

The
**ROYAL CANADIAN
DENTAL CORPS**
Quarterly



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THE RCDC QUARTERLY

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Cover Photo - Brigadier EM Wansbrough throws the first rock to open First Annual RCDC Bonspiel. Busily sweeping are Brigadier KM Baird and Capt CA Casterton.

E D I T O R I A L

Esprit de corps has been defined as the regard for the honour and interests of the body to which one belongs. In the light of this definition, it is interesting to reflect upon the various developments over the years which have contributed to this feeling within the RCDC.

In addition to the highly praised efforts of the Corps during the First and Second World Wars and United Nations Operations - Korea, there are things tangible which have served to illustrate the interest, desire and pride in belonging to such a closely-knit organization as the RCDC. The flag displaying the Corps colours and crest has been flying at various Dental Unit HQs since the days of the Korean conflict. Similarly the "March Past of the Royal Canadian Dental Corps" which was adopted in 1960 has been heard with pride on many ceremonial occasions. The creation of The RCDC School to provide a common training ground for military, professional and technical dental subjects has enabled members of the Corps to attend classes together from time to time at this institution. Indeed, since the relocation of the School in a new building at Camp Borden in 1957-58, it has become recognized as "the home" of the RCDC.

The Defence Dental Association, later renamed the RCDC Association, was formed in 1947 to provide an opportunity for all officers of the RCDC(R) and (M) and the CDC to meet for the purpose of discussing items of common interest. In 1962, Col JF Edgecombe donated a trophy for competition which will be awarded to the Militia Dental Unit making the greatest contribution to the activities of the RCDC Association. Such appointments as Honorary Colonel Commandant, Honorary Lieutenant Colonel, Colonel Commandant and Queens Honorary Dental Surgeon have been conferred on former and present distinguished officers of the Corps. Other eminent members of the profession hold appointments on the Staff of Consultants RCDC.

Various awards have been provided for cadets on summer training and the competition for Honour Cadet in each of the three phases has engendered a Corps spirit within this group. To set the strenuous pace for the winning of these awards, an RCDC Officer Cadet won the Canadian Infantry Association Trophy as the best cadet in the 1st Practical Phase Training conducted at the Infantry School, Camp Borden. In like manner, the General Efficiency Competition, held annually for Militia Dental Units provides the Moore, Trelford and Saskatchewan trophies, all of which have stimulated interest and pride in the Militia component of the RCDC.

The RCDC Quarterly has provided a means of keeping all informed of the current professional and technical trends in addition to the events and activities of service and civilian personnel.

Many members have distinguished themselves and brought honour to the Corps through participation in various sporting events within the three Services. During the past year, the Corps was singularly honoured to have one of its officers attain a position on the Bisley Rifle Team. Through the efforts of members of The RCDC School, their wives and the generous contributions of Corps personnel, the RCDC has been able to provide a Corps window for the Protestant Chapel and an appropriate religious item for the Roman Catholic Chapel at Camp Borden.

The most recent tangible evidence of the desire to maintain Corps spirit at a high level is the magnificent Curling Trophy presented by Brigadier EM Wansbrough for annual competition of Regular and Militia dental personnel. This competition will add immeasurably to the encouragement of sportsmanship and fellowship which, after all, form the very basis of esprit de corps. The RCDC salutes its former Director General for this generous gesture and hopes that he will continue to preside at the opening ceremonies of the Annual RCDC bonspiel.

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USES OF A SELF-CURING ACRYLIC RESIN IN CROWN AND
FIXED PARTIAL DENTURE PROSTHESES

Lt Col JW Turner, CD, DDS

HISTORY

The self-curing resins were first used in restorative dentistry sometime between 1936 and 1941 in Germany. The first resin material for dental use was developed by Schneble, and the manufactured product was called Palopon SH. In 1953 the British brought out their product called Sevriton, which was quickly followed by an American product called Color-Fast Kadon.¹ These resins were intended for use only as restorative materials in operative dentistry.

Recent experiments with a new acrylic resin material * in crown and fixed partial denture procedures have proved its usefulness in the techniques suggested in this article.

PHYSICAL PROPERTIES

DuraLay is a self-curing methyl methacrylate resin. The powder is colored a vivid red to provide contrast with the oral tissues, which aids materially in the effective handling of the resin in the mouth. According to company representatives, glass fibers have been incorporated into the polymer to provide increased strength and dimensional stability. DuraLay has been designed specifically for the fabrication of casting patterns by the paint-on technique.

Research has shown that the shrinkage occurring at each polymerization is roughly 7 percent by volume, but despite this shrinkage the resin patterns fit better at the margins and reproduce detail better than corresponding wax patterns. This is because the resin mixture, when still plastic, adheres tenaciously to the cavity walls, so that the shrinkage occurs only in the portion away from the margins.

The amount of combustion residue, at burnout temperatures normally used for ordinary casting, is comparable to that of inlay waxes.

By the very nature of the material, the mechanical strength of DuraLay is much greater than that of wax, and the resin patterns may be tried in repeatedly without distortion. Stability is such that resin crowns may be left on the master case for extended periods of time with no evidence of distortion.

DuraLay does not fulfill the specifications for Acrylic resins to be used as permanent restorative materials, but this does not affect its usefulness as an impression and pattern material. For this purpose, the resin's mechanical strength and accurate reproduction of detail surpass those of the waxes.

The manufacturer's brochure reports an investigation of the toxicity of the monomer on the pulp. It was found that normal dentin, prepared under a water spray, was impervious to the monomer. Desiccated dentin allowed the monomer to penetrate to the pulp.

It has been shown that this resin does not induce any apparent pulp damage in the limited time that it is ordinarily in contact with the dentin. Investigation also showed that whether or nor the silicone lubricant was used, no significant irritation was caused to the pulp. The lubricant, therefore, serves mainly to facilitate the removal of the resin pattern from either a cavity preparation or a die.

* DuraLay, manufactured by the Reliance Dental Mfg. Co.

Moisture has a direct adverse effect upon the initial polymerization that results in a rubbery mass. This is also true if eugenol from a zinc oxide-eugenol base comes in contact with the resin during polymerization. Any zinc oxide-eugenol base should be covered with a zinc phosphate liner before a resin coping is constructed.

Alcohol should never be used to cleanse a finished pattern because it has an adverse reaction on the acrylic resin. This reaction results in microscopic cracks and fissures, which cause inferior castings.

ARMAMENTARIUM AND METHODS OF USE

A complete armamentarium for all of the techniques suggested herein consists of:

1. Powder (polymer) -- vivid red
2. Liquid (monomer) -- clear
3. Lubricant -- silicone paste -- red
4. Dappen dishes -- two
5. Paint brushes
 - a. fine sable - handle bent to a right angle or contra-angle
 - b. fine sable - straight handle
 - c. coarse stubby brush for applying lubricant
6. Wax carver
7. Gauze, 2 by 2 inch (for cleaning brush after each application of soft resin)
8. Glass dropper (to dispense monomer)
9. Towel forceps and orangewood (or cottonwood) stick

The techniques of application are:

1. The brush-in (nonpressure) technique, ²
2. The dough technique (powder and liquid mixed in a dappen dish to a soft dough), or
3. A combination of 1 and 2.

The die is well lubricated with the silicone lubricant and the resin is applied in small increments to compensate for the marked shrinkage that occurs.

If a full crown is contemplated, it must be fabricated in two or three sections. The first section is allowed to harden, then removed and replaced on the die before increments of the resin are added to form the next section. Otherwise, it will be impossible to remove the completed pattern from the die, or the die will be damaged during removal of the pattern.

CLINICAL APPLICATIONS

Direct Patterns

After the inlay preparation is made, silicone lubricant is used to paint the cavity preparation. Then the stainless steel matrix is applied. The cavity must be dry. The resin is painted in with a paint brush by the nonpressure technique for Class V restorations.

When the resin has polymerized, the matrix is removed and the pattern is adjusted to the correct occlusion. The red color is of distinct advantage in equilibrating the pattern since the blue articulating markings stand out clearly, and excess material is easily discernible. Blue inlay wax may be used to form the occlusal anatomy, as well as to refine the marginal detail directly in the mouth. After the occlusal anatomy is finished, the pattern is withdrawn from the cavity with a scaler, and the contact points are added in blue inlay wax. The use of the inlay wax is advantageous for the color contrast controls the spreading of the wax, and excess wax can be easily and accurately removed.

In spruing the pattern, a small recess can easily be cut in the resin pattern with a round bur to ensure a more positive attachment.

Any deficiency in the resin pattern may be corrected by rebasing the pattern. Slight defects may be corrected in the mouth by painting the soft resin directly onto the desired area; e.g., one part of the gingival margin. If desired, the pattern may be completely rebased by using a resin dough prepared in a dappen dish.

Indirect-Direct Patterns

Indications.--When it is difficult to obtain a completely accurate impression and in cases when occlusal problems exist.

Technique.--Steps in constructing an indirect-direct pattern are:

1. A resin pattern, short of the gingival margin, is constructed on the existing working die and inserted in the mouth to check for deficiencies.
2. Two small holes are cut in the mesial and distal marginal ridges to permit excess resin to escape.
3. A small amount of resin dough is mixed in a dappen dish.
4. The inside of the resin pattern is painted with monomer.
5. The abutment tooth is lubricated with silicone lubricant.
6. The dough is inserted into the resin pattern, which is then replaced on the abutment and held until the dough polymerizes. Excess resin should be removed while still soft, especially from undercut areas. The area must be kept dry during the initial set of the resin.
7. When a crown pattern is rebased, care should be taken to remove the pattern before polymerization is complete. Otherwise, if resin has extended beyond the finishing line into an undercut area, the pattern will be difficult to remove. Initial removal of the rebased pattern from the abutment is easily accomplished with towel forceps, using a cottonwood block as a fulcrum.

8. After polymerization is complete, excess resin is trimmed away and the pattern is reinserted in the mouth to check fit and occlusion.
9. The pattern is removed and finished to the exact finishing line outlined on the internal surface. The external contours of the pattern may be developed by the addition of either resin or wax without distortion of the internal surfaces.

