

The
**ROYAL CANADIAN
DENTAL CORPS**
Quarterly

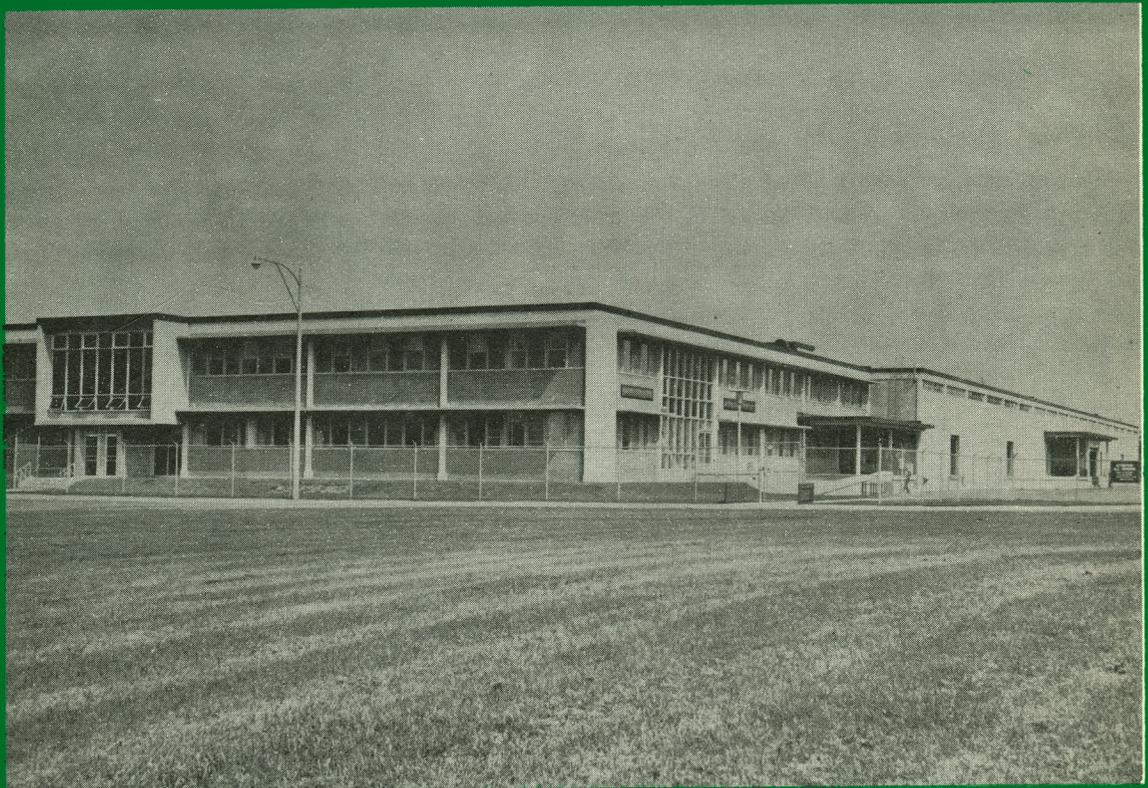


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THE RCDC QUARTERLY

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

Editorial Board: Col GB Shillington
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SUBSCRIPTION RATES

The RCDC Quarterly may be subscribed for at \$4.00 per
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Cover Photo - No 1 Dental Equipment Depot, Camp Petawawa

E D I T O R I A L

This issue of the Quarterly contains the final report on the Study on Topical Application of Stannous Fluoride which has been in progress for the past three and one-half years and for which the author is deserving of the highest praise. His initiative, energy and perseverance in organizing and carrying this study to completion can only be appreciated by those who have been in association with him during the period involved. There were many others too, without whose co-operation the project would never have matured to its present status. The goodwill and help of the staff of the Royal Military College where the investigation was carried out, the willingness of the Officer Cadets themselves, the cheerful and effective assistance provided by other dental officers and by dental auxiliary personnel during the clinical phases and in the installation and removal of special equipment, all made material contributions to the success of the endeavour. It was indeed a most creditable team effort but primary recognition must go, of course, to the author, Major D.H. Protheroe.

As a result of the report, this procedure has been accepted by the Corps for implementation on as wide a scale as practical. Initially the principal target will be all recruits in the Canadian Forces but ultimately it is hoped to extend the benefits to any member within the proper age bracket. The additional commitment to our already heavy treatment load and the fact that a percentage of those receiving the protection will be lost to the Forces through normal wastage are complications which must inevitably ensue and be accepted. Nevertheless, we are reasonably assured that such sound preventive dentistry will prove to be an economical and rewarding method of attaining one of our main objectives. It is also a cogent means by which our auxiliary personnel can demonstrate more plainly their worth as members of the dental health team.

It is gratifying to be able to present in our own publication a report of this calibre, produced from within RCDC resources. A standard has been set thereby, which should serve us admirably as a guide in the future.

- a. inspecting, receiving, maintaining, accounting and issuing of dental stores;
- b. repairing unserviceable dental equipment;
- c. conducting courses, trades tests and assessments relating to the trades of Dental Storemen and Dental Equipment Repairers; and
- d. familiarization training on new dental equipment.

The move to a military camp, however, did result in the unit's being involved in a great deal more administration as well as personnel being required to participate in camp and community activities. At first this was found to be quite a change from Ottawa but most personnel soon realized that this was part of the routine in a military camp.

DEPOT ORGANIZATION

To perform the functions previously outlined, the depot is divided into three sections; the headquarters section, which looks after the unit administration, the stores section, which handles all matters pertaining to stores and the training of dental storemen, and the technical repair section which looks after the repair of equipment and the training of dental equipment repairers.

STAFF NO 1 DENTAL EQUIPMENT DEPOT 1962



Front Row: L to R: Thelma Gendron, Rita Little, Ssgt AF Davison, WO1 WD Morris, Lt EA Church, Maj JW Fletcher, Lt M Kostyniuk, WO1 VO Bergland, Ssgt JW Hutchinson, Helen Boisvert.

Back Row: L to R: Sgt A Tait, Mr Luke Faught, Cpl EA Duve, Cpl DT McRoberts, Pte H Snutch, Pte HE Lubitz, Cpl PJ Dumas, Mr Bob Mills, Pte LJP Nadeau, Ssgt TW Sullivan, Cpl ES Beattie, Mr M Dick.

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HEADQUARTERS SECTION

The headquarters section, on moving to the new location, assumed the responsibility for publishing unit Part 2 Orders and maintaining personnel records and files. These functions were previously performed for the unit by 1 AAU in Ottawa. Camp administration also added greatly to the duties of this section.

STORES SECTION

Following the move to the new location, the stores section was the first to be set up so that issues could be made without undue delay. Furthermore, a repackaging programme was instituted because of limited height in the warehouse coupled with the acquisition of new metal bins and shelves. During the past two years, the following is a resumé of issues and shipments handled by this section.

Number of accountable items issued - 1,476,081

Cost of issues - \$613,664.34

Value of stock on hand as of 31 Mar 62 - \$552,202.26

Number of incoming and outgoing shipments handled - 2689

Number of pieces in shipments - 18,997

Total tonnage handled - 359 tons.

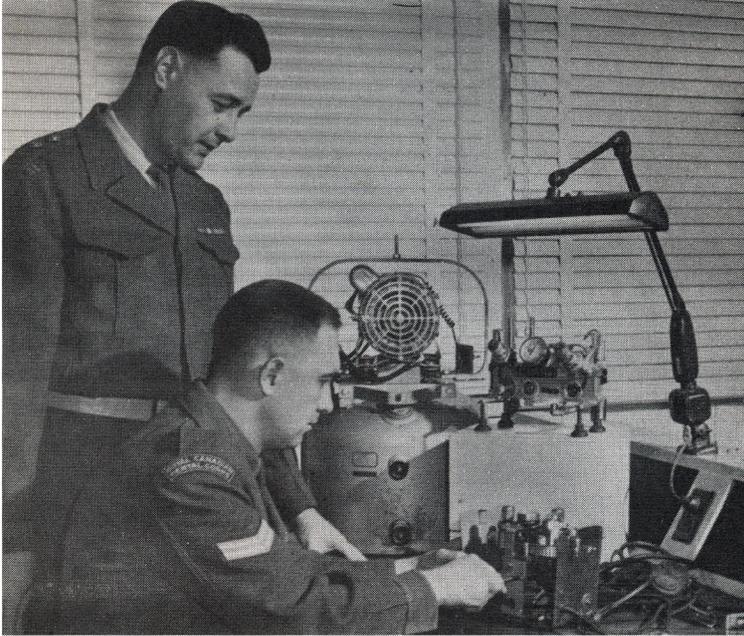
In addition to the issue and receipt of dental stores, the stores section was involved in preparing the syllabus and conducting the dental storeman group 1 course which was held 16 Oct to 24 Nov 61 with six candidates in attendance. This was the first dental storeman course to be conducted by the RCDC. Since the RCDC is now responsible for the training of dental storemen it is a function of this depot to conduct the group 1 and group 3 storemen courses along with the preparation of group 2 trades tests.



Shipping Section - L to R: Sgt Sullivan, WO1 Bergland, Mr Dick

TECHNICAL REPAIR SECTION

This section is responsible for the repair of all equipment which is beyond the capability of equipment repair at Dental Company level. In addition, personnel of this section are given special projects for development, modification, design and in some cases, manufacture of items of equipment. Furthermore, they carry the bulk of the training load of this unit, not only for all



Dental Equipment Repairer courses but also for instruction on minor maintenance procedures for dental storemen courses. They assess potential DERs and conduct on-the-job training for their junior tradesmen. To add to these responsibilities, the repair of dental equipment in the Ottawa area as well as the repair of equipment in clinics in Camp Petawawa, Ont, Foymount, Ont and Falconbridge, Ont has been delegated to this section.

Training Section Equipment Repair
L to R: Lt Church, Cpl Duve

TRAINING

Training has become an integral part of the operation of this unit since its move to Camp Petawawa.

The following special to corps courses have been conducted up to the present time:

1 Dental Equipment Repairer Gp 1	-	12 Sep to 21 Oct 60
1 Dental Equipment Repairer Gp 2	-	5 Sep to 15 Dec 61
1 Dental Equipment Repairer Gp 3	-	24 Oct to 16 Dec 60
1 Dental Storeman Gp 1	-	16 Oct to 24 Nov 61

In addition, approval has been granted to conduct one Dental Equipment Repairer Gp 1 course, one Dental Storeman Gp 1 and one Dental Storeman Gp 3 course during the training year 1962-63. Although the training load is not heavy, the courses syllabi require annual review as a result of new equipment being adopted and new techniques introduced.

Unit training is required and involves National Survival and First Aid training along with annual pistol qualification for officers, all of which is normally taken with 1 CMED. Numerous courses are held each year under Camp arrangements and, time permitting, personnel are authorized to attend. Examples of courses available are: French Language training, Life Guard courses, Advanced First Aid, Hunter Safety courses and other refresher training courses. One officer from this unit was fortunate enough to be authorized to attend a five-day training programme at the factory of the Midwest Dental Manufacturing Co in Chicago.

CAMP DUTIES

Camp parades and inspections are regular but not too numerous. Similarly, duties such as Camp Field Officer, National Survival Duty Officer, HQ Camp Inspecting Officer, HQ Camp Orderly Sergeant have to be performed regularly. Depot personnel were hesitant about these duties at first but have become accustomed to them and can carry out these tasks with the best of them.

