A.M.A. 168: 2235 - 2242. Dec 27, 1958.
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- (5) MacCallum, F.O., and Bradley, W.H.: Transmission of infective hepatitis to human volunteers. *Lancet* 2: 223. Aug 12, 1944.
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- (9) Copps, R.B., et al. A prolonged outbreak of infectious hepatitis in nurses due to a group of small children serving as a reservoir of virus. *J. Clin. Invest.* 29: 802 - 803. June, 1950.
- (10) Neef, J.R., et al. Oral administration to volunteers of feces from patients with homologous serum hepatitis and infectious hepatitis. *Am. J. M. Sc.* 210: 29 - 32. July, 1945.
- (11) World Health Organization Technical report series, No. 62, Expert committee on hepatitis.
- (12) Eaton, R.D.P.: An outbreak of infectious hepatitis. *Canadian Journal of Public Health* 52: 297 - 303. July, 1961.
- (13) Eichenwald, H.F., and Mosely, J.W.: Viral hepatitis, clinical and public health aspects. Public Health Service publication No 435. Washington, D.C., 1959.
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- (15) Foley, F.E. and Gutheim, R.N.: Serum hepatitis following dental procedures. A presentation of 15 cases including 3 fatalities. *Ann. Int. Med.* 45: 269, Sept.
- (16) Murray, R. et al. The problem of reducing the danger of serum hepatitis from blood and blood products. *New York J. Med.* 55: 1145 - 1150. Apr, 1955.
- (17) Perkins, J.J.: Principles and methods of sterilization. Springfield, Charles C. Thomas. 1954. p. 43.

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RCDC ACCOUTREMENTS

It may not be generally known that a complete stock of accoutrements for RCDC personnel is maintained at The RCDC School. These include ties (\$3.50), belts (\$2.65), scarves (\$5.00), crests (\$5.00), lanyards (.60¢) anodized buckles (\$2.50) anodized buttons (large .12¢, medium .10¢, small .09¢) and badges (hat gilt \$3.50, collar gilt \$4.50, titles \$1.25, pips brass .75¢, crowns brass \$1.00, pips cloth .50¢, crowns cloth .85¢). Orders, accompanied by a money order, may be placed through Dental Unit Commanding Officers. It is worth noting that Corps scarves have been reduced in price from \$8.00 to \$5.00.

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CORPS CONFERENCES - 1947-61

Captain Ernest Clark, BEM, CD

In October, 1946 the Royal Canadian Dental Corps became an authorized component of Canada's peace-time Army. Four months later in January, 1947 the first DGDS and Unit Commanders' Conference was held at Army Headquarters, Ottawa. Since that meeting there have been only three years in which a Conference has not been held--1949, 1951 and 1958. The most recent meeting was held in December, 1961 and marked the twelfth time that the Director and Staff have met with unit commanders to discuss mutual problems and to seek ways and means to improve the status of the Corps in the fields of dental treatment, stores and equipment and in personnel administration.

The Agenda of the 1947 Conference lists only three unit commanders (11, 12 and 13 Coys) who were located geographically outside the Ottawa area. By comparison, and emphasizing the expansion of the Corps, those attending later Conferences represented units in Halifax, Montreal, Camp Petawawa, Trenton, Camp Borden, Winnipeg, Edmonton and 35 Fd Dent Unit in France and 4 Fd Dent Coy in Germany.

1961 Corps Conference

Front Row - L to R: Col BP Kearney; Col IAL Millar; Brig KM Baird; Major-General JDB Smith; Col GB Shillington; Col AC Leman
Middle Row - L to R: Col CE Purdy; Lt Col GR Covey; Maj JC Brick; Col AT Roger; Maj AW Brusso; Lt Col DH Hillier; Cdr RR Troxell USN (DC)
Back Row - L to R: Lt Col RB Jackson; Capt E Clark; Maj JW Fletcher; Lt Col JG Butler; Maj DH Protheroe; Capt WJ Bignell

From time to time, new departures were added such as the inclusion of members of the Dental Advisory Staff so that the ties with the RCDC Militia might be strengthened. In 1952 and again in 1960 unit quartermasters were listed among those present at the Conferences to facilitate discussion of problems connected with the supply of stores and equipment.

Although the years have brought changes in personnel and have increased the varieties of problems presented for discussion, each conference has in itself contributed to the growth and development of the Corps and has helped to bring all units of the Corps closer.

The 1961 Conference was as successful as any that preceded it. A full agenda testified to the thought and energy of those participating. Decisions were reached on many of the items discussed and in several instances these decisions have already been promulgated in instructions to units. The Minutes of the Conference have been published and distributed to all concerned.

The Conferences have not been without their social aspects, the highlight being a formal mixed dinner or alternately, a regular Mess Dinner. There are, of course, informal get-togethers as time permits. During the 1961 Conference, a formal mixed dinner was held at the RCAF Officers' Mess, Ottawa and preceding the opening of the Conference, Colonel and Mrs GB Shillington held "open house" for those attending. All those attending the social functions enjoyed the festivities immensely.