Transfer Copings

Resin Copings.--Although it is preferable to use cast metal copings, accurate rigid transfer copings can be constructed of resin in a matter of minutes in cases where time is a significant factor, and the relating plaster impression can be taken during the same appointment. Each coping should be constructed in at least two, but preferably three, sections. This compensates for shrinkage of the material, facilitates removal of the pattern from the die, and avoids damage or fracture of the die itself.

Multiple Adjacent Metal Copings.--In some instances, such as for a series of full crowns on lower anterior teeth, very little interproximal space is available when the metal copings are in place. When a plaster matrix is used to relate the copings, the wafer-thin plaster in the interproximal spaces may crumble with the result that the copings will be inaccurately positioned in the plaster matrix. The following technique, utilizing DuraLay to relate the copings, eliminates any possible movement.

1. The metal copings are inserted in the mouth and adjusted to ensure that they are not in contact interproximally.
2. Lubricated stainless steel shims (matrix banding) are placed interproximally between all copings. The shims may be held in place with utility wax. The shims are used to divide the interproximal bulk of resin and prevent the mal-alignment of the copings that might occur if resin were painted on to bridge the entire interproximal space between two adjacent copings. Otherwise, either the known shrinkage of the resin during polymerization or the possible movement of the copings could draw one or both copings out of line.
3. DuraLay is painted on to build up contacts for each coping so that each metal coping has a full resin contact interproximally with the adjacent coping or copings, separated only by the stainless steel shims.
4. When the resin has hardened, the shims are removed, and additional resin is added to join the individual metal-resin coping units into one solid unit.

Interocclusal Registrations

Resin copings are constructed as previously outlined, either directly in the mouth, or indirectly on the dies after the final impression is poured. If the direct technique is used, the resin is painted on the abutment teeth immediately after the final impression is taken, thus saving one appointment. The copings are checked to ensure that they are completely free in centric and working occlusion. Blue inlay wax is then added to the occlusal surface of each coping, and the occlusal index is recorded accurately. The resin copings may be removed and replaced in the mouth without any fear of distortion. After the copings with the

wax occlusal registrations are removed from the mouth and placed on the master cast, the opposing cast can be easily and accurately oriented for mounting on the articulator.

This method gives a very accurate interocclusal registration and also produces a finished casting that requires little or no occlusal adjustment on insertion of the prosthesis in the mouth.

Direct Assembly of Units for Soldering

Indications.--Prostheses, especially maxillary anterior prostheses, for which retainers and pontics have been cast as separate units to be accurately assembled directly in the mouth.

Technique.--The retainers are inserted in the mouth and the pontics are properly related. Then the individual castings are luted together by painting on DuraLay interproximally. The assembled units are invested directly for soldering.

Abutment Pattern for an Existing Removable Partial Denture

Indication.--Due to caries, or failure of the existing retainer, a new crown is required.

Technique.--The following technique is suggested:

1. The abutment is reprepared, and a thin resin coping is fabricated either directly or indirectly.
2. The coping is positioned on the abutment, the partial denture is inserted in the mouth, and clearance between the coping and the denture is checked.
3. The denture is removed, the clasp is lubricated, and the denture is replaced in the mouth.
4. A small amount of resin is added directly between the resin coping and the body of the clasp by the paint-on technique. The patient is instructed to maintain centric closure until the resin hardens.
5. After polymerization is complete, the partial denture and resin pattern are removed as a unit. The resin crown pattern is separated from the denture and trimmed to contour.
6. The accuracy of the fit of the pattern to the occlusal rest and clasp is checked. If voids exist, the pattern may be corrected by adding more resin and reassembling the coping and partial denture in the mouth under occlusal pressure.

Required contours can easily be added to this resin pattern by painting on increments of the resin and recontouring the pattern with a diamond stone after the resin hardens. Resin patterns resist distortion during repeated insertion and removal during the steps of construction.

Reverse Dowel Abutment Crown

Indication.--In an otherwise satisfactory fixed partial denture, a retainer becomes defective and insufficient tooth structure remains to support the retainer.

Alternative.--Remaking the entire prosthesis.

Technique.--The following procedure is suggested:

1. After the tooth has been treated endodontically, partially reopen and enlarge the root canal for a dowel.
2. Taper a plastic sprue pin to loosely fit in the prepared canal extending approximately $\frac{1}{4}$ inch from the orifice.
3. Flow softened soft wax (Ready made wax shapes) over the entire length of the prepared plastic sprue pin.
4. Lubricate the root canal with microfilm and insert the coated plastic sprue pin in the canal. This soft wax registers the internal detail of the canal. If there are any undercuts within the canal, the soft wax easily draws over them facilitating easy removal of the sprue as well as registering very accurate detail.
5. Test remove the coated plastic sprue pin and, if satisfactory, reinsert to full depth. Remove excess wax beyond the orifice of the root canal.
6. Paint a thin layer of self-curing resin directly on the face of the residual root to register the detail of the coronal preparation, and to rigidly unite the plastic sprue to the resin coronal restoration.
7. Coat the internal surface of the involved retainer with a very thin lining of inlay wax to eliminate undercuts and surface roughness. This will facilitate removal of the hard acrylic abutment restoration.
8. To obtain a satisfactory gingival fit, remove the wax from the internal margin at least 1 mm. in width.
9. To permit complete seating of the restoration, it is suggested that a hole be cut in the lingual or occlusal surface of the involved crown for escape of the excess acrylic. The escape hole can later be restored with foil, an inlay, or amalgam.
10. With the wax-coated plastic sprue in place in the root, moisten the resin coping with monomer. Fill the retainer with resin dough, and reseat the bridge to position. Test the occlusion. Excess acrylic will escape through the hole provided to allow complete seating of the bridge.
11. After the resin is hard (5 minutes), remove the bridge, and the dowel abutment assembly will come with it. Remove gross excess resin overlying the gold crown. This allows removal of the resin dowel abutment pattern

from the retainer. The pattern may be removed by placing the assembly in room temperature water followed by gently tapping the resin pattern through the escape hole with a small blunt instrument.

12. If additional checking is required, the dowel abutment pattern may be reinserted in the canal and the bridge replaced in the mouth to test occlusion and accuracy of fit.
13. If satisfactory, the resin pattern is sprued and invested for casting in a hard gold.

Pin Inlay and Crown Patterns

Indication.--To join multiple pins and grooves.

Technique.--The technique described readily identifies any pin that is not parallel.

1. A retentive nail-head is formed on a nylon bristle either by pressing against the tip of the bristle with a heated instrument or by heating the bristle and pressing it against a glass slab. The bristle is cut to desired length with a sharp scalpel blade. The procedure is repeated for the number of pins desired. The nylon pins are coated with a lubricant to retain them in the preparation and to facilitate their removal from the master cast.
2. The pin holes are prepared with a .027 gauge Markley drill.
3. The pins and grooves in the preparation are joined into one unit with the resin. If more than two pins are to be used, two pins are joined and the resin is allowed to harden. A trial removal of the pattern is made, and the pins are reinserted. Then the third pin is joined, the resins allowed to harden, and withdrawal is checked. If satisfactory, the fourth pin is joined and checked. This is an accurate aid in determining whether or not the pin holes are parallel, and that the final restoration will seat.
4. After the resin pattern with the nylon pins has been removed to check parallelism, it is reinserted and the pattern completed by either the direct or the indirect technique. If the indirect technique is used, the partially completed pattern with pins should have retentive lugs or undercuts to ensure positive withdrawal of the impression material.

SUMMARY

Several techniques are suggested for the use of a self-curing acrylic resin in crown and fixed partial denture construction. The following characteristics of this resin material are advantageous:

1. Virtual indestructibility in inlay or crown patterns.
2. Extreme stability over long periods of time.
3. A high degree of marginal adaptation and reproduction of detail.
4. No apparent toxicity to the tissues of the oral cavity.

REFERENCES

1. Lippincott's Handbook of Dental Practice, ed. 3, L. I. Grossman, Editor, Philadelphia & Montreal: J. B. Lippincott Company, 1958, p. 340.
2. Clinical Operative Dentistry, W. J. Simon, Editor. Philadelphia & London: W. B. Saunders Co., 1956, p. 245.

MILITARY TRAINING AWARDS)

Lt Col DH Hillier, CD, DDS, MPH

The current programme of undergraduate military training for subsidized dental officers has been detailed in a previous issue of the Quarterly¹ and is proving to be eminently effective in preparing young dental officers for service life. Obviously, some students have a natural facility for this type of training, or apply themselves vigorously, and thus achieve a high level of proficiency. This proficiency should and does receive recognition in the form of honorary awards and it is of interest to review the terms of reference and to list those officers who have been selected for these various trophies in years past.

Field Exercise Trophy

The Field Exercise Trophy was awarded from 1951 to 1961 to those cadets who demonstrated a high degree of proficiency and speed in setting up and in packing field equipment. The candidates were divided into two-man teams (classmates from same universities where possible), and were timed in unpacking, setting up and repacking A & B kits in the dental van. The trophy was presented to the team with the best time. This award was discontinued in 1962 and the marks obtained in the competition are now included in the aggregate score for the "Honour Cadet Award".