In a semi-isolated camp such as this, community activities are of prime importance. Since all the service personnel of the unit, except one, are living in permanent married quarters, the requirement for leadership and assistance in these matters is realized, and at the present time fifty percent of the personnel are involved in some community activity. Added to this are numerous social functions which begin in the fall and terminate in the spring. From all reports most personnel attend and enjoy this "social whirl".

As far as sports are concerned, the depot has always been well represented in Camp Petawawa. The past two years have been extremely good for dentals in both the curling and bowling circles. However, other sports ranging from golf to scuba diving to judo have been participated in with distinction by personnel of the unit.

CAMP PETAWAWA - PAST AND PRESENT

In conclusion, it may be said that all personnel of this unit agree that the Camp Petawawa of today is not the same Camp Petawawa of years gone by. Temporary buildings and tents in this semi-isolated area have been replaced by modern permanent buildings which include a shopping centre and a recreational building. Personnel are able to participate in almost any past time. The area is conceded to be a fisherman's and hunter's paradise, but no matter what the hobby might be, facilities are available. Certainly, it takes one who has been moved from a larger centre a few months to adjust to the semi-isolation but thereafter the usual comment heard is that it is good to get away from the smog and the heavy traffic of a larger community. What could be more desirable than a new depot in which to work, adequate married quarters, all the community activities available at a modest expense and the camaraderie and esprit de corps which exist at 1 Dental Equipment Depot, Camp Petawawa!

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The following is an extract from the Governors' Letter, Volume 10, Number 16 dated May 29, 1962:

Fluoridation in Canada, 1962

In January 1962, 8.4 per cent of Canada's population was living in communities with controlled fluoridation. This represents 1,535,000 people living in 87 cities, towns and villages. Twenty-five more communities are fluoridating their water supplies now than at the same time last year. Fourteen of these 25 are in Saskatchewan, six in Quebec, three in Ontario and two in the Yukon and Northwest Territories.

A total of 37 plebiscites was held during 1961. Of these only 15 were successful, five out of 16 in Ontario, seven out of 13 in Alberta, one out of six in British Columbia and one out of one in Saskatchewan and the Northwest Territories.

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Major-General H. Quinlan, CB, QHDS
 Director of Army Dental Service
 Royal Army Dental Corps



THE BRITISH ARMY DENTAL SERVICE

It may be claimed that the foundations of Army dentistry were laid in the very corner-stone of the structure of the Army itself. Charles I, who was the first monarch to institute an Army as a regular force, ordained that a free issue of surgical instruments should be made available to the surgeons he was trying to induce to accompany the expeditionary force he raised against the French. Included in the issue were instruments of dental origin. From their shape and size it can be deduced that scaling and treatment of the gums were accepted forms of dental treatment at that time.

It took 300 years more before military dentistry was placed on an organised footing. It was not until 1921 that dental treatment was acknowledged as an essential contribution, but came to be accepted as a vital necessity for the preservation of the health of the soldier both in peace and in war.

Despite the experiences of the South African War and even as comparatively recently as the outbreak of the 1914-18 War, little or no provision was made for dental treatment for the British Forces.

The story goes that it was not until the Commander-in-Chief of the B.E.F., who in the early days of the first world war, himself became stricken with an acute dental malady and being unable to find anybody to relieve him, had to have recourse to summoning a dentist from Paris to alleviate the pain.

Included in subsequent despatches to the War Office, the C-in-C represented these matters with such vigour that by the end of 1914 a dozen or so dental surgeons were induced to leave their practices and put on uniform. They were hastily commissioned as "Dental Surgeons, attached General List" as doctors only were accepted for Commissions in the RAMC. The General List contained a conglomeration of officers and other ranks who did not readily fit into any of the existing Corps or Regiments but for whom a niche had to be found in their role as support for the Army. Throughout the period of the war the numbers of dental officers gradually increased until at the conclusion of hostilities over 850 dental surgeons were serving in all theatres at home and overseas.

Though the beginnings of Army dentistry on an organised basis are comparatively modern, that there were other influences in earlier times which had some bearing on dental standards are now history. John Woodall, first Surgeon-General to the East India Company, described how scaling and gum treatment in addition to extractions were performed. There is also mention in his writings of extensive caries with cellulitis of the face and facial angina as complications of acute alveolar abscess.

Richard Wiseman recorded in the year 1676 how treatment of a gun shot wound sustained by a soldier, was treated with a prosthetic appliance to assist closure of the wound involving the antrum.

Curious to relate, too, is the introduction of a dental standard for soldiers at about that time though this had nothing to do with dental fitness or ability to masticate or articulate. It was introduced only for the reasons that it was essential to ensure that musketeers and grenadiers had sufficiently sound incisor teeth to bite open their cartridges and grenades before firing.

A general medical examination for recruits was introduced towards the end of the 18th century but it took another century before recruits came to be rejected solely on account of dental disability on the grounds of having insufficient sound or repairable teeth for efficient mastication. This was the standard required before the 1939-45 War.

When the South African War broke out in 1899 no dental attention was provided for the soldier. The numbers incapacitated from dental disabilities, though completely disregarded by the military authorities, did not escape the vigilance of the British Dental Association. Their constant representations to the Secretary of State for War caused him, in the end, to make at least a token gesture by sending four civilian dentists to South Africa. They were given no military status and were not provided with either instruments or materials. Such instruments as they carried came from their own private resources.

Recruiting flourished and volunteers were plentiful. It gave rise to little comment that in the South African campaign 2,000 soldiers were evacuated home and nearly 5,000 found unfit for duty on the grounds of dental disability alone. It would hardly seem possible that such a lesson could escape the notice of the War Office because it was not until some years later that, as a result of further pressure from the B.D.A., it was agreed somewhat reluctantly to appoint 8 dental surgeons to the Army at home. These appointments similarly carried no military rank or status and the scope and extent of treatment they were permitted to afford was severely circumscribed. It amounted to little more than the urgent treatment for the relief of pain. Later, three further appointments were offered to civilian dental practitioners

to go out to India to minister to the dental needs of the British soldiers serving in that country. One of the practitioners who took up a contract of this kind was J.P. Helliwell, later Major-General Helliwell who became the first Director of the Army Dental Service.

Meanwhile, upon the re-organisation of the Army Medical Services, dentistry was one of the subjects in which RAMC officers could be graded as specialists. Only four were so graded but as they were not given either the time or the opportunity to work in their specialty, the scheme was soon abandoned.

It is no wonder that when war broke out in 1914 the facilities for dental treatment were meagre in the extreme. No provision was made for treatment in the field and not a single dental surgeon could be numbered among the "Old Contemptibles" of the BEF who went to France.

It was not until the last two years of the war that dentistry was really accepted, given full recognition and assumed its rightful place in the Army, though the actual formation of an Army Dental Corps was delayed until well after the cessation of hostilities. Special Army Order No. 4 dated 11th January, 1921 promulgated the formation of a Corps to be known as "The Army Dental Corps".

The Corps charter was to provide dental treatment for the Army and the Royal Air Force but the latter in 1930 formed its own separate Dental Branch as part of the RAF.

The new Corps had an establishment of 110 officers and 132 other ranks which seemed hardly sufficient to deal with the backlog of dental disease for Army personnel, even though dependants and officers were not included. It was decided therefore to give priority treatment to recruits and to devote the maximum effort to improving the dental standard of the youngest soldiers of the future Army.

This aim was largely achieved because by 1938 every recruit on completion of his initial military training, before he was posted to his battalion from the Regimental Depot, had to have all dental treatment completed. Consequently, further treatment was required on a maintenance basis only. With an annual inspection in addition, the standard of dental fitness in the Army was extremely high.

The years between the wars provided a period of steady development of the Corps within the Army structure. The activities of the Army Dental Corps became well known professionally, militarily and in other fields. Officers and other ranks of the Corps were "capped" for the Army at cricket, tennis, hockey, swimming, Rugby and Association football. International honours at some of these games were also achieved by Corps members. Wherever British troops served, there also were to be found representatives of the Corps.

With the call-up of the Militia in 1938 and general mobilisation in 1939 the strength of the Army grew enormously. The serious wastage of man power through dental disease was by now well appreciated. In general the dental state of the expanded Army, apart from the Regular soldiers, was deplorable and the Corps augmented by dental officers of the Regular and Territorial Army Reserve of Officers faced a task of the greatest magnitude.

When conscription was enforced a Dental War Committee was formed and given powers which included drafting dental surgeons, technicians and clerks to the Services. During the course of the War the strength of the Corps quickly grew to 2143 officers and 3653 other ranks. Later 267 women of the Auxiliary Territorial Forces reinforced the dental clerk section of the Corps.

Dental personnel worked in static Dental Centres at home and overseas, in field and static hospitals, convalescent depots, casualty clearing stations and field ambulances, in self-propelled mobile dental vehicles and even in suitably adapted trucks. In temperate climates and in the tropics, in jungle and in the desert, the dental officer and his team were available everywhere.

The expansion of the Army and the expectation of widespread casualties led to the establishment of a specialist service for the treatment of unusual dental lesions and maxillo-facial wounds and injuries.

The appointment of a Consultant Dental Surgeon to the Army was made. Dental officers with special experience and skill were selected for posts in general hospitals and casualty clearing stations to whom patients, suffering from conditions beyond the scope of general dental practice, could be sent for diagnosis and treatment.

Further specialisation developed with the formation of specialised units known as Maxillo-Facial Units. Here the dental officer and his dental technician had a most important role to fill. Working alongside the plastic surgeon and the other medical and nursing personnel engaged in the repair and treatment of maxillo-facial wounds, their role became increasingly important.

With the increase in the numbers of Dental Corps personnel serving with the Army the rate of casualties increased also. Apart from the sick, wounded and those killed, a considerable number remained as prisoners of war throughout the period of hostilities.

It was in some of these prisoner of war camps that the officers of the Corps performed some of their finest and most ingenious forms of treatment. Teeth were filled with raw rubber and resin from the bark of trees, hypnosis was frequently employed when anaesthetics were unavailable. Chairs were constructed from bamboo and rope. One of the earliest escape stories of the war took place from a P.O.W. Camp and concerned a Lance Corporal of the Corps who made his way from Poland to England by a devious route. His bravery and ingenuity culminated in his being decorated with the Distinguished Conduct Medal.

While the Army Dental Corps was responsible for the treatment of the Army in India, the enormous increase in the number of British troops in that theatre together with the unprecedented expansion of the Indian Army led to the formation of the Indian Army Dental Corps. With their colleagues in the Army Dental Corps the personnel of the I.A.D.C. were to be found in every theatre where the Indian Army was deployed.

With the conclusion of the hostilities, demobilisation and retrenchment in 1945 brought their attendant troubles. Those who had so gallantly answered the call by giving up their practices and joining the Corps, returned to civil life to once again pick up the threads. Those officers who had survived and who had been in the Corps in pre-war days were compulsorily retained and conscription in the guise of National Service was to become a permanent feature of peace time life.

The call-up of dentists was placed in the hands of the Ministry of Labour and a Dental Manpower Committee was introduced to whom appeals against compulsory service was addressed. These appeals were fortunately few, the National Service men accepted their obligations. With their colleagues in the Regular Corps they continued to provide a comprehensive dental service for the Army and its dependants.

