

The

ROYAL CANADIAN DENTAL CORPS

Quarterly



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THE RCDC QUARTERLY

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EDITORIAL

With this edition the RCDC Quarterly enters its fifth year of publication and celebrates the event with a redesigned format. Our aim has been to produce a magazine which is more attractive, compact and easier to read, while at the same time avoiding a significant increase in the cost of its production. The changes effected represent a compromise between our lofty aims and our lowly budget. The desire to employ a heavier stock was made financially possible by the simple expedient of using both sides of the paper. The difficulty encountered in keeping previous issues of the Quarterly open at a given page, unless the reader employed both hands to the task, has been resolved by the use of staples rather than the former type of binding. The new size was developed not only to improve the appearance and ease of reading but also to facilitate storage. Although it has been necessary to restrict the cover to two colours, the distinctive graphic treatment remains largely unaltered, forming a link with our previous volumes. It is very likely that certain other modifications may be possible and comments and suggestions are invited.

The new look in no way alters either the purpose or the policy governing this publication. As in the past, the Quarterly will feature articles, news items and photographs of particular concern to members and friends of the Corps. Only through your interest and activity in submitting pictures and well considered, thoughtfully composed manuscripts can we continue to produce a timely and worthwhile magazine which will reflect favourably on the Royal Canadian Dental Corps.

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Cover Photograph

Shown after the final draw are the participants of the Second Annual RCDC Bonspiel held at Camp Borden, Ontario, during the weekend of 21-23 Feb. 64. See page 14 for story and additional photographs.

ORAL EXFOLIATIVE CYTOLOGY:
A VALUABLE AID IN CANCER DIAGNOSIS

Lt Col WR Thompson, CD, DDS

The relative ease of clinical examination should facilitate the early detection of oral cancer and result in high cure-rates (1). Unfortunately the majority of oral cancers are not diagnosed soon enough for successful treatment to be accomplished. Why does this delay occur?

The early cancerous lesion is asymptomatic and frequently is casually dismissed as one of the more common benign conditions which it resembles so closely. Even in those instances where suspicion is aroused, there is a tendency on the part of both the patient and practitioner to adopt an equally dangerous attitude of "watch and wait". Such a decision arises from a reluctance of the patient to submit to any type of surgery and a desire on the part of the practitioner to avoid the risk of profuse haemorrhage or the involvement of nerve, vascular and duct tracts which sometimes accompany excisions for biopsy. For these reasons, scheduling every oral abnormality for biopsy is generally unacceptable. At the same time, it is important to separate the innocent ones from those that are dangerous or potentially dangerous as early as possible. Cytology, the microscopic study of oral detached cells, is a simple and painless procedure to determine whether or not an oral lesion is cancerous.

Cancer cytology is based on the fact that changes which are apparent microscopically in tissue sections taken from malignant areas are the product of abnormal changes in the individual malignant cells within the lesion (2). These cells may become detached by natural exfoliation or by physical procedures. The cells can then be recognized microscopically as abnormal in well prepared slide smears. These findings are not new for it has been known for more than one hundred years that tumour cells exhibit characteristically abnormal cytology; but it was not until 1943 that Papanicolaou and Traut (3) demonstrated the usefulness and reliability of a cytological smear technique for the early detection of cancer of the uterus. The procedure was perfected and reliability established over the following ten years. By 1954 cell cytology had been applied to diagnose cancer in the urinary and genital systems, the respiratory and digestive systems, the pleural, peritoneal and pericardial exudates, the breast and the circulating blood (4). For some reason, possibly because it was not considered necessary, the smear technique was not used for the diagnosis of oral cancer until about 1951 (5), and only since 1958 has the procedure been tested and reported in detail.

The need for an early diagnosis of cancerous lesions in this location is obvious. The five-year-cure rate for oral malignancies is poorer than that for uterine cancer in women (6), and this fact is primarily due to the earlier detection of uterine cancer through

the wide application of the cytological smear technique. Intra-oral malignancies currently constitute over 5 per cent of the total recorded and, of particular importance in a military practice, the figure is nearly 10 per cent in men (7). Although the smear technique is applicable only to surface malignancies, this squamous cell type constitutes 95 per cent of the oral total. The size of a lesion is not an accurate guide to its seriousness but the smaller a primary lesion, the more effectively it can be encompassed by treatment. By the time the lesion exhibits the clinical signs of malignancy, such as chronicity, induration, attachment, ulceration and enlargements of glands in the area, an intra-oral carcinoma is usually larger than 2cm, and the probability for a five year survival of the patient is less than 40 per cent (8).

The smear technique is not intended to supplant but only to supplement biopsy, which remains the diagnostic procedure of choice and which must always be used to provide the final diagnosis. The smear technique serves merely as a screening device.

Indications

The specific indications for the smear technique are:

1. to provide a quick, simple and accurate procedure to diagnose lesions which might otherwise be dismissed casually;
2. to eliminate the dangers inherent in a "watch and wait" attitude toward doubtful lesions;
3. to anticipate initial and often unfounded apprehension in the patient;
4. to prevent discomfort;
5. to obtain samples of various areas of diffuse hyperkeratotic lesions, in which carcinoma might be missed through failure to perform numerous biopsies; and
6. to verify the successful treatment of oral malignancies particularly following radiotherapy, where biopsy could produce infection or delay healing.

The high degree of correlation between the diagnosis made from a biopsy and a cytological smear has been demonstrated in clinical and experimental studies, each method being about 95 per cent accurate (9-11). A most extensive study of oral cytology undertaken by the Veterans Administration Hospitals in the United States (12) not only confirms this correlation but also indicates that 20 per cent of the oral malignancies diagnosed by the smear technique and later confirmed by biopsy were completely unsuspected at the time of examination and had not been recommended for biopsy. The choice, therefore, is not biopsy or cytology but cytology in preference to nothing (13).