Several winners of this award are still serving in the Corps, as shown in the following list:

<u>Year Award Presented</u>	<u>Name</u>	<u>Present Location</u>
1951	Major A.G. Taylor	HMCS Shearwater
	Dr. C.K. Hickling	Weston, Ont
	Dr. A.D. Smith	Scarborough, Ont
	Dr. M. Dion	Montreal, Que
1952	Major D.H. Protheroe	RCDC School
	Dr. J.G. Blackmer	St John, NB
	Dr. E.N. Cole	Winnipeg, Man
	Dr. J.B. Meunier	Montreal West, Que
1953	Dr. K.E. Leslie	Victoria, BC
	Dr. C.R. Hill	Shellbrook, Sask
	Dr. J. Love	Clarkson, Ont
	Dr. I. Hrabowsky	St Catherines, Ont

<u>Year Award Presented</u>	<u>Name</u>	<u>Present Location</u>
1954	Dr. A.J. Wilson	Ridgeway, Ont
	Dr. W. Kowal	Montreal, Que
1955	Dr. W.D. McGinnis	Vancouver, BC
	Dr. O. Chaikin	Winnipeg, Man
	Dr. R.A. Bell	Weston, Ont
	Dr. J. Slogan	Winnipeg, Man
1956	Capt J.G. Boucher	35 Fd Dent Unit
	Capt S.M. Claman	Oklahomo City, Okla
	Dr. C. Dorval	Montreal, Que
	Capt J.H. Marion	Camp Valcartier, Que
1958	Capt R. Lanthier	Ottawa, Ont
	Capt J.J.Y. Turcotte	35 Fd Dent Unit
1959	Capt L.C. Gray	RCAF Stn, Vancouver
	Capt J. Kamachi	Vedder Crossing, BC
1960	Capt M.N. Deyette	Camp Petawawa, Ont
	Capt K.S. Mathers	RCAF Stn Rockcliffe, Ont
1961	Capt W.E. Russell	Camp Gagetown, NB
	Capt N.H. Andrews	RCAF Stn Winnipeg, Man

Honour Cadet Award

The Honour Cadet Award for Third Practical Phase training was instituted in 1952, and being chosen for this distinction reflects a high standard of military proficiency and leadership potential. The candidate's attitude toward both military and clinical instruction is also considered in selection for this trophy. This award has been presented to the following officers and former officers:

<u>Year Award Presented</u>	<u>Name</u>	<u>Present Location</u>
1952	Dr. H.A. Kinzel	Regina, Sask
	Dr. A.C. Murchison	Ottawa, Ont
1953	Dr. K.E. Leslie	Victoria, BC
	Dr. R.J. MacLelland	Fenelon Falls, Ont
1954	Dr. W.D. Sanders	Montreal, Que
1955	Dr. W.D. McGinnis	Vancouver, BC
1956	Dr. H.J. Sandham	Winnipeg, Man

<u>Year Award Presented</u>	<u>Name</u>	<u>Present Location</u>
1957	Capt W.B. Hudgins	RCAF Stn Camp Borden
1958	Dr. A.S. Wainberg	Montreal, Que
1959	Capt O.A. Tucker	RCAF Stn Portage la Prairie
1960	Capt H.W. Brogan	Fort Churchill, Man
1961	Capt W.E. Russell	Camp Gagetown, NB
1962	2/Lt C.M. Mason	Univ of Alberta

In 1962 Honour Cadet Trophies were awarded for the first time to the outstanding cadets taking First Practical Phase and Second Practical Phase. As announced in a previous issue, these awards were won by O/Cdt IC Wamberra of the University of Toronto for First Practical Phase and by O/Cdt H Griesbach of the University of Toronto, for Second Practical Phase.

Chief Instructor's Trophy

Although the Chief Instructor's Trophy for Clinical Proficiency is awarded to that candidate who demonstrates the best professional ability in Phase 3, careful consideration is also given to his military potential and his aptitude in performing those clinical functions peculiar to the RCDC. For these reasons, this trophy is also considered to be a military training award. It was first presented in 1960 to Capt JJPG Roussel of Camp Gagetown, NB. Since that time three officers have obtained this award, Capt GA Johnson of Camp Gagetown in 1961 and 2/Lt JMM Houde of the University of Montreal and O/Cdt RI Mori of the University of Alberta this past summer.

Selection for any of these awards is considered a high and justly earned honour and it is felt that their existence encourages the candidates to extend their best efforts during their summer periods of military training.

Reference

1. Hillier, D.H. and Brick, J.C., Military Training Program for RCDC Officer Cadets, RCDC Quarterly, 2:7-9, July 1961.

PROFESSIONAL TRAINING IN THE RCDC

Colonel G.B. Shillington, CD, DDS, BSc, QHDS, FICD

Since 1947, when instructors for The RCDC School were being trained, it has been Corps policy to select a number of officers each year for post-graduate training. During this time a pattern in the training program has been formulated which it is felt meets not only the Corps requirements but those of the individual officers as well and has contributed greatly to the high standards of treatment expected by members of the three services.

There are several things accomplished in this training program. Of course, the primary objective is to add to the knowledge and improve the operating skill of the individual dental officer. The education of instructors for The RCDC School is a continuing commitment since the posting of such officers to other positions with

different responsibilities is a necessary part of service life and replacements must be available. From time to time the RCDC is requested to provide clinicians at meetings and conventions in various parts of the country and officers who have recently engaged in post-graduate training are better prepared to undertake such tasks. The clinical courses at the Corps School not only provide necessary instruction but also permit assessment and recommendations to be made concerning future training for individual officers.

The earliest post-graduate training for most officers in the Corps commenced with the founding of The RCDC School in Ottawa which in 1957 moved to new quarters in Camp Borden. These consisted of 4-6 week courses covering a wide variety of clinical subjects. As time passed and funds became available it was possible to add courses at Canadian and American universities; at the US Naval Dental School, Bethesda, Md; at Walter Reed Army Medical Center, Washington, DC; at Ent Air Force Base, Colorado Springs, Colorado; at the Royal College of Surgeons, London, England and a period of internship at the Doctor's Hospital, Toronto, Ontario.

Available courses vary in duration from one week to eight months. From annual reports the special training desired and required by each officer of the Corps is ascertained and then the task of finding the right courses, for those eligible and available for training, is commenced. It is policy for most officers to attend a clinical course at The RCDC School every four to five years with a shorter period in between such courses at a university or US service school. Of course, this pattern is varied to meet the requirements of those selected as future instructors.

At present, there are two serving officers who have completed post-graduate courses at a University and attained Master degrees in Public Health. They are on the staff at the Directorate and at The RCDC School. As funds become available, it is proposed to train one for each company headquarters from where he will direct the preventive program, locally.

Only recently professional extension courses have been made available to our officers through the good auspices and kindness of the US Navy Dental Corps and at present 28 are engaged in such studies, while 5 have completed this training. Most of the officers selected for these courses are from the Junior ranks.

In the five year period from 1957 to 1962 the following statistics are indicative of the efforts that have been made to ensure that RCDC officers receive their full share of refresher and post-graduate training:

<u>Teaching Institution</u>	<u>Number of Courses Attended</u>
1. University of Toronto	7
2. University of Alberta	7
3. Royal College of Surgeons, England	6
4. University of Michigan, Ann Arbor	24
5. University of Pennsylvania, Philadelphia	6
6. Tufts University	1
7. University of Washington	2
8. University of Chicago	3

<u>Teaching Institution</u>	<u>Number of Courses Attended</u>
9. The RCDC School	135
10. US Naval Dental School, Bethesda Md	29
11. US Army Medical Centre, Washington DC	7
12. US Army Medical Service School Fort Sam Houston, Texas	1
13. US Armed Forces Institute of Pathology Washington, DC	1
14. US Ent Air Force Base, Colorado	4
15. Doctors Hospital, Toronto	<u>2</u>
Total	235

This would appear to be a most enviable record of training and, from reports received, it is obvious that RCDC officers participate with enthusiasm and appreciate the opportunities to increase their professional knowledge.

TRENDS IN CLINICAL PRACTICE

Colonel G.E. Purdy, CD, DDS

The preferred method for accomplishing any task invariably combines economy of human effort with an increase in productivity.

Time and motion studies conducted in dentistry have shown that much can be done to reduce time loss and the expenditure of physical energy. Office design, arrangement and selection of equipment should be aimed at maximum convenience. Improper arrangement results in excessive turning, reaching and other unnecessary movements. Traditional equipment was designed for the dentist to work from a standing position without the help of a chairside assistant and it becomes inefficient when he works from a seated position and fully employs an assistant at the chair. The physical requirements of both the dentist and the assistant must be considered in office arrangement to best fit the adopted pattern of work. The installation or re-location of cabinets, sinks, etc should be considered with respect to frequency of use and by whom they are to be used. A clear distinction must be made as to what items are to be used by the dental officer, the dental assistant or both to eliminate unnecessary steps or movement and to conserve time and energy. Since the dental officer's duty is to work within the mouth, most activities outside the mouth may be taken over by the assistant. An example of this concept is to dispense with the bracket table and have all instruments handed to and taken away from the dental officer at the transfer zone. Similarly, the conventional cuspidor is a time-consuming item and should be considered obsolete in the modern dental practice where the chairside assistant manipulates the oral evacuator. The institution of changes implies criticism of past practices and is often resisted because of custom and habit. However, there is a continuing requirement to examine methods of procedure to ensure that dental personnel are not to be burdened unnecessarily and that they are accomplishing the most for the energy expended.

Surveys of dental practice conducted in Canada and United States offer

conclusive proof that more than one treatment room is essential to reduce time loss and increase productivity. Although most RCDC clinics provide dental officers with a second treatment room, it is doubtful if many are used to the fullest. It is recognized that most spare treatment rooms in RCDC clinics are ill-equipped for most treatment procedures and their limited use is probably due to this reason. Custom and familiarity exert a strong influence on practice routine and improved convenience seems essential to encourage the full utilization of available space. The provision of identical or equivalent equipment in spare treatment rooms in RCDC clinics is a subject which requires further study particularly in view of the economic consideration.

The effective and complete utilization of auxiliaries in the clinical situation should provide additional working time and less fatigue. It is the responsibility of the dental officer to further train his assistant to achieve effective team work and become his second pair of hands. Familiarity with the requirements for every procedure and anticipation of the needs of the dental officer are imperative. It must first be determined exactly what tasks the assistant is expected to perform and his further training should then be directed toward this goal. Many dental students have graduated from dental schools with little or no knowledge or experience in the employment of a dental assistant. To-day, certain dental schools have introduced this subject as part of the undergraduate training and others are planning to do so. It is believed that the best way to train dentists in the effective utilization of assistants is by demonstration and practice. The inclusion of this aspect of training is under consideration for future clinical courses at The RCDC School.