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PROMOTIONS

Congratulations are extended to the following officers and men on their recent promotions:

Major	GE	Windsor	-	to Lt Col
Capt	GIJ	Bisaillon	-	to Major
Capt	RJ	Bryant	-	to Major
Sgt	HEG	Franzgrote	-	to S sgt
Sgt	R	Pelletier	-	to S sgt
Sgt	JM	Tapp	-	to S sgt
Cpl	EV	Tanner	-	to Sgt
Cpl	RJ	Lowery	-	to Sgt
Cpl	HM	McCurdie	-	to Sgt
Pte	CVS	Forsythe	-	to Cpl
Pte	A	Pink	-	to Cpl

WELCOME

A hearty welcome is extended to the following new members of the Corps and RCAF Airwomen:

Pte	TJ	Deloughery	-	The RCDC School
Pte	RJ	Forward	-	Recruit Training, Camp Petawawa
Pte	RB	Johnson	-	The RCDC School
Pte	RG	Moffatt	-	Recruit Training, Camp Petawawa
Pte	PD	Whynott	-	Recruit Training, Camp Petawawa
Pte	RJ	Gratton	-	C Pro C School, Camp Borden
Pte	DJ	Davies	-	HMCS Stadacona, Halifax
Pte	IA	Mason	-	Camp Gagetown

AW2	HL	Brooker	-	RCAF Stn Summerside
AW2	IM	Chekaluk	-	RCAF Stn St Jean
AW2	FW	English	-	RCAF Stn St Jean
AW2	CM	Fraser	-	No 6 RD, Trenton
AW2	MA	Koch	-	RCAF Stn St Jean
AW2	MTV	Lapointe	-	RCAF Stn St Jean
AW2	SJ	McMillan	-	RCAF Stn St Denis
AW2	DJM	McNichol	-	RCAF Stn Rockcliffe
AW2	MY	Smith	-	RCAF Stn Comox
AW2	JM	Stangowitz	-	RCAF Stn Cold Lake
AW2	SM	Thiele	-	RCAF Stn St Hubert
AW1	DA	Turner	-	RCAF Stn Senneterre

RELEASES AND RETIREMENTS

The following RCDC and RCAF Airwomen personnel have retired or taken their releases from the Corps:

Lt Col	WR	Cunningham	-	(See 12 Coy News)
Cpl	ME	Jensen	-	Dental Assistant at 4 (F) Wing Baden-Soellingen, Germany
LAW	TL	Hillier	-	Dental Assistant, RCAF Stn Cold Lake
AW1	KY	Keddy	-	Dental Assistant, RCAF Stn Summerside
AW1	ME	Lockerer	-	Dental Assistant, RCAF Stn Trenton

POSTINGS

The following Corps personnel and Airwomen have been posted since the last issue of the Quarterly:

Major CGB Grant	-	to 1 PD Halifax from HMCS Cape Scott
Major J McGaughey	-	to HMC Dockyard from HMCS Bonaventure
Major AG Taylor	-	to HMCS Bonaventure from HMC Dockyard
Capt PJJ Coulombe	-	to Ft Henry 4 Fd Dent Coy from RCAF Stn Clinton
Capt JLY Cyrenne	-	to RMC from Cdn Forces Hospital Kingston
Capt LA Reynolds	-	to RCAF Stn Clinton from 13 PD Ottawa
Capt J Vincent	-	to Montreal, from Goose Bay
Capt JFA Marcil	-	to St Jean from Montreal
Ssgt MM Fediuk	-	to RCAF Stn Cold Lake from 14 Coy
Sgt JRA deBlois	-	to RCAF Stn Goose Bay from 6 RD Trenton
Sgt WH Fougere	-	to HMCS Cape Scott from HMC Dockyard
Sgt JA Gravelle	-	to RCAF Stn Downsview from 7 PD London (call-out)
Sgt FG Grundy	-	to HMC Dockyard from HMCS Cape Scott
Sgt DT Murley	-	to HMCS Stadacona from HMCS Cape Scott
Sgt HEW Reid	-	to 7 PD London from CBUME
Sgt EL Schell	-	to CBUME from 12 Coy
Sgt VH Shaw	-	to 4 Fd Dent Coy from 11 Coy
Sgt EV Tanner	-	to HMCS Stadacona from HMCS Cape Scott
Cpl WE Busnell	-	to 14 Coy from 7 PD London
Cpl JG MacPhee	-	to AG Br/DGDS Procurement Section
Cpl AL Strub	-	to CBUME from AG Br/DGDS Procurement Section
Pte RL Geddes	-	to HMCS Cornwallis from 1 DED
Pte JR Powell	-	to 1 Clinic AFHQ Ottawa
Pte CstC Sabine-Paisley	-	to 1 Clinic AFHQ from RCAF Stn Downsview
Pte RE Thompson	-	to RCAF Stn St Jean from RCAF Stn Lac St Denis
LAW AC Perrier	-	to RCAF Stn St Hubert from RCAF Stn Trenton

TRAINING

During the period since 1 Nov 61, Corps personnel attended a variety of courses as listed hereunder:

University CoursesUniversity of Alberta

Maj TD Cobb)	- Oral Diagnosis, Pathology	6-9 Nov 61
Maj IAC MacDonald)	and Surgery	
Maj RJK Pyne	- Oral Roentgenology	20-22 Nov 61

University of Michigan

Maj WH Murray	- Endodontics	27 Nov - 8 Dec 61
Maj DE McDermott	- Minor Oral Surgery	27 Nov - 8 Dec 61
Lt Col OW Crumney	- Complete Dentures	8 Jan - 19 Jan 62

Courses - US Service SchoolsUS Naval Dental School - Bethesda, Md

Major WH Carter	- Periodontia	10 Jan 62 (7 weeks)
Major JMA Donely	- Crown & Bridge	10 Jan 62 (7 weeks)
Major IW Susser	- Oral Surgery	10 Jan 62 (7 weeks)
Major TC Gaudet)	- Partial Dentures	8 - 12 Jan 62
Major AL Kelland)		

Ent Air Force Base - Colorado Springs

Maj JA Lauziere	- Oral Surgery	6 Nov - 18 Nov 61
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NBCW CoursesCFMSTC - Camp Borden

Lt Col G MacDougall)	- Medical-Dental Officers	27 Nov - 8 Dec 61
Maj JD Bourque)	- NBCW	
Capt JSE Doiron)		
Maj JI Gordon)	- Medical-Dental Officers	8 Jan - 19 Jan 62
Capt JT Marshall)	- NBCW	
Capt GC Travis)		