Technique

Many of the techniques which have been developed recently (7,14,17) vary mainly in the method of fixation of the smear. Probably the simplest and most standardized procedure utilizes a prepacked cytology kit which includes all the materials required not only to take and prepare the smear but also to package it safely for mailing. The kit consists of:

1. a cardboard mailing tube;
2. a set of history forms;
3. a plastic tube for slide retention during mailing;
4. two slides with frosted ends;
5. two plastic containers of fixative;
6. a wooden scraper;
7. a mailing label; and
8. a return label.

The directions for use are:

1. Fill in all information requested on the forms provided;
2. Print the patient's name and the date in pencil on the frosted ends of both slides;
3. Prepare the fixative in one plastic vial for immediate use;
4. Do not dry the surface of the lesion - moisture is essential;
5. If the lesion is covered with debris, wipe the area with wet gauze;
6. If the lesion is heavily keratinized, reduce with a diamond wheel until a pink surface is observed; bleeding is not desired but small amounts will not interfere;
7. Dip the wooden scraper in water for a few seconds;
8. Scrape the lesion firmly, several times in the same direction, with the wet end of the scraper;
9. Spread the material from the scraper thinly and evenly on the clear end of the frosted side of the slide;
10. Cover the entire smear immediately with the fixative contained in one vial;
11. Repeat procedures 9 and 10 for the second slide of the same lesion, using the second vial of fixative;

12. Air-dry the slides for one hour; avoid touching the smear or contaminating it with dust;
13. Place each slide in the separated slots of the plastic tube;
14. Wrap the completed history forms around plastic tube;
15. Insert the plastic tube and the forms, including the return label, in the cardboard mailing tube; and
16. Affix the mailing label.

On completion of the procedure, the mailing tube is sent to a pathology laboratory in which the staff have had special training to undertake oral cytology studies.

The use of a diamond wheel to reduce the thick keratotic surfaces overcomes previous observations (5,18) that the technique is not suitable for this type of lesion. If there are deep cracks or fissures, a better smear of the deeper areas may be obtained by the use of a small curette instead of the wooden scraper.

Significance of Reports

Some laboratories will classify smears only as negative, suspicious or positive for malignant cells. Others subdivide the middle category into: (a) typical but no evidence of malignancy; (b) suggestive; and (c) strongly suggestive of malignancy. The important consideration to the practitioner, however, is whether or not the report is negative: any report other than negative indicates that a biopsy should be undertaken. On the other hand, a negative finding means only that there are no cells demonstrating malignancy in the samples taken and, if the lesion persists, additional smears should be taken at periodic intervals.

Conclusion

Although the prevalence of oral malignancies is relatively small when compared with most diseases, more are being reported every year and a very high proportion of these result in death or radical disfigurement within five years. The extent of the surgical intervention required in many instances and the terminal nature of the treatment program in others underlines the importance of the earliest possible diagnosis. Most oral abnormalities are benign but some which are benign-appearing are actually early manifestations of cancer. If the diagnosis were confirmed at this stage and treatment instituted, many more cures could be effected. The smear technique of exfoliative cytology provides the dentist with a quick, painless and simple procedure for the early examination of oral abnormalities and, when used and interpreted correctly, it is a valuable addition to the diagnostic armamentarium (6,19).

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Editor's Note:

Provision of kits and laboratory service for oral cytological smears in the RCDC is now being arranged. Notification to all concerned will be made as soon as these are available.

THE UNITED STATES ARMY INSTITUTE OF DENTAL RESEARCH
WALTER REED ARMY MEDICAL CENTER
WASHINGTON D.C.

Major DH Skinner, CD, DDS

From its modest beginning in 1905, Walter Reed Army Medical Center has emerged to become one of the world's foremost medical establishments. "Walter Reed", as the center is affectionately known, is not only one of the most famous military hospitals but also comprises the Walter Reed Army Institute of Research, the Armed Forces Institute of Pathology, the Army Prosthetics Research Laboratory, the Army Central Dental Laboratory, the Army Medical Services Historical and Combat Development units, as well as the Medical Research Unit in Malaya. To all of these units, the center administers and supplies logistical support.

Many significant contributions which have brought better health to military personnel and civilians alike have been made by staff members of this internationally recognized institution. The achievements of Major Walter Reed and his associates which led to the control of yellow fever were perhaps the beginning of modern army medical research in the United States. Other early milestones were the adaptation of X-ray to military medical uses, the development of a typhoid immunizing agent and a specific therapy for amebiasis, and the discovery that rice grain husks added to the Oriental diet prevented beri-beri. The purification of drinking water by chlorine was a development of this center. Equine encephalomyelitis, a serious disease of horses and a threat to man, was overcome by a vaccine developed in the Veterinarian department of the center. The first researcher to isolate strains of lactobaccilli from carious teeth and to emphasize their importance in the formation of dental caries was Major Fernando E. Rodriguez of the Army Dental School.

One of the more recent contributions to science was the development of a more potent typhoid vaccine, which was largely responsible for the fact that not a single American soldier died of typhoid fever in the Second World War. In 1949 they discovered chloramphenicol which is effective against typhus and typhoid fever. In 1950 medical research teams trained at "Walter Reed" went to Korea to institute improved vascular surgery for the replacement of torn arteries. Psychiatric research into battle fatigue and allied conditions was initiated during the conflict by teams from "Walter Reed"; even the "Walter Reed" artificial kidney found its way to the Korean battlefields. These are only a few of the many advances and developments which have come from continuing research at the center.

The United States Army Institute of Dental Research(USAIDR)

The USAIDR is a very large and important part of the "Walter Reed" complex and is attached to the center for administration and logistical support.

The aims of the Institute are:

1. to conduct research into the cause and control of oral disease;
2. to improve and develop accepted techniques for rapid and effective treatment, including maxillo-facial injuries;
3. to pursue research in the field of Dental Materials; and
4. to implement professional training programs for the maintenance of a high professional standing.