The effective use of a second treatment room and the full employment of an assistant at the chair suggests that the ratio of one dental assistant per dental officer is inadequate for the efficient performance of all the tasks. Increasing this ratio thus becomes a consideration in improving clinical efficiency.

The employment of three types of dental assistants, who might be classified at "chairside", "roving" and "clerical" can be fully justified. All activities at the chair that do not demand the professional training of a dental officer should be performed by the "chairside" assistant. The dental officer and "chairside" assistant should remain at the chair and be seated on stools on opposite sides of the patient. The "roving" assistant may be required on the basis of one per two dental officers to perform those duties that are not required to be done in the immediate vicinity of the patient under treatment. These duties include the seating and dismissing of patients, the preparation of impression and filling materials, cleaning and sterilizing instruments, preparing tray set-ups, processing radiographs and similar tasks. The "roving" assistant seats the next patient in the available treatment room and has everything ready before the one being treated is dismissed. These preparations require that a recorded treatment plan be available in order that the assistant will know exactly what procedures are to be carried out at each appointment. The "clerical" assistant is responsible for such tasks as receiving patients, making appointments, recording treatment, preparing returns and correspondence and maintaining supplies. One "clerical" assistant would probably be required in a multiple chair clinic. Personnel filling each of these three roles should be interchangeable and rotated frequently to maintain efficiency and flexibility.

The training and employment of auxiliary personnel in the RCDC to carry out advanced procedures was reported by Baird, Shillington and Protheroe¹ in the October 62 issue of the CDA Journal. This preliminary report of a pilot study showed that clinical technicians could be trained in a reasonable period of time to perform certain advanced procedures under the supervision of a dental officer and that such personnel could be integrated into the clinical situation. During the period under study, the quantity of treatment rendered was increased significantly and the concept of a well co-ordinated team whose activities were

interdependent was clearly demonstrated.

In August 1962, the Director General of Dental Services authorized The RCDC School to conduct a study to further examine the dental team concept with the aim of determining:

- a. the practicability of employing such a team in the RCDC clinical situation;
- b. the optimum size and composition of the team;
- c. the range of activity and contribution of each member of the team;
- d. the equipment and accommodation requirements for their most effective employment; and
- e. the co-ordinating requirements of such a team as they relate to patient control, treatment planning and clinic management.

The dental clinic at RCAF Station Camp Borden was selected as the location for the study which commenced in Oct 62. This clinic is close enough to The RCDC School to be used for demonstration and instructional purposes after completion of the study in 1963.

In the final phases of the study, six treatment rooms will be utilized and the team will comprise two dental officers, four dental assistants, a laboratory technician, a dental technician clinical and a technical dental therapist. The scope of training and manner of employment of the therapist has been described by Baird, Shillington and Protheroe.¹ The team concept embodying the full utilization of auxiliary help should offer the dentist an opportunity to restrict his activities to those essentials which require his training, skill and judgement. It should permit a higher volume of dental service with less fatigue to the dentist and reduce to a minimum idle time caused by unnecessary delays. Reaching, turning and walking on the part of the dental officer should be largely eliminated while a patient is undergoing treatment. In addition, it should offer the opportunity to provide a better quality of dental service. Many important treatment procedures are now neglected or deferred because of treatment requirements of higher priority. The team concept should permit the dental officer more time for preventive procedures, occlusal equilibration, more complete case histories, gold foil restorations and other important but often neglected aspects of a dental service. Maximum accomplishment in a given period combined with high quality and reduced fatigue should meet with favourable patient acceptance.

The current study is concerned with economy of time, money and energy and should result in the formulation of new principles applicable to clinical practice in the RCDC.

Reference

1. Baird, K.M., Shillington, G.B. and Protheroe, D.H.
Pilot Study on the Advanced Training and Employment
of Auxiliary Dental Personnel in the RCDC:
Preliminary Report CDA Journal 28:626, October 1962.

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TISSUE SIMULATION ON CAST CHROME-COBALT DENTURES

Sgt C Johnston

To produce an excellent life-like tissue simulation on cast Chrome-cobalt dentures the following technique is suggested:

1. Dissolve 1 dwt of scrap from the Pre-formed Plastic Patterns (Cat No 13-41 to 13-43) in 4 cc of acrylic monomer.
2. Use this solution to paint the waxed up area to be simulated, making sure that it is applied evenly and not too thinly.
3. Let dry for about 30 seconds.
4. Using a brush, artist, #3 (Cat No 8-60), held at right angles, lightly jab at the surface, allowing the brush to flare slightly. The solution will adhere to the brush and be drawn up in such a manner as to produce a tissue-like effect.
5. Invest and cast in the usual manner.

The simulated area is finished with the Ti-polisher and with a stiff bristle brush mounted on the polishing motor. The P12B metal-centred brush is preferred and is used with the two grades of chrome-cobalt polishing compound. Since trimming, burring or rubber wheeling of the simulated area is not necessary, there is a considerable saving in the time required to finish a case.

The surfaces of cast dentures treated in this manner are smoother, have no food traps such as are created in other methods of stippling, and are more tissue-like in appearance. Incidentally, this solution can also be used as an excellent adhesive in waxing up.

AIMS AND PRACTICES OF PREVENTIVE DENTISTRY
IN THE RCDG - PART ONE

Lt Col DH Hillier, CD, DDS, MPH

Introduction

Current dental literature 1 - 6 provides evidence of the thoughtful consideration being given by the profession to formulate and activate methods to meet the increasing demand for dental treatment. In this regard, measures have been suggested to:

- a. augment the number of dentists;
- b. broaden the scope of auxiliaries;
- c. adopt formal training requirements for auxiliaries;
- d. improve equipment techniques; and
- e. streamline office procedures and work habits.

* Presented at the DGDS Conference, Ottawa Dec 62

The Royal Canadian Dental Corps is fully aware of the backlog of dental disease in the Canadian Armed Forces and is actively engaged in developing and adopting methods to increase the provision of dental treatment.⁷ Accordingly:

- a. the prospects for significant additions to the dental officer strength over the next few years are excellent;
- b. the numbers and responsibilities of auxiliary personnel are being expanded;
- c. all dental auxiliaries receive formal training at The RCDC School;
- d. the facilities of The RCDC School are adequate to meet any anticipated demands; and
- e. the Corps teaches the most advanced and rapid techniques and provides the most suitable equipment for the purpose.

The Need for Preventive Dentistry

There is a growing awareness 8 - 10 however, that despite the best efforts possible to improve the potential for restorative treatment, the dental health of the population will deteriorate unless significant and widespread reductions are made in the incidence of dental disease. If, indeed, the only solution is to be found in prevention, it is incumbent on dental research personnel to develop more precise and effective preventive measures and it is equally important that dental administrators and practitioners advocate and utilize to the greatest extent possible all worthwhile measures currently available.

This is by no means a new or even a recent concept and the Corps has devoted considerable time and energy to this aspect of dental practice for a number of years. It appears to be timely, however, to review the aims and methods of preventive dentistry, to describe current activities in the RCDC and to consider some possible changes in emphasis and direction.

The Deterrents Encountered

The ultimate aim of preventive dentistry is to put an end to all those conditions which interfere with optimal oral health. As in preventive medicine, this aim must be pursued one step at a time. This is not to say that each disease must be eliminated in sequence, but rather that specific measures must be developed for specific conditions. However, unlike preventive medicine, which has considerable public support and has had such specifics universally accepted and utilized, there is no clamour for the prevention of most dental diseases and, indeed, the public is, at best, apathetic concerning those means which already are proven to be of value.

Although at the present time certain periodontal diseases and many of those conditions which require orthodontic correction cannot be prevented, methods are available whereby dental caries can be eliminated or at least drastically reduced. These methods have been well documented for many years and yet have never been generally accepted by the public. One of the major reasons for this resistance appears to be the drastic changes in accepted patterns of life which are required by such therapies. These changes are in conflict with established and deep-rooted ideas, habits and customs, and they elicit not only apathy but also may evoke considerable antagonism. For example, many authorities

have indicated that the elimination of refined carbohydrates from the diet will abolish dental decay. This regimen introduces such a drastic change in established eating habits that it received limited voluntary acceptance, even within the profession, and would be neither acceptable nor practical through legislative action. A further example of this phenomenon lies in the opposition to fluoridation, a process which requires no active participation or denial on the part of the individual.

Increased Efforts in Preventive Practice Required

It appears, therefore, that concomitant with the search for new and more effective preventive measures there is a need to condition the public to accept and utilize those procedures which are already available.

In this regard the profession has a logical commitment which can best be met through direct contact with the individual patient. One authority¹¹ has expressed the opinion that to be effective, the concept of prevention should pervade every facet of clinical practice and it follows that all treatment procedures should be considered in terms of their preventive as well as their reparative significance. It is felt that the Corps must progress steadily toward a broader application of this point of view if the Canadian Armed Forces are to receive the best possible standard of dental care.

Current Preventive Practices in the RCDC

Treatment-Planning

Preventive dentistry as an entity in the Corps can be traced back to 1949 when a precise method of treatment-planning was developed at The RCDC School. Detailed instructions were presented, through which dental officers were encouraged:

- a. to perform a systematic and complete examination and diagnosis for each patient;
- b. to develop a comprehensive, phased treatment plan; and
- c. to render treatment in accordance with that plan.

This development laid the groundwork for policies of preventive dentistry through its emphasis of the "whole-mouth" concept and on the inter-relationships which exist between the various specific conditions in the mouth.

Dental Public Health Officers

The need for officers versed in the methodology of public health dentistry was recognized and acted upon in 1951 when the first Dental Public Health Officer was trained and appointed to the Directorate Staff. Since that time, the incumbent of this position has been responsible for planning, coordinating and evaluating the activities of the Corps in preventive and public health dentistry.

