The ROYAL CANADIAN DENTAL CORPS Quarterly

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THE RCDC QUARTERLY

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Cover Photograph

Class of Third Phase Candidates of the Dental Officers Subsidization Plan with Col GR Covey, Commandant and Lt Col JW Turner, Chief Instructor at the main entrance of the RCDC School, Camp Borden.

PERIODONTAL PROGNOSIS 1964

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I. Introduction:

This contribution is based on the very realistic assumption that in your clinic one morning appears a patient, Lieutenant X, who knowingly or unknowingly, has a periodontal condition of a chronic, destructive nature. It is unnecessary at this point to list or to say more of the specific signs and symptoms of his case. Our primary concern here is rather a consideration of those criteria which should be applied in answering the question which sooner or later will arise in the mind of the Lieutenant, (if not in your own). His ultimate question will probably be voiced in words such as these: "How long can I expect to keep my teeth?" Now this is one of those questions, which in order to be answered fully and correctly, requires additional qualification, and in this instance, the full question should probably read: "Assuming I undergo treatment, how long can I expect to keep my teeth in a reasonable state of health, with a minimum of discomfort, and with at least acceptable function and appearance?"

All of this may be consolidated into one word, namely "prognosis" which is defined in Dorland in these words: "a forecast as to the probable result of an attack of a disease; the prospect as to recovery from a disease afforded by the nature and symptoms of the case." To this definition may be appended the relevant statement of Glickman, "as well as the reasonable expectation of the disease's response to treatment."

It is readily apparent that prognosis of any kind is synonymous with "prophecy" and the role of the prophet has always been a precarious one, regardless of whether he operated in the days of the Old Testament or whether he operates in the environs of today's racetracks. However, the game is made less hazardous if one adheres to the well-known military admonition that "time spent in reconnaissance is seldom wasted", and indeed much of the remainder of this submission concerns itself with a reconnaissance of those points which can be applied with profit to the case of Lieutenant X, before giving him an answer to his question.

Before proceeding to the prognostic criteria which should be applied to the periodontium, it is necessary to differentiate between "comprehensive prognosis", (overall prognosis), and "individual prognosis", (prognosis for each component tooth).

In recording the comprehensive prognosis then, one speaks in terms which most accurately describe the entire mouth or at least one arch, while in recording the individual prognosis one singles out the individual tooth (or teeth) which may have a poor prognosis and which consequently will have to be sacrificed. This distinction between "comprehensive prognosis" and "individual prognosis" is emphasized at this point simply because it is felt the word "prognosis" is frequently used indiscriminately and as a result, it is used incorrectly.

Then too, there is a need in any dissertation on the subject of periodontal prognosis to distinguish between "objective" and "subjective" factors. In this context, objective factors are considered to be those which deal with the clinical, radiographic, and/or laboratory findings of the case, while subjective factors are considered to reflect the "feelings" of the patient or the dentist on the case and on its treatment. In few other areas of present day dental practice are subjective factors more significant than in periodontal prognosis.

A word should also be said in this preamble about the aforementioned definitions of Dorland and Glickman and their application to periodontal pathcses. Dorland uses the word "recovery", and the rather pessimistic point must be made that if recovery is taken to mean "a return to completely ideal normal form, function, appearance, and health", then in the majority of cases of chronic destructive periodontal disease, that sort of recovery is impossible. This is particularly so in relation to form and appearance. However, if "recovery" means primarily "a return to normal function", then the picture becomes much brighter, for "the reasonable expectations of the disease's response to treatment", (to quote Glickman), will include in many instances, a return to normal utilization, function, and health, if not a return to ideally normal form and appearance. The distinction is one which it is propitious to make in any preliminary discussion with the patient because he may be expecting the treatment to produce, or to result in, no anatomical or aesthetic deficiency whatsoever. Unfortunately, in many cases, such an expectation is a groundless hope, in the light of knowledge and methods of treatment presently available to us.

II. Subjective and Objective Questions and Points of Importance in Prognosis

With all the foregoing in mind, it is possible now to proceed to a listing, (with an accompanying brief narrative where appropriate), of those questions and points which we should ask either ourselves or Lieutenant X, before arriving at a decision on his periodontal prospects. These matters will be presented under the following headings:

A. Subjective Questions of Importance in the Prognosis.
B. Objective Points of Importance in the Prognosis.
C. Summary of the Objective Questions of Primary Interest.

A. Subjective Questions of Importance in the Prognosis

1. Am I, the dentist, an advocate of periodontal treatment generally?
2. Do I feel competent to render the treatment indicated in the case?
3. Does the patient fully understand and appreciate the problems and aims of periodontal treatment?
4. When he is in full possession of the facts, is the patient's attitude still firmly positive toward the retention of his natural dentition (in a state of reasonable health)?

5. Will the patient be available both for concentrated treatment and for regular and rather frequent recall?

THE MORE AFFIRMATIVE REPLIES, THE BETTER THE PROGNOSIS.

B. Objective Points of Importance in the Prognosis

1. The examination of the case

(a) the more careful the examination procedure, the BETTER the prognosis x

Note:

(1) the more adequate the physical armamentarium, the better should be the examination,
(2) this armamentarium involves such items as a good light source, a satisfactory periodontal probe, a good diagrammatic chart and a set of meaningful symbols.

2. The diagnosis of the disease

(a) the more accurate the diagnosis, the BETTER the prognosis x

Note:

(1) aids to accurate diagnosis include such items as a good classification of disease, sound diagnostic criteria, and an ability to interpret the examination data and correlate them with the diagnostic classification.

3. The amount, the pattern and the type of bone loss

(a) the greater the bone loss, the poorer the prognosis
(b) the more clearly demarcated the bone loss, the BETTER the prognosis.

x Generally speaking when the phrase "the BETTER the prognosis" is used in this paper, it really means "the MORE FAVOURABLE the prognosis". However, an interesting paradox or ambiguity emerges in 1 (a) and 1 (b), in that a thorough examination should lead to a more accurate diagnosis and subsequently to a more sound treatment plan. This in turn should contribute to a more favourable prognosis. On the other hand, though, the same thorough examination and accurate diagnosis may also establish the fact that the prognosis for a given tooth or arch, is in reality, poor, and nothing can alter this fact. On this basis then the careful examination and the accurate diagnosis cannot be said always to confer a better or more favourable prognosis.

(c) the better the correlation between bone loss and etiology, the BETTER the prognosis

Note:
(1) the roentgenogram tells only "half the story", as the tooth frequently obliterates much of the facial and lingual bony picture

(2) while vertical bone loss decreases the possibility of satisfactorily obliterating a co-existent pocket, it does not adversely raise the centre of leverage as does horizontal, circumferential bone loss: therefore both patterns should be judged on an individual basis
(3) the possible variations in roentgenographic techniques should be evaluated before drawing conclusions on bone loss
(4) definite prognostic rules on amount of bone loss should not govern all cases (i.e. 1/2 bony support lost, tooth must be extracted - this is not a sound clinical rule)
(5) the alveolar crest is an important point to note in determining the progress and the activity of the disease as is also the diameter of the periodontal membrane space.

4. The activity of the disease

(a) the more active the disease process, the poorer the prognosis

Note:
(1) the use of serial records, roentgenograms and models in this regard is advocated
(2) the importance of retaining past records for this purpose is emphasized
(3) the state of the alveolar crest, the periodontal membrane space and the alveolar bone proper (lamina dura) should be noted

5. The amount and type of inflammation

(a) the more pronounced the inflammation (within reason) the BETTER the prognosis
(b) the more sharply demarcated the inflammation, the BETTER the prognosis

6. The state of the oral hygiene

(a) the better the present oral hygiene, the BETTER the prognosis

Note:
the state of the oral hygiene is frequently an indication of the patient's appreciation of dentistry, of dental care and of his interest in himself, although at the same time, simultaneous presence of good oral hygiene and presence of chronic destructive periodontal disease are discouraging.