In accord with the last aim, the Institute has run two courses a year in Advanced Dentistry for which a Canadian and usually one or two other foreign students were accepted. The purpose of the course was to train candidates in advanced dentistry and the curriculum included restorative, preventive and prosthetic dentistry, and oral surgery, diagnosis and medicine. Prior to commencing such training in the dental specialties, an extensive review of the basic medical sciences was conducted. The final course of this type was run from January to May 1963.

The United States Army Dental Corps has recently signed a contract with the Georgetown University School of Dentistry which permits their officers to earn a Masters Degree through an affiliated program, and hence a course which differs slightly in context, has been developed. Under its new name, "Advanced Theory and Science of Dental Practice", the course has been extended to 44 weeks and on completion, the student is granted credit towards a Masters Degree. Eighteen candidates were accepted for the first class and their time is divided between the Army Institute of Dental Research and the School of Dentistry at Georgetown University.

Organization of USAIDR

The director of USAIDR is responsible to the Surgeon General for the planning and operation of dental research, and for conducting development projects as assigned to him by the office of the Surgeon General. He carries out his mission through four separate departments.

1. Department of Oral Biology

Equipped with staff and laboratory facilities, the Department of Oral Biology conducts research into the biology and control of oral diseases and provides consultation in these subjects. Instruction is given in the sciences related to human biology, including micro-biology, physiology and biochemistry. Many reports of research projects have emanated from this department.

2. Department of Dental and Oral Pathology

Reflecting the excellent consultation service of the Department of Dental and Oral Pathology, specimens, biopsied tissues and slides are sent to it from civilian as well as military sources from all parts of the world. This service is provided by highly trained dental officers who have undertaken post graduate studies in dental pathology. This specialty has gained a respected place in the United States Army Dental Corps which is largely due to the untiring efforts of their chief, Major General Joseph L. Bernier. Experimental pathology as related to oral tissues and the jaws, instruction in dental and oral pathology and the preparation of information for publication are also the responsibility of this department.

3. Department of Preventive Dentistry

One of the main activities of the Department of Preventive Dentistry is to engage in research to develop methods for the prevention and control of oral disease. Another facet of their operation is to help in the development and design of preventive dentistry programs for the various Army Commands. The department also provides training in preventive dentistry and prepares information and reports for publication and dissemination.

4. Department of Dental Materials

Laboratory investigation and evaluation of the variables on the physical and chemical properties of dental materials is the responsibility of the Department of Dental Materials. Techniques and equipment to provide rapid and effective dental treatment are also investigated. This department provides reports on and supervises training in all types of dental materials. A dental materials research team, the first of its kind within the US Army Dental Corps has recently been established. This team, although not directly under the control of USAIDR, will be housed within the confines of the Central Dental Laboratory which, as was mentioned earlier, is a part of the "Walter Reed" complex. Research of problems in materials and technics, will be undertaken and the group will strive to keep pace with advances in other biological and physical sciences. It is expected that research teams of this nature eventually will be placed in each Army Command.

Dental Research

Dental Research in general is conducted under two basic tasks, Combat Dentistry and Army Medical Basic Research in Life Studies. These basic tasks are divided into the following sub-tasks:

1. effects of high speed instruments on hard and soft tissues of the mouth;
2. clinical practice;
3. dental caries;
4. effects of irradiation on oral tissues;
5. epidemiology of oral tissues;
6. experimental pathology as related to oral tissues and the jaws;
7. natural history of neoplastic and non neoplastic lesions of the oral cavity and jaws;
8. periodontal disease; and
9. dental materials.

The Walter Reed Army Medical Center and particularly the United States Army Institute of Dental Research can take pride in their past achievements and are more than justified in anticipating even greater accomplishments in the future. The Royal Canadian Dental Corps takes pride in its close association with this outstanding organization.

Editor's Note:

Major Skinner's article is particularly timely in view of current plans which involve sending two of our officers to the United States Army Institute of Dental Research at Washington D.C. Major PS Sills, currently on staff at the RCDC School is expected to commence a two-year exchange posting at this Institute in August of this year. He will be replaced at Camp Borden for a like period by Major DH Newell, Dental Corps, United States Army. A vacancy is also being held for an RCDC officer to attend the 44 week course in Advanced Theory and Science of Dental Practice which begins in September.

AGED SOLUTIONS OF STANNOUS FLUORIDE

Lt Col DH Hillier, CD, DDS, MPH

Muhler and his associates at Indiana University have been responsible for much of the research with stannous fluoride and over a period of 16 years have presented a formidable amount of data in support of their conclusions that this compound is more effective than sodium fluoride as an anticariogenic agent. Comparative studies by other groups have failed to demonstrate significant superiority for either material but the value of stannous fluoride for topical application to the teeth of children and young adults is now accepted by a large number of the dental profession.

Observations made during the early studies of this material led to the conclusion that solutions of stannous fluoride are unstable, and Muhler was prompted to offer the proposal that solutions of stannous fluoride must be mixed immediately prior to their use and must contain no colouring or flavouring additives (1). These instructions have been followed closely by most clinical workers, and continue to be supported by most authorities (2-3). Shannon and his co-workers at the USAF School of Aerospace Medicine, however, have conducted laboratory studies which provide evidence that neither age nor the presence of certain additives have any significant effect on the ability of stannous fluoride to protect tooth enamel against decalcification (4-8). These findings form a partial corroboration of Morch et al (9-10) who reported that aging appeared to increase the ability of solutions to reduce acid permeability of tooth enamel.