Canadian Civil Defence College, Arnprior

Capt CA Casterton	- Staff Course (Orientation and Operations)	13 Nov - 24 Nov 61
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Sr NCO Course - RCASC School, Camp Borden

Cpl AH Green	Cpl EA Jermain	Cpl DT Moran
Cpl HD Wagstaff	Cpl RG Brighty	Cpl WR Dowell
Cpl P Fox	Cpl AW Hussey	

Jr NCO Course - Commends

A/Cpl G Dancer	Pte A Pink
Pte RH Stenabaugh	Pte CStC Sebine-Paisley
A/Cpl CVS Forsythe	

RCDC School CoursesOfficers' Casualty Care and Officers' Clinical - 15 Jan - 16 Feb 62

Front Row - L to R: Maj ED Fraser, Maj CGB Grant, Maj WR Thompson (Instructor), Maj RE Dyer, Maj LA Richardson, Maj SW Muller

Back Row - L to R: *Maj MJ Albinati, Maj JG Andrews, Maj JM Smith, Maj LR Pierce, Lt Col GE Windsor, *Maj GL Locke, Maj G Kuttas USA (DC).

*These Militia Dental Officers are attending the Casualty Care Course only.

The casualty "patient" is "Mr. Disaster"

DT Lab Gp 1 - 15 Jan (20 weeks)

Front Row - L to R: Cpl JRM Chayer, Cpl A Schuh, Cpl JWW Broomfield, Cpl A Pink

Back Row - L to R: Instructor WO 2 EB Morse, Cpl B Morrissette

DT Cl Gp 3 - 15 Jan 62 (24 weeks)

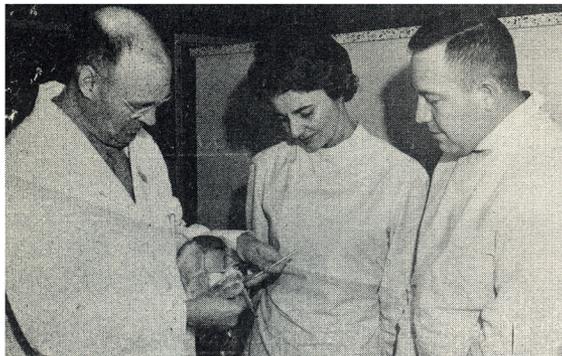
Front Row - L to R: Sgt JAR Shields, Sgt AS Field, Sgt VR Kidd

Second Row - L to R: Miss EC Whebell, Miss IA Coulter, Sgt MP Foley

Third Row - L to R: Sgt JH Sadler, Sgt SE Robertson

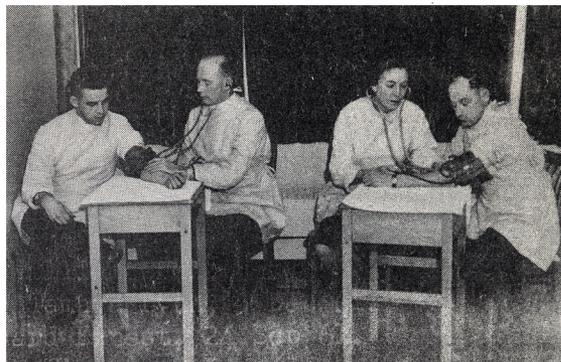
Org & Adm Instructor - Capt CA Casterton

Scaling Techniques



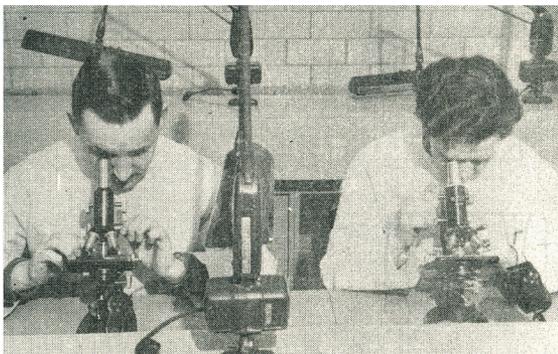
L to R: Maj JL Craig, Miss IA
Coulter, Sgt JH Sadler

Casualty Aid Training



L to R: Sgt JAR Shields, Sgt SE
Robertson, Miss EC Whebell,
Sgt AS Field

Micro-Biological Studies



L to R: Sgt VR Kidd, Sgt MP Foley

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VITAL STATISTICS

THE RCDC SCHOOL

Births

Major and Mrs JM Smith, a son, James William Christopher, 20 Dec 61.
Major and Mrs JJN Wright, a daughter, Tamara Lynn, 5 Dec 61.
WO2 and Mrs EC Carpenter, a son, Richard Ernest, 24 Sep 61.
S sgt and Mrs JR Savoie, a son, Joseph Pierre, 8 Nov 61.
Sgt and Mrs M Beauvais, a daughter, Helen Marie Valeda, 5 Sep 61.
Sgt and Mrs ES Knoll, a daughter, Barbara Aileen, 29 Sep 61.

Hospital

WO 2 EC Carpenter was released from Camp Borden Hospital on 3 Nov 61 after a long bout with infectious hepatitis.

WO 2 EB Morse is now on sick leave and a very strict diet after five weeks in the Camp Hospital with "ticker" trouble.

Sgt G Jennings after two weeks in Toronto Military Hospital is attending regular physiotherapy clinics trying to give a stiff finger the bends.