7. Etiology

(a) the more conspicuous the etiology, the BETTER the prognosis
(b) the more local etiology present, the BETTER the prognosis
(c) the better the correlation between local etiology and the destructive process, the BETTER the prognosis
(d) the greater the possibility of removing the etiology, the BETTER the prognosis

Note:
(1) periodontal etiology is seldom single
(2) a "cause and effect" relationship should always be sought and its discovery enhances the therapeutic possibilities of the case

8. The incidence, type and pattern of pocket formation

(a) the greater the pocket area (on tooth or teeth), the poorer the prognosis
(b) the deeper, the more narrow, and the more tortuous the pocket, the poorer the prognosis
(c) the greater the ulceration of the pocket wall, the poorer the prognosis

Note:
(1) a distinction is made between "true" and "pseudo" pocket formation depending on the site of the epithelial attachment on the tooth at the bottom of the pocket
(2) the amount of pathology in the adjacent soft tissue is presently regarded as being of as much clinical significance as the actual pocket depth
(3) a complication is added if the labial (or lingual) pocket is so deep as to extend beyond the attached gingiva and involve the adjacent muco-buccal fold (or the floor of the mouth)
(4) the "intra-bony" pocket lends itself to any attempt at re-attachment much better than does the gingival pocket
(5) the"gingival" or "supra bony" pocket lends itself to uncomplicated surgical eradication much better than does the intra-bony pocket

9. The involvement of the bifurcation or the trifurcation

(a) the deeper the bi - or trifurcation involvement, the poorer the prognosis
(b) the wider the root "flare" from the bi - or trifurcation, the BETTER the prognosis
(c) the higher (or lower) the vestibular roof (or floor), the BETTER the prognosis
(d) the more solitary the affected tooth, the BETTER the prognosis

Note:
(1) <u>all</u> bi - and trifurcation involved teeth should not be condemned "per se", as has been the inclination in the past
(2) nevertheless, the treatment of teeth with such involvements should be undertaken reservedly and the placement of <u>extensive</u> restorations is <u>usually</u> contra-indicated in teeth so affected

10. The mobility of the tooth

(a) the more mobile the tooth, the poorer the prognosis

Note:
(1) determine the cause of tooth mobility and whether the cause can be removed; there are several causes such as extrinsic stress, occlusal prematurity, lack of bony support and even therapeutic procedures; some of these can be removed easily
(2) because of the variation in cause of mobility, it is not sound to condemn a tooth solely because it displays an arbitrarily selected degree of mobility (+, ++ or +++)
(3) however, when a tooth may be depressed in its alveolus, the outlook is hopeless

11. The state of the occlusion and the musculature

(a) the better the occlusion, the BETTER the prognosis
(b) the more centric and eccentric prematurities which can be removed by selective grinding, the BETTER the prognosis
(c) the more harmoniously flat the incisal guidance (anteriors) and cuspal inclines (posterior) are or can be made by grinding and/or by restoration, the BETTER the prognosis
(d) the more teeth there are in occlusion in full centric closure and in protrusion excursion, the BETTER the prognosis x
(e) in lateral mandibular excursion, the more teeth there are in occlusion on the functioning side and the fewer teeth there are in occlusion on the non-functioning (balancing) side, the BETTER the prognosis (certain exceptions to this rule however) x
(f) the greater the possibility of decreasing adverse functional loads and their direction of application, the BETTER the prognosis (of affected teeth)

12. The presence of deleterious oral habits

(a) the fewer the deleterious oral habits, the BETTER the prognosis
(b) the greater the probability of breaking these habits, the BETTER the prognosis

Note:
(1) included herein such things as sucking, biting and chewing the tongue, cheek, lips and extraneous objects, clenching and grinding of the teeth

x While the term "the more teeth there are in occlusion..." is used in both (d) and (e), in reality it would be more correct to say "the more points of teeth there are in occlusion..." In this interpretation, points of opposing teeth should contact one another in preference to broad surface contacts (i.e. facets). Judiciously grinding the borders of a facet will usually produce the more desirable point to point relationship.

(2) the use of tobacco is another habit which may act as a local factor in periodontal etiology and disease: it is not generally regarded as an oral habit, however

13. The functional demands on the affected tooth

(a) the less the future functional demand upon the tooth, the BETTER the prognosis
(b) the greater the possibility of decreasing adverse functional loads and the direction of their application, the BETTER the prognosis

Note:
(1) a periodontium which has undergone chronic destructive periodontal disease seldom shows improvement when it is subjected to increased function - even after "successful" therapy
(2) special care should be exercised in appraising the pericdontal status of teeth adjacent to an edentulous space
(3) the decrease in adverse loading and direction thereof may be achieved through selective grinding and/or restorative dentistry (see footnote under 11 (e) and (d)).

(4) the wisdom and the necessity of adequately splinting these teeth should be obvious

14. The aesthetic demands on the affected tooth

(a) the greater the aesthetic demand on the tooth, the poorer the prognosis

Note:
(1) the need for aesthetic consideration imposes an undesirable element of compromise in many treatment procedures

15. The form of the affected tooth and gingiva

(a) the larger and longer the clinical root surface, the BETTER the prognosis
(b) the smaller and shorter the clinical crown (in relation to the clinical root), the BETTER the prognosis
(c) the more ideal the occlusal and proximal tooth form, the BETTER the prognosis
(d) the wider the band of attached gingiva, the BETTER the prognosis

Note:
(1) the assumption here is that the larger clinical root will present a greater area for bony attachment, and for support to that root through the medium of the periodontal membrane
(2) in addition, the longer the clinical crown, the longer will be the undesirable coronal lever arm and the shorter will be the desirable root lever arm
(3) the tapering root is not as desirable as is the bulbous root

16. The position of the affected tooth

(a) the better aligned the tooth in the arch, the BETTER the prognosis
(b) the closer together the roots of adjacent affected teeth, the poorer the prognosis
(c) the better the proximal support through proper tooth contact points, the BETTER the prognosis

Note:
(1) continual food impaction and difficulty in maintaining oral hygiene are problems created by tooth malposition
(2) when the roots of affected teeth are in close approximation, there is less interradicular bony support

17. The presence of other dental disease

(a) the more prevalent and the more active the other dental diseases, the poorer the prognosis

Note: this point refers particularly to co-existent caries and/or periapical lesions.

18. The present and future status of the restorative dentistry

(a) the better the quality of present (and future) restorative dentistry, the BETTER the prognosis

18. (b) the greater the possibility of inserting fixed partial denture prosthesis in edentulous areas, the BETTER the prognosis

Note:
(1) in practice, the fixed appliance is generally preferable, if for no other reason than it usually involves far less compromise with the ideal
(2) the past restorations of the patient often are of value in evaluating cases for treatment as they provide a fair index of past dental services and appreciation thereof

19. The general health of the patient

(a) the better the patient's general health, the BETTER the prognosis

Note:
(1) this section includes a myriad of systemic derangements such as debilitating diseases, clinical and subclinical dietary and nutritional deficiencies, endocrinopathies, psychosomatic states, inherent, congenital or familial weaknesses
(2) attempts to correlate certain periodontal diseases with specific systemic conditions or derangements have been disappointing to date
(3) the "chronically ill" patient is not a good periodontal risk

20. The age of the patient

(a) the younger the patient, the poorer the prognosis in CHRONIC DESTRUCTIVE PERIODONTAL DISEASE

Note:
(1) this apparently paradoxical statement is based on the belief that the young patient who evidences chronic destructive disease also evidences a lack of resistance to the pathogenic process at an age when resistance to attack should be high
(2) acute inflammatory conditions are much more prevalent in the young than they are in the adult: prognosis in these acute conditions is good
(3) chronic degenerative diseases are rare in childhood

21. The reaction to initial simple treatment

(a) the more favourable the reaction to initial treatment, the BETTER the prognosis

Note:
(1) there is considerable merit in embarking on a program of mild, non-time consuming therapy with the idea of critically observing the result; an unfavourable result would probably rule out further treatment

Note:

(2) under the foregoing regimen, a dramatic return to a more normal gingival color, gingival contour and gingival density would indicate favourable response, as would diminution of haemorrhage, mobility and pain; marked diminution of "true" and long-standing pocket depth is not likely under the suggested regimen however

22. The rate and type of deposition of accretions and concretions

(a) the more rapid the deposition of calculus and stain, the poorer the prognosis
(b) the more tenacious the calculus and stain, the poorer the prognosis

Note:

(1) this rapid deposition may be due to one or more of a series of unfavourable circumstances; it may be due to extrinsic and/or inherent factors; in any event the end result is not good for the periodontium
(2) the amount and location of concretions and accretions along with some knowledge of the patient's previous professional history can be most revealing and helpful in determining treatment plans and prognosis

C. Summary of the Objective Questions of Primary Interest

1. Is the amount and pattern of destruction minimal to moderate?
2. Is the disease in a passive state?
3. Is recognition and removal of the etiology probable?
4. Does the local etiology correlate with the pattern of disease and destruction?
5. Are the foreseeable demands on the tooth (or arch) reasonable?