Although the literature contains no confirmation based on clinical studies, these observations are felt to be sufficiently well documented and of such potential practical importance to warrant consideration of their clinical application. The requirement to make a fresh solution has probably never been a major problem or deterrent in the use of stannous fluoride for topical application, nor is it considered difficult for patients to accept the unpleasant taste. However, the cumulative benefits of applying stannous fluoride serially in different forms has been reported (6) and the development of such additional methods of application has been hampered by the unqualified warning that solutions must be freshly prepared. For example, a prophylaxis paste was developed by Segreto et al (11) which contained stannous fluoride as a dry ingredient. Shannon (7), in reviewing the literature relative to this type of paste, cites confirmation of a limited and unpublished study in which the RCDC found that the paste was not acceptable to the patient because of the taste and dental officers questioned its effectiveness as a cleansing agent. Muhler has recently concluded that stannous fluoride is more effective in aqueous solution than is the solid form as a component of a prophylaxis paste (12).

The findings of Shannon and his co-workers have been applied in a practical way by the US Air Force which now issues stannous fluoride to their clinics throughout the world as a stock solution which is made by combining equal parts of a 40 per cent aqueous

solution of stannous fluoride and glycerine. A small amount of peppermint-anise oil mixture is added for flavour (7). This solution is recommended for topical application when diluted with equal parts of distilled water and also, when mixed with the abrasive of the operator's choice, as an effective and acceptable prophylaxis paste. As a further demonstration of the variety of uses envisaged for this solution, its effectiveness and acceptability as a mouthwash is now under study. When used for this latter purpose, the concentration of stannous fluoride in the diluted solution is less than that present in commercial toothpastes.

The Royal Canadian Dental Corps has followed these reports with interest and is considering the adoption of a policy similar to that of the US Air Force. Although the findings on which the policy is based have not been fully confirmed, responsible authorities have never suggested that harmful effects might accrue from a failure to abide by the precautions against aged solutions. It appears, therefore, that no useful purpose is to be served by a delay in adopting the more flexible and potentially more effective method to dispense and utilize stannous fluoride. The procurement of supplies of a suitable stock solution is currently under investigation and it is intended that issue will be made to clinics in the near future.

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NEW EMERGENCY KIT APPROVED FOR THE CORPS

The RCDC will soon take into use a new Emergency Case to replace the current model which was designed during the Second World War. Although it has served well since that time, the "L" Kit, as it is still referred to by some of the older members of the Corps, could not be procured quickly and was in need of modification to reduce the cost, size, and weight and to increase versatility and ease of handling.



All these requirements have been met in the new version which is an adaptation of the standard medical haversack. Simply by reducing the number of compartments to three, the medical haversack forms a carry-all for both instruments and supplies. The only components of the kit which require a special order are two cloth instrument holders which, when filled, fit neatly into one compartment. All the supplies listed at Annex "A" to Part 7 of the Manual of Dental Services can be packed easily into the other two compartments.

SECOND ANNUAL RCDC BONSPIEL

Capt CA Casterton, CD

The largest congregation of RCDC(R) personnel ever assembled in peacetime gathered at Camp Borden during the week-end of 21-23 Feb 64 for the Second Annual RCDC Curling Bonspiel. Twenty-four rinks competed for the Wansbrough and the RCDC(R) Trophies, the latter of which was donated by the officers of the RCDC(R) and presented for competition for the first time this year.

Seven of the ten RCDC Regular Force units supplied entries, with rinks from Edmonton, Winnipeg, Churchill, Trenton, Camp Borden, Ottawa, Camp Petawawa and Metz, France. The RCDC Militia was represented again this year by No 55 Dental Unit from London, Ontario.

Competition was keen from the start, with many upsets occurring in the early rounds. By Saturday afternoon it was obvious that the "darkhorses" had gained strength in the stretch and that the championship was to change hands. Col Kearney's Edmonton rink finished strongly to accumulate the high aggregate points in their draw, "nosing-out" Maj Frank Charman's rink from Metz by a narrow margin. By the final draw only two rinks had a chance to overtake the Edmonton entry, Maj Bill Carter's team of "on-course" officers and Capt Chas Casterton's rink from the School. Maj Carter's decisive win over the School foursome provided enough points not only to win their draw but also to edge out Col Kearney's rink and take the Wansbrough Trophy by a slim margin.

Fast developing into a highly popular and most enjoyable Corps week-end, the success of this year's bonspiel is largely attributable to the fellowship and esprit-de-corps of the participants and their 40-odd supporters. The number of rinks participating was double that of last year and a very small increase next year could mean that more than half the Corps would be in Camp Borden for the week-end.

The initiative and ingenuity of those responsible for the entries from Metz, Edmonton, Shilo, Churchill and Winnipeg, added immeasurably to the success of the 'spiel. It was obvious that the calibre of curling had improved and special mention must be made of the distinctive attire of the two rinks from Trenton and of Maj Jim Wright's "beatles" from Clinton.

A very enjoyable buffet supper was served in the Curling Club Saturday evening, followed by the final draw of the bonspiel and the presentation of prizes.

HIGH AGGREGATE WINNERS AND RUNNERS-UP
RECEIVE CURLING TROPHIES AT RCDC BONSPIEL



Brigadier EM Wansbrough presents his trophy to the winning rink composed of Maj Carter, skip; Maj Andrews, lead; Maj Sivell, vice-skip; and Maj Hinch, second.



Receiving the RCDC(R) trophy from Brigadier KM Baird are the runners-up, Col Kearney, skip; Sgt Palmer, lead; Capt Mason, second; and Cpl Neill, vice-skip.

SECOND PRIZES WON BY RINKS



Colonel Covey with the winners of second prize in the first draw: Maj Charman, skip; Sgt Wood, vice-skip; Lt Col Craigie, lead; and Capt Meisner, second.

RINKS FROM ONTARIO
AWARDED THIRD PRIZES

The entry from RCAF Stn Uplands are shown with their prizes for winning third prize in the first draw: Capt Travis, skip; Sgt Jerome, second; WO2 Therrien, lead; and Maj Lauziere, vice-skip.



This well dressed group, last year's high aggregate winners from No 1 Dent Eqpt Dep, took third prize in the second draw: Ssgt Davison, skip; WO1 Fisk, vice-skip; Lt Bergland, second; and Maj Fletcher, lead.