NO 11 DENT COYBirths

Major and Mrs MP Quinn, a daughter, Patricia Michelle, 19 Sep 61.
 Sgt and Mrs WJ Arnsby, a son, Walter Joseph, 14 Nov 61.
 Major and Mrs WK Dickie, a son, Jeffrey Sanford, 6 Dec 61.
 WO 2 and Mrs VO Blackmore, a son, John Kyle, 14 Nov 61.
 Sgt and Mrs NC Petersen, a daughter, Lenore Anne, 18 Dec 61.
 Pte and Mrs WW Webster, a son, Warren Randall, 4 Oct 61

Hospital

WO 2 RG Peebles admitted to Colonel Mewburn Pavillion for period 19 Oct to 27 Oct 61.

WO 2 AG Ponton admitted to Colonel Belcher Hospital for period 3 Oct to 6 Oct 61.

Sgt V Krymlak admitted to RCAF Station Namao Infirmary on 23 Dec 61.

Marriages

AW2 LJP Tudge married to LAC TG Travena.

NO 12 DENT COYBirths

Captain and Mrs DS Campbell, a son, Gordon Douglas, 10 Oct 61.

Hospital

S sgt JS Wentzell spent a few days in hospital as a result of an accident in which a bone in his ankle was chipped.

NO 13 DENT COYBirths

Capt and Mrs JJ Mitchinson, a daughter, Janine Rae, 16 Oct 61.
 Capt and Mrs EG Baird, a son, Andrew Creig, 29 Oct 61.

Hospital

Capt GR Myles, 11 - 13 Oct 61.
 Sgt WB Gilbert, 18 - 21 Dec 61.
 Cpl JRE Lalonde, 14 Nov 61 -

Marriages

LAW AC Hughes married 4 Nov 61 to LAC RD Ferrier.
 LAW D Wierelejchyk married 4 Jan 61 to LAC BA Ellis.
 AW1 ME Reddy married 7 Oct 61 to RCAF Cpl JD Locherer.
 AW1 CMR Barbor married 9 Dec 61 to AC1 LN Lutz.

NO 14 DENT COYHospital

WO 2 JR Card was admitted to Deer Lodge Hospital on 6 Nov 61 and discharged hospital on 10 Nov 61, re-admitted on 20 Nov 61 and discharged on 22 Nov 61.

L/Sgt GA Fogg was admitted to Deer Lodge Hospital on 14 Nov 61 and discharged on 28 Nov 61.

Pte DL Kerr was admitted to Camp Shilo Military Hospital on 9 Nov 61, transferred to Deer Lodge on 10 Nov 61 and discharged on 17 Nov 61.

Marriages

AW1 YML Fournier married to Mr G Boulianne.

NO 15 DENT COYBirths

Major and Mrs RA Fell, a daughter, Tamar, 27 Sep 61
Sgt and Mrs M Tremblay, a son, Joseph Daniel, 13 Oct 61.

Marriages

AW1 E Allen married 9 Dec 61 to Cpl DB Graham.

Hospital

S sgt Couture recently was admitted to Montreal Military Hospital for a rest following two mild coronary attacks. Latest report is that he is doing well.

Cpl Sprathoff recovered successfully from an ankle injury sustained while skiing.

Capt Vincent had a cyst successfully removed from his operating hand.

Cpl Pouliot suffered a broken right hand recently.

4 FD DENT COYBirths

Major and Mrs C Brown, a son, Richard, 10 Dec 61.
Capt and Mrs DJ MacPhee, a son, Donald Joseph, 16 Dec 61.

CDN DENT DET CBUME

Sgt John Christiansen was admitted to UNEF Hospital with a broken ankle on 17 Nov 61 and had his foot in a cast for the next three weeks.

DIRECTORATE OF DENTAL SERVICES NEWSAnnual Christmas Party

The annual Directorate Christmas Party was held on 15 Dec 61 at the HMCS Carleton Chief's and PO's Mess. In addition to those from the Directorate, personnel from the AFHQ, Rockcliffe and Uplands clinics attended. We were pleased and honoured to have Brig EM Wansbrough and Col CBH Climo attend and also welcomed Capt Swanson and Tech Sgt Reid of the USAF detachment stationed in Ottawa.

After the usual festive refreshments, Brig KM Baird thanked all personnel present for their co-operation and efforts during the year of '61 and expressed on behalf of the Ottawa area dental officers his wish for a happy and prosperous New Year to all ranks. WO 1 Jones replied to the Director's speech and thanked the officers for their consideration in providing a most enjoyable evening for all the ORs and civilian employees present.

DGDS to Toronto and Camp Borden

Brig Baird attended a meeting of the Editorial Board of Oral Health in Toronto on 24 Jan 62. From there, he proceeded to The RCDC School to inspect the facilities and personnel on staff and to talk to candidates attending the Officers' Clinical, DT Cl Gp 3 and DT Lab Gp 1 Courses which were in progress at the time.

Lt Col Hillier Attends Meeting of CDA Council on Public Health

Lt Col Hillier represented the DGDS at the 1962 Meeting of the CDA Council on Public Health held in Toronto 24-25 Jan 62. This was the first meeting of the Council to which a member of the RCDC was invited.