THE MORE AFFIRMATIVE ANSWERS, THE BETTER THE PROGNOSIS

III. Summary and Conclusion:

Of all the responsibilities in the field of clinical periodontology few are more difficult or rewarding than the successful prediction of the outcome of treatment. This success can usually be achieved only by a prior and thorough study of all the inter-related objective and subjective findings in a case. As an aid to this study, a series of points and questions of prognostic interest have been listed and discussed briefly herein. Some attempt has been made to assign priorities in these matters and it is felt that the judicious use of the five objective and five subjective questions can frequently provide an honest answer to the overriding query so often made in everyday practice, "How long can I expect to keep my teeth?"

DENTAL OFFICER SUBSIDIZATION PLAN TRAINING

SUMMER PRACTICAL PHASES

O/Cdt S.H.B. Crackower
Lt-Col S.G. Bagnall, CD., D.D.S.
Lt-Col D.H. Protheroe, DFC., CD., D.D.S., MPH.

PHASE I

On the 3rd of June 1964, twenty-seven dental officer cadets representing the seven dental schools in Canada arrived at the Royal Canadian School of Infantry, Camp Borden for an extensive ten-week basic training course.

The main objectives of the course were to develop leadership qualities and physical fitness. To help meet the latter, every morning at 0550 hours the cadets were hurried outdoors for exercises which at the least proved successful in making everyone aware of the new day.

Early in the course the cadets began training for a six mile forced march which, along with rifle classification, gave them an opportunity to compete for the Commandants' Trophy. During this march the instructors and officers were able to assess the stamina and leadership of the Cadets in getting the platoon to the finish line. The dental platoon completed the march in seventy-five minutes having no drop-outs. Needless to say, the staff was pleased with this demonstration.

As a part of training the cadets were given instruction in handling and firing of several weapons. Among these were the FN Rifle C2, sub-machine gun and Browning automatic pistol. Many cadets had never fired before coming to the Infantry School but classified satisfactorily with a minimum of practice.

O/Cdts: DGJ Chaussee, PA Wood, DL Poy
Ssgt Walters (Instructor RCS of I)

Another important feature of the training was Fieldcraft in which instruction was given in personal camouflage and concealment, judging distance, fire control orders, obstacle crossing, movement by day and night, stalking, night observation and sentry duty.

A part of the course relating to map reading and use of the compass gave the cadets the opportunity for actual application of instruction such as assessing shape of ground, giving and reading grid references, measurement of distances and the taking of bearings.

O/Cdt T.J. Erskine
University of Alberta

Honour Cadet-Phase I

Track and field sports were the main extra-curricular activities enjoyed by cadets. In a number of events camp and school records were broken by the dental participants bringing honours to the Royal Canadian School of Infantry as well as themselves.

Towards the termination of this ten-week arduous programme two field exercises "Wind Up" and "Red Gauntlet" were held. Each was designed to assess the cadets practical application of the instruction presented.

As the cadets looked back on this military training they were able to recognize its true value. These cadets had successfully proven their merit in fulfilling all tasks that were assigned. They developed a sense of loyalty to their leaders and assumed responsibilities which they carried out with alacrity and enthusiasm. They could be justly proud of doing a fine job in developing within themselves the qualities befitting a Canadian Army Officer.

PHASE II

The summer program for second practical phase training is designed to familiarize candidates of the Dental Officer Subsidization Plan with the role and organization of the Royal Canadian Navy and the Royal Canadian Air Force and to initiate their training in military dentistry. This ten-week period is divided into three parts in order that the cadets have the opportunity to receive instruction from RCN and RCAF personnel. Training for this summer was arranged to include three weeks with the RCAF, a three-week course in Camp Borden at the RCDC School, and the remaining time with the RCN at HMCS Cornwallis and HMCS Stadacona.

For the second consecutive year the RCAF indoctrination training was conducted at 1 Air Division in Europe. This opportunity to see the operational side of the RCAF under active service conditions awarded the dental officer cadets with an unforgettable experience.

The tour for this past summer was preceded by a lecture series at the RCDC School in Camp Borden. The initial briefing was conducted by the RCAF and included lectures on the organization and administration of the RCAF along with tours of RCAF Station Camp Borden and the Institute of Aviation Medicine in Toronto. This preparatory groundwork gave the candidates the necessary background to enable them to understand and appreciate more completely the composition and role of the Air Division.

On Monday the 8th of June the group consisting of 15 officer cadets and Lt-Col Bagnall, the Conducting Officer, proceeded to RCAF Station, Trenton for the overseas flight by Yukon aircraft to 1 Wing RCAF Station, Marville, France, arriving mid-morning on the 9th of June.

O/Cdt J.E. Stansfield
University of Toronto

Honour Cadet-Phase II

Arrival of Phase II Cadets
In France

The following day the group travelled to 1 Air Division Headquarters in Metz for a briefing of 1 Air Division organization and its role within the structure of NATO. Group Captain RL Denison DFC, CD, representing the AOC, A/V/M DAR Bradshaw, extended a cordial welcome.

For the next few days instructional programs with respect to the coordination between the various sections and their functions were arranged at 1 Wing in Marville, France and 3 Wing in Zwiebrucken, Germany. At this time the CF 104 aircraft was shown and explained in detail. The instruction was informal with ample time to see the CF 104 in various stages of assembly including routine flying operations.

The remaining time was used for travel and sightseeing. A one day tour of the Verdun battlefields provided a highlight of the trip. The RCAF Education Officer from 1 Wing accompanied the group for this particular day and vividly portrayed the history of this well known World War I battle area.

A memorable bus tour including visits to six different countries was arranged by Lt Col LG Craigie, the Commanding Officer of 35 Field Dental Unit. The tour started from Marville, France, to Luxembourg and then on to an overnight stop in Heidelberg. Following a tour of this historic city the next day the group travelled on to Munich with a side trip to Dachau to visit that infamous World War II extermination camp.

A two day stop in Munich gave everyone the opportunity to see a great deal of the city and to visit well known places. Following the stay in Munich, overnight stops were made in Garmisch-Partenkirchen, Bavaria, Innsbruck and Felkirch in Austria. Vaduz, the capital city of Liechtenstein was visited while enroute to Zurich, Switzerland. After spending the night on the outskirts of Zurich the group returned to Marville.

The entire tour was unique experience and it would appear, from the comments of the cadets, that there should never be a shortage of volunteers seeking to serve with our dental units in the Brigade Group or the Air Division in Europe.

The tour ended with the return trip from Marville, France to RCAF Station, Trenton on the 26th of June. After a rather slow flight, due to heavy headwinds and a violent thunderstorm, the tired group was met in Trenton by Col AT Roger, CO of 13 Dental Coy, at 0130 hrs on Saturday June 27th.

For the second part of the summer training, 29 June - 17 July, a formal course was conducted at the RCDC School. This time was about equally divided between practical laboratory and clinical procedures plus lectures on pertinent RCDC subjects.

From Camp Borden the cadets proceeded to HMCS Cornwallis, the new entry training base in Nova Scotia, for two weeks practical and theoretical training with the RCN. The last week of training, including a day at sea, was in HMCS Stadacona, Halifax, following which, the cadets returned home prior to start of fall studies at their various universities.

This second phase training program provides the cadets with an informative, and interesting summer and gives them an opportunity to see the RCN and RCAF performing their respective operational roles, prior to serving with either of these services or the Army following graduation.

PHASE III

Third phase summer training for dental undergraduates enrolled in the Dental Officer Subsidization Plan was conducted in two parts at the RCDC School, Camp Borden. Part One, which consisted of clinical and dental survey training, was carried out during the month of June. Part Two, which was a formal course in military and clinical subjects was held in July.

Candidates attended from all Dental Faculties except the University of British Columbia with eight from Dalhousie University, three from the University of Montreal, one from McGill University, two from the University of Toronto, two from the University of Manitoba and seven from the University of Alberta.

Part One (1 Jun - 3 Jul 64)

A challenge was presented to the RCDC School Training Wing Officers because of conflicting courses. However, difficulties often inspire the development of improved plans, such was the case for third phase training.

The objectives of the Part One training were threefold:

1. To provide candidates with experience in performing clinical dentistry in the RCDC.
2. To provide candidates with practical experience in the newer concepts of employing auxiliary dental personnel.
3. To provide candidates with practical experience in conducting dental surveys of military personnel.