Dental Technician Clinical

Further progress was made in this field in 1954 when the trade of Dental Technician Clinical was approved. It had become obvious that the shortage of dental officers and the heavy treatment load required that, if the benefits of routine prophylaxis and patient education in oral hygiene were ever to be made widely available to the Armed Forces, these services would have to be carried out by auxiliary personnel. In the intervening years since these tradesmen were first employed, they have proven to be most valuable additions to the clinic staffs and

their worth is partially attested to by the 230 per cent increase in the number of prophylaxis given each year.

Public Health Programmes

In 1959 the first of a series of Corps-wide public health programmes was conducted. With the Directorate providing general guidance and certain educational materials, each clinic has, through lectures, films, posters, oral examinations and various other means, focused attention on oral hygiene and on the services provided by the RCDC. It has been the purpose of these concentrated efforts:

- a. to impress upon servicemen and their dependents the need for and value of the "home care" measures which they can carry out to improve their dental health;
- b. to inform officers and senior non-commissioned officers of, and motivate them to accept their responsibilities with regard to the dental health of men under their command;
- c. to impress upon teachers in Department of National Defence Schools their responsibilities in the field of dental health education and to supply them with information and materials to assist them in this task; and
- d. to impress on parents the necessity for regular and frequent dental examinations and treatment for their children.

These programmes have been well supported at all levels both within the Corps and elsewhere and the enthusiasm and ingenuity demonstrated by the clinic personnel in their planning and conduct is worthy of particular mention.

Fluoridization

The fluoridization study conducted by Major DH Protheroe at Kingston¹² represents a significant contribution to dental research and the findings were largely responsible for the recent policy directive whereby all suitable recruits in the Canadian Forces receive an application of 8 per cent stannous fluoride. The reduction in dental caries that may be anticipated through this measure should justify the additional workload placed on the clinics concerned.

The Corps has also been active in providing dental checks for the pupils of Department of National Defence Schools, in fluoridization for RCDC dependents after normal clinic hours, and in various other ways promoting a preventive service. The record of the RCDC in the field of preventive dentistry is one of which it can be proud. However, if the maximum benefits are to be realized, these concepts must be continuously revised and extended.

Some methods by which preventive practice in the Corps might be improved and extended, will be published as Part 2 of this article in the next issue of the Quarterly.

WINTER CARNIVAL IN GOOSE BAY

Capt JF Begin, DDS

Goose Bay is a "friendly, little, isolated, jointly-operated" RCAF and USAF SAC base about 800 miles north-east of Montreal and 100 miles inland from the Labrador coast. It is nestled under two chains of mountains on a sand plateau between the Hamilton and Goose rivers and overlooking Melville Lake.

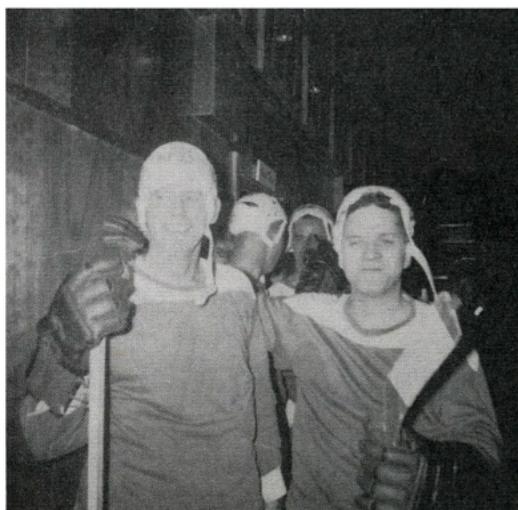
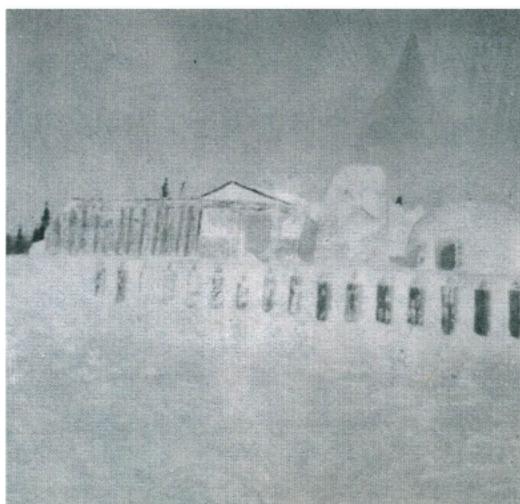
The winters are long, cold and snowy, the snow of mid-October remaining until early May. Apart from the Summer shipping season from mid-June to early November the base is isolated from the outside world except for a twice-weekly service flight from Montreal.

Though an outsider may think that life here is lonely and dreary, be assured that such is not the case. Anyone who has visited or been stationed at "the Goose" will vouch for the atmosphere, the warmth, the enthusiasm, the "je-ne-sais-quoi" which greets one upon arrival and is a constant companion throughout the tour. There is not time to be lonely or to covet life "on the outside". As an example of this, the recent Winter Carnival, which is quickly becoming the event of the year, was a bigger success than ever.

The Goose Bay Winter Carnival takes place during the third week of February. It consists of inter-Mess competitions in eleven sporting events with the stress on sportsmanship and mass participation. This year the events included hockey, broomball, volleyball, badminton, skiing, curling, snowshoeing tobogganing, beard growing, ice-fishing and bowling.

As an added feature this year the personnel of No 6 Dental Clinic were pleased to welcome Brig KM Baird and Lt Col JG Butler, who participated in a Sniff and Snort Curling Match. To quote Lt Col Butler, "I thought this was going to be serious curling until someone tripped me coming out of the hack".

The personnel of the dental clinic participated fully. Maj Fell, with the aid of experience gained in carving amalgams, helped the officers take second place in ice sculpturing. Sgts Robertson and Innis were very pleased when they trimmed Capt Begin and his mates 12 to 1 in hockey and then trounced Capt Parent and his team in volleyball.



No doubt this was sweet revenge for the defeats we inflicted on them last year. The luckless officers couldn't even win the ice fishing competition. Pictured below, are Capt Begin, Sgt Innis and Sgt Hussey trying their luck.



(The dental clinic has its own fishing shack with oil heater and electricity, thanks to the efforts of Maj "Mac" Smith and Capts Turcotte and Vincent). We did, however, succeed in downing the Sgts in broomball.

LAW Steeves was a real busy bee, participating in almost every event for the "Labrador Club", and winning the respect and admiration of all for her ability. Sgt Tom Hussey, after leading the Sgts' cheering section last year with great gusto and volume, participated in a more subdued fashion this year as a spectator since he is not yet accustomed to recent changes in his dentition.

Dog team rides for the kiddies proved to be a great success and the Ice Capades, in which youngsters from five and up participated, was as popular as ever.

To make sure that all the dental staff were free to take part, the C.E. Section decided that Carnival Week would be a good time to renovate the clinic. As the electricians rewired the building and the carpenters jacket it up, LAW Steeves was heard to remark, "they couldn't have picked a better time". Though we had to operate for three weeks on an emergency basis we all heartily agreed.

We are not quite sure yet but it seems that Brig Baird and Lt Col Butler have put a jinks on Goose Bay. Shortly before their arrival the Vip suite, "Terrington Center" burned to the ground and ever since their aircraft was delayed a day, the schedule hasn't been the same. In addition, Maj Fell maintains that he was bowling above average until they walked in to lend moral support, whereupon he couldn't manage a spare, let alone a strike.

Lt Col Butler was quite pleased to renew old acquaintances in the Transport Command Band who were up from Downsview for the Carnival. As a result the author was drafted to "set" the "jawbone of an ass" (a percussion instrument) which had been fractured.

The personnel here were expecting F/S Dot Pierce to visit them since she had been so deeply involved in organizing and participating in last year's Carnival Week. However, the warmer climate of Greenwood, N.S., must have proven more attractive.

When asked by G/C Kenny, our Commanding Officer, what he thought of Goose Bay, Brig Baird replied, "When do you work?", and then added, "When does the Spring Carnival begin?". This is typical of the conversion that takes place here during Carnival time. We are one big happy family working hard and playing hard in a true spirit of friendliness and sportsmanship.

When asked how one goes about extending for a year in Goose Bay, Lt Col Butler jokingly replied "the first thing we do is get you out to Montreal for a psychiatric examination". To anyone who hasn't been swept up by the go, go, go of the life here, this might be true, but for us "loonies" in "the Goose", give us the clear fresh air and white snow of winter, the fishing of Summer, the wonderful friendliness of our brothers in the RCAF and the opportunity to participate in and enjoy one more Winter Carnival.

FIRST RCDC BONSPIEL A SWEEPING SUCCESS



"Wonderful!"; "The most fun I've had in years!"; "I wouldn't have missed it"; were just a few of the superlatives overheard during the First Annual RCDC Bonspiel held at the "Old Curling Club", Camp Borden on Sat 9 Mar 63 when twelve rinks from Ottawa, Winnipeg, London, Camp Petawawa and Camp Borden gathered to compete for the Wansbrough Trophy.

This magnificent trophy was presented to the Corps by Brig EM Wansbrough, OBE, MM, ED, CD for annual competition by members of the RCDC Regular and Militia.



It was particularly appropriate that Brig Wansbrough was present to personally present the trophy and first prize to this year's winning rink skipped by SSgt AF Davison from No 1 Dental Equipment Depot, Camp Petawawa. Other members of the team were: SSgt TW Sullivan, vice; WO1 VO Bergland, second; and Capt MN Deyette, lead.

Prizes were also provided for second and third places in the event as well as a consolation prize.



Brig KM Baird, DGDS was on hand to present these with fitting ceremony. Second and third prizes were claimed by rinks from The RCDC School, with second going to Maj JJN Wright's rink comprised of Capt A Van Ryssel, vice; Lt Col WR Thompson, second; and WO2 EM Lobb, lead.



Third prize was captured by the Maj PS Sills rink with Capt CA Casterton, vice; Maj DH Protheroe, second; and Capt DG Cartwright, lead. Missing from photograph is Maj DH Protheroe.