In the light of experience and the place and prestige dentistry had gained for itself in the public eye during the War, the re-organisation and improvements in the Corps which followed, were a natural sequence. The appointment of the first Honorary Dental Surgeon to the Sovereign was made when Major-General A.B. Austin became K.H.D.S. and to the title of the Corps was added the prefix Royal. The Corps insignia was changed from the intertwined A.D.C. to a heraldic dragon's head and sword, surmounted by a crown, the whole surrounded by a laurel wreath above the inscription "Ex dentibus ensis". The formation of a home for the Corps at Connaught Barracks, Aldershot, by the establishment of the Depot RADC and the RADC Headquarters Officers' Mess at that location helped to give permanence and place the Corps on a firm foundation as an integral unit of the Army.

There are many advantages of service in the Corps today. First of all there is great emphasis on the professional side. Re-equipment and refurnishing on the most modern and up-to-date lines together with new accommodation, especially designed, is rapidly proceeding. Professional refresher courses, for which the War Department pays, at post-graduate hospitals and institutions are widely available for all officers. There is complete clinical freedom and for the officer who wants to take higher post-graduate diplomas and degrees there is ample opportunity for study leave and extramural courses leading to the highest academic attainments in the profession. These are some of the facilities available in the Army Dental Service today.

Army cadetships leading to permanent commissions in the Royal Army Dental Corps, are now available to school leavers who wish to take up dentistry as a career and be granted permanent commissions in the Corps. There is also a modified scheme available to students who are in their last two years at university and who wish to be appointed to permanent or short service commissions. In addition to paying all tuition fees and the provision of all books, instruments, white coats etc, the War Department allows a generous scale of pay and allowances to those students who are accepted for cadetships.

If married an officer becomes eligible for married quarters at the age of 25. Accommodation for himself and his family are provided at most stations to which he is liable to be sent. Schools for his children are available overseas and boarding school allowances are available to assist with school fees.

In addition to providing the courses and training for grading as specialists, officers so appointed are given extra pay according to their specialist status.

With the steadily rising rate of pay throughout his service the officer on a full career will almost certainly be better off than his civilian counterpart who, for one thing, usually has to expect diminishing returns in earnings in the later years of practice. The Army dental officer on the other hand has not only healthy financial, steadily increasing rewards during his service but on retirement he has a non-contributory pension plus a lump sum terminal gratuity to which he can look forward. It might also be mentioned that the widows of officers are not altogether forgotten and are eligible for the grant of a pension should their husbands predecease them.

It should be made absolutely clear that there is no compulsion, except for officers who join as cadets, to serve in the Army for a longer period than the officer wishes. Tax-free gratuities are given to those who serve for less than 16 years which is the minimum period for pension rights to become operative.

Dentistry can be a confining and restricting form of career. For those men and women who may be attracted to either a hospital or a general practice career in the profession and who might consider the benefits of a periodic change of environment, or locality or even the surgery itself, the Army Dental Service provides this source of refreshment. Coupled with the facilities for comradeship, sociability, sport and travel a fuller and more satisfying life can be achieved away from the worries and frustrations of private practice.

DENTAL ASSISTANT TRAINING IN THE RCDC

Colonel CE Purdy, CD, DDS
Commander RR Troxell, (DC) USN

A series of experimental studies was recently conducted at The RCDC School with the aim of devising an effective method for the rapid training of new dental assistants. The programme was designed to achieve maximum assistant function in one week with minimal interruption to the normal schedule of the training dental officer.

This study has resulted in the creation of a supplemental training programme which is intended to serve the following functions:

- a. Provide an effective means of assessment of potential dental assistants in a minimum period of time.
- b. Be a guide to the rapid training of untrained assistants who are required for chair-side duties prior to formal training.

Background and Rationale

In the past, new recruits and others who were allocated to or transferred to the RCDC, have been assigned to certain clinics for orientation and initial in-job training before attending the formal trade course at The RCDC School. However, the degree to which they were trained at the chair depended largely on the discretion and requirement of the dental officer and on the time available. It was recognized that an early evaluation of their capabilities and potential value as assistants has been difficult.

It was also recognized that situations arise in which a dental officer may be temporarily deprived of the services of his trained assistant. Sudden illness, compassionate leave or a debilitating accident, could create such a situation.

The problem thus posed was: In how short a time could an untrained person be brought to a level of reasonable efficiency at the chair, without interrupting the regular schedule of the dental officer?

The hypothesis was that if -

- a. Careful analysis in selecting the absolutely essential functions of dental assisting and,

- b. All initial training efforts could be concentrated upon those essentials, then, a very brief period of training might achieve the necessary results.

The analysis produced the following:

The Absolute Essentials for the Dental Assistant

- a. Must have the following qualities:
- (1) Average intelligence.
 - (2) A neat, well-groomed appearance.
 - (3) A properly motivated attitude to correct office protocol.
 - (4) A high sense of loyalty.
- b. Must know proper methods for:
- (1) Careful handling of delicate, expensive dental instruments.
 - (2) Maintenance of handpieces.
 - (3) Rapid clearing of the operatory between patients.
 - (4) Instrument sterilization and maintenance of sterility.
 - (5) Chair-side attendance.
 - (6) Delivery of anesthetic syringe.
 - (7) Presentation of routine instruments for any given operation.
 - (8) Processing of radiographs.
 - (9) Presentation of prepared amalgam.
 - (10) Passing amalgam and necessary instruments.
 - (11) Presentation of prepared silicate cements.
 - (12) Set-up of silicate finishing instruments.
 - (13) Presentation of prepared basing materials.
 - (14) Pouring and recovery of models.
 - (15) Completion of dental records.
 - (16) Telephone etiquette.
 - (17) Maintenance of office supply levels.
 - (18) Meeting office emergencies without panic.

The next question posed was: Which of the essentials from the "must know" list could be postponed during the early stages of training? It was decided that items 1 through 13 would be required in order for the trainee to be effective at the earliest possible time.

How would the training programme actually be conducted? How long would the training program last? How would appropriate emphasis be placed upon the essential matters?

Pilot Study

A pilot study was designed and conducted in the following manner in order to evaluate the hypothesis.

On a Friday evening, a dental officer, assigned to the Treatment Wing of The RCDC School, was informed that starting on the following Monday morning, he would be assisted by a totally untrained and untutored soldier instead of his regular dental assistant.

The dental officer was to see and render treatment to all patients in accordance with his previously established appointment calendar. The only variation which he was to permit himself, was to undertake fewer operations per patient than he normally would. The time thus saved would be used to demonstrate instrument cleaning, sterilization and other procedures.

Each procedure usually performed by a trained dental assistant such as mixing of amalgam, cements, alginates, and other materials was to be performed by the dental officer as a demonstration for the trainee, until the trainee could perform these by himself.

Strong emphasis was to be placed upon the rapid clearing of the operating bay between patients, in order that the appointment schedule be maintained, and each patient received on time.

The dental officer was to jot down the names of items and a few comments about important subjects after he had demonstrated them. This would serve the trainee as a set of "lecture notes" for the evening study or review.

Evaluation of the Pilot Study

The pilot study was conducted for the period of one working week. It was then evaluated. The following conclusions emerged:

- a. The trainee had achieved a reasonable level of effectiveness.
- b. The trainee was fatigued but willing to continue as a dental assistant.
- c. The dental officer was fatigued but gratified at the results achieved.
- d. The programme required additional organization and planning.
- e. The "lecture notes" technique was unsatisfactory.
- f. The hypothesis that concentration on essential functions and the exclusion of non-essential functions or knowledge was valid.

Preparation for Further Studies

In order to give added organization to the programme, minimize fatigue of the training officer, give the trainee additional motivation, thereby maintaining his interest, a series of study notes was prepared. This consisted of six lessons of approximately ten pages each of double-spaced lines. These were to be given to the trainee, one at a time, each night of the training week with the exception of the first one which was to be given on the Friday preceding the week's training. The first lesson was a general introduction to the programme, and a description of the equipment which the trainee would see in the office. The other lessons or information sheets, as they are labelled, were designed to serve two purposes: first, they were to review material which the dental officer had demonstrated, in such way that the trainee would remember salient features of all essential office procedures; second, they were to serve as a guide-line to the officer, in his instruction to the trainee.

Further Studies

With these sheets prepared, additional trainees were carried through one-week training programmes and the sheets used as described. The sheets were modified, and additions made as the need became apparent.

Evaluation of Studies

The conclusions reached by evaluation of the final training programmes conducted, were:

- a. The information sheets greatly reduced the fatigue, time and effort of the training officer.
- b. The sheets offered an organized presentation of material, which permitted the trainee to assimilate demonstrated information, and to retain it well.
- c. The sheets were of great assistance to the dental officer in presenting the material in an organized manner.

Conclusion

A one-week training period, as described, will produce an effective chair-side assistant, or permit assessment of the capabilities of a potential transferee to the Corps.

The information sheets referred to are to be made available for general use in the RCDC as a pre-course training for dental assistants.

Dr Lussier Heads Dental Faculty at University of Montreal

Sincere congratulations are expressed by all members of the RCDC to Dr Jean-Paul Lussier, DDS, PhD on his recent appointment as Dean of the Faculty of Dentistry, University of Montreal.

He has been Vice Dean and Director of Studies at the University of Montreal since 1957 and accepted the appointment of Consultant to the RCDC on Dental Research in Feb 1960. Dr Lussier is also a member of the National Research Board and a Fellow of the American College of Dentists.

MAT GOLD AS A RESTORATIVE MATERIAL

Commander RR Troxell^{*}
Dental Corps
United States Navy

During the past decade, a great resurgence of interest in gold foil restorations has occurred throughout the dental profession in North America. This interest has been made manifest in a number of ways. The programme of almost every major Dental Convention, in the last few years, has included at least one eminent clinician who has spoken upon the employment of gold foil or foil-type restorations. The membership of the American Academy of Gold Foil Operators has increased from an organizational 36 in 1952 to more than 400 in 1961. The quantities of rubber dam and cohesive golds purchased by the profession has more than doubled since 1955.

Why has this resurgence occurred? First and foremost, because a number of dedicated practitioners have demonstrated by example that cohesive gold restorations do have a significant place in the busiest, most modern dental office. They have demonstrated that a dentally educated public is not only willing, but eager to receive the finest restorative dentistry that the profession can offer. They have developed new techniques which simplify and expedite the placement of cohesive restorations, so that many dentists once avoiding foil because of the considered tedium of insertion, are now able to achieve the best in markedly less operating time.

It is quite interesting to note that one of the primary reasons for the entire phenomenon of re-awakened interest has been the development of a combination filling technique for the class V cavity.¹ A lesion located in the class V area offers challenges peculiar to itself. A true restoration in this area must re-establish the convexity of contour characteristic of the cemento-enamel junction; and the material used must be capable of receiving and holding a finish which will be beneficial to the gingival tissue.

It is generally recognized that the plastic filling materials (amalgam, silicate, acrylic) are difficult to contour properly in the class V location; and that even if properly contoured during placement and carving, they are frequently undercontoured during polishing. On the other hand, gold foil, because of its cohesive character, may readily be excessively contoured during placement and then reduced to ideal contour during finishing and polishing. The necessity for an anatomic convexity of a class V restoration is unarguable. It is a physiologic verity that gingival tissue will recede from a labial or buccal gingival concavity on a tooth, or even from a gingival plane surface; conversely, gingival tissue will tend to rise up over a truly anatomic cemento-enamel junction.