The method used was to divide the candidates into four syndicates of five candidates each. These syndicates were the functional units for both clinical training and survey operations. Each syndicate had a syndicate leader and was comprised of two dental officers, two chairside assistants and one roving assistant. Candidates were rotated through these appointments with changes made daily, so that in a five day period a candidate acted as a dental officer for two days, a chairside assistant for two days and a roving assistant for one day. Each syndicate was assigned two operating bays.

In addition to the syndicates, one candidate was assigned duties as a clinic manager. This appointment was also rotated. Briefly, the duties of the clinic manager included: assisting the coordinating officer who was a member of the staff; receiving all incoming patients, controlling the flow of patients and charts to and from the syndicates; recording patient histories as required; collecting and filing charts; and answering the telephone.

The dental survey training was also achieved through use of the four syndicates previously described. All available permanent staff personnel in Camp Borden were given a dental survey examination with the findings recorded on survey nominal rolls. The examinations were conducted by the candidates at unit locations using available space or a mobile dental clinic. When the survey examinations were completed, the syndicates were responsible for compiling the data collected.

It is interesting to note that of the 1400 personnel examined 25 were examined further for suspicious soft tissue lesions. Eight of these required oral cytological screening and three lesions were biopsied.

Award Winners - Phase III

2Lts A.F. Brothers, G.S. Zwicker and R.F. Cooper

In addition to its value from the stand point of training and patient welfare, this survey provided a source of interesting patients for the candidates during the remainder of the summer.

It is considered that the method used to conduct clinical and survey training for for third phase candidates provided valuable clinical and organizational experience, plus an insight into some of the problems of the dental team from the point of view of both the dental officer and the dental assistant.

Part Two (6 - 31 Jul 64)

Part Two of the third phase summer trai ing programme was a formal course of four weeks' duration. It purpose was to give training in Special-to-Corps subjects so tha the candidates will be prepared for full-time duty in RCDC clinics without further training following graduation.

The course was similar to those of previous years and included operative dentistry, prosthodontics, oral surgery, public health dentistry, mass casualty care, organization and administration, documentation and treatment policy, dental stores, equipment maintenance, drill and recreational training.

Innovations were, however, introduced into this year's course. For example, the public health dentistry course which included such subjects as the etiology, epidemiology and prevention of dental caries and periodontal disease was given in panel discussion form rather than by lecture. Each discussion group consisted of four or five candidates with a chairman to coordinate the activities within each group. References were provided and each group was responsible for presenting and leading discussion on their assigned subjects. This method proved successful. The candidates displayed keen interest and gave excellent presentations on their assigned subjects. The discussions were lively and it was interesting to see the inter-university rivalry and the variation of viewpoints from the different universities.

Social and Recreational Activities

The candidates brought credit in athletic activities to the RCDC School again this year. In the track and field meet 2lt JP Grise was first in the javelin throw and in the swim meet 2lt Z Tukums placed second in the free style, 2lt EC Wambera was second in the breast stroke and 2lt FH Harreman took third in the back stroke.

One of the most enjoyable evenings of the summer was a stag affair in the Officers' Mess put on by the candidates as a farewell party for the staff and to honour 2lt JP Grise on his forthcoming marriage.

Ceremonial Parade and Awards

The culmination of the third phase summer training was a ceremonial parade and inspection by the Director General of Dental Services. The parade was held this year on 6 Aug with the Band of The Royal Canadian Regiment in attendance.

Brigadier KM Baird took the salute and then inspected the candidates as the band played the Royal Canadian Dental Corps March, following which he congratulated the group for their excellent turnout and drill. Also in attendance were the Commandant and officers of the RCDC School, their ladies and the wives and lady friends of the candidates. In the evening, a very enjoyable all-RCDC Mess Dinner was held in the CFMSTC Officers' Mess with a total of 32 officers attending. The following morning, awards were presented to the outstanding third phase candidates as follows:

Honour Cadet	- 2lt RF Cooper,	Dalhousie University
Runner-Up	- 2lt AF Brothers,	Dalhousie University
Chief Instructor's Trophy	- 2lt GS Zwicker,	Dalhousie University

Brigadier KM Baird is shown with Col GR Covey
and the parade commander 2lt AF Brothers, inspecting the Third Phase Candidates

THE ROYAL CANADIAN DENTAL CORPS (MILITIA)

Colonel I.A.L. Millar, CD, QHDS, DDS, FICD

An account of the Militia component of the Royal Canadian Dental Corps is considered timely because of the implications that may result from the recent report of the Committee on Re-Organization of the Militia. The activities and operations of this component have given strength and added prestige to dentistry in the Military. A nucleus of basically well-trained officers and non-commissioned officers has been produced over the years and is available should an emergency arise. Time and effort have been given generously in the highest traditions of the Service and these many part-time soldiers may well reflect with pride on their achievements. It is hoped they are aware of the gratitude that is felt for their support and comradeship in the past and are also aware that an even more interesting and challenging association is anticipated for the future.

Original RCDC Units in The Reserves

Dental units were included for the first time in the peace-time reserve forces when the Canadian Army was reorganized in 1946. During the years between the First World War and the declaration of war in 1939 no permanent element of a dental service had been authorized and representation was limited to a number of dental officers in units of the RCAMC across the country. In 1938 a committee of the Canadian Dental Association had recommended reorganization of the dental corps to meet the requirements of the Canadian Forces of that time. Although the organization was based on a peace-time corps, it was sufficiently inclusive and flexible to meet the emergency in 1939 resulting in the authorization of a Canadian Dental Corps for active service. Undoubtedly the contribution made by the CDC during the war determined in large measure the orders and regulations promulgated in 1946 providing dental establishments in Canada's peace-time defence organization. In this regard, further recognition came in January 1947 when the title "Royal" was granted by His Majesty George VI.

In the immediate post-war Reserve Force the following eight dental companies, patterned after the wartime field dental company, were authorized:

No 1 Company - London, Ontario	No 5 Company - Halifax, Nova Scotia
No 2 Company - Toronto, Ontario	No 6 Company - Winnipeg, Manitoba
No 3 Company - Montreal, Quebec	No 7 Company - Ottawa, Ontario
No 4 Company - Quebec, Quebec	No 8 Company - Vancouver, Britsh Columbi

In addition, two Army dental stores units were authorized at Regina and Calgary. These latter units remained dormant until 1948 when they were activated and redesignated No 9 Army Dental Stores and No 10 Base Dental Stores at Toronto and Montreal respectively (both of these units were later declared dormant).

Additional Units

Meanwhile DGDS had made a survey of the requirement for reserve dental units to give proper representation and had recommended that additional dental companies be authorized.

After considerable staff deliberation, approval was obtained in 1949 to convert No 3 Company in Montreal to a larger establishment because of the two faculties of dentistry in that centre. This provided a base dental company in Montreal originally designated No 15 but later changed to No 39 to avoid confusion with No 15 Company of the Active Force, No 3 Company was relocated in Edmonton. In 1950, after a tri-Service responsibility was designated for the Corps in the reserves, authority was given for the formation of two additional companies, No 9 with Headquarters in Calgary and No 10 with Headquarters in Regina(later relocated to Saskatoon).

Dental Advisory Staff

In 1951 a unit known as the "Dental Advisory Staff" was formed "to facilitate coordination of training and administrative matters within the RCDC (Active and Reserve Forces)." Initially, the unit consisted of 12 officers only, providing one assistant director of dental services (colonel) for each command and one deputy assistant director of dental services (major) for each area. Their primary purpose was to effect liaison between members of the dental profession and Reserve and Active Force dental units. Later, 12 corporal clerks were added to take care of filing and correspondence. Because the officers selected to fill the appointments were professionally prominent and had extensive military background, their assistance in enlisting suitable personnel and in coordinating the planning of unit activities was welcomed by the companies.