The consolation prize, given for the high aggregate score for a one game winner, was won by Lt Col GE Windsor's rink from London consisting of WO2 HC Bilbey, vice (borrowed from The School); Sgt KLM Wallace, second; and Pte RS Lindsay, lead.

It was particularly gratifying to have No 14 Dental Coy, Winnipeg so well represented. Their attendance contributed much to making the 'spiel such a rousing success. It is hoped that the other Coys can do as well next year. Members of the 14 Coy rinks were as follows:

Major LA Richardson	Skip	Major JA Lauziere
Lt HF Doyle	Vice	SSgt AJA MacFarlane
Major RJ Bryant	Second	Sgt KE Laurence
Capt GJ Moore	Lead	Sgt FJ Reid

Special mention must also be made of the Militia rink from No 55 Dent Unit, London comprised of Capt T Temple, skip; Maj A Black, vice; Capt C Whitman, Second; Capt W Van Alstyne, lead; and Capt K Mathews as spare. Although they didn't win any silverware, this rink's good sportsmanship and humour added considerably to everyone's enjoyment.

The Directorate and environs were also well represented by two excellent rinks skipped by Maj AW Brusso and WO2 MB Fisk. Brig KM Baird played vice for Maj Brusso, Col IAL Millar was second and Lt Col SG Bagnall lead. The Fisk rink was comprised of Major JMA Donely, vice; Major HR Kettlys, second; and Lt Col DH Hillier, lead.

The RCDC School managed to field four rinks. In addition to the prize-winners previously mentioned, Col CE Purdy and Sgt RF Matheson skipped two strong entries. Capt RR Troxell, USN (DC) was vice skip on Col Purdy's rink along with Maj JM Smith, second; and Maj EMC Franklin, lead. Sgt Matheson's rink had WO2 TM Jackson as vice, Sgt HD Wagstaff, second and WO2 RWM Hall, lead.

Last but not least, was a rink from Camp Petawawa skipped by SSgt JA Fraser which narrowly missed placing third in the competition. Other members of this team were: Cpl DB Loosley, vice; Sgt RJ Goodwin, second; and Capt AJJC Vachon, lead.

The Bonspiel Committee deserves much credit for their contribution. This committee was under the Chairmanship of Capt CA Casterton with Capt A Van Ryssel, WO2 HC Bilbey and WO2 TM Jackson as members. WO2 EB Morse acted as official for the bonspiel. The "Old Curling Club" was obtained for the exclusive use of the Corps which gave a private club atmosphere to the event. Luncheon and dinner were served in the club lounge so it was not necessary for curlers to leave the building. Refreshments were also available throughout the day.

Most of the participants for the bonspiel arrived in Borden on the previous afternoon. As a consequence, there were parties held at the officers' and sergeants' messes for the visitors. Old acquaintances were renewed, a certain amount of "shop talk" was indulged in, and in the Officers' mess at least, there was "curling" on the billiard table. This most enjoyable prelude to the Saturday activities, didn't appear to affect the quality of the game very much.

The First Annual RCDC School Invitational Bonspiel, to give it its full name, must be considered an unqualified success. Congratulations are offered the winners and condolences to the less fortunate. However, more important, this event was particularly significant in that it brought together 48 members of the Corps as curlers, which, in addition to non-curling members of the staff of The RCDC School and course candidates made it one of the largest peacetime gatherings of RCDC personnel. Once again, the RCDC owes gratitude to Brigadier Wansbrough for a well-conceived idea which has contributed measurably, and will continue to contribute, to the esprit of the Corps.

WELCOME TO THE CORPS

A warm welcome is extended to the following new members of the RCDC and RCAF Airwomen:

Capt	AG	MacKenzie	-	to HMCS Stadacona
Capt	IM	Hamilton	-	to HMCS Shearwater
Cpl	HJ	McKinnon	-	to Griesbach Barracks
Pte	RT	Buncombe	-	to DGDS
Pte	JF	Hill	-	to RCAF Stn St Hubert
Pte	H	McRae	-	to HQ Calgary Grn
Pte	RJ	Rutledge	-	to Camp Picton
Pte	RD	Veinot	-	to Camp Petawawa
LAW	MFE	Audet	-	to RCAF Stn Goose Bay
LAW	E	Byrne	-	to RCAF Stn Winnipeg
LAW	MM	Dann	-	to RCAF Stn Namao
LAW	FM	Lamont	-	to RCAF Stn Cold Lake
LAW	PJJ	Lockyer	-	to RCAF Stn Trenton
LAW	EC	McRae	-	to RCAF Stn Downsview
LAW	FB	Schmaltz	-	to RCAF Stn St Hubert
AW2	MYC	Lachance	-	to RCAF Stn Parent
AW2	EM	Romanick	-	to RCAF Stn Camp Borden

PROMOTIONS

Congratulations are extended to the following personnel who have been promoted recently:

F/S	PE	Savage (RCAF)	-	to WO2
Sgt	AS	Field	-	to Ssgt
Sgt	VR	Kidd	-	to Ssgt
Sgt	SE	Robertson	-	to Ssgt
Sgt	JH	Sadler	-	to Ssgt
Pte	HH	Nogler	-	to Cpl

RELEASES AND RETIREMENTS

Best wishes for the future are extended to the following RCDC and attached personnel who have retired or taken their release in the past three months:

Sgt	DM	Hamilton	-	Fort Osborne Bks Winnipeg
Sgt	BH	Sims	-	RCAF Stn Downsview
Cpl	JWW	Broomfield	-	RCAF Stn Trenton
LAW	A	Skubiak	-	RCAF Stn Winnipeg
AW2	SC	MacDonald	-	RCAF Stn Winnipeg
Mrs	I	Johnston(Pt V Civ)	-	Longueil PQ

POSTINGS

The following movement of personnel has taken place recently:

Capt	PP	Morin	-	to Griesbach Bks, Edmonton from Cold Lake
WO2	TL	Batten	-	to RCAF Stn Camp Borden from RCDC School
WO2	PL	Gourlay	-	to Fort Chambly from HQ 4 CIBG
Sgt	M	Beauvais	-	to RCDC School from RCAF Stn Camp Borden
Sgt	RD	D'Eon	-	to HQ 4 CIBG from Fort Chambly
Sgt	DT	Moran	-	to HQ 15 Dent Coy from CBUME
Sgt	FJ	Reid	-	to RCAF Stn Winnipeg from FOB Winnipeg
Sgt	EL	Schell	-	to Halifax from CBUME
Sgt	G	Shechosky	-	to CBUME from RCAF Stn Winnipeg
Sgt	EPH	Sprathoff	-	to CBUME from 25 COD Longue Point PQ
Sgt	GH	Storms	-	to FOB Winnipeg from CBUME
Cpl	CstC	Sabine-Paisley	-	to Camp Petawawa from AFHQ Ottawa
Cpl	B	Vandervaart	-	to CBUME from DGDS Ottawa
Pte	JB	Arsenault	-	to HMC Dockyard from HMCS Stadacona
Pte	NJ	Cable	-	to RCAF Stn Winnipeg from RCDC School
Pte	JF	Giroux	-	to 3 Det RCAMC Que from RCDC School
Pte	GMR	Gravel	-	to HMCS Stadacona from RCDC School
Pte	DW	Griffiths	-	to HQ Cal Grn from Edmonton
Pte	WD	Horne	-	to HMCS Shearwater from RCDC School
Pte	JPA	Lambert	-	to RCAF Stn Trenton from RCDC School
Pte	LI	MacLean	-	to HMCS Naden from HQ BC Area Vancouver
Pte	LH	Pion	-	to HMC Dockyard from HMCS Stadacona
Pte	LA	Russell	-	to Fort Churchill from FOB Winnipeg
Pte	H	Snutch	-	to RCAF Stn Trenton from No 1 Dent Eqpt Dep
Pte	PD	Whynott	-	to Camp Petawawa from No 1 Dent Eqpt Dep
LAW	MN	Boles	-	to RCAF Stn Parent from RCAF Stn St Jean
LAW	LS	Reed	-	to RCAF Stn Downsview from RCAF Stn Camp Borden
AW1	JM	Stangowitz	-	to RCAF Stn Trenton from RCAF Stn Cold Lake
AW1	SM	Thiele	-	to RCAF Stn St Hubert from RCAF Stn Cold Lake
AW2	MYC	Lachance	-	to RCAF Stn Parent from RCAF Stn Namao
AW2	DN	Scarborough	-	to RCAF Stn Parent from RCAF Stn Bagotville

TRAINING

Corps personnel have recently undertaken the following training:

US Naval Dental School, Bethesda, Md

Oral Surgery	-	7 Feb - 21 Feb 63	-	Maj	PL Falkner
Periodontia	-	25 Feb - 14 Apr 63	-	Maj	RA Fell
Oral Surgery	-	8 Apr - 12 Apr 63	-	Capt	GT Crossman
Crown and Bridge	-	15 Apr - 19 Apr 63	-	Capt	DDR Girard

US Army Medical Centre, Washington, DC

Advanced Dentistry	14 Jan - 3 May 63	-	Maj	DH Skinner
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TRAINING (cont'd)

28

ENT Air Force Base, Colorado Springs, Colorado

Cogswell Oral Surgery - 18 Feb - 1 Mar 63 - Maj GIJ Bisailon

University of Oregon, Portland, Oregon

Periodontology and
Occlusal Equibrilation - 11 Feb - 14 Feb 63 - Capt DG Gardner

RCSME Vedder Crossing, BC

Arrow Diagramming - 3 Apr - 17 Apr 63 - Lt Col DH Hillier

CJATC Rivers, Man

Basic Parachutist Course - 9 Mar - 29 Mar 63 - Capt HW Brogan

RCDC School, Camp Borden, Ont

Officers Casualty Care - 14 Jan - 18 Jan 63

Officers Clinical - 21 Jan - 15 Feb 63

Lt Col	WW	Anglin
Lt Col	GM	Cornish
Maj	PAP	Fafard
Maj	DE	McDermott
Maj	RJK	Pyne
Maj	Q	Davis - US Army (DC)
Capt	WA	Sugars