Silver amalgam is a remarkable and highly effective restorative material when manipulated in accordance with a few cardinal principles. However, in operative situations where the possibility of violation of one or more of those principles exist, then it is not the material of choice, that is to say, if amalgam may not be packed with sufficient pressure to create homogeneity of its mass, then it will be mercury-rich and granular. Having no malleability, no amount of subsequent manipulation of its surface will create a finish which is acceptable to gingival tissue. All too frequently, the class V cavity presents just such a situation. Heavy packing pressure at one point forces the amalgam out of the cavity at another. To correct this, the operator reduces the amount of packing pressure used. Sometimes the amount of pressure used is no greater than a "buttering" stroke.

* (on exchange duty at The RCDC School)

The use of cohesive gold as a permanent restorative material, is therefore frequently indicated. It was recognized that the placement of gold foil by itself is a time-consuming and tedious procedure for many operators. The combination technique employing mat gold with gold foil was developed to overcome those disadvantages.

Character of Mat Gold

Mat gold is formed by a process of electrodeposition. An ingot of gold is placed in a bath, and by electrolysis, particles of the ingot are deposited upon the floor of the bath. When a sufficient thickness of the deposited particles has been achieved, the bath is drained, the "mat" of gold is recovered, molded, heat treated, and cut into various widths. As received in the dental office, mat gold is a crystalline deposit of gold 999.999 fine, which is cohesive by virtue of its purity. It has a dull, spongy appearance and is yellow-brown in colour. It compacts readily with pressure delivered by a hand-plugger. As might be expected of a pure, highly malleable metal, it has no "memory" and does not spring back following compression. Because of its crystalline form, an explorer or a small plugger point will penetrate it easily, simply by pushing the crystals aside during penetration. Therefore, during manipulation, relatively large round-edged pluggers are used.

Mat gold in its compacted form has less homogeneity than has gold foil, because of the malleting used to produce the foil or leaf form during manufacture.

It seemed desirable to develop a technique which would couple the advantages of each of the two forms of pure gold (the facile compacting ability of the mat, and the extreme compressibility and density of the foil). Such a technique was developed wherein the bulk of the cavity is rapidly filled with mat, and then a veneer of foil completes the filling of the cavity and seals the margins.

Combination Technique for a Class V Cohesive Gold Restoration

Careful and prolonged study revealed that the trapezoidal Ferrier cavity preparation offered several significant advantages over the classic "kidney" shape preparation. With the Ferrier preparation, the mesial and distal cavo-surface angles could be carried around the mesial and distal line angles of the tooth and thereby be placed beneath the free margin of gingivae. The gingival cavo-surface angle could be greatly reduced in width and invariably placed beneath the free margin of gingival tissue. The mesial and distal walls could be flared from internal to external in order to follow the direction of the enamel rods and preclude weakening either of those walls. Additionally it was discovered that the straight occlusal cavo-surface angle rendered a more pleasing appearance in a mouth in which a number of class V restorations had been placed.

Cavity Preparation

A rubber dam is placed and the Ferrier #212 clamp is seated upon the carious tooth. The clamp is so positioned as to retract the tissue gingivally, and to hold the inverted rubber dam in such position that it retracts the gingivae mesially and distally. The bows of the clamp are supported with low-fusing compound and the clamp thereby stabilized. The clamp should be sufficiently supported that it may serve as a finger-rest during instrumentation. The cavity is prepared. This preparation has opposing grooves only

in the occlusal and gingival walls as the retentive feature. The proximal walls must not be undercut lest they be weakened. The gingival wall is made narrower than the jaws of the #212 clamp, and the cavo-surface angle of the gingival wall is not closer than 1/2 mm to the jaws. Should the preparation approach closer than that, the clamp should be resealed.

Filling the Cavity

A number of pieces of mat gold, each the size of the outline form of the cavity are cut. While the mat gold does not require annealing, it must be heated to vaporize any collected moisture. The first piece of mat is carried to the cavity and placed so that it covers the entire floor. It is condensed with hand pressure until forced into all internal line angles. A small-pointed plugger is then used to drive the mat firmly into the occlusal and gingival retentive features. The second piece of mat is placed and condensed with hand pluggers. If the occlusal or gingival retentive features were not filled by condensation of the first piece, the small plugger is again used to fill the opposing retentive features.

As soon as this has been accomplished, the remainder of the bulk of the cavity is filled using only hand-pressure condensation of the mat gold. Hand or automatic malleting of the mat gold (except in the retentive features) is contraindicated, for this would nullify the advantages gained by its use (reduced trauma and rapid filling). Filling by the mat is carried on until only the external portions of the cavo-surface angles of the cavity remain exposed. Then, previously annealed gold foil is malleted to create the veneer of foil over the entire filling. Establishment of slightly excessive contour is accomplished at this stage.

Finishing the Gold

The gold files, push and pull, are perhaps the instruments of choice for completing the contouring and finishing of the restoration. They may be rested upon enamel and gold simultaneously and will quickly reduce any marginal excess, with no damage to the enamel. If the gingival margin is located in cementum, great care must be taken to avoid removal of cementum. The files must not be permitted to rest upon or touch cementum at any stage of the stroke. Frequently it will be found that a pull file used with a pushing action will offer greater control and will create the desired result with surprising ease.

Cuttle-fish or extremely fine sandpaper discs coated with silicate lubricant, may be used for some final contouring, however, they must be used with great care lest contour be lost or cementum removed.

Polishing

Flour of pumice (dampened) in a soft rubber cup will produce a velvet finish to the restoration, which is well tolerated by the tissues. It is a matter of operators' choice whether additional polishing with a finer agent is desirable.

Summary

The class V lesion offers a special restorative problem. Only cohesive gold offers an optimal solution to that problem. Gold foil used alone for the restoration may be considered too time-consuming to be practical. A technique

wherein a combination of cohesive golds are used, which greatly facilitates the placement of the restoration, has been described.

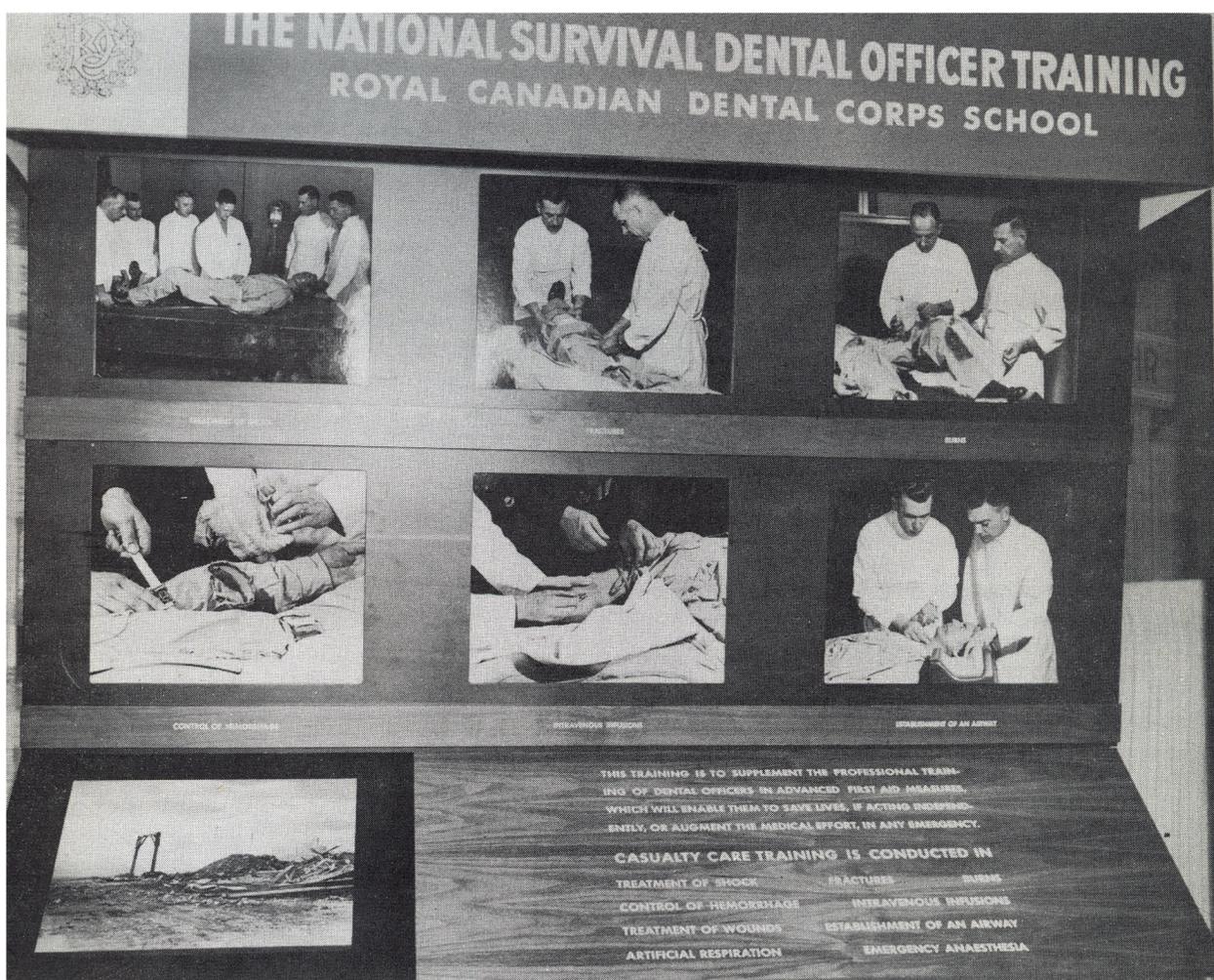
Reference

The referenced article, listed below, offers an excellent step-by-step, illustrated description of the technique. It is highly recommended reading.

1. Koser, J.R. and Ingraham, Rex. "Mat Gold Foil with a Veneer Cohesive Gold Foil Surface for Class V Restorations." J.A.D.A., 52:715, June 1956.

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NEW RCDC EXHIBIT



A most interesting and attractive RCDC exhibit was shown for the first time at the ODA Convention at Toronto in May 62 and later at the CDA Convention at Vancouver. The display, which illustrates the National Survival Dental Officer Training, is available for other conventions or exhibitions on request.

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A STUDY TO DETERMINE THE EFFECT OF TOPICAL APPLICATION
OF STANNOUS FLUORIDE ON DENTAL CARIES IN YOUNG ADULTS

Major DH Frotheroe, DFC, CD, DDS, MPH

The prevention and control of dental caries in a military population, when the dental service is committed to provide comprehensive treatment, is a problem of enormous proportions. The RCDC, with a large backlog of treatment requirements and limited dental officer resources, is barely able to exceed the requirements imposed by the incidence of new carious lesions, let alone perform sufficient treatment to markedly reduce the backlog. In view of this situation it is obvious that the introduction of a caries-preventive measure which would significantly lower the incidence of dental caries would be of inestimable value to the Corps.

It was considered that, of the various anticariogenic agents that had been tested, topical application of stannous fluoride appeared to hold the greatest promise. Its effectiveness and superiority over sodium fluoride in children had been demonstrated by several investigators (1,2,3,4,5). Then in 1958 Muhler (6) reported a study conducted on 500 university students, aged 18 - 35 years, using a 10% solution of stannous fluoride which resulted in a 24% decrease in DMFT and a 16% decrease in DMFS.