Reorganization of the Reserve Units

This organization of 14 RCDC Reserve Force units with an overall total establishment of 238 officers and 762 other ranks remained unchanged until 1954. An additional unit was then authorized in Eastern Command with Headquarters in Saint John, N.B. and the two stores units became dormant. This came about as part of the reorganization of the Reserves into Militia Groups following the Kennedy report. At the same time dental companies were formed into training units and renumbered as follows:

No 50 Dental Unit - Halifax, NS
No 51 Dental Unit - Saint John, NB
No 52 Dental Unit - Dormant
No 53 Dental Unit - Montreal, PQ
No 54 Dental Unit - Ottawa, Ont
No 55 Dental Unit - London, Ont
No 56 Dental Unit - Toronto, Ont
No 57 Dental Unit - Winnipeg, Man
No 58 Dental Unit - Regina, Sask
No 59 Dental Unit - Calgary, Alta
No 60 Dental Unit - Edmonton, Alta
No 61 Dental Unit - Vancouver, BC
Dental Advisory Staff

Activiation of Units

In 1946 the first step in activating the dental companies was taken by the Director General of Dental Services and Command Dental Officers by ascertaining if selected ex-Corps officers would be willing to accept appointments as commanding officers. It must be appreciated that at this particular time veterans were fully occupied re-establishing their civilian activities. Nevertheless, out of a sense of loyalty the men approached assumed the responsibility for recruiting; for obtaining suitable accommodation; for arranging innumerable administrative details and for producing an efficiently functioning unit. The difficulties encountered are recorded in progress reports and general correspondence. Certainly, each commanding officer had his own peculiar problems to surmount. The fact that the dental companies were self-contained or self-accounting units made them completely responsible for their own administration and internal economy.

The publication of Standing Orders and Part 1 and Part 2 Orders had to be initiated and to do this, equipment and supplies such as stationery, typewriters, furniture, etc. had to be procured. While arrangements for a functioning headquarters on the A and Q aspect were underway it was essential that activities be designed to engender interest and enthusiasm to aid further recruiting. Therefore the immediate necessity was to recruit key personnel to fill appointments in the headquarters. Once the headquarters was well established additional personnel could be approached to meet the requirement for a definite program of military and social events. Dental officers as they were recruited could be attached to other Reserve Force units, RCN reserve divisions and RCAF auxiliary units if they resided distant from the headquarters. The following quotation from a circular letter of 1948 is indicative of the drive made by commanding officers during the formative period:

"The Reserve Dental Companies show a wide difference in activity from both the recruiting and the training standpoint. One company commander sent out a letter to all Reserve Force Units in his area suggesting that the Unit Commander might approach any dentist known personally to him or any of his officers, with a view to having such dentist appointed to the dental company and attached to the unit. The letter also pointed out that should a unit desire the attachment of a dental officer, without having any particular preference, the OC dental company will endeavour to supply an acceptable dental officer for attachment. Another company commander has arranged through Command to send seven Dental Officers to Summer Camp in 1948, covering the period 4 Jul 48 to 7 Aug 48 inclusive. These officers will proceed to Summer Camp with the units to which they are attached and will be supplied with transportation through these units. Dental Officers will follow the syllabus of training laid down by Command for Summer Camps 1948. The OC and Adjutant of the dental company will also attend summer camp at some time during the period covered."

Training

Training has been the all-important task of the Reserves. It is a continuing commitment demanding all the aggressiveness and imagination that can be devoted to it.

The need to improve training of the Reserve Force had been realized in 1946. Such measures as the provision of better accommodation and equipment and the stressing of the "one Army" concept were introduced. Then in 1948 administrative and training officers and non-commissioned officers of the Active Force were attached to Reserve units to provide full-time assistance. Each dental unit was authorized to have an Active Force sergeant attached whose trade could be dental technician (laboratory), dental assistant, storeman clerk or clerk administrative. An Active Force establishment of 12 sergeants was authorized to provide the personnel.

World Conditions

Changes in organization and training emphasis were required from time to time to conform to altering world conditions which imposed new military requirements. This was notably true during the late 1940s, all through the 1950s and into the early years of 1960. Although a nuclear war was unthinkable a divided world made it a distinct possibility. The Great Powers developed missiles and anti-missiles. They increased their arsenals to have at their command a nuclear capability so devastating that it would act as a deterent against attack or action to trigger war.

At the same time, there was unrest among groups of nationals throughout the world which created trouble spots where the Great Powers had vested interests of a political or economic nature. Alliances between East and West and between countries were formed for mutual military benefits. New defence policies emerged and were reflected within countries by re-organization of the Forces to meet altered roles. In Canada, following the recommendations of a committee composed of retired Regular officers, such circumstances caused the major re-organization of 1954 already mentioned. This re-named the Force the Canadian Army Militia and authorized 27 Militia Group Headquarters to replace the 1946 organization based on field force formations. In 1959, when the Army was assigned a role in National Survival, the 1954 organization remained and served adequately. The most recent statement on defence policy, the White Paper tabled in Parliament, March 1964, may be expected to result in further organizational changes since the training priority has already been amended.

RCDC Association

In 1947 a new source of help for dental units appeared when the Defence Dental Association, (changed in 1953 to the Royal Canadian Dental Corps Association) was formed. Although former dental officers were eligible for membership in the Defence Medical Association, a group of former RCDC officers felt a separate association was required. The object of the association is "to promote and improve esprit-de-corps and general efficiency of the Defence Dental Services; to cooperate with all other arms of the service for the promotion of general efficiency." The membership is representative of all Canada and it receives an annual grant from the Department of National Defence. There are provisions in the Constitution for branches and sub-branches in the provinces with each branch sending one official delegate to the annual meeting. Annual meetings have been held in Montreal, Winnipeg, Ottawa and Camp Borden since 1947. Representatives from the RCDC Association also attend the annual meeting of the parent body which is the Conference of Defence Associations. The Association has supported military dentistry in every way. At the annual meetings discussions were held between commanding officers on improved and standardized RCDC (Militia) training programs. Resolutions put forward annually resulted in keeping issues in current files and when circumstances were right for governmental decision, the direction and support of the Association was most valuable.

The Development of a Training Program

The principal aim in the training of dental units was to prepare them to function as part of the field force. They had to be practised in movement by road, camouflage, employment in the field, communications, security and many other skills pertaining to field operations. In addition RCDC personnel had to be familiar with the organization and customs of other units to which they might be attached and because of the tri-Service role, with establishments of the RCN and RCAF. There were qualification requirements for ranks and trades which had to be included, and indoctrination into aspects peculiar to a military dental service. In general, two categories of training were required, i.e. Common to Corps training or training which is required by all, and Special to Corps training which is required for units to function in their own particular role. The year was divided into an individual training period from September to June when Special to Corps subjects were stressed and a collective training period during the summer months when units and individuals attended summer camps to apply their skills by participation in field exercises.

Dental units developed programs along these lines and were able to make a steady but gradual impact in filling establishment positions with qualified personnel. DGDS made dental stores available to units on demand for trades training. However it soon became evident that while training at the local headquarters for dental assistants could achieve a satisfactory standard, this did not apply to dental technicians. Attendance on special courses was authorized to meet qualification requirements and in certain categories for candidates who would be employed in an instructional capacity on return to their units. Professional interest was stimulated by unit officers presenting papers covering all aspects of dental services in a military organization. The wide range of subjects available led to many fine professional papers. Social events such as mess dinners, fun nights, dances and Christmas parties played an important part in unit efficiency and "esprit-de-corps".

Summer Camps

Although RCDC personnel were eligible to attend summer camps with other units as an attached dental detachment, it was clear that more training value was achieved by unit attendance, and even more so by attendance at RCDC regional or national camps. Accordingly, units from Western Command, and later units from Prairie Command, concentrated at Vernon, B.C. and Camp Sarcee, Alta, units from Central Command at Camp Niagara Ont and units from Quebec and Eastern Commands at Camp Utopia, N.B.

A group of Militia Officers at Summer Camp

The manner in which these camps were conducted varied considerably between commands but at each, control was vested in an officer of the RCDC, i.e. either the Command Dental Officer or the Assistant Director of Dental Services (Advisory Staff). Those who attended these regional camps will recall the experience with pleasure and a feeling of accomplishment. An interesting and instructive variation from Camp Sarcee occurred in 1957 for the units of Western and Prairie Commands when they joined in HMCS Naden for RCN indoctrination. When regional camps were not held attendance varied from the majority of the unit down to one or two individuals.

National Survival

In the early years the Army role in National Survival had been to assist the Civil Defence organizations but in 1959 it was decided to give the Army complete responsibility for specific tasks in civil defence. This brought about radical changes in militia organization and training. In the RCDC trades training was restricted to that of the RCDC Casualty Aide Man and officers' training was devoted to the role of the dental officer in the Management of Mass Casualties. Mobile Support Columns were organized in commands for re-entry operations and RCDC units were included in the "order of battle."