FROM METZ AND CAMP SHILO



The rink from Camp Shilo who won second prize in the second draw are shown with Colonel Covey: Maj Bisailon, skip; Maj Faferd, vice-skip; Sgt Playford, second; and Sgt Demedash, lead.



DIRECTORATE SWEEPS CONSOLATION EVENT

The consolation prize in the first draw went to Brig Baird, skip; Maj Brusso, vice-skip; Lt Col Bagnall, second; and Col Millar, lead.



This "toothsome" group took the consolation prize in the second draw: Lt Col Evans, skip; Maj Donely, vice-skip; Maj Kettlys, second; and Lt Col Hillier, lead.

WELCOME TO THE CORPS

A cordial welcome is extended to those personnel who have recently joined the Corps and are at the following locations:

Pte	AM	Burns	-	25 COD Longue Pointe
Pte	SD	Delnick	-	Camp Gagetown
Pte	CW	Deveaux	-	HMCS Stadacona
Pte	PE	Harkin	-	Camp Gagetown
Pte	WPC	Harmer	-	Camp Borden
Pte	WEB	Liddle	-	RCAF Stn Uplands
Pte	AH	Peck	-	Griesbach Bks
Cpl	kG	Shergold	-	Griesbach Bks
Pte	DS	Smith	-	Camp Borden
Pte	PA	Timmers	-	Camp Petawawa
Pte	WE	Tweed	-	No 7 PD London
Pte	J	Van Hemert	-	Griesbach Bks
Pte	JM	White	-	NDHQ, Ottawa
LAW	JH	McDonald	-	RCAF Stn Chatham
Mrs	J	Duchesneau	-	3 Det RCAMC, Quebec City
Miss	JL	Blumes	-	HQ Man Area, Winnipeg

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PROMOTIONS

In addition to those noted in the General News section, the following members of the Corps are congratulated on their recent promotions:

Capt	JLM	Masse	-	to Major
WO1	AM	Gareau	-	to Capt
WO2	HC	Bilbey	-	to WO1(TSM)
Sgt	RG	Hopkins	-	to Ssgt
Sgt	CC	Jewson	-	to Ssgt
Sgt	KJ	Smallshaw	-	to Ssgt
Cpl	A	Schuh	-	to Sgt
Pte	RS	Black	-	to Cpl
Pte	RT	Buncombe	-	to Cpl
Pte	DW	Griffiths	-	to Cpl
Pte	LI	MacLean	-	to Cpl
Pte	H	McRae	-	to Cpl

RETIREMENTS AND RELEASES

Best wishes for the future are extended to the following personnel who have recently returned to civilian life:

Maj	CGB	Grant	Capt	JWR	Harrison
WO2	AE	Pritchard	Sgt	WK	Drawe
Pte	HL	Boring	Pte	DF	Ife
LAW	ML	Behie	LAW	JA	Keryluk
Miss	D	Bonneau	Miss	A	Greenberg

POSTINGS

The following personnel have been posted to the locations as shown:

Capt	PAA	Dailyde	-	CBU(UNEF)
Capt	L	Dombowsky	-	RCAF Station, Chatham
Capt	JML	Rochefort	-	Dental Det. Cyprus
Sgt	A	Bramble	-	CJATC, Rivers
Sgt	LG	Brown	-	Camp Gagetown
Cpl	WE	Bussell	-	RCAF Station, Winnipeg
Cpl	N	Cable	-	RCAF Station, Winnipeg
Sgt	JP	Carrier	-	1 Dent Eqpt Depot
Sgt	WF	Chase	-	CBU(UNEF)
Sgt	MD	Crockett	-	Dental Det. Cyprus
Cpl	JF	Giroux	-	Dental Det. Cyprus
Cpl	DW	Griffiths	-	Calgary Garrison
Cpl	DL	Kerr	-	Workpoint Bks, Victoria
Cpl	JP	Lambert	-	4 Fd Dental Unit
Sgt	EJ	Lansey	-	Camp Borden
Cpl	LI	MacLean	-	HQ BC Area, Vancouver
Sgt	FJ	Reid	-	CBU(UNEF)
Sgt	AF	Semple	-	DGDS, Ottawa
Sgt	G	Shechosky	-	Fort Osborne Bks, Winnipeg
Sgt	EPH	Sprathoff	-	RCAF Stn Downsview
Cpl	WL	Wylie	-	CBU(UNEF)

TRAINING

Corps personnel have recently undertaken the following training:

US Naval Dental School - Bethesda, Maryland

Capt	PP	Morin	- Complete Dentures	- 10-14 Feb 64
Capt	BG	Johnston	- Crown and Bridge	- 6-10 Apr 64

University of Michigan - Ann Arbor, Michigan

Maj	JMA	Donely	- Crown and Bridge	- 2-13 Mar 64
Lt Col	WW	Anglin	- Oral Surgery	- 30 Mar-10 Apr 64

University of Toronto

Lt Col	RE	Brown	- Endodontics	- 19-21 Feb 64
Lt Col	GE	Windsor	- Occlusal Correction	- 4-8 May 64

RCDC School - Camp Borden, Ontario

<u>Officers Casualty Care Course</u>	- 17 Feb-21 Feb 64
<u>Officers Clinical Course</u>	- 24 Feb-20 Mar 64

Maj	AG	Andrews	Maj	HE	Mckenna
Maj	WH	Carter	Maj	CJ	Sivell
Maj	AT	Hinch	Maj	LE	Kelly
Capt	KC	Chisholm	RCDC(M)	(Casualty Care only)	

Dental Assistant Group 1 Course - 6 Apr-8 May 64

Cpl	HW	Anderson	LAW	MRJM	Crevier
Pte	CSB	Heather	LAW	SJ	Kirley
Pte	ZWJ	Mitrikas	LAW	JF	MacDonald
Cpl	TA	Neill	LAW	LE	Mattatall
LAW	JN	Boucher	LAW	CJ	Olson