It was also felt that stannous fluoride should be selected for testing by the Corps because only one application was required and it could be applied by auxiliary dental personnel. It was, therefore, decided to undertake a clinical investigation with the specific objective of determining the effectiveness of a freshly prepared 10% aqueous solution of stannous fluoride, applied topically to the teeth, as a means of reducing the incidence of dental caries in a military population of young adult males.

Design

The investigation was originally planned to be conducted in three phases of one year each. The objective of the first phase was to determine the caries attack rates for a period of one year prior to the application of the stannous fluoride so that comparisons could be made not only between the experimental and control sides, but also with the caries experience on the same side.

During the second phase the aim was to determine the effectiveness of the agent in a one-year period following its application. The objective of the third phase was to determine by refluoridization of one-half of the group the effect of a second application one year after the first and also to determine the effectiveness of the agent during the second year following the initial application.

Unfortunately, it was not possible to adhere to this plan completely. Prior to the commencement of the study it had been planned to use two examiners, each of whom would perform one-half of the examinations and re-examine the same subjects throughout the study. However, following the examination at the beginning of phase 1, it was felt that the findings would be more reliable if one examiner performed all the examinations but the other examiner should continue to examine one-half of the subjects even though his findings would not be used, so that he could take over in case of an unexpected posting or other exigency of the service. This, of course meant that the data gathered at the beginning of phase 1 could not be used but the experience gained during this period would be useful during the remainder of the study.

Furthermore, the greatest wastage of study subjects occurred during the first phase when fifteen were lost compared to a total of nine during the remainder of the study.

The second alteration to the original plan was to shorten the duration of phase 3 for the total group from twelve to eight months because of graduation of the senior group. However, the junior group were examined during this phase at eight and fifteen months. It is felt that neither of these changes affected the validity of the results.

Study Group

The study group at the commencement of the study was comprised of 106, 17 - 21 year old first and second year cadets enrolled in Royal Military College, Kingston, Ontario. The first year cadets were designated the junior group and those in second year the senior group. The age distribution of the cadets who completed the study is shown at Table 1. The average age of the total group at the start of the study was 18.8 years, the junior group 18.4 years and the senior group 19.4 years.

TABLE 1
AGE DISTRIBUTION OF STUDY SUBJECTS

Age Last Birthday	Junior Group	Senior Group	Total
17 years	7	-	7
18 years	19	6	25
19 years	17	16	33
20 years	1	6	7
21 years	2	6	8
Total	46	34	80
Mean Age	18.4 yrs	19.4 yrs	18.8 yrs

Method

The stannous fluoride was applied according to Muhler's technique (7) but with a rubber dam in place on the experimental side. This was done because it was felt that the completely dry field afforded through use of the rubber dam might increase the effectiveness of the agent and also would reduce cross-contamination between the experimental and control sides of the mouth. The experimental side of each study subject was randomly selected by flipping a coin. "Heads" indicated the left side and "tails" the right side. All clinical procedures except the oral examinations were performed by RCDC clinical technicians.

Examinations

The clinical examinations included a thorough hard tissue examination with a mirror and No 3 spiral explorer performed under panovision light with compressed air available for drying. In addition, four bitewing radiographs were taken at each examination and the prophylaxis which forms part of the stannous fluoride technique was performed just prior to each examination. As mentioned previously the examinations were performed by two examiners, one of whom examined all of the subjects, the second re-examined one-half so that he could take over in case of an unexpected posting. The radiographic interpretation was carried out following the examination and represented the combined opinion of the two examiners. The examiners were not informed of the experimental and control sides.

Analysis of Data

The statistical procedures recommended by Grainger (8) for clinical dental caries control studies were used to analyse the data obtained in this study.

Data and Discussion

At the beginning of phase 2 a total of 4,962 caries-free surfaces were recorded on the experimental sides and 4,987 on the control sides. Of these, the senior group had 2,145 and 2,140 and the junior group 2,817 and 2,847 on the experimental and control sides respectively. At the same time the caries experience for the total group was 1,509 DMF surfaces on the experimental sides compared to 1,467 on the control sides. This indicates a good balance between the experimental and control sides at the time of the first application of stannous fluoride.

The most important findings of the study are given in tabular form at Appendix "A". Table 1 gives the results using DMF surfaces as the index of caries experience. It may be seen that the average difference in dental caries incidence in favour of the experimental sides during the first year following application of the agent (phase 2) was sizeable (54.0%) and statistically highly significant.* However, during the third phase, a period of eight months at the beginning of which the junior group only received a second application of stannous fluoride, the average reduction was less (25.7%) and not significant.

The accumulated results of phase 2 and phase 3 are interesting to note. The total group during this period of 20 months showed an average reduction in DMFS of 45.3%. When the junior group only, was considered over a period of 27 months, the reduction averaged 38.8%. The reductions shown in tables 2 and 3, with new lesions as the index of caries experience, are similar.

The proportions of sides remaining caries-free shown in table 4 show a similar result. During the first 12 months following the initial application (phase 2) the additional percentage of experimental sides remaining caries-free above that found in the control sides was in the range 5.6% to 34.1% (significant);

* Note: Significance as used here denotes the probability of the difference being a chance occurrence. An observed difference is considered "highly significant" if the probability of it occurring by chance is less than one in one hundred and "significant" when the probability is less than one in twenty.

and during phase 3 it dropped to -12.0% to 19.6% which was not significant. During phase 2 and 3 for the total group the additional percentage remaining caries-free was 1.5% to 26.3% which was statistically significant and for the junior group for 27 months - 1.7% to 28.3% which was nearly significant.

In brief then, the findings appear to indicate that there was a substantial reduction in caries incidence during the first 12 months following application of the stannous fluoride solution, but this reduction was somewhat less during the following 8 to 15 months even with a second application of the solution.

There is a possibility that this lessening of effectiveness may be accounted for in part by the stannous fluoride used in the study. This was obtained in 1958 prior to the start of the study and the same supply was used throughout. It was first applied in September 1959 for phase 2, more than a year after it was received, and again in September 1960, over two years later. It has since been learned that the solubility of stannous fluoride may decrease with age, resulting in reduced effectiveness.

The differences between new lesions in anterior and posterior surfaces shown in table 5, Appendix "A" is very marked. During phase 2 an average reduction of 61.0% was recorded in posterior surfaces compared to 39.2% in the anterior. In phase 3 new posterior lesions were reduced by an average of 35.6%, whereas, there was no difference in new anterior lesions.

Since posterior surfaces appeared to be most affected by the agent, a comparison of lesions occurring in specific posterior uninvolved surfaces is given in table 6, Appendix "A". These findings indicate that the percentage reduction is very high and statistically significant in proximal and occlusal surfaces but negligible and not significant in the buccal and lingual posterior surfaces. It is theorized that this could be due to the fact that adaptation of the rubber dam is more difficult on the buccal and lingual surfaces, particularly in the posterior region of the mouth.

Summary

The results of a study to determine the effectiveness of a 10% solution of stannous fluoride, applied topically to the teeth, as a means of reducing the incidence of dental caries in a military population of young adult males are presented. The most significant findings were:

- a. In the first 12 months following application of the stannous fluoride there was an average reduction in the DMFS increment of 54.0% which was statistically highly significant.
- b. During an eight-month period following a second application to the experimental sides of the junior group only, there was an average reduction in DMF surfaces of 25.7% which was not significant.
- c. The findings indicated a greater effectiveness in the posterior region of the mouth, particularly in the posterior proximal and occlusal surfaces.

Conclusion

Essentially this study must be considered a pilot study since it was the first of its kind carried out by the RCDC and because of the limited size of the study group. However, it is considered that sufficient evidence is presented to warrant further investigation with larger groups to test the principle of applying stannous fluoride solution with a rubber dam in place.

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8. Canadian Dental Association, Public Health Committee and Research Committee. The evaluation of Canadian dental health. Toronto, Canadian Dental Association, Jul., 1959.

List of Tables to Appendix "A"

- Table 1 - Evaluation of Results DMF Surfaces as the Index of Caries Experience
- Table 2 - Evaluation of Results using new Lesions as Index of Caries Experience
- Table 3 - Evaluation of Results using new Lesions as Index of Caries Experience
- Table 4 - Proportions Remaining Caries-Free
- Table 5 - Comparison new Lesions Occurring in Posterior and Anterior Uninvolved Surfaces.
- Table 6 - Comparison new Lesions Occurring in Specific Posterior Uninvolved Surfaces

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TABLE 1

EVALUATION OF RESULTS DMF SURFACES AS THE INDEX OF CARRIES EXPERIENCE

PHASE	DURATION	NO OF SUBJECTS	NUMBER		AVERAGE INCREMENT		AVERAGE REDUCTION	95% CONFIDENCE INTERVAL	SIGNIFICANCE
			EXP	CONT	EXP	CONT			
2	12 Months	80	69	150	.863 (.141)	1.875 (.228)	54.0%	25.4% to 82.6%	Highly Significant
3	8 Months	79	49	66	.620 (.092)	.835 (.112)	25.7%	-8.9% to 60.5%	Not Significant
Jr Group	8 Months	45	31	36	.689 (.136)	.800 (.149)	13.9%	-36.6% to 64.4%	Not Significant
Sr Group	8 Months	34	18	30	.529 (.112)	.882 (.170)	40.0%	-6.0% to 86.1%	Not Significant
Jr Group	15 Months	45	57	65	1.267 (.170)	1.444 (.231)	12.3%	-27.5% to 52.0%	Not Significant
2 and 3	20 Months	79	116	212	1.468 (.181)	2.684 (.288)	45.3%	19.9% to 70.7%	Highly Significant
Jr Group	20 Months	45	76	134	1.689 (.284)	2.978 (.446)	43.3%	7.8% to 78.8%	Significant
2 and 3 Sr Group	20 Months	34	40	78	1.176 (.174)	2.294 (.302)	48.7%	18.3% to 79.2%	Highly Significant
2 and 3 Jr Group	27 Months	45	101	165	2.244 (.306)	3.667 (.519)	38.8%	6.0% to 71.6%	Significant

Note: Figures in parenthesis are standard errors.