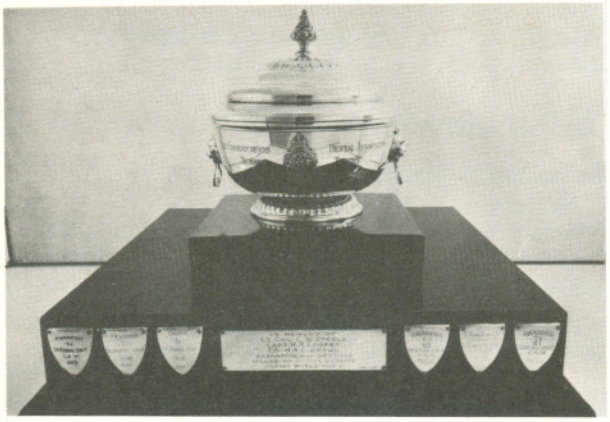
In order to attain as quickly as possible an efficient standard of proficiency in this new role, arrangements were completed to conduct training in the summer of 1959 for militia officers by attachment to the RCDC School for one week, and for militia other ranks by attachment to Regular Force dental companies for one week. Attendance was limited in the case of officers to sixty, based on five per militia dental unit and that of other ranks to thirty-six, based on three per unit. The same training was carried out in 1960 with the number attending reduced to forty officers and eleven other ranks. It was continued in 1961 for officers and two non-commissioned officers per militia unit were attached to the RCDC School rather than to Regular Force companies. At the local headquarters all ranks were required to obtain First Aid certificates and training of the RCDC Casualty Aide Man increased the capability of other ranks well beyond that of a "first aider." Week-end exercises directed by Militia Groups in commands gave an opportunity to apply the training under simulated disaster conditions.

Currently the revised training priority has downgraded National Survival training and militia units will stress corps military training. Thus programs now under preparation may well bear a nostalgic similarity to those produced in the late 1940s.

General Efficiency Competition

The General Efficiency Competition RCDC (Militia) has consisted since 1951 of an annual inspection of militia dental units by an officer from the Office of the Director General of Dental Services. Dr. Stephen A. Moore, who was a member of the Canadian Dental Association Committee concerned with the re-organization of the Corps prior to the Second World War and the first Honorary Lieutenant-Colonel of the Corps, donated the first trophy in 1950 with the object of stimulating competition and intensifying efforts on the part of all ranks in the interests of increasing efficiency.

The Moore Trophy



The Saskatchewan Association Memorial Trophy

The Trelford Trophy

The formal presentation of the trophy for competition took place at a luncheon meeting of the Defence Dental Association in Toronto on 16th May 1950. A marking guide to serve as a basis to judge the competition was prepared after consultation with all concerned and authority was obtained to conduct an annual inspection of units entered in the competition. The Moore Trophy was awarded to the unit judged most efficient.

In 1954 a second trophy, the Trelford Trophy, was included in the competition, to be awarded to the unit judged to be runner-up. This trophy was donated by former officers of No 1 Company CDC in honor of Lieutenant-Colonel W.G. Trelford, VD, who commanded that unit as the first dental unit to proceed overseas in the Second World War.

The third trophy, the Saskatchewan Dental Association Memorial Trophy, was donated in 1955 by the Saskatchewan Dental Association in memory of its members who made the supreme sacrifice in the Second World War. It was put into the competition for presentation to the militia unit judged to be the most improved in general efficiency during the training year.

An added incentive for the competition was donated in 1954 and 1955 by the RCDC Association in the form of a cash award of $75.00 to the unit securing the highest standing and $25.00 to the unit securing the second highest standing.

Conclusion

Some of the events and circumstances pertaining to the component of the RCDC in the Canadian Army Militia have been reviewed. A large part of the profession, representative of all Canadian provinces, has played an important part throughout their militia affiliation in preserving national unity and strength. Units have been well-motivated, well-trained and well-led. This combination is ideal to meet any future situation. In commemorating the 50th Anniversary of the Corps in 1965, it is to be remembered that the activities of the personnel of this component represent a large portion of the Corps history.

Appendices

1. RCDC (M) Commanding Officers 1946 - 1964
2. Dental Advisory Staff 1951 - 1964
3. RCDC (M) General Efficiency Competition Winners
4. RCDC (M) Queen's Honorary Dental Surgeons

RCDC (M) Commanding Officers 1946 - 1964

No 50 Dental Unit - Formerly 5 Coy Halifax, NS

Lt Col WG	Dawson	1946 - 1949	Lt Col JR	Vaughan	1949 - 1952
Lt Col JE	Merritt	1952 - 1955	Lt Col FC	Fennell	1956 - 1959
Lt Col GC	MacLeod	1959 - 1961	Lt Col JE	Hallett	1961 - Present

No 51 Dental Unit - New Unit eff 1954 Saint John, NB

Lt Col DT	Wilson	1954 - 1958	Lt Col GL	Ramsay	1958 - 1960
Lt Col HF	Bonnell	1960 - Present			

No 52 Dental Unit - Dormant eff 1959 Formerly 4 Coy Quebec, PQ

Lt Col A Moisan	1946 - 1950	Lt Col JB Lachance	1954 - 1956
Lt Col CB Crutchfield	1956 - 1959		

No 53 Dental Unit - Formerly 3 Coy, 15 Coy and 39 Base Dent Coy, Montreal, PQ

Lt Col LE Kent	1946 - 1948	Lt Col KC Berwick	1948 - 1949
Lt Col NL Donnigan	1949 - 1951	Lt Col DW Henry	1951 - 1955
Lt Col PCR Asselin	1955 - 1959	Lt Col AJ Gervais	1959 - 1961
Major SJ Gouroff	1961 - 1963	Lt Col JRM Gourdeau	1963 - Present

No 54 Dental Unit - Formerly 7 Coy Ottawa, Ont

Lt Col WH Smith	1946 - 1950	Lt Col HR McLaren	1950 - 1954
Lt Col GK Clark	1954 - 1955	Lt Col CE Woods	1956 - 1959
Lt Col HJ Chartrand	1960 - 1963	Lt Col TW Lesage	1963 - Present

No 55 Dental Unit - Formerly 1 Coy London, Ont

Lt Col CL Strachan	1947 - 1949	Lt Col HL Windrim	1950 - 1954
Lt Col HL Clayton	1955 - 1958	Lt Col AJ Harris	1959 - 1963
Lt Col JD McLean	1963 - Present		

No 56 Dental Unit - Formerly 2 Coy Toronto, Ont

Lt Col LA Kilburn	1946 - 1948	Lt Col GL Frawley	1948 - 1950
Lt Col DHS MacDonald	1950 - 1954	Lt Col NL Simon	1954 - 1958
Lt Col AZ Henry	1958 - 1962	Lt Col MC Parks	1962 - Present

No 57 Dental Unit - Formerly 6 Coy Winnipeg, Man

Lt Col JE Abra	1946 - 1949	Lt Col TJS Cooke	1949 - 1952
Lt Col JL Warriner	1952 - 1956	Lt Col WG Campbell	1956 - 1960
Lt Col MJ Snidal	1960 - Present		

No 58 Dental Unit - Formerly 10 Coy Regina, Sask

Lt Col HS Locke	1950 - 1954	Lt Col P Rabatich	1954 - 1958
Lt Col A Mintz	1958 - Present		

No 59 Dental Unit - Formerly 9 Coy Calgary, Alta

Lt Col EE Groff	1950 - 1951	Lt Col CS Lea	1951 - 1953
Lt Col CM Johnson	1953 - 1957	Lt Col JS Goodfellow	1957 - 1959
Lt Col DL Thompson	1959 - 1961	Lt Col GN Findlay	1961 - 1963
Lt Col GN Locke	1963 - Present		

No 60 Dental Unit - Formerly 3 Coy Edmonton, Alta

Lt Col WE Addinell	1949 - 1950	Lt Col WR Stuart	1950 - 1952
Lt Col WS Murray	1952 - 1955	Lt Col GE Decker	1955 - 1958
Lt Col AD Fee	1958 - 1960	Lt Col SG Geldart	1960 - Present

No 61 Dental Unit - Formerly 8 Coy Vancouver, BC

Lt Col	HA	Simmons	1946 - 1948	Lt Col	FA	Smith	1948 - 1952
Lt Col	IG	MacKenzie	1952 - 1958	Lt Col	FK	Currie	1958 - 1961
Lt Col	PL	Rondeau	1961 - Present				