1 Dental Equipment Depot - Camp Petawawa, Ontario

Dental Equipment Technician Gp 3 Conversion Course-2-20 Mar 64

WO1	WD	Morris	Ssgt	JW	Hutchinson
WO2	EC	Carpenter	Ssgt	AH	Nixon
Ssgt	MF	Conkey	Ssgt	RG	Stewart
Ssgt	EMB	Everett	Ssgt	SD	Poslyuzny

Command Jr NCO Courses

A/Cpl	JB	Arsenault	Pte	NR	Highfield
A/Cpl	RS	Black	A/Cpl	WD	Horne
Pte	JAL	Boulianne	A/Cpl	LI	MacLean
A/Cpl	RJ	Forward	A/Cpl	H	McRae
A/Cpl	RA	Garnhum	Pte	JA	Strasdin
Pte	RL	Geddes	Pte	RJ	Tailon
A/Cpl	DW	Griffiths	A/Cpl	PD	Whynott

GENERAL NEWS

RCDC(R) Officer Rank Structure Submission Approved

National Defence Headquarters has announced an increase in the rank structure of the RCDC(R) which includes a position in the rank of colonel, four lieutenant colonels and eight majors. This welcome news represents the first general revision in the dental officer establishment since 1955. The undermentioned promotions will become effective as indicated, and to these officers are extended our warmest congratulations.

Promoted A/Colonel

Lt Col RB Jackson, effective 14 Apr 64.

Promoted A/Lieutenant Colonel

Maj JA Lauziere and Maj DH Protheroe, effective 14 Apr 64; and
Maj FD Charman, Maj HR Kettlys and Maj RA Fell,
effective 1 May 64.

Promoted Major

Capt RH Headley, 9 Apr 64;	Capt VM McMaster, 14 Apr 64;
Capt JF Eadon, 14 Apr 64;	Capt DR Girard, 14 Apr 64;
Capt LA Reynolds, 14 Apr 64;	Capt HK Meisner, 21 Apr 64;
Capt WR Collier, 28 Apr 64;	Capt JH Marion, 28 Apr 64;
Capt BA Gaudet, 28 Apr 64;	Capt JOL Bourget, 28 Apr 64;
Capt JY Turcotte, 28 Apr 64;	Capt JLY Cyrenne, 5 May 64;
and Capt JG Begin, 12 May 64.	

New Dental Unit Activated

On 1 Apr 64, No 1 Dental Detachment, Ottawa, was created from the five dental clinics in the Ottawa area which were formerly part of No 13 Dental Coy, Trenton. As Commanding Officer, Lt Col JC Brick is responsible to the Director General of Dental Services on matters of technical administration but for purely administrative purposes, the new unit is part of No 1 Army Administrative Unit at Army Headquarters.

Dental Section Proceeds to Cyprus

Three former members of 15 Dent Coy stationed at Camp Valcartier left Canada on 21 Mar for a tour of duty as the Canadian dental increment of the United Nations Force in Cyprus. Serving with the dental officer, Capt JML Rochefort who is originally from St. Fidele PQ are his DT Lab, Sgt MD Crockett of Charlottetown PEI, and his DA, Cpl JG Giroux of Drummondville PQ.

DIRECTORATE NEWS

Annual Unit Inspections

Brigadier KM Baird visited 12 Coy RCDC(R) from 9-13 Mar to inspect clinical facilities and to interview personnel. He was accompanied by Col RHG Cunningham, the CDO of Eastern Command.

Directorate Officers Visit Camp Borden

Brigadier KM Baird and Col IAL Millar visited Camp Borden 19-23 Feb to interview candidates on course at the School and also to partake in the Second Annual Bonspiel. Col Millar returned to Camp Borden on 12 Mar for the inspection of Corps Schools by Major-General JV Allard.

Lt Col GC Evans was the Corps representative at the DMT Training Conference on summer training plans held at Camp Borden 17-19 Feb 64.

Annual Inspection of Militia Dental Units

The inspection of those RCDC Militia units taking part in the General Efficiency Competition is being conducted this year by Lt Col GC Evans. It is intended that the winners of the various trophies will be published in the next issue of the Quarterly.

Mid-Winter Convention

Lt Col GC Evans represented Brig KM Baird at the 99th Mid-Winter meeting in Chicago 2-5 Feb 64.

Major JG Andrews

It is with extreme sorrow that the sudden passing away of Major JG(Jim) Andrews is recorded. Having retired from the Corps last June after a career in the Corps which began in April 1941, Major Andrews had only recently established himself in private practice in Toronto.

Our sympathy is extended to Mrs. Andrews and her four children who reside in Thornhill, Ontario.

11 DENT COY NEWS

New Clinic at Cold Lake

With a considerable feeling of satisfaction on the part of all concerned, the new clinic at RCAF Station Cold Lake was opened on 9 Mar 64.

Western Command Bonspiel

The Bonspiel was held in Edmonton on 2-5 Apr and once again attracted competitors from various parts of the Command. RCDC personnel participating included Lt Col Richardson and Sgts McKay, Christiansen and Moore plus many of the local residents. Among the prize winners were Col Kearney, Major Sivell, Capts Mason and Morin and Sgt Christiansen.

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12 DENT COY NEWS

Major CGB Grant Retires

An all ranks farewell party was held on the occasion of Major Grant's retirement and also to wish bon voyage to Major Phil Quinn who has returned to Vancouver after serving in HMCS Bonaventure.

Atlantic Command Bonspiel

A last minute entry for this issue of the Quarterly contains the good news that Capt Jack Quackenbush and his Stadacona rink won the Atlantic Command Curling Championship.

Eastern Command Bowling Championship

Captain BG Johnston of Gagetown won the high average and also the "High Three" title with 856 pins. Ssgt Wentzell and Cpl Martell were members of the Halifax Garrison team which won second place in the event.