Curling

Members of the Directorate staff successfully met the challenge of a rink composed of RCDC officers attached to RCAF clinics in the Ottawa area on 28 Dec 61. The score will not be mentioned here as it might prove embarrassing to Maj Sills who is the Uplands Curling Club president but the members of each team comprised the following:

Winning Team

Maj AW Brusso - Skip
 Brig KM Baird - Vice Skip
 Col IAL Millar - 2nd
 Lt Col DH Hillier - Lead

Other Team

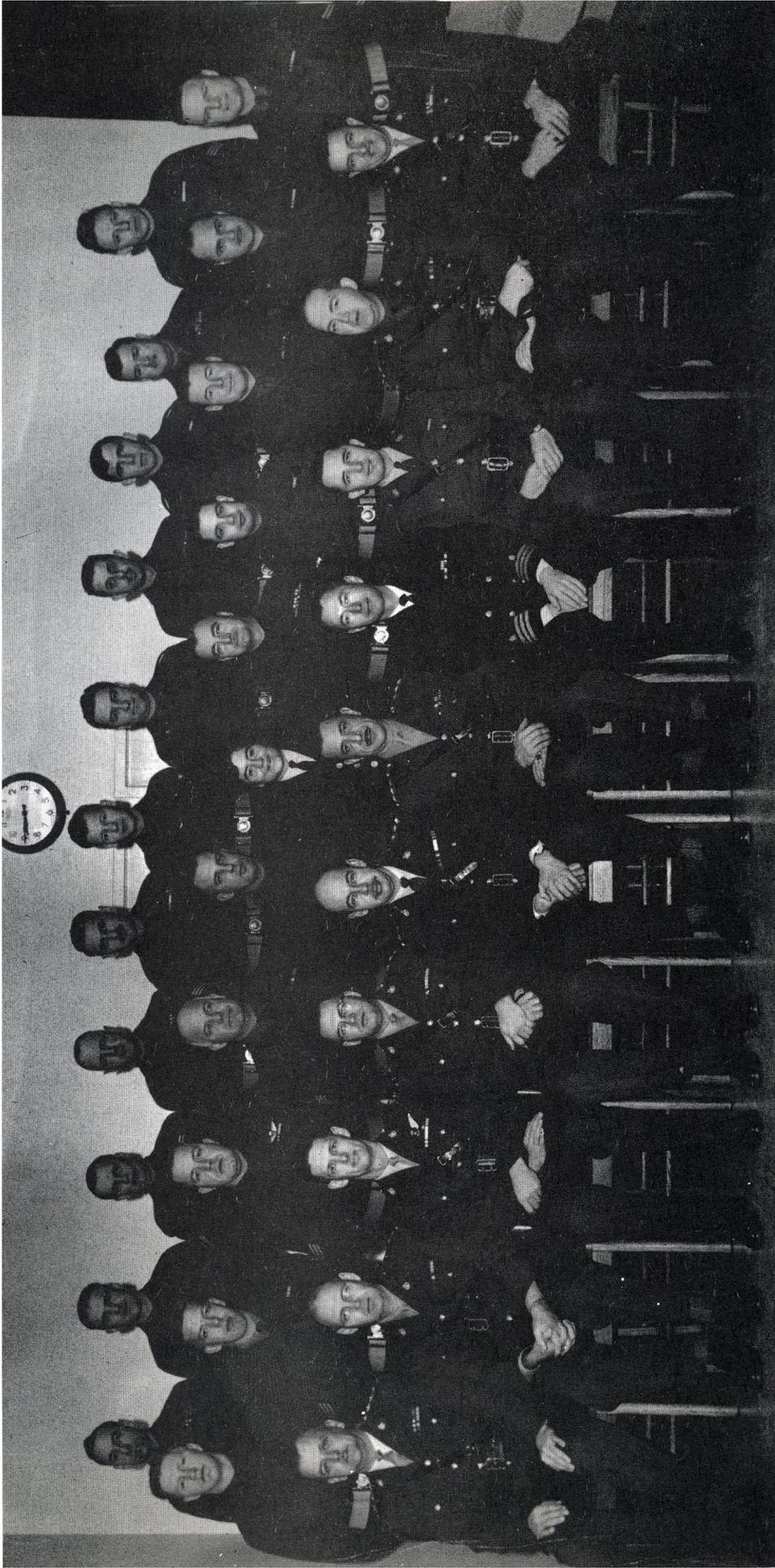
Capt CG Travis - Skip
 Maj PS Sills - Vice Skip
 Maj JMA Donely - 2nd
 F/L W Carss - Lead (substitute for
 Maj AG Andrews)

In the Provincial playdowns for the Governor General's Trophy, Maj Brusso, a member of the Ottawa Granite Club Team, reached the quarter finals at Oshawa, Ont on 26 Jan 62.

Physical Fitness

In keeping with the physical fitness programme at AHQ, all ranks at this Directorate commenced their 5BX on 22 Jan 62. It has been noted of late that a new subject has been introduced into the coffee-break conversations - "To what level of Chart One have you progressed?"

THE RCDC SCHOOL STAFF - 1961



Front Row - L to R: Capt CA Casterton, Maj JL Craig, Maj WR Thompson, Lt Col G MacDougall, Lt Col SG Bagnall, Col CE Purdy, Cdr RR Troxell (USN - DC), Maj JVN Wright, Maj JM Smith, Capt A Van Ryssel

Middle Row - L to R: Pte Johnson RB, Sgt Lowery RJ, Sgt Sadler JH, S/sgt Bradley GEC, WO 2 Betten TL, LAW Giacobbo JA, WO 2 Jones JM, Sgt Jemmings CR, Sgt Playford DB, Sgt Beauvais M, Cpl Jackson WA

Back Row - L to R: WO 2 Jackson TM, Cpl Walker RS, Cpl Chamberlain H, Sgt Knoll ES, WO 2 Bilbey HC, Sgt Libby GKW, S sgt Savoie JR, WO 2 Carpenter EC, Pte Deloughery TJ, WO 2 Hall RWM, Sgt Semple AF

Missing - Capt DG Cartwright, WO 2 Morse EB

NO 1 DENT EQPT DEP NEWS13 Coy Visitors

Col AC Leman and Capt IP Hunter paid a visit to the Depot while in Camp Petawawa to inspect No 3 Dental Clinic.

Depot Staff Members Visit other Units

Major JW Fletcher attended the Corps Conference in Ottawa in December.

Lt EA Church, WO 1 WD Morris and S sgt JW Hutchinson visited clinics in the Ottawa area at various times to repair dental equipment.