TABLE 2

EVALUATION OF RESULTS USING NEW LESIONS AS INDEX OF CARRIES EXPERIENCE

PHASE	DURATION	NO OF SUBJECTS	LESIONS OCCURRING IN ALL PREVIOUSLY CARRIES-FREE SURFACES				AVERAGE REDUCTION	95% CONFIDENCE INTERVAL	SIGNIFICANCE
			NUMBER		AVERAGE INCREMENT				
			EXP	CONT	EXP	CONT			
2	12 Months	80	85	157	1.063 (.147)	1.963 (.229)	45.8%	18.1% to 73.6%	Highly Significant
3	8 Months	79	66	87	.835 (.111)	1.101 (.155)	24.2%	-10.5% to 58.9%	Not Significant
Jr Group 3	8 Months	45	33	47	.733 (.152)	1.044 (.206)	29.8%	-19.3% to 78.8%	Not Significant
Sr Group 3	8 Months	34	33	40	.971 (.158)	1.176 (.233)	17.4%	-22.2% to 57.1%	Not Significant
Jr Group 3	15 Months	45	60	89	1.333 (.208)	1.978 (.388)	32.6%	-11.9% to 77.1%	Not Significant
2 and 3	20 Months	79	149	243	1.886 (.206)	3.076 (.338)	38.7%	12.9% to 64.4%	Highly Significant
2 and 3 Jr Group	20 Months	45	82	147	1.882 (.308)	3.267 (.528)	44.2%	11.9% to 76.6%	Significant
2 and 3 Sr Group	20 Months	34	67	96	1.971 (.248)	2.824 (.352)	38.7%	-0.3% to 60.7%	Nearly Significant
2 and 3 Jr Group	27 Months	45	108	193	2.400 (.356)	4.289 (.694)	44.0%	7.7% to 80.4%	Significant

Note: Figures in parentheses are standard error

TABLE 3

EVALUATION OF RESULTS USING NEW LESIONS AS INDEX OF CARRIES EXPERIENCE

PHASE	DURATION	NO OF SUBJECTS	LESIONS OCCURRING IN PREVIOUSLY CARRIES-FREE UNFILLED SURFACES		AVERAGE INCREMENT	AVERAGE REDUCTION	95% CONFIDENCE INTERVAL	SIGNIFICANCE	
			NUMBER EXP	NUMBER CONT					
2	12 Months	80	51	120	.638 (.116)	1.500 (.190)	57.5%	27.7% to 87.2%	Highly Significant
3	8 Months	79	41	56	.519 (.084)	.709 (.103)	26.8%	-10.7% to 64.3%	Not Significant
Jr Group 3	8 Months	45	24	31	.533 (.120)	.689 (.136)	22.6%	-29.9% to 75.2%	Not Significant
Sr Group 3	8 Months	34	17	25	.500 (.146)	.735 (.157)	32.0%	-26.3% to 90.2%	Not Significant
Jr Group 3	15 Months	45	43	59	.956 (.151)	1.311 (.226)	27.1%	-14.4% to 68.6%	Not Significant
2 and 3	20 Months	79	91	173	1.152 (.151)	2.190 (.246)	47.4%	21.0% to 73.8%	Highly Significant
Jr Group 2 and 3	20 Months	45	56	107	1.244 (.231)	2.378 (.384)	47.7%	10.0% to 85.4%	Highly Significant
Sr Group 2 and 3	20 Months	34	35	66	1.029 (.169)	1.941 (.256)	47.0%	15.4% to 78.6%	Highly Significant
Jr Group 2 and 3	27 Months	45	73	137	1.622 (.256)	3.044 (.468)	46.7%	11.6% to 81.8%	Significant

Note: Figures in parentheses are standard error

TABLE 4
PROPORTIONS REMAINING CARRIES-FREE

PHASE	DURATION	NO OF SUBJECTS	NUMBER		PROPORTION		95% CONFIDENCE INTERVAL	SIGNIFICANCE
			EXP	CONT	EXP	CONT		
Phase 2	12 Months	80	33	17	.413	.213	5.6% to 34.4%	Significant
Phase 3	8 Months	79	38	35	.481	.443	-12.0% to 19.6%	Not Significant
Phase 2 and Phase 3	20 Months	79	21	10	.266	.127	1.5% to 26.3%	Significant
Phase 2 and Phase 3	27 Months	45	10	4	.222	.089	-1.7% to 28.3%	Nearly Significant

TABLE 5

COMPARISON NEW LESIONS OCCURRING IN POSTERIOR AND ANTERIOR UNINVOLVED SURFACES

Phase	Duration	No of Subjects	Side	POSTERIOR				ANTERIOR					
				Number	Average Increment	Average Reduction	95% Confidence Interval	Significance	Number	Average Increment	Average Reduction	95% Confidence Interval	Significance
2	12 Months	80	Exp Cont	37 95	.463 (.097) 1.188 (.154)	61.0%	30.4% to 91.7%	Highly Significant	14 23	.175 (.052) .288 (.075)	39.2%	-24.0% to 102.4%	Not Significant
3	8 Months	79	Exp Cont	29 45	.367 (.072) .758 (.085)	35.6%	-3.3% to 74.6%	Nearly Significant	12 12	.150 .150	-	-	Not Significant
2 and 3	20 Months	79	Exp Cont	66 138	.835 (.125) 1.747 (.193)	52.2%	25.9% to 78.5%	Highly Significant	25 35	.316 (.073) .443 (.096)	28.7%	-25.5% to 82.8%	Not Significant
2 and 3	27 Months	45	Exp Cont	54 107	1.200 (.205) 2.378 (.355)	49.5%	15.1% to 84.0%	Significant	18 28	.400 (.111) .622 (.179)	35.7%	-32.2% to 103.5%	Not Significant

Note: Figures in parentheses are standard errors.

TABLE 6
COMPARISON NEW LESIONS OCCURRING IN SPECIFIC POSTERIOR UNINVOLVED SURFACES

Phase	Duration	No of Subjects	Side	PROXIMAL SURFACES					OCCLUSAL SURFACES					BUCCAL & LINGUAL SURFACES				
				New Lesions	Average Increase	Average Reduction	95% Confidence Interval	Significance	New Lesions	Average Increase	Average Reduction	95% Confidence Interval	Significance	New Lesions	Average Increase	Average Reduction	95% Confidence Interval	Significance
2	12 Months	80	Exp Cont	10 39	.125 (.048) .488 (.092)	74.4%	31.8% to 117.0%	Highly Significant	5 25	.063 (.027) .313 (.070)	79.9%	31.9% to 127.8%	Highly Significant	22 32	.275 (.066) .400 (.080)	31.3%	-20.8% to 83.3%	Not Significant
3	8 Months	79	Exp Cont	4 17	.051 (.025) .215 (.053)	76.3%	28.0% to 131.2%	Significant	4 12	.051 (.025) .152 (.051)	66.4%	-0.9% to 141.5%	Nearly Significant	21 15	.225 (.064) .194 (.051)	-39.5%	-125.8% to 46.8%	Not Significant
2 and 3	20 Months	79	Exp Cont	14 53	.177 (.053) .671 (.106)	73.6%	38.5% to 108.8%	Highly Significant	9 37	.114 (.036) .481 (.073)	76.3%	42.6% to 110.0%	Highly Significant	43 47	.544 (.091) .608 (.099)	10.5%	-33.9% to 54.9%	Not Significant
2 and 3	27 Months	45	Exp Cont	13 42	.289 (.092) .933 (.184)	69.0%	28.7% to 109.3%	Highly Significant	11 33	.244 (.064) .733 (.135)	66.7%	26.1% to 107.4%	Highly Significant	30 33	.667 (.144) .733 (.188)	9.0%	-51.3% to 69.3%	Not Significant

Note: Figures in parentheses are standard errors.

NEW MEMBERS OF THE CORPS

Congratulations and a hearty welcome are extended to twelve new Dental Officers. It is hoped that they will all enjoy their new service environment and that this will be the beginning of a long and rewarding career in the RCDC.

Capt	NH	Andrews	Dalhousie	HQ Manitoba Area, Winnipeg
Capt	LTFB	Archambault	Montreal	HMCS Cornwallis
Capt	PAA	Dailyde	Toronto	Griesbach Bks, Edmonton
Capt	WJ	Froese	Manitoba	HQ Manitoba Area, Winnipeg
Capt	TM	Johnston	Toronto	HQ Manitoba Area, Winnipeg
Capt	GA	Johnson	Toronto	Whitehorse
Capt	VD	Kvedaras	Toronto	RCAF Stn Trenton
Capt	JPA	Legendre	Montreal	Currie Bks, Calgary
Capt	NA	McFarlane	Toronto	HMCS Cornwallis
Capt	AB	Perkin	Toronto	CFH Kingston
Capt	WE	Russell	Dalhousie	Gagetown
Capt	WJ	Sinclair	Toronto	RCAF Stn Downsview

An equally warm welcome is extended to the following personnel who have been recently transferred to the RCDC.

Cpl	RW	McDonald	-	No 1 Dent Eqpt Dep
Cpl	JRR	Roy	-	Longue Pointe
Cpl	B	Vandervaart	-	DGDS
Pte	G	Clark (RCASC)	-	4 Fd Dent Coy
Pte	DJ	Davies	-	Halifax
Pte	GN	Fathers	-	RCDC School
Pte	RJ	Forward	-	Uplands
Pte	JRY	Gratton	-	RCDC School
Pte	TJ	Herrett	-	Edmonton
Pte	C	Lachance	-	Valcartier
Pte	DK	Mand	-	Churchill
Pte	RA	Neill	-	Edmonton
Pte	LG	Peverill	-	RCDC School
Pte	OR	Sorensen	-	Picton
Pte	PD	Whynott	-	No 1 Dent Eqpt Dep
AW2	I	Gruener	-	St Jean
Mrs	AJ	Stewart (Pt V)	-	RCAF Avenue Rd, Toronto

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PROMOTIONS

The following members of the Corps and RCAF Airwomen have been promoted since the last issue of the Quarterly was published and to them we extend our heartiest congratulations:

Sgt	DJ	Pierce (RCAF)	-	to F/Sgt
Sgt	TW	Sullivan	-	to Ssgt
Sgt	CMB	Torrens (RCAF)	-	to F/Sgt
Cpl	J	Dion	-	to Sgt
Cpl	WR	Dowell	-	to Sgt
Cpl	P	Fox	-	to Sgt
Cpl	FJ	Reid	-	to Sgt
Cpl	EPH	Sprathoff	-	to Sgt
Cpl	HD	Wagstaff	-	to Sgt

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RETIREMENTS AND RELEASES

Best wishes for a happy future are extended to the following WOs and NCOs who have retired from the Corps on reaching their age limit.

WO 2	PJ	Mulholland	-	HQ No 13 Dent Coy, RCAF Stn Trenton
Ssgt	WB	Weir	-	HQ No 13 Dent Coy, RCAF Stn Trenton
Sgt	MH	Redmond	-	HMCS Shearwater

In addition, many RCDC or attached personnel have taken their release during the past three months. We thank them for their contribution to the overall health services of our Canadian Forces.

Lt Col	LC	Cameron
Capt	JO	Bowman
Capt	HF	MacKay
Sgt	JA	Brennan (RCAF)
LAW	YML	Boulianne
AWL	BL	Carroll
LAW	MIE	Cornut
Mrs	BL	Darling (Pt V)
Pte	TC	Doucet (CWAC)
AWL	FW	English
Pte	RL	Geddes
AWL	E	Graham
AWL	FR	Hawryluk
Mrs	J	Lecompte (Pt V)
AWL	CMR	Lutz
AWL	M	Poulson
LAW	ML	Solomon
AWL	LJP	Travena
AWL	HI	Walko

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POSTINGS

Most of the summer postings have been effected during the period of this Quarterly and some will occur long before the next issue is published. Listed hereunder are the location changes of our posted personnel.