13 DENT COY NEWS

Dental Society Meeting

On 29 Jan 64, approximately 25 members of the Bay of Quinte Dental Society met in the Officers' Mess at RCAF Station Trenton. The program included a discussion of Group Insurance by Mr. WE Jackson of the Royal College of Dental Surgeons of Ontario, a talk on the employment of Technical Dental Therapists by Lt Col CM Cornish and a showing of films covering various procedures in Oral Surgery.

Sports

Capt EW Gazo has recently been appointed coach of the Cdn Guards basketball team.

QMS(WO2) EE Mazerall officiated as a judge at the Eastern Ontario Area Boxing Finals at Camp Picton 17-18 Feb 64, and at the Central Command Boxing Championships held at Kingston from 25-27 Feb 64.

Congratulations are offered to the rink from No 2 Clinic, who won the Carling Trophy in the final bonspiel of the season at RCAF Station Clinton.

1st Clasp to CD



Sgt MA Craig was recently awarded the 1st clasp to his CD. He is shown above with Major JJN Wright, S/L ME Traxler and G/C KR Greenaway, CO RCAF Station Clinton.

14 DENT COY NEWS

Opening of Manitoba Legislature

The opening of the Manitoba Legislature on 6 Feb 64 was attended by Lt Col RB Jackson who served as a member of the Tri-Service Senior Officers Escort to the Lieutenant-Governor of Manitoba.

Handover Ceremony - Fort Churchill

Lt Col RB Jackson represented the Commander, Manitoba Area at the official handover ceremony in Fort Churchill on 31 Mar 64, at which time that Army installation was turned over to the Department of Public Works.

Sports

The Unit Bowling League has had a successful season and a gala windup banquet was held on 18 Apr 64.

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15 DENT COY NEWS

Farewell Party

Thirty members of 15 Dent Coy assembled at the Recreation Hall, 25 COD Longue Pointe, 29 Jan to honour Capt JWR Harrison on the occasion of his release from the Corps. Lt Col JG Butler presented "our Adjt" with a farewell gift on behalf of the personnel of the unit, to which Jack very loquaciously replied. We sincerely wish Jack and Polly continued good health and happiness in the years ahead. A special vote of thanks is extended to Maj HE McKenna and all the personnel at 2 Clinic for arranging the accommodation and buffet supper.

UN Standby Bn

A Dental Processing Team from No 8 Clinic at Camp Valcartier worked day and night to complete the necessary documentation and treatment for the UN Standby Battalion prior to their recent departure for Cyprus. We wish Capt Rochefort, Sgt Crockett and Cpl Giroux, who form the Dental Increment to the Battalion, a short and pleasant tour of duty.

Sports

WO2 Ed Moore won the High Average in the HQ Quebec Command Duck Pin Bowling League. Now for the playoffs.

Personnel

Major AR Ramsay attended the 99th Mid-Winter meeting of the Chicago Dental Society 3-5 Feb 64.

Report from Goose Bay

The Goose Bay Winter Carnival, otherwise known as "Little Armsbrooke", was a big success with all personnel of the clinic joining in the fun and games. Curling is back in full swing. Capt Begin was runner-up in the All-Night Bonspiel, and together with Capt Parent, Ssgt Robertson and Sgt Innis, has entered the forthcoming Family and Novelty Bonspiels.

Those members of the clinic staff who are being posted out of Goose this year are looking forward to the move from isolation back to the hard and rugged ways of civilization. On the other hand, LAW Gruener must have the "Goose Spirit" since she requested and has been granted a year's extension on the station.

The ice fishing has been good this year. Winter, however, closed in too fast for us and caught us napping, with the result that we could not get our fishing shack installed in time. Major Fell and his staff are all anxious for the Spring thaw when the cry will be "All hands on deck, stand by to get under way", and another adventuresome cruise on the WILMADOR will have begun.

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RCDC SCHOOL NEWS

Liaison Visit

Colonel GR Covey, accredited Liaison Officer to the Medical Field Service School at Fort Sam Houston Texas, returned to Camp Borden on 7 Mar 64 after spending a very informative week with Colonel Clare T Budge, the Director of Dental Science, and his colleagues at the School. Among the many highlights of the visit was the commissioning of Col Covey as an Honourary Citizen of the State of Texas, conferred on him by General Snider on behalf of Governor Connolly.

Visitors

Major General JV Allard, Major General Survival, accompanied by the Director of Military Training, Colonel W Milroy, and the Camp Commander, Brigadier WJ Moogk, visited the School on 12 Mar 64. General Allard was most interested in the training being conducted and spoke briefly to several candidates during his tour.

Golf

The Second Annual Corps Tournament will be held in Camp Borden on 25-26 Sep 64. Plan now to attend this 36-hole "TOURNAMENT OF POTENTIAL CHAMPIONS."

Curling

After a year's absence, two trophies were returned to the School Library during March. The Corps Bonspiel Champions, skipped by Maj Carter, took to the ice to add the Challenge Trophy to their award list, while the School rink, skipped by Capt Casterton were just as determined to retaliate for their defeat by this same rink in the Corps Bonspiel. The School was victorious although the outcome was in doubt until the last rock. This trophy is competed for annually between the Officers Clinical Course and the Officers of the School.

The Garth C Evans Trophy, for annual competition between the officers of the RCDC School and CFMS Training Centre, was returned by the 17 to 15 win of the School rinks skipped by Lt Col Thompson and Maj Sills.

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4 FD DENT COY NEWS

Accommodation

The renovation of the laboratory at Fort Chambly is nearing completion and an excellent job has been done in constructing new work-benches and cupboards. Besides providing space for all of the lab equipment, the new accommodation will be adequate to employ three or four technicians.