Maj Fletcher Curling Club President

Major JW Fletcher is busy these days in his capacity as first President of the new Camp Petawawa Curling Club which was opened by Colonel Cathcart, Commander, Camp Petawawa, on 24 Nov 61.

S sgt Davison Curling Winner

S sgt AF Davison gladly accepted some of the silverware distributed in a recent mixed Curling Club Bonspiel.

Xmas Parties

Members of the Depot and No 3 Clinic held a very successful Christmas Party in the Junior Ranks Club on 9 Dec. On 16 Dec another Xmas party was held in the Medical Depot canteen for the children complete with Santa Claus. All 37 children went home happy, at least for another day.

NO 11 DENT COY NEWSDuty Trips and Visits

Many members of the Unit were employed on temporary duty during the period covered by this issue of the Quarterly:

Col Kearney logged many miles in November and December visiting clinics and QM Stores in Calgary, clinics at RCAF Stations Cold Lake and Namao. He also attended the Corps Conference in Ottawa and along with S sgt H Hodgkinson and Sgt GF Keogh flew to RCN Radio Station Inuvik, NWT to provide treatment for RCN personnel and dependents during the period 6 - 17 Nov.

Capt JGB Dionne and Sgt MG Dean spent the first three weeks of November at RCAF Station Holberg providing dental treatment to RCAF personnel and their dependents.

Capt AG Garden and Sgt JAR Shields were more fortunate spending three weeks in and around San Francisco on a training **cruise** in November.

S sgt Conkey spent some time on equipment repair for clinics in the Edmonton area in October and did the same thing in the Vancouver and Victoria areas in late November.

WO 2 AJ Greco was employed at RCAF Station Cold Lake during October and November.

Cpl J Dion assisted at RCAF Station Namao in December while Cpl Dundas was on leave.

Miss Fogg spent two weeks relieving at RCAF Station Namao in the latter part of October while Cpl Dundas and AW2 Tudge were in hospital.

Cpl Schuh Winner in Pistol Meet

A very successful Pistol Meet was held on Saturday, 28 October, at the South Vancouver Island Rangers Range at Luxton, BC. Twenty-eight competitors vied for the 34 trophies and awards available. The most noticeable new-comer was Cpl Schuh who won one competition outright and was the high tyro in two others. Congratulations Corporal.

Cpl Schuh's results are as follows:

9 mm Pistol (open match) for Murdoch-Girard Trophy - 253 points, high tyro

.22 Pistol Tyro Match - Brock Whitney Trophy - 250 points, Winner.

Any centre-fire pistol (open) for G.T.C. Trophy - 229 points, high tyro.

Cpl Schuh used a Smith and Wesson 44 cal. magnum with a barrel length of 8 3/8". This gun was used in the big calibre open event. Other pistols that netted high scores were a 22 calibre High Standard Supermatic Match-Pistol and the Navy's 9 mm Browning High Power.



Cpl Schuh receiving the Brock Whitney High Tyro Trophy from Lieut CH Humble, RCN

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NO 12 DENT COY NEWSLt Col "Wyn" Cunningham Retires

Army Headquarters has announced the retirement of Lt Col Winston R Cunningham, Senior Clinician at HMCS Stadacona, Halifax.

Lt Col Cunningham was born in Elgin, Manitoba and received his early education at Souris Collegiate and was granted his DDS from the University of Toronto in 1934. He is married and has one daughter.

Commissioned as a Lieutenant, CDC in 1939, he served with No 10 and 5 Companies in Canada until October 1941 when he was promoted to Captain and proceeded to Hong Kong with Headquarters "C" Force. He was taken prisoner by the Japanese in December 1941 but continued to administer to Canadian Prisoners of War during his period of captivity, and was promoted Major in February 1944. He returned to Canada in October 1945 and served with 21, 22, 13 and 11 Dental Companies until December 1951 when he was posted to the Directorate of Dental Services, Army Headquarters. He was promoted to Lt Col in 1953 and posted overseas as Commanding Officer, No 35 Field Dental Unit in France. On his return to Canada in 1955 he was appointed senior operator, Camp Borden and assumed his present appointment in July 1959.

His posting to our Unit has proved to be a most pleasant one and all members wish him well on his retirement. It is our hope that he will continue his association with the Corps in a civilian capacity.

Holiday Season Parties

Major and Mrs J McGaughey and Capt and Mrs MAJ LaChapelle entertained the Halifax Area officers and their wives aboard HMCS Bonaventure during the holiday season.

Lt Col and Mrs WR Cunningham entertained the Halifax Area officers and their wives at a festive season party.

Colonel Roger to Sydney

Colonel Roger paid a liaison visit to Sydney NS to investigate the opening of two part-time clinics in that area.

NO 13 DENT COY NEWSDuty Trips and Visits

Col AC Leman attended the Unit Commanders' Conference in Ottawa 4-6 Dec 61.

The AOC ATCHQ, A/C RJ Lane accompanied by G/C DJ Williams, CO RCAF Station Trenton, inspected HQ 13 Coy and 15 Dental Clinic, Trenton the morning of 5 Dec 61.

The CDO and the four dental officers in the Trenton area attended the monthly dinner-clinical meeting at the Canadian Forces Hospital Kingston on 8 Nov 61. The speaker S/L GM Fitzgibbon, cardiologist at NDMC Ottawa, presented a most interesting and comprehensive address entitled "The Dentist and the Cardiac Patient". The meeting was well attended by the Meds, Dents and members of the EODA.

Cpts GT Crossman and FW Lovely visited HQ 13 Coy enroute overseas by service aircraft. Cpl JG MacPhee was also a visitor on his return from CEUME by North Star. An invitation is extended to all Corps personnel to drop in for a visit when in this area.