No 9 Army Dental Stores - Toronto, Ont

Major	RC	Cullington	1949 - 1950	Major	WT	Gildner	1950 - 1954

No 10 Base Dental Stores - Montreal, PQ

Major	JG	Lynch	1950 - 1954

Dental Advisory Staff 1951 - 1964

Eastern Command Advisory Staff

Col	JF	Edgecombe	ADDS	1951 - 1959
Col	JE	Merritt	ADDS	1959 - Present

New Brunswick Area Advisory Staff

Lt Col	JE	Merritt	DADDS	1955 - 1959
Lt Col	GL	Ramsay	DADDS	1960 - Present

Quebec Command Advisory Staff

Col	LE	Kent	ADDS	1951 - 1956
Col	DW	Henry	ADDS	1956 - Present

Eastern Quebec Area Advisory Staff

Lt Col	JB	Lachance	DADDS	1956 - Present

Central Command Advisory Staff

Col	CL	Strachan	ADDS	1951 - 1956
Col	HR	McLaren	ADDS	1956 - 1962
Col	CE	Woods	ADDS	1962 - Present

Eastern Ontario Advisory Staff

Lt Col	HR	McLaren	DADDS	1954 - 1956
Lt Col	CE	Woods	DADDS	1960 - 1962

Western Ontario Area Advisory Staff

Lt Col	HL	Windrim	DADDS	1955 - 1960

Prairie Command Advisory Staff - Designated Man Area Dent Advisory Staff 1959

Col	JP	Whyte	ADDS	1951 - 1958
Col	TJS	Cooke	ADDS	1958 - 1963

Western Command Advisory Staff

Col	WE	Addinell	ADDS	1951 - 1955
Col	CS	Lea	ADDS	1955 - 1960

General Efficiency Competition Winners 1951 - 1964

Year	Moore Trophy (Winner)	Trelford Trophy (Runner-Up)	Saskatchewan Trophy (Most Improved)
1951	3 Coy Edmonton		
1952	9 Coy Calgary		
1953	1 Coy London		
1954	50 Dent Unit Halifax	57 Dent Unit Winnipeg	
1955	57 Dent Unit Winnipeg	54 Dent Unit Ottawa	54 Dent Unit Ottawa
1956	54 Dent Unit Ottawa	50 Dent Unit Halifax	51 Dent Unit Saint John
1957	50 Dent Unit Halifax	54 Dent Unit Ottawa	60 Dent Unit Edmonton
1958	50 Dent Unit Halifax	60 Dent Unit Edmonton	61 Dent Unit Vancouver
1959	50 Dent Unit Halifax	54 Dent Unit Ottawa	51 Dent Unit Saint John
1960	50 Dent Unit Halifax	55 Dent Unit London	61 Dent Unit Vancouver
1961	61 Dent Unit Vancouver	57 Dent Unit Winnipeg	56 Dent Unit Toronto
1962	60 Dent Unit Edmonton	61 Dent Unit Vancouver	60 Dent Unit Edmonton
1963	60 Dent Unit Edmonton	57 Dent Unit Winnipeg	54 Dent Unit Ottawa
1964	57 Dent Unit Winnipeg	60 Dent Unit Edmonton	55 Dent Unit London

Queen's Honorary Dental Surgeons

Col	JF	Edgecombe	1953 - 1956	Col	LE	Kent	1956 - 1958
Col	JP	Whyte	1958 - 1960	Col	CS	Lea	1959 - 1961
Col	HR	McLaren	1961 - 1962	Col	DW	Henry	1961 - 1963
Col	CE	Woods	1964 -	Col	JE	Merritt	1963 -

NOTICE

The Third Annual RCDC Bonspiel

All units of the RCDC Regular and Militia are invited to compete for the Wansbrough Trophy during the Third Annual RCDC Bonspiel to be held at the Camp Borden Curling Club on 19 and 20 Feb 65.

Teams may be formed from all ranks, and retired members of the Corps who wish to participate are urged to contact their nearest unit headquarters or the RCDC School.

The committee is most anxious to make this event as representative of the entire Corps as possible and suggests that you plan now to attend. Details and entry forms will be distributed to all units in due course.

The RCDC Golf Tournament

The Second Annual Royal Canadian Dental Corps Golf Tournament for the RCDC Officers' Golf Trophy was held at Camp Borden, September 25 and 26, 1964 under the auspices of the RCDC School. This trophy was presented in 1963 by the officers of the RCDC (Regular) for annual competition among teams of the RCDC (Regular) and Militia Units.

Brigadier KM Baird presents Trophy to winning team

Teams representing six units of the Corps were entered this year. An overall total of fifty-six players participated in the tournament. The winner of the trophy with the low gross aggregate score was No 1 Dental Detachment RCDC, Ottawa. This team comprised of Major AG Andrews and Sergeant WE Hill was captained by Major WH Carter, who also won the individual low gross.

At the Presentation Dinner Saturday evening, September 26, 1964 prizes were distributed to the various winners and runners-up in the tournament.

Individual Winners

Tournament Low Net	-	Capt	Cartwright	RCDC(S)	- 137
1st Flight - 1st Low Gross	-	WO 1	Batten	RCDC(S)	- 169
1st Low Net	-	Capt	Marcil	15 Coy	- 142
2nd Flight - 1st Low Gross	-	Brig	Baird	DGDS	- 181
1st Low Net	-	Cpl	Walker	RCDC(S)	- 140
3rd Flight - 1st Low Gross	-	WO 2	Morse	RCDC(S)	- 203
1st Low Net	-	Capt	Dombowsky	12 Coy	- 142
Most Honest Golfer	-	Capt	Paturel	12 Coy	- 318

Other flight and novelty prizes were awarded to the following:

Capt Gazo 4 Fd Coy, Major Carmichael 13 Coy, Lt Col Thompson RCDC(S), Lt Bergland 13 Coy, Major Skinner 13 Coy, WO 1 Loken RCDC(S), Capt Parent 15 Coy, Capt Jacob 15 Coy, Lt Col Lauziere 1 Dent Det, Capt Brogan 12 Coy, Sgt Jerome 1 Dent Det, Col Roger 13 Coy, and Capt Kamachi 11 Coy.

DIRECTORATE NEWS

Director General Visits Camp Borden

Brigadier KM Baird, Director General of Dental Services for the Canadian Forces visited the RCDC School, Camp Borden on 5 Aug to interview all Phase 3 candidates of the Dental Officer Subsidization Plan. The following morning Brigadier Baird inspected the cadets on their Marching-Out Parade and was the guest of honour at a Dental Mess Dinner held that evening.

Brigadier Baird was also in Camp Borden 24 Sep to interview all the candidates on the Captain to Major and on the DT (Lab) Group 3 Courses.

The Royal Canadian Dental Corps Association

Lt Col LG Craigie represented the DGDS at the 16th Annual Meeting of the Royal Canadian Dental Corps Association, held at the RCDC School, Camp Borden, Ontario, 17-18 Sep 64. Honoured guests were Vice-Admiral KL Dyer, Chief of Personnel, Personnel Branch and Brigadier GH Spencer, Chief of Individual Training both of Canadian Forces Headquarters. On the afternoon of 18 Sep, Vice-Admiral Dyer addressed the officers of the Association.

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11 DENT COY NEWS

Accommodation

Alterations to No 6 Clinic, RCAF Whitehorse, have now been completed. The reduced clinic size provides an efficient and pleasant lay-out. Some touching-up of the paint is still required plus complete repainting of the laboratory.

Work is progressing satisfactorily at HQ BC Area on the new clinic. Target date for completion of this project is 15 Nov 64.

Reconstruction of the clinic at HMCS Naden will disrupt treatment so mobile clinics have been placed in the drill hall and arrangements completed with Dockyard for the provision of dental services.

Duty Trips

Treatment visits to most of the part-time clinics have kept many of our personnel on the move this fall.

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12 DENT COY NEWS

Atlantic Provinces Dental Convention

Colonel RHG Cunningham accompanied by Major RE Dyer and Major AG Taylor attended this Convention in Charlottetown, PEI, 5-8 July.

Civilian Training

Miss Jean Loring

Miss Jean Loring from No 8 Clinic, Halifax NS has recently completed a 22 week course conducted by the Halifax County Dental Society. This followed the "Course for Dental Assistants" as prepared by the Royal College of Dental Surgeons of Ontario in co-operation with the Ontario Dental Nurses and Assistants Association.

Sports

Capt JO Strom spent a very interesting three day period at Lunenburg during the sail boat races which were part of the Annual Lunenburg Exhibition. The garrison craft did not win any prizes but valuable experience in competition was gained for future events.

Capt N Goldberg is a regular with the Stadacona Sailors Football team. So far they have won their first three games.

Farewell Parties

Approximately 40 personnel of 12 Dental Coy attended farewell parties for Major McGaughey and Sgt Fraser (Retired) and Pte Gravel (Released) on 27 Jul 64 and agin on 28 Sep 64 for WO 2 Armstrong (Retired). A farewell gift was presented to these personnel by Col Cunningham on behalf of all personnel. We sincerely wish each and everyone the very best in their new environment.