Lt Col	WW	Anglin	-	to RCAF Stn St Jean from Camp Petawawa
Lt Col	RE	Brown	-	to The RCDC School from HMCS Naden
Lt Col	SG	Bagnall	-	to DGDS from The RCDC School
Lt Col	G	MacDougall	-	to HMCS Naden from The RCDC School
Major	JC	Brick	-	to RCAF Stn Uplands from DGDS
Major	RJ	Bryant	-	to RCAF Stn Winnipeg from RCAF Stn Portage la Prairie
Major	JVP	Chatwin	-	4 Fd Dent Coy from CFH Kingston
Major	JL	Craig	-	to AFHQ CI Ottawa from The RCDC School
Major	WK	Dickie	-	to CFH Kingston from HQ NWHS Whitehorse
Major	PE	Fafard	-	to Ft Churchill from RCAF Stn Centralia
Major	EMC	Franklin	-	to RCAF Stn Centralia from 35 Fd Dent Unit
Major	JW	Jolly	-	to Currie Bks Calgary from Fort Churchill
Major	AL	Kelland	-	to CBUME from HQ Cencom Oakville
Major	HR	Kettyls	-	to DGDS from HQ Calgary Garrison
Major	SW	Muller	-	to HQ NWHS Whitehorse from RCAF Stn Winnipeg

POSTINGS cont'd

Major	DH	Protheroe	-	to The RCDC School from DGDS
Major	DH	Skinner	-	to Camp Petawawa from 4 Fd Dent Coy
Major	PS	Sills	-	to The RCDC School from RCAF Stn Uplands
Major	EJC	Small	-	to HQ Cencom Oakville from CBUME
Major	IW	Susser	-	to 35 Fd Dent Unit from RCAF Stn Greenwood
Capt	RD	Bunt	-	to RCAF Stn Trenton from CBUME
Capt	MDG	Conrad	-	to CBUME from RCAF Stn Greenwood
Capt	PJJ	Coulombe	-	to RCAF Stn Clinton from 4 Fd Dent Coy
Capt	RH	Headley	-	to 1 QOR of C, Ft McLeod to 8 CH, Ft Beausejour
Capt	JGB	Parent	-	to RCAF Stn Goose Bay from RCAF Stn St Jean
Capt	WF	Shaw	-	to 4 Fd Dent Coy from Camp Gagetown
Capt	OA	Tucker	-	to RCAF Stn Portage la Prairie to RCAF Stn Winnipeg
WO2	EM	Lobb	-	to The RCDC School from HQ Quecom
WO2	RG	Peebles	-	to RCAF Stn Trenton from HQ Edmonton
WO2	AG	Ponton	-	to The RCDC School from QM Stores Calgary
Ssgt	RD	McHugh	-	to HQ Edmonton from DGDS
Ssgt	L	Lawson	-	to QM Stores St Jean from 35 Fd Dent Unit
Ssgt	JR	Savoie	-	to 35 Fd Dent Unit from The RCDC School
Sgt	JP	Carrier	-	to DGDS from HQ Montreal
Sgt	DD	Casson	-	to 11 Dent Coy from RCAF Stn Moose Jaw
Sgt	JE	Clarke	-	to HMCS Cornwallis from 4 Fd Dent Coy
Sgt	J	Dion	-	to CBUME from HQ Edmonton
Sgt	HK	Drawe	-	to HQ Calgary Gar from CBUME
Sgt	WB	Gilbert	-	to HQ BC Area Vancouver from RCAF Stn Trenton
Sgt	DM	Hamilton	-	to RCAF Stn Winnipeg from Fort Osborne Barracks Winnipeg
Sgt	MA	James	-	to DGDS from HQ Eascom Halifax
Sgt	CC	Jewson	-	to Camp Gagetown from 7 PD London
Sgt	ES	Knoll	-	to RCAF Stn Chatham, NB from The RCDC School
Sgt	DJ	Pierce (RCAF)	-	to RCAF Stn Greenwood from RCAF Stn Goose Bay
Sgt	KS	Rothwell	-	to HQ Calgary Gar to 35 Fd Dent Unit
Sgt	JH	Sadler	-	to RCAF Stn Rockcliffe from The RCDC School
Sgt	AF	Semple	-	to No 1 Dent Eqpt Dep Petawawa from The RCDC School
Sgt	RK	Shappee	-	to RCSME Vedder Crossing from RMC Kingston
Sgt	KLM	Wallace	-	to 7 PD London from Camp Gagetown
Sgt	GW	Wilkinson	-	to 4 Fd Dent Coy from HQ BC Area Vancouver
Cpl	RG	Brighty	-	to 12 Dent Coy from CJATC Rivers, Man
Cpl	JWW	Broomfield	-	to RCAF Stn Trenton from RCAF Stn Cold Lake
Cpl	JF	Kennedy	-	to The RCDC School from RCAF Stn Trenton

VITAL STATISTICSNO 1 DENT EQPT DEPMarriage

Cpl Paul Dumas was married to Miss Cecilia H Brazeau at Pembroke, Ont,
23 Jun 62.

NO 11 DENT COYBirths

A son, Alexander Scott, was born to Maj and Mrs IAC MacDonald on 7 Jun.

Capt and Mrs P Morin have a new daughter, Kelly Diane, born 15 May.

On the 26th of Apr, a son Peter Donald was born to Sgt and Mrs DR Piche.

NO 12 DENT COYBirths

To Sgt and Mrs DT Murley, a daughter, Heather Isobel.

Hospital

Capt MAJ LaChapelle - 2 May -
Ssgt AL McIsaac - 14 May - 7 Jun

NO 13 DENT COYHospital

Sgt MP Foley (RCAF) 4-23 Jun
Cpl WL Wylie - 5 Jul -
Pte JR Powell - 7-28 May

NO 14 DENT COYHospital

Cpl WE Bussell was admitted to Deer Lodge Hospital for surgery on
4 Jun 62.

NO 15 DENT COYBirths

A daughter, Marie Louise, born to Sgt and Mrs JA DeBlois on 11 May.

Marriages

LAW LA Wiens was married to Mr Martin Van der Stap on 15 May at Goose
Bay, Lab.

Hospital

Sgt TH Southin - 16 May - 1 Jun
Cpl JR Pouliot - 20 Jun -

DIRECTORATE OF DENTAL SERVICES NEWS

DGDS Attends CDA Meeting

Brig KM Baird recently attended the Board of Governors' Meeting of the CDA held in Vancouver BC. Following this, he attended the CDA Meeting and met with Service officers from 11 Dent Coy RCDC. Pictured below is Brig Baird with Col JF Edgecombe, Honorary Colonel Commandant of the RCDC and currently New Brunswick Member of the Board of Governors.



Duty Trips and Visits

The annual inspection for the Militia General Efficiency Competition was conducted this year by Col IAL Millar. It is anticipated that the announcement of the awards for the current year will be made in the very near future.

Col and Mrs GB Shillington will return to Canada from Europe early in August. While abroad, Col Shillington inspected the personnel and facilities of No 4 Fd Dent Coy and 35 Fd Dent Unit and represented the DGDS at the annual meeting of the Federation Dentaire Internationale in Cologne, Germany. His itinerary also included a visit to London to confer with the heads of the Dental Services of the Royal Navy, British Army and Royal Air Force.

Directorate Well Represented on AHQ Rifle Team

The appointment of Maj JC Brick as Captain of the AHQ Rifle Team, was announced recently. This honour highlights several years of active participation on the team, which this year included another member of the Directorate staff, Cpl ADT Gardner.

DGDS Receives Award from Order of St John of Jerusalem

Brig Baird has been awarded a parchment denoting a Priory Vote of Thanks by the Order of St John of Jerusalem in 1962 in recognition of the Corps having overy ninety per cent of all ranks qualified in the Fundamentals of First Aid or higher qualification.

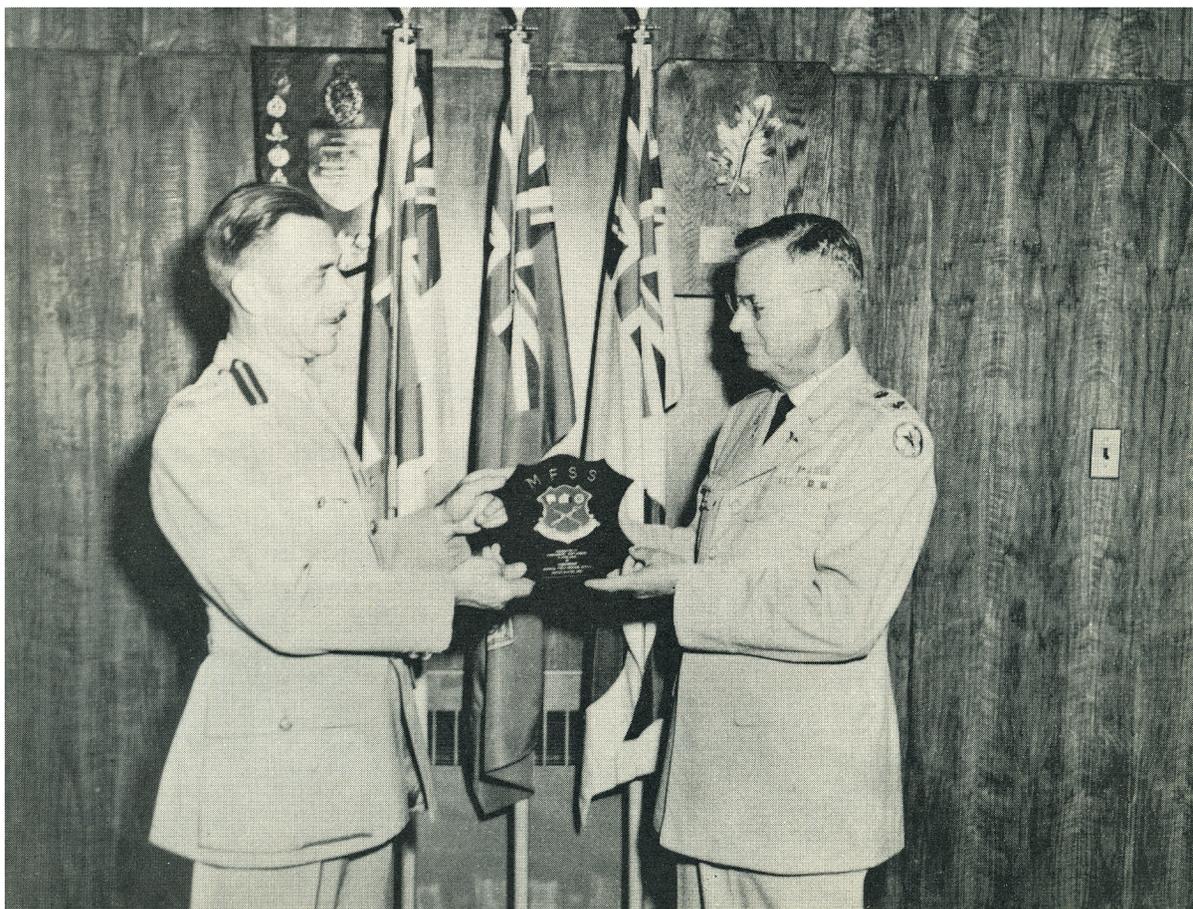
THE RCDC SCHOOL NEWS

Lt Col JW Turner Presents Lecture

Lt Col Jay Turner, currently on staff of the US Naval Dental School at Bethesda, Md as an exchange instructor, presented a paper entitled "Reinforced Amalgams" before members of the York County (Pa.) Dental Society at their meeting in May 62.

US Army Dental Officer Visits School

Colonel Clare T. Budge, Director of the Department of Dental Science at the Medical Field Service School of the US Army visited The RCDC School in June. An officer with a very distinguished professional and military career, Colonel Budge is a nationally-recognized oral surgeon and has held key assignments in this specialty throughout the USA. During his visit he presented a replica of the MFSS plaque to the Commandant, Colonel CE Purdy. (see photo below)



DT C1 Graduates Entertain School Staff

Graduates of the recent DT C1 Group 3 Course, namely, Miss IJ Coulter, Miss EC Whebell and Sgts AS Field, VR Kidd, SE Robertson and JH Sadler entertained the staff of the School at an informal party held at the CFMSTC Sgts' Mess Camp Borden.