Special Events

A dental professional meeting was held on 30 Jan 64. Interesting papers were presented by Capt JF Eadon on "The Evaluation of the GA Patient", by Capt WR Collier on "Pin Amalgam Technique", and Major DJ MacPhee on "A Case Presentation".

A similar meeting was held at Fort Beausejour on 5 Mar 64. Surg Cdr JS Simpson spoke on "Occupational Hazards in Dentistry in Relation to Orthopedic Medicine".

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35 FD DENT UNIT NEWS

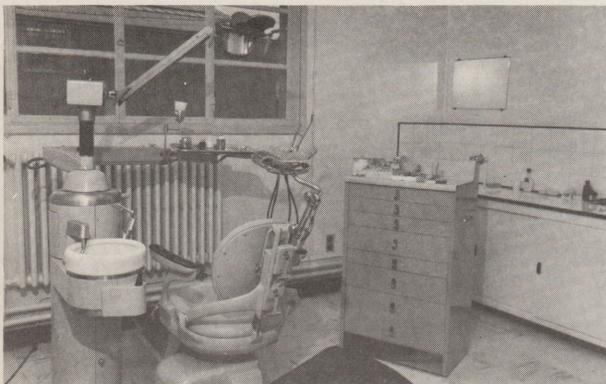
Professional Meetings

Lt Col LG Craigie and Capt JH Marion attended the March Study Club Meeting of the 767 Medical Detachment(DS), US Forces, held at Nancy, France on 20 Mar 64. One of the subjects was "Helpful Hints on Partial Denture Prosthesis", presented by Lt Col Harold E Naegeli DDS, of the US Army Dental Corps.

No 1 Clinic 1 Wing, Marville, France

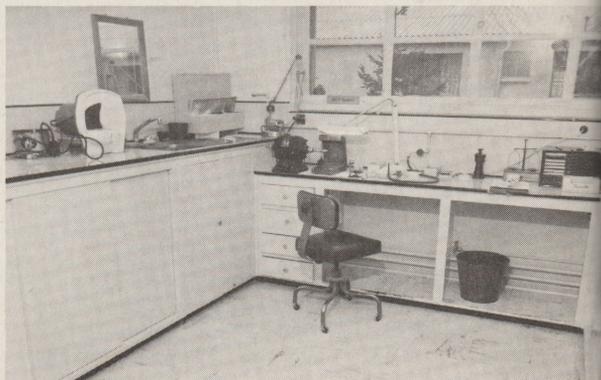
For many years the dental clinic at 1 Wg Marville, France was situated in the RCAF hospital and although this arrangement produced good relationships between the dental and medical staffs, the clinical accommodation was inadequate. Numerous efforts to improve this situation were fruitless until last year when authority was obtained to build a new clinic, using an existing building in a good state of repair, for this purpose.

In Sep 63 the necessary funds were made available and, after a slow start, the tempo of construction increased rapidly. Moving day was carried out with a minimum of fuss and the few problems encountered were quickly resolved. The new clinic was in full operation by 14 Jan.



The spacious accommodation and new equipment are shown in this view of Maj Susser's operating room of the new clinic. Note the built-in cupboards and counter area.

This bright and well-appointed laboratory provides Sgt Marchand with the best of working conditions at No 1 Wing.



We now have a large, bright, clinic that contains three operating bays, waiting room, office and orderly room, recovery room, x-ray and dark room, laboratory and store room. All operating rooms are equipped with surgical sinks, built-in cupboards and working places. Major IW Susser and his staff at 1 Wg are delighted with their new surroundings and equipment and they feel that their clinic is second to none in the Corps.

CBU(UNEF) NEWS

Special Events

In January the Adjutant General, General WAB Anderson, visited Camp Rafah and inspected the Dental Clinic. The RCDC were represented on the ceremonial parade by Sgt Sapergia, Lsgt McDonald and Cpl Vandervaart, while Major Pyne, Capt Cyrenne and Capt Paturel were in the reviewing stand.

Leave and Tours

January to March are dreary months in the Middle East and every one has taken the opportunity to go on leave. Maj Pyne went to Jerusalem during February and came back loaded with literature, the reading of which should help pass many more evenings. Capt Paturel spent twelve days in Europe, and claims to be an expert on where not to sleep in Athens. Capt Cyrenne toured the UNWRA establishment in early February and later that month Ssgt Roberts, Sgt McDonald and Cpl Vandervaart enjoyed a week in Cairo. In March, Cpl Johnson also visited Cairo while Sgts Chase and Sapergia accompanied a convoy to Port Said, where they made several purchases and saw the sights.

VITAL STATISTICS

Births To: Maj and Mrs JJN Wright, RCAF Stn Clinton, a daughter;
Capt and Mrs JPP Prud'homme, Camp Valcartier, a daughter;
Sgt and Mrs WA Bennett, DGDS a son;
Sgt and Mrs A Bramble, CJATC Rivers, a daughter;
Cpl and Mrs RT Huncombe, DGDS, a son;
Cpl and Mrs GN Fathers, Camp Borden, a son;
Cpl and Mrs DE Fraser, Camp Borden, a daughter;
Cpl and Mrs AW Hussey, HQ Montreal, a daughter;
Cpl and Mrs RL Lindsay, London, a son;
Sgt and Mrs KP Shappee, Vedder Crossing, a son; and
Cpl and Mrs GM Wadden, HMCS Stadacona, a son.

Marriages: LAW DJM McNichol, 35 Fd Dent Unit, to LAC Gagnon; and
LAW DA Turner, 35 Fd Dent Unit, to LAC Titus.

Deaths:- Sympathy is extended to the following members:

Capt JCRR Roy, who recently suffered the loss of his mother;
Capt JRA Vincent, whose mother passed away;
Sgt MP Foley, whose father passed on after a lengthy illness;
WO2 and Mrs Abernethy, whose infant son, born 27 Jan 64,
passed away on 15 Feb 64; and
Cpl A Pink, who suffered the loss of his father on 26 Mar 64.