Sports

Three dental teams are entered in RCAF Station Trenton bowling league, two in the mixed league and one in the men's. Sgt WB Gilbert is Captain of the clinic mixed team. Lt EI Tullis is Captain of Coy HQ mixed team. Cpl WL Wylie is Captain of the men's team in the Inter-Section league.

Mrs Mabel Riddell

Our sympathies are extended to WO 2 DW Riddell on the death of his wife, Mabel, at Trenton on 22 Jan 61. Funeral services were held in St John's Church, Cornwall on 25 Jan 62 with interment at Woodlawn Cemetery.

NO 14 DENT COY NEWS

Bowling

Interest and competition continues to be keen in the Unit Bowling League. A pre-Christmas turkey roll was held on 15 Dec 61. Prizes were won by:

Mrs Muller, Mrs Janowski, Mrs Laurence, Mrs Young, Mrs Champoux, Mrs Cathcart, Capt Boulay, Mrs Nixon, and AW1 Fournier.

Curling

Many of the Unit's personnel are participating in the very popular game of curling this winter. While it is too early to predict results, some of the teams show promise of being finalists.

Exercise Tocsin B/61

This Unit participated in Exercise Tocsin B/61 during 13-14 Nov 61. Personnel of 14 Coy joined with the RCAMC to form No 1 Med Coy for the purpose of the Exercise.

Christmas Party

An enjoyable all ranks Christmas Party was held on Thursday 21 Dec 61 at the RCAF Station Winnipeg. All RCDC and associated personnel employed in the Winnipeg area attended.

Captains Boulay and Brogan Bereaved

On 21 Oct 61 Capt Boulay proceeded to St Hyacinth, Que to attend the funeral of his brother, the victim of a fatal highway accident and on 28 Nov 61 Capt Brogan attended the funeral of his brother who was killed in a hunting accident in Minto, NB.

NO 15 DENT COY NEWSDuty Trips and Visits

Lt Col Butler toured the northern clinics recently, visiting Quebec, Valcartier and Goose Bay.

Our clerks and Adm Offr have done an excellent job at TAHQ St Jerome with the AO being the first Camp Commandant as well as the last to do a tour of duty there.

Capt Parent proceeded on two weeks' TD in December from St Johns to Goose Bay.

Maj Gordon and AWL Thibeault proceeded from St Hubert to Moisie for three weeks in December.

Special EventsHoliday Visitors

During the festive season, old friends paid a visit to the St Jean clinic. A warm welcome was extended to Major Bob Dyer, WO 2 Max Fisk and F/Sgt Pat Savage.

"Call-Outs"

Welcome is extended to Major AR Ramsay on "call-out" from the Reserves. Since his retirement from the RCDC(R) he has been employed as a Part V civilian dentist in the Montreal Area.

When's The Wedding?

We wish to congratulate AWL Peck on her recent engagement. We understand that her ring is being prominently displayed these days.

Quebec Winter Carnival

The Quebec Winter Carnival is fast approaching and Major Jacques Durand reports much activity in ice palace and ice monument building. This carnival is quite an event and should be visited by anyone not glued to a wheelchair.

Unit Members Participate in Sports Programmes

The value of sports for the promotion of efficiency and longevity is fast becoming realized. Many of our members, not normally addicted to sports, have begun to take an active part in recreational activities sponsored by the Army and are beginning now to feel the benefit. These activities are, of course, in addition to 5BX.

Curling

This unit has some good curlers and others who are "coming along". Skip, "The Rocket" Fortin issues an open challenge from his clinic team to any other clinic and the RCDC School for a friendly game provided it is played on Quebec ice. After a late start at Goose Bay, Capt Fred Begin and Sgt Tom Hussey are hurling the rocks as though they were featherweights. Lt Col Butler continues to wield the rock effectively at a newly-formed private club out in the suburbs.

Skiing

Capt Harrison is again the Secretary-Treasurer and an active member of the Montreal Branch of the Canadian Army Ski Club. Chuck Johnston is also a member.

Bowling

Bowling has its share of players regularly involved:

"Good Old Lefty" Dennis at Goose Bay, Ed Moore at HQ and the boys from down under (St Jean).

Golf

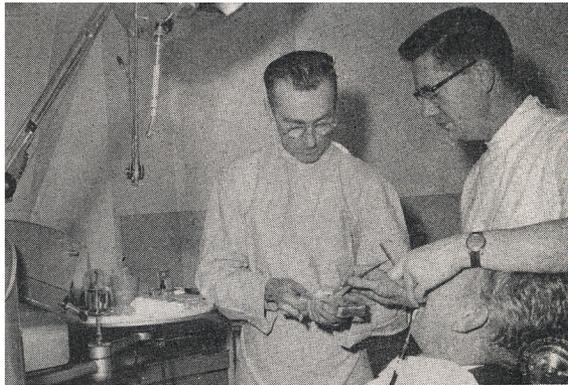
Golf is still in the forefront of some members' minds as they take to the gym and drill hall practise nets.

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NO 35 FD DENT UNIT NEWSDuty Trips and Visits

Lt Col Craigie and Capt DH Evans visited HQ USAREUR, Heidelberg on 21-22 Nov.

Major WH Harrington, WO 2 AG Cross and Sgt A Fox spent a month in England recently at the new clinic at CJS London and at 30 AMB Langar providing dental treatment. The accompanying photo shows Maj Harrington and WO 2 Cross at work in the new CJS clinic.

35 Fd European Dental Curling Champs

The first annual European Dental Challenge Bonspiel was held in Zweibrucken Germany on 25-26 Nov 61. Two rinks from 4 Fd Dent Coy and two from 35 Fd Dent Unit participated.