Farewell Parties

The three departing officers of the School, Lt Col SG Bagnall, Lt Col G MacDougall and Major JL Craig were presented with silver mugs at appropriate farewell ceremonies in their honour at the CFMSTC Officers' Mess.

The same officers, as well as Sgts Semple, Knoll and Sadler were similarly feted at the Camp Borden Curling Club by members of the staff of the School.

Present Clinic at ODA Convention

Colonel CE Purdy, Commandant, Commander RR Troxell, USN DC, Chief Instructor and Major JM Smith presented a clinic at the Annual Convention of the Ontario Dental Association held in Toronto 13 to 16 May 62. The subject of their presentation which created a great deal of interest was "Your New Dental Assistant - Effective Office Training in One Week".

Summer Training

It is interesting to note that on 9 Jul 62 there were forty subsidized dental undergraduates and three new graduates undergoing training at the School. In addition approximately twenty-five DOSP candidates were receiving First Phase training at the RCS of I. Members of the Corps will, no doubt, eagerly anticipate the additional dental service which can be provided when these candidates come to full-time service.

Three groups of introductory phase ROTP Cadets from Canservcols, numbering approximately sixty in each group, have visited the School recently. In addition, the First Phase DOSP Cadets from the RCS of I visited on 26 Jun 62.

Duty Trips and Visits

During the past few months the School has had a number of distinguished visitors:

Major General WAB Anderson, OBE, CD, Adjutant-General, AHQ - 21 Jun 62.

Colonel GJ Collins, US Army MC, Assistant Commandant of the Medical Field Service School - 4-8 Jun 62.

Colonel RA Keane, DSO, OBE, CD, Director General of Military Training, AHQ - 17 May 62.

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NO 1 DENT EQPT DEP NEWSSports

This unit held its annual fishing derby on 8 Jun 62. After many stories of the ones that got away Ssgt Sullivan came up with the largest fish to win the derby.

The Depot has been active in after-duty ball games but have yet to come up with a winning combination.

WO1 Bergland is the only golfer in this unit who has won any prizes so far this year. He will not disclose whether the prizes were low gross, low net or just consolation prizes.

Social

No 1 Dental Equipment Depot combined with No 3 Clinic and held their frolicking spring party on 15 Jun.

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11 DENT COY NEWSDGDS Visit

Brigadier KM Baird paid a welcome visit to the unit following the recent CDA Convention in Vancouver.

Hospitalization

Colonel BP Kearney had been covering the usual number of clinic inspections when his itinerary was interrupted by a short session (not serious) in hospital.

Speaking of hospitals, we seem to have been plagued by an abnormal amount of sickness during the past few months. Unfortunately the numbers involved preclude giving each casualty a line of "credit" else this issue of the Quarterly would qualify as a Who's Who in Hospital. Suffice it to say that no serious illness has been reported and all are recovering.

Summer Changes

The usual summer problems resulting from postings, leaves and training have necessitated an extra effort on the part of most clinics to maintain the traditional high standard of service with a smile. The postings listed elsewhere will attest to our qualifications in the hail and farewell department. The regrets we have felt while bidding farewell to old friends on departure have been adequately offset by the pleasure of welcoming their replacements.

No 4 Clinic, Currie Barracks Present Demonstration

The personnel of No 4 Clinic gave a demonstration on the "Role of the Dental Assistant" to members of No 59 Dental Unit RCDC(M). Three bays were set up:

Surgical	-	demonstrated by Mrs Sisson
Operative	-	demonstrated by Mrs Phillips
Prosthetic	-	demonstrated by Sgt Piche

The duties of the assistant in the Orderly Room were presented by Sgt Piche while Sgt McFadden demonstrated the laboratory tasks undertaken by dental assistants. Captains Garden and Petryk discussed dental treatment in general.

Coy Officers Attend CDA Meeting

Several officers of this unit availed themselves of the opportunity to attend the Annual Convention of the Canadian Dental Association held at Vancouver early in June.



Pictured from left to right are: Capt LC Gray, Maj MP Quinn, Col BP Kearney, Lt Col RE Brown and Maj WH Carter standing in front of the RCDC Exhibit.

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12 DENT COY NEWS

Accommodation

No 12 Coy QM Stores has moved from its present location on the third deck of the Adm Bldg, HMCS Stadacona to a section of the main deck of the same building formerly occupied by the Naval Clothing Stores. Equipment repair facilities and new quarters for HQ 12 Coy are now being provided for in this section.

Sports

Our Camp Gagetown athletes finished off the winter season in a blaze of glory. Capt By Johnston (Skip), Sgt Roy Matheson, Capt Bill Shaw and Pte Pete Peterson won the consolation event in the Eastern Command Curling Championships. Sgt Roy Matheson was a member of the Camp Gagetown and Eastern Command hockey champions.

Sgt Frank Martell led his team to the Station championship and was co-Captain on the mixed bowling championship team.

Our neophyte curlers at Cornwallis led by Sgt Harold Kirby gained the semi-final round in the Station play-offs.

Capt Jack Quackenbush is spending his time these days directing the Garrison Little League. He says it takes up more time than curling (we agree).

Social

Sgt Mike Redmond was well wined and dined on his retirement. Celebrations were held on his behalf by the personnel in the Halifax area and his former shipmates on the Bonaventure and Magnificent. Mike is going to take up residence in Hamilton, Ont and we wish him the best of luck. (see photo below)

Sgt Art James was suitably launched on his posting to DGDS. The Port Perry pundit will be greatly missed in these parts.



Pictured left to right: Sgt M Redmond, Colonel AT Roger, Capt H Bunston

New Dental Officers Win Awards

Capt WE Russell was awarded four prizes from Dalhousie University on graduation. These were the Dr John W Dobson prize, the Frank W Woodbury award for thesis, the highest standing prize and the CV Mosby book award.

Capt NH Andrews won the Frank W Woodbury award for the highest in clinical practice.

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13 DENT COY NEWS

13 Coy Officers Present RCDC Exhibit at ODA Meeting

Col AC Leman attended the Ontario Dental Association Convention 13-16 May, Royal York Hotel, Toronto along with the following officers of this unit who assisted in the presentation of the RCDC Exhibit: Lt Col RHG Cunningham, Lt Col GE Windsor, Majors PE Fafard, JVP Chatwin and PL Falkner.

Kingston Activities

Capt AB Perkin of 7 Clinic, CFH Kingston resplendent in No 1 Dress, represented the RCDC at a parade for H.R.H. The Princess Royal at the RCS of S in Kingston.

Major JVP Chatwin and WO2 JM Sherry of 7 Clinic, CFH Kingston set up a First Aid display in the Memorial Centre, Kingston for the inspection of the District Girl Guides by H.R.H. Princess Royal on 20 Jun 62.

Capt JLY Cyrenne of 4 Clinic RMC was invited to join a Board assembled at RMC 20-21 Jun 62 for the purpose of testing candidates in French Language proficiency.

Sgt HM McCurdie and Pte DH McKay are participating in Soccer this season with No 1 Sigs Unit, Kingston and RCAF Station Trenton respectively.

Part V Dental Nurse Obtains Qualification

Congratulations are extended to Miss K Heenan of 21 Clinic, London on her successful completion of the Ontario Dental Assistants' Certification course sponsored by the London Dental Society under the auspices of the Faculty of Dentistry, University of Toronto. The course was conducted in the evenings over the period Oct 61 - Apr 62 at a cost of \$75.00 to each candidate.

Social

The Sgts' Mess Trenton held a farewell party on Saturday evening 28 Jul 62 for their departing members at which WO2 PJ "Pat" Mulholland was honoured on his imminent retirement and presented with a suitably engraved silver tray by the PMC. No 13 Coy personnel in Trenton held a farewell party for Pat after work at HQ recently and presented him with a brief-case in which to carry all his papers to his future residence in California. At the same time Cpl JF "Ken" Kennedy was wished the best of luck on his move to the RCDC School and was presented with a suitable going-away gift.

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14 DENT COY NEWSCapt WJ Froese Awarded Prize

Capt WJ Froese, one of our new officers and a recent graduate of the Faculty of Dentistry, University of Manitoba, was awarded the Portnoy Prize for greatest competence in Gold Foil Restorations in Fourth Year Dentistry.

Duty Trips and Visits

Lt HF Doyle visited RCAF Stn Beausejour, Man to complete handover of dental equipment from RCAF to RCDC on 19 Jun 62. Beausejour is now officially one of our part-time clinics.

Social

Lt Col MJ Snidal, CO 57 Militia Dental Unit, extended an invitation to personnel of this unit to attend the Annual All Ranks Party on 5 May 62. This successful affair was attended by Lt Col and Mrs RB Jackson, Major and Mrs LA Richardson, Lt and Mrs HF Doyle and WO1 and Mrs AM Gareau.

The annual posting party was held on 22 Jun at RCAF Stn Winnipeg. This event affords all RCDC members and associated personnel in the Garrison an opportunity to welcome new arrivals to 14 Coy and to bid farewell to those being posted out.

15 DENT COY NEWSSummer Concentration

Capt JPP Prud'homme and Pte JAY Ferland proceeded to Camp Gagetown for the summer concentration from 6 Jun - 31 Jul 62.

Bereavement

Our sincere sympathies are extended to Capt and Mrs LJ Bosse whose infant daughter Marie died shortly after she was born on 27 Jun 62.

4 FD DENT COY NEWSUnit Undertakes Field Training

With the exception of two sub-sections, the entire unit moved into bivouac at Sennelager, Germany from 16 Jun to 7 Jul. In addition to normal dental duties, all personnel completed gas and grenade training and reclassified on personal weapons where applicable.

Officers Attend Dental Conference

Lt Col Evans, Maj Skinner, Capt Crossman and Capt Kelly attended the annual USAFE-USAREUR dental conference at Garmish, Bavaria 18-20 May 62.

CBUME NEWSAccommodation - Recreational

A patio 14' x 18' x 3' complete with cobbled floor and built-in Bar-B-Q, has been added to one end of the dental quarters. This addition has been most welcome for week-end social gatherings. Furthermore, our date and pomegranate trees should be ready to produce their fruits by August. We are taking export orders now!

Medals Parade

On 7 Jun the Canadian Dental Detachment held a "Medals" parade which was commanded by Major Kelland. Canadian Forces Decorations (CD) were presented at that time to Sgts Storms and Strub by the Camp Commander Col Rochester. Ssgt Schell and Sgt Dancer have also received their "Sand Dune" Medal since the last Quarterly was published.

Social Events

The CBC variety show entertained the troops at Camp Rafah between 12-24 May. They were well received and appreciated by all who saw their performances.

On 24 May a "Canada Day" beach party was held for the whole of Camp Rafah. Features of the party were; camel races, donkey polo, and hand ball competitions by various units. Free Canadian beer was on distribution and the food consisted of hot dogs and hamburgers. It was a tiring but most pleasant celebration for all personnel at the Camp.

A "Going-Away" party was held on 9 Jun 62 in honour of Major EJC Small and Sgt HK Drawe. Refreshments were served and both Major Small and Sgt Drawe received a suitably engraved brass dinner gong as a memento of their tour with the Detachment.

Ssgt Schell and Sgt Storms joined the "fighting troops" (RCDs) in June for a one-day tour of the International Frontier. They report that there is nothing out there but sand, sand and more sand.

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