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13 DENT COY NEWS

Accommodation

Great improvements have been made recently in two of our clinics. No 2 Clinic at RCAF Station Clinton was moved to new accommodation provided in an Officers' Quarters building and now enjoys greatly expanded facilities. The entire wing of the ground floor was utilized and this made available large orderly room and laboratory facilities, as well as six individual operating rooms.

No 3 Clinic at Camp Petawawa will be remembered by many personnel who have served there over the years as a draughty, unpleasant obsolete type of clinic. This has all been changed and any resemblance with the past is limited to the exterior of the building. The floor plan has been completely redesigned, the entrance moved and new waiting room, orderly room and laboratory facilities provided. Five separate operating rooms were constructed and two auxiliary bays added. All equipment has been refinished in Biscayne blue.

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14 DENT COY NEWS

Duty Trips and Visits

Lt Col WW Anglin has recently visited clinics in Fort Churchill, RCAF Station Gimli and RCAF Station Gypsumville to inspect clinic facilities and to interview personnel.

Sports - RCAF Marathon Swim

WO 2 Savage receiving Trophy

WO 2 P Savage and LAW MN Boles, by making daily appearances at the swimming pool won the Section Champs Trophy for best participation by a section. WO 2 Savage contributed 412 lengths or just under six miles and LAW Boles 250 lengths or just over four miles toward the Airwomens swim from RCAF Station Bagotville to Tokyo.

Duck Hunting

Manitoba must be a very fine province for ducks judging from the number shot by Major Bryant (within the limit of course) on the opening weekend of the duck season.

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15 DENT COY NEWS

Goose Bay Community Council

Major HG Bunston has been appointed Mayor of the Spruce Park Community Council of RCAF Station Goose Bay by the Station Commanding Officer, G/C DG Malloy. WO 2 JM Tapp has been elected to the Community Council and Sgt RB Innis has now completed a year on the Council.

Sports

Lt Col FD Charman, Capt JF Marcil and Capt JAL Jacob participated in the RCDC Golf Tournament at Camp Borden.

Capt JF Marcil won the College Militaire Royal Golf Tournament on 9 Sep with a fine score of 82.

Lt ES Moore has been appointed Chairman of the HQ Quebec Command Bowling League for the 1964/65 season.

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1 DENT DET NEWS

Special Events

The golf team from this detachment won the 2nd Annual RCDC Golf Tournament at Camp Borden 25th and 26th Sep 64. The team was made up of Major WH Carter, Major AG Andrews and Sgt WE Hill. Other members participating were Lt Col JA Lauziere, Capt RWC Adams, Sgt AM Jerome and Cpl RJ Forward from RCAF Station Uplands and Capt DR O'Hara and Sgt JV Minnelli from RCAF Station Rockcliffe.

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RCDC SCHOOL NEWS

US Army Exchange Dental Officer

Major DH Newell

Major DH Newell is a US Exchange Dental Officer at the RCDC School and a welcome addition to the training staff. He graduated from the University of Illinois College of Dentistry in 1958 and has served in the US Army Dental Corps. Since that time he has served in Korea, at the Brooke Army Hospital, Fort Sam Houston, Texas and Fort Monmouth New Jersey.

Don has completed a residency in Periodontia and received a Master of Science Degree in Oral Histology in 1964.

Major and Mrs Newell and their two children now reside in a PMQ at 15 Walcheren Loop.

RCDC School Improvement Programme

Teak wood panelling donated by the RCDC (R) Officers has made a tremendous improvement in the appearance of the RCDC School Library.

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4 FD DENT COY NEWS

Accommodation

The plan has been approved and the contract let to expand the Fort St Louis clinic by adding an additional operating bay. Within a "fighting" brigade it is difficult to compete with the fighting troops for priority in construction jobs. Our target date for completion of this project is some time before Christmas.

Special Events

4 CIBG celebrated Canada Day by holding a track meet and massed bands display in the Huckenhohl Stadium Mendon. Several Brigade and Canadian Army records were broken that day.

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35 FD DENT UNIT NEWS

Duty Trips and Visits

Major Craig and Cpl Jaeger to CJS London to render dental treatment 14 Sep - 3 Oct.

Major Susser, F/S Torrens, LAW Lockyer to RCAF AWU, Decimomannu, Sardinia to render dental treatment 14 Sep - 2 Oct.

Lt Col JC Brick on temporary duty to CJS London and RCAF AWU Decimomannu, on 28 Sep and 24 Sep respectively.

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CBU(UNEF) NEWS

Leave and Tours

The following personnel spent one week at the Beirut Leave Centre: Ssgt Roberts, Sgt Chase, Lsgt McDonald, Capt Dailyde, Sgt Reid and Major Caudet. Lsgt Wylie spent two weeks special leave in Germany.

Capt Dailyde, Cpl Herrett and Cpl Hannay took the opportunity to go on a UNRWA Tour in Sep.

Special Events

A Change of Command and a farewell party for Col Rochester and a welcome for Col Cunnington was held on 25 July 64.

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RCDC ASSOCIATION - SIXTEENTH ANNUAL MEETING

This meeting was held at the RCDC School 18-19 Sep 64. Vice-Admiral KL Dyer, DSC, CD, Chief of Personnel, CFHQ, addressed the meeting on the new organization taking place in the Armed Forces.

The Association voted the very generous and greatly appreciated gift of $400.00 to be used for future panelling in the School.

Slate of officers elected for the coming year:

President-Past	- Lt Col GL Ramsay
President-New	- Lt Col AZ Henry
President-Elect	- Lt Col MJ Snidal
1st Vice-President	- Lt Col AJ Harris
2nd Vice-President	- Lt Col JE Hallett
Treasurer	- Col CE Woods
Secretary	- Col CBH Climo

Lt Cols Snidal, Harris, Henry, Ramsay, Col Climo and Col Woods

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RCDC (MILITIA) EFFICIENCY COMPETITION

Trophies and Scrolls have been awarded to the following RCDC Militia units taking part in the General Efficiency Competition:

No 57 Dental Unit, Winnipeg, Commanded by Lt Col MJ Snidal, the Moore Trophy for General Efficiency;

No 60 Dental Unit, Edmonton, Commanded by Lt Col SG Geldart, the Trelford Trophy as Runner-Up in General Efficiency;

No 55 Dental Unit, London, Commanded by Lt Col JD McLean, the Saskatchewan Dental Association Memorial Trophy as Most Improved Unit in General Efficiency.

PROFESSIONAL TRAINING

Royal College of Surgeons - London, England

Major GT	Crossman	- Oral Surgery	21 Sep - 13 Nov 64
Major JF	Eadon	- Oral Surgery	21 Sep - 13 Nov 64

University of Freiburg - Republic of West Germany

Major JH	Marion	- Orthodontics	26 Oct 64 - Jul 65

Ent Air Force Base - Colorado Springs, Colorado

Major JD	Bourque	- Oral Surgery	18 May - 29 May 64

US Naval Dental School - Bethesda, Maryland

Major TD	Cobb	- Periodontia	28 Sep - 13 Nov 64
Major JJY	Turcotte	- Periodontia	28 Sep - 2 Oct 64

The Doctors Hospital - Toronto, Ontario

Major PL	Falkner	- Oral Surgery	4 May - 26 Jun 64

The University of Toronto - Toronto, Ontario

Major PH	Guevremont	- Dental Public Health	9 Sep 64 - May 65

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PROMOTIONS

The following Corps personnel are congratulated on their promotions:

Capt	HJ	Cashin	- to Major
Ssgt	WA	Bennett	- to WO 2 (DQMS)
Sgt	LG	Brown	- to Ssgt
Sgt	MA	James	- to Ssgt
Sgt	C	Johnston	- to Ssgt
Cpl	WJ	Parker	- to Asgt
Pte	RL	Geddes	- to Cpl

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RETIREMENTS AND RELEASES

Major	J	McGaughey	Cpl	G	Dancer
Capt	RJ	Lewis	Cpl	IA	Mason
Capt	GR	Myles	Cpl	TW	Thrasher
WO 2	GM	Armstrong	Pte	GMR	Gravel
Sgt	MA	Craig	Pte	AL	McIssac
Sgt	SG	Fraser	Sgt	BJ	Larose (RCAF)
Cpl	RF	Buncombe	Miss	LA	Wrixon