Officers Casualty Care - 4 Mar - 8 Mar 63

Officers Clinical - 11 Mar - 5 Apr 63

Maj	JD	Bourque
Maj	JC	Brick
Maj	EMC	Franklin
Maj	JI	Gordon
Maj	J	Schmitz - US Army (DC)
Maj	JJ	Walker

Dental Technician Clinical Group 3 - 14 Jan - 28 Jun 63

Sgt	HK	Drawe
Sgt	RJ	Lowery
Sgt	RF	Matheson
Sgt	HEW	Reid
Sgt	HD	Wagstaff
Miss	IM	White

Dental Technician Laboratory Group 1 - 14 Jan - 31 May 63

Cpl	CVS	Forsythe
Cpl	JRR	Roy
Pte	DJ	Davies
Pte	A	Girouard
Pte	DH	Hardy
Pte	DC	Hughes

TRAINING (cont'd)

29

RCASC School, Camp Borden, Ont

Senior NCO Course - 14 Jan - 8 Mar 63

Sgt	AL	Strub
Cpl	JG	MacPhee
Cpl	TW	Thrasher
Cpl	RS	Walker

Senior NCO Course - 21 Jan - 15 Mar 63

Cpl	ES	Beattie
Cpl	A	Schuh
Cpl	AE	Werkman

Command Junior NCO Courses

Cpl	RB	Johnson
Cpl	JM	MacLean
Pte	DF	Middleton
Pte	RE	Thompson

VITAL STATISTICS

RCDC SCHOOL

Births

To Pte and Mrs DE Fraser, a daughter, Eunice Marie, born 31 Dec 63.

Marriages

Pte GN Fathers was married to Darlyn Ann Beno at Camp Borden, Ontario on 16 Feb 63.

Hospital

Capt CA Casterton for follow-up examination 20 to 25 Jan 63.

WO2 EB Morse discharged hospital 30 Dec 62. Re-admitted 30 Jan 63 for further treatment and discharged to duty 22 Feb 63.

Sgt Beauvais admitted CRSH during period 13 Mar - 29 Mar 63.

Pte Davies admitted CRSH for period 14 Mar - 19 Mar 63 for observation of a knee ailment.

NO 1 DENT EQPT DEP

Births

To Lt and Mrs EA Church, a daughter, Theresa Ann, on 15 Feb 63.

Hospital

Major JW Fletcher - 16 Feb to 1 Mar 63.

VITAL STATISTICS (cont'd)11 DENT COYBirths

To Capt and Mrs M Petryk, a daughter Susan Catherine, born 11 Feb 63.

Marriages

Capt AG Garden was married to Miss Tanis Murray, in Calgary on 16 Mar 63.

12 DENT COYBirths

To Capt and Mrs WE Russell, a son, born 30 Dec 62.

To WO2 and Mrs H Thorsson, a daughter, born 16 Jan 63.

To Cpl and Mrs CM Martell, a daughter, born 7 Feb 63.

To Pte and Mrs JH Thorburn, a daughter, born 13 Feb 63.

Hospital

The following personnel have been hospitalized since the last issue:

Ssgt	RG	Stewart
Sgt	JE	Clark
Cpl	RG	Brighty
Pte	RG	Moffatt
LAW	HL	Brooker

13 DENT COYBirths

To Lt Col and Mrs RHG Cunningham, a son, born 14 Mar 63.

To Maj and Mrs AG Andrews, a son, born 26 Mar 63.

To Capt and Mrs KSM Mathers, a son, born 26 Jan 63

To Capt and Mrs AJCC Vachon, a daughter, born 12 Dec 62.

Marriages

WO2 DW Riddell was married to Miss Patricia Veronica Curtin at Ottawa, on 2 Feb 63.

Pte RA Garnhum was married to Miss Betty Jean Fallowfield at Trenton, on 26 Jan 63.

Hospital

Capt	JLY	Cyrenne	- 27 Jan 63 -
WO2	PE	Savage	- 21 Jan 63 -
Pte	JR	Powell	- 31 Jan - 19 Feb 63
Cpl	GAMJ	Ridley	- 8 Jan - 25 Jan 63

14 DENT COY

Births

To Capt and Mrs OA Tucker, a daughter Stephanie Ann, born 27 Feb 63.

To Mrs Chris (Nina) Jakubowicz, dental nurse, a daughter Renata Maria Anna, born 7 Mar 63.

Hospital

The following personnel have been hospitalized recently:

Capt	HJ	Caskin	-	7 Jan - 11 Jan 63
Sgt	FR	Taylor	-	4 Mar 63 -
Lsgt	N	Demedash	-	17 Jan - 4 Feb 63
Cpl	DL	Kerr	-	3 Jan - 29 Jan 63

15 DENT COY

Births

To Sgt and Mrs MD Crockett, a son William Donald, born 1 Mar 63.

Hospital

Sgt	E	D'Avignon	-	18 Mar - 26 Mar 63
Pte	G	Drapeau	-	16 Jan - 25 Jan 63

4 FD DENT COY

Hospital

Sgt	MO	McDonald	-	20 Feb - 25 Feb 63
Sgt	JG	Moore	-	13 Feb - 22 Feb 63

35 FD DENT UNIT

Marriages

LAW SAM Biglow was married on 2 Mar 63 to LAC AJ Ruzycski of No 2 Wing, at Bistroff, France,

Hospital

Maj	IW	Susser	-	3 Feb - 12 Feb 63
Capt	JG	Boucher	-	25 Mar 63 -

DIRECTORATE NEWS

Duty Trips and Visits

Colonel GB Shillington visited The RCDC School early in February to interview personnel attending courses at that time. Prior to this visit to Camp Borden, he had attended meetings of the American Denture Society being held in Chicago.

Brigadier KM Baird commenced an inspection tour of No 15 Coy RCDC(R) in February accompanied by Lt Col JG Butler. Clinics were visited in Quebec City, Camp Valcartier and RCAF Stn Goose Bay, Lab. Brigadier Baird later proceeded to The RCDC School to interview candidates attending courses on Mar 7 and 8. Spending the week-end in Camp Borden to take part in the bonspiel for the Wansbrough Trophy, he returned to Montreal to complete the inspection of the clinics in that area.

During the first two weeks in April, Brigadier KM Baird inspected No 4 Field Dental Company and No 35 Field Dental Unit. The journey to and from Europe was made by RCAF Yukon.

Lt Colonel GR Covey is conducting the 1963 General Efficiency Competition for Militia Dental Units in the following cities: Saint John, Montreal, Ottawa, Toronto, Winnipeg, Edmonton and Vancouver.

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THE RCDC SCHOOL NEWS

US Navy Dental Officer Completes Exchange Duty at RCDC School



Captain Richard R Troxell, Dental Corps, United States Navy completes a two year tour of duty in July 1963 as exchange officer at The RCDC School. He will be returning to the US Naval Dental School, Bethesda, Md. to assume an appointment on the staff.

Captain Troxell arrived in Camp Borden in August 1961 and in the intervening period has become a popular and well known figure in civilian and military professional circles. During the past year he assumed the duties of Chief Instructor at The RCDC School as well as head of the Department of Restorative Dentistry. His supreme effort and generous contribution in both fields will have a lasting effect.

His vitality and warmth have created for him many lasting friendships. His host of Canadian friends regret his departure but join in wishing him all success in his new appointment.

Hardware Missing

The School trophy cabinet seems bare after a disastrous series of games with various groups, including course personnel and the CFMS Training Centre.

The coveted curling trophy presented in 1960 for competition between the officers clinical course and the School staff has recently been returned from the engravers with such names on it as: Cornish, Anglin, Fafard, Pyne, Sugars, Davis and McDermott. This trophy has been won only once by the School staff - in 1961.

The Garth C Evans trophy for curling supremacy between CFMS and RCDC officers was won for the first time this year by our confreres in the Medical Service. Skips and members of the two School rinks have requested to remain anonymous.

The School WOs and Sr NCOs did their best to reclaim some of our losses in their Mess competition for the Viau trophy but were denied by Lady Luck, so we're told.

The best we could do this year was second and third in the Corps bonspiel, details of which are published elsewhere in this edition.

Major Murray on Road to Recovery

Major Bill Murray's many friends will be glad to know that he was released from Toronto Military Hospital on 12 Apr 63. Injured seriously in an automobile accident last December, Major Murray is presently at home on sick leave and is getting around on crutches.

NO 1 DENTAL EQUIPMENT DEPOT NEWS

Sports

No 1 Dent Eqpt Dep Curling Team consisting of: Ssgt Davison - Skip, Ssgt Sullivan - Vice, WO1 Bergland - 2nd and Capt Deyette - lead, proceeded to Camp Borden for the First Annual RCDC Invitational Bonspiel, on 9 Mar 63, and won the Wansbrough Trophy after a tough battle. Our congratulations for this fine showing.

Two of our civilian female personnel have all but qualified for the NHL. Mrs Rita Little and Mrs Thelma Gendron played hockey this season for the Guards' Wives Hockey teams, with Rita on defense and Thelma in goal. They did an excellent job, both in winning their games and in providing entertainment for all of us.

11 DENT COY NEWS

Training

Sgt Nicholson is a member of the HQ BC Area team which recently came first in the Mary Otter trials for first aid in that area. It is hoped that they will do well in the forthcoming National Competition.

Curling

The curling stones and bowling balls have been dropped for another year in this portion of Canada and personnel of No 11 Dent Coy have a number of trophies to show for their hard work.

Cpl RA Neill, with Cpl HJ McKennon, as second, won the "D" event of the Western Command Bonspiel and Sgt RH Palmer was a member of the team winning the "C" event. Majors Richardson and Carter, Capt Moore and Sgt Kennedy also were among the prize winners.