The rinks from 35 Fd showed mid-season form all the way and their ability to come through under pressure and in the clutch proved too much for the challengers. The rink composed of Capt Meisner, Maj Franklin, Maj Charman and Lt Col Craigie curled the 3-game round-robin series without a defeat in spite of tough opposition. A special mention is due Maj Charman and Sgt Rothwell for their hard work in caring for the curlers both on and off the ice. The following rinks attended:

4 Fd Dent Coy

1. Capt Coulombe, Capt Headley, Capt Kelly and Lt Col Evans
2. Sgt Hill, S sgt Bennett, Sgt Byers (RCAMC) and Sgt Cahill

35 Fd Dent Unit

1. Capt Meisner, Maj Franklin, Maj Charman and Lt Col Craigie
2. Sgt Marchand, Sgt Fox, WO 1 Loken and Sgt Roberts

Two suitable shields were produced for this occasion by RCDC ingenuity, each represented by a horse cut exactly in half. The appropriate shields were presented to the winners and losers, respectively.

Unit Conference

A conference attended by all dental officers of the unit was held at Air Division HQ, Metz on 3 and 4 Nov 61.

Lt Col Craigie Judges Beauty Contest

Lt Col Craigie acted as one of the judges at the annual "Miss Grey Cup - Europe" contest on 17 Nov 61. LAW Judy Bowes, Dental Assistant, was an unsuccessful "Western" candidate in the contest, representing 3 (F) Wing, Zweibrucken.

Grey Cup Europe 1961

"Grey Cup Europe 1961" again presented an exciting afternoon to Canadians (a bewildering one for French people). Complete with parade, cheerleaders, bands and Miss Grey Cup, the event got underway at 1230 hrs on 18 Nov. In the ensuing game, the Eastern team, under the capable coaching of Cpl Bill Parker, was victorious by a score of 28 to 13.

"Grey Cup Canada 1961" was broadcast "Loud and Clear" in Europe and personnel of 1 Air Division lived it up in the messes and clubs during and after the game. The expected, but delayed Western win provided Westerners with the opportunity to return the "needling" of 18 Nov.

HQ Xmas Party

Personnel at Unit HQ and their wives held their annual Christmas party on 21 Dec. An enjoyable evening of dancing, stimulating conversation and refreshments was enjoyed by all.

WO 1 Loken PMC Sergeants' Mess

WO 1 Charlie Loken has assumed the duties of PMC Sergeants' Mess at 1 Air Div HQ until 31 Mar 62.

Western Germany Armed Forces Dental Society

Majors CJ Sivell, ED Charman, AT Hinch and Capt JG Boucher attended a Clinical Pathological Conference of the Western Germany Armed Forces Dental Society at Landstuhl, Germany on 13 Oct.

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NO 4 FD DENT COY NEWSNew Clinic Opens

A new permanent type clinic was opened at Fort Beausejour on 30 Oct. The accompanying photograph shows Capt RH Headley and Cpl EJ Lansey, who comprise the staff of the new clinic, busy treating a patient.

Unit Personnel Participate in NATO Exercise

A dental sub-section consisting of Capt DJ MacPhee and Sgt MO MacDonald accompanied the Brigade umpiring staff on "Spearpoint" a ten-day NATO Exercise.

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DENTAL DETACHMENT CBUME NEWSUN Day Parade

On 24 Oct all ranks attended the UN Day Ceremonies at Gaza with Cpl Ed Giles representing the Detachment in the General Salute and march past. All contingents in UNEF were represented in the parade which was held on the border between the Gaza Strip and Israel.

Visit of Canadian Ambassador

On 27 Oct Mr. R.A.D. Ford, accompanied by Mrs Ford and Group Captain Langstaff, Aide-de-Camp visited CBUME and were guests of honour at the Officers' Mess. Mrs Ford and G/C Langstaff inspected the dental clinic.

Medal Parade

During the month of December the following personnel were presented with the UNEF Medal for service in the Middle East; Major Small, Capt Bunt, Capt Arpin, Sgt Christiansen, Sgt Drawe and Sgt Boulanger.

Farewell Party

On 10 Dec this detachment held a party for Sgt Harvey Reid and Cpl Joe MacPhee on the happy occasion of their imminent return to Canada. Major Small made a short speech outlining the high points of their tour with CBUME and on behalf of all personnel wished them Godspeed and good luck in their new postings.

Leave

During the present leave period the following personnel spent a week's leave at the Leave Center in Cairo: Capt Bunt, Sgts Reid and Martell, Cpls Giles and MacPhee. During the same period, Major Small, Capt Bunt and Capt Arpin went on a four-day tour of Jerusalem.

Christmas Festivities

During the Christmas-New Year's season numerous parties were held by messes in CBUME. On Christmas Day Capt Bunt, Sgt Christiansen and Sgt Drawe served dinner to the men of Recce Sqn LdSH(RC), while Capt Arpin, Sgt Schell and Sgt Boulanger served in CBUME "A" Men's Mess.

Highlight of the season's festivities was the decoration of several Christmas trees flown in from Norway by the Norwegian Contingent for the occasion. This brought a touch of home to the Canadians in the Gaza Strip, and brought to mind the fact that rotation is getting nearer.

Polar Bear Club

On 1 Jan 62 the annual meeting of the UNEF "Polar Bear Club" was held at Rafah Beach. Major Small represented the Dental Detachment and jumped (or was pushed) into the icy waters of the Mediterranean. Afterwards through chattering teeth he reported that it wasn't any worse than doing the same thing in January in Lake Ontario.

TRELFORD TROPHY PRESENTATION



This photograph, taken in April 1961, pictures Col WG Trelford presenting his trophy to Lt Col AJ Harris, Commanding Officer, No 55 Dental Unit (M). This Unit was the 1960 winner of the Trelford Trophy, given to the runner-up in the General Efficiency Competition for Militia Dental Units.