12 DENT COY NEWS

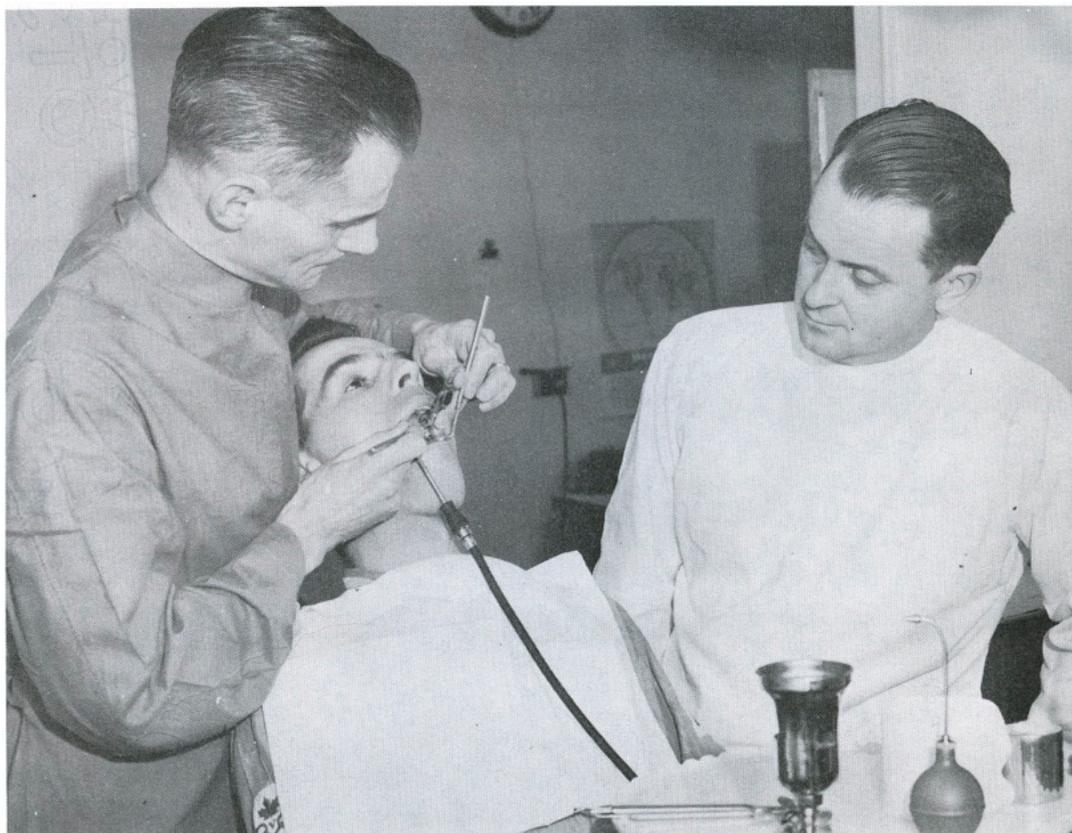
Sports

Major HG Bunston has been appointed Volleyball Chairman and coach of the RCAF Greenwood team and Capt George Crossman will serve as tournament chairman for golf at the same station.

With the curling season over for another year, we look back on a successful season which was highlighted by Capt Jack Quackenbush winning the Stadacona Curling

Club championship. Other winning rinks were represented by Sgts Earl Schell and Harold Kirby at the RCN Atlantic Command Bonspiel and by Capt Syd Campbell and his dental assistant Marion A MacWilliam, who won their first curling prize at the closing bonspiel at Stadacona. The last we heard, Capt Ron Lewis was still undefeated in the inter-port curling at Cornwallis.

COY PERSONNEL FEATURED IN PRESS RELEASE



A recent news release by the RCN provided the first know general publicity to the proposed new trade of Technical Dental Therapist. The study currently being conducted at HMC Dockyard was outlined and Major Dyer's favourable comments on the work of WO2 Thorsson were cited. The photograph which accompanied the article shows WO2 Thorsson filling a cavity for P/O RM Tizzard while Major Dyer, who prepared the cavity, looks on.

13 DENT COY NEWS

Presentation

The joint presentation by Major AG Andrews of 14 Clinic RCAF Station Rockcliffe and W/C Robinson of a paper titled "Cystic Invasion of the Maxilla," was delivered March 27th at the CFMS Conference in Victoria, BC.

Former Officer Returns

A warm welcome is extended to Lt Col SK Oldfield (Retired) who has rejoined the Corps on a per diem basis and is employed at No 28 Clinic RCAF Station Downsview.

FIRST FEMALE WARRANT OFFICER IN THE RCAF



The recent promotion of WO2 Pat Savage, DT Clin at RCAF Stn Trenton, to that rank is worthy of particular notice in that it marks the first time that there has been a female Warrant Officer in the peacetime RCAF. WO2 Savage's career with the Corps began in Oct 51 when she was enlisted as a dental assistant with the rank of corporal and was posted to St Jean. In Apr 54 she was one of two Airwomen who were sent to England and trained as Dental Hygienists with the RAF. She returned to Canada as a Sergeant and served as a DT Clin at RCAF Stn Rockcliffe until 1956 at which time she returned to Sgt Jean and was promoted to F/Sgt. In 1958, Pat qualified at The RCDC School as a DT Clin Gp 4 and was transferred to this company. It is understood that she will be moving to her home province of Manitoba later this year to continue her duties at RCAF Stn Winnipeg. We take this opportunity

to congratulate Pat on her promotion and to wish her well at her new location. She is shown happily engaged in sewing on her new badges.

14 DENT COY NEWS

Bon Voyage to Sgt Hamilton

Members of this unit in the Winnipeg area gathered together at No 1 Dental Clinic on 14 Feb 63 to bid farewell to Sgt Danny Hamilton who departed for North Burnaby, BC to embark on a civilian career.

Bowling

The RCDC Bowling League has had a most successful season and the committee, with Major Bryant as President, Sgt MacFarlane, Secretary and Sgt Reid, Treasurer, are to be congratulated. This year's activities were brought to a successful conclusion on 30 Mar, when a banquet and dance were held. Lt Col Jackson and the committee presented the trophies and prizes. The Ash Temple Trophy was awarded to the top team in the league, captained by Capt Boulay. The Purdy Trophy was awarded to Sgt Reid and his team who were the winners of the "A" division, while the "B" division team captained by Cpl Fenton, was awarded the Champoux Trophy.

15 DENT COY NEWS

Training

The CDO and dental officers in the Montreal area attended Exercise Technique 1, a demonstration on the techniques of re-entry operations.

Special Events

Capt JH Marion of No 7 Clinic Valcartier is welcomed on his conversion to Regular Officer status.

The CDO attended a Familiarization Conference for members of the ROTP and DOSP at No 4 Personnel Depot Longueuil on 26 Jan 63. The object was to provide the undergraduates with as much information as possible and to answer any questions they might have. It is felt that all participants in this conference benefited substantially from the proceedings.

Sports

The combined clinic and stores bowling team at St Jean recently wound up the regular schedule in second place and has a good chance to win the playoffs. The team consists of Maj Paul Guevremont, Capt Lionel Jacob, Sgt Tapp, Cpl Chayer and Cpl Ernie Jermain.

WO2 Ed Moore won the high average in the HQ Que Comd Bowling League.

Sgt Lenny Lawson completed the St Jean Inter-section Broomball League among the top five.

Capt Jack Harrison accompanied the ski teams to Valcartier for the Command Championships and Canadian Army Championships as team captain. The teams made a creditable showing, particularly in the Army Championships, finishing in fifth place out of fifteen.

4 FD DENT COY NEWS

Training

Lt Col Evans and Major Chatwin attended Exercise Maple Leaf IX at Fort Henry, 29-31 Jan 63. It was a very informative study of the deployment of 4 CIBG for war. These officers also participated in Exercise Med Maple Leaf IX the following day at which time Lt Col Evans presented a short outline of the dental services in and behind 4 CIBG.

Duty Trips

Capt DJ MacPhee, Sgt Millard and Pte Clarke travelled to No 1 CBOU Antwerp 20 Jan - 3 Feb 63. They provided dental treatment to servicemen of No 1 CBOU and examined the school children of the DND School.

Lt Col GC Evans, WO2 Robertson, Sgt Shaw and Sgt Posyluzny travelled to RCAF Station Langar and CJS London to provide dental treatment and repair dental equipment at these installations for period 5-28 Mar 63.

Sports

Capt WF Shaw was selected to conduct the RCR downhill ski team to Austria 13-20 Jan for BAOR eliminations.

Sgt J Hossdorf was a member of the 4 CIBG cross-country ski team which competed in Lermoos during Jan 63.

35 FD DENT UNIT NEWSSports

Cpl WJ Parker played for the HQ 1 Air Division hockey team which won the Air Division Championship, in two straight games.

Sgt H Marckwort was a member of the 1 Air Division team which placed second in the Air Forces Europe Ski Competition in Austria from 9-24 Feb 63.

Sgt JM Roberts skipped a rink which won the 2nd event of the 1 Air Division HQ Bonspiel 26-27 Jan 63.

CBUME NEWSSpecial Events

On 17 Jan the CGS (Lt Gen G Walsh, CBE, DSO, CD) visited the Canadian Dental Detachment. He spoke to each member of the detachment and seemed to find everything in good order.

During the last three weeks in March the Black Watch brass band, stationed in Germany, visited all contingents in UNEF. Their concert for the Canadian Contingent was enjoyed by everyone.

The Indian Army Medical Corps birthday was celebrated on 3 April. The RCDC was represented by Sgt John Dion and Cpl Brian Vandervaart at a party given at the Indian MIR. The celebrations began with liquid refreshments followed by an Indian curry lunch. The party was attended by representative NGOs of all medical and dental detachments serving with UNEF. The food was tasty but a little on the "warm" side for our Canadian palates.

Sports

Sgt Doug Murley and Sgt Paul Fox are valuable members of the newly formed HQ Coy CBUME soft ball team which, to date, have played and won seven games.

On 12 Mar Major Kelland and Major Deziel (RCPC) finished second in the doubles event of the UNEF Badminton Championships.

L/Sgt Paul Dumas was runner up in the "O" Flight of the Camp Rafah Golf Tournament which was held on 27 Mar 63.
