History of the RAAF Dental Branch

It took six years following the formation of the RAAF in 1921 for the first Dental Clinic to be established at Point Cook, Victoria.

On 10th June 1927 Flying Officer James Carl Rosenbrock commenced work as an RAAF Dental Officer for the Flying Training School at Point Cook. As personnel numbers were still relatively small, Rosenbrock was also responsible for the dental care of all Victorian RAAF units, which involved treating members at 1AD Laverton, as well as Air Force Headquarters at Victoria Barracks in Melbourne.

As Army Dental Officers were currently caring for RAAF personnel at Richmond, NSW, the Senior Dental Officer of the 3rd Military District in Victoria (SDO 3MD) requested through the military board that a similar arrangement be established, where that the newly appointed RAAF Dentist provide part time dental services to the Army units stationed at Queenscliff. This was seen as an effective reciprocal arrangement, with both units having a Dental Officer in attendance for, in total, around 3-4 weeks a year.

Rosenbrock continued to serve as the sole RAAF Dental Officer until the middle of 1933, when the Air Board asked for his service to be terminated following ‘behaviour unbecoming of a RAAF officer’. He had borrowed several sums of money, of around 40 Pounds or so, from junior ranks on base (as well as from the Regimental Sergeant Major) and had failed to pay the money back. He was replaced by a fellow Victorian, FLGOFF Norman Henry Andrews, on the 18th Sep 1933, who went on to become our first Director of Dental Services, and was instrumental in establishing the organisations and conditions of the Branch that are still present today.

Through a fair amount of persistence and hard work on the part of Norman Andrews, the RAAF Dental Branch began to expand from 1937, with the introduction of 2 additional positions, at RAAF station Richmond, and at the Flying Training School at Point Cook. This gave the RAAF 3 uniformed Dental Officers, which was expanded to 5 in the months leading up to WW2. 4 of these Dental Officers were based in Victoria and 1 at Richmond, with the other two RAAF units being cared for by the Army (as in the case of Pearce in WA) or by civilians (as in Darwin).

With the sudden increase in RAAF personnel required at the outbreak of WW2, the number of RAAF Dental Officers increased dramatically, from 5 in 1939, 28 in 1940, 64 in 1941, 147 in 1942, 193 in 1943, 219 in 1944, and peaking at 227 in 1945.

RAAF Dental Officers were required to work in a variety of locations, both in and out of Australia. Between 1940 and 1942 a massive construction programme occurred, with new dental clinics being established around Australia. Priority was given to aircrew training units in order to get these personnel dentally fit for operational deployment, but Dental Officers could equally find themselves posted to recruit depots, fixed stations, medical clearance stations, mobile dental sections, and RAAF and civilian hospitals.

RAAF Dental Officers were posted to the large dental centres at Ascot Vale (Vic) and Bradfield Park (NSW) when first appointed, where they received military and clinical training, before being deployed to their needed location.

Mobile Dental Units

When Japan entered the war in 1941, the rapid deployment of troops to northern operational areas with less than ideal dental fitness was extremely high. As a result, the RAAF deployed a range of mobile dental units, either alone or with medical sections, to support the increasing number of isolated deployed personnel within Australia and overseas.

There were three types of mobile unit used:

a. Mobile Dental Unit – relied on using either a semi-trailer to get around or by building a surgery directly on to the truck chassis, and installing hydraulic chairs, units, x-rays, and laboratory equipment. They were able to move around between small units, such as RAAF radar stations, where they could plug into the local power supply and work immediately.

b. Transportable Dental Units – used for stops of longer duration, where field equipment was carried in panniers from one unit to another by road or rail and housed in whatever accommodation was available at the destination. They were often carried within Australia on Tiger Moths and Dakota aircraft.

c. Itinerant Dental Units – in some areas, the dental equipment was installed at the RAAF unit and the Dental Officer and their staff would travel from unit to unit, using the equipment available at each location.
As the war developed in Europe, it soon became obvious that the RAF Dental support was not capable of supporting the increasing numbers of RAAF aircrew that were being sent for service with the RAF, with only enough Dental Officers available to provide one to every 2000 men (instead of the preferred 1 to 600). As a result, the RAAF provided a mobile dental unit, fitted out in a caravan and pulled by a Ford V8 Coupe, to travel around England in support of RAF personnel at various squadrons.

Some degree of tact was needed to ensure that the RAF did not take this as a comment on the treatment they were providing, but it proved successful in maintaining a satisfactory state of dental fitness in RAAF personnel, and a second mobile unit was soon dispatched. They were also set up with a laboratory on board as well as the surgery, which was a major difference between the RAF and RAAF, as the RAF did not provide dentures for their troops (the RAAF would, providing they had served for 6 years).

In 1943 the RAF was no longer able to provide Dental support to Australian troops in the Middle East, which resulted in the need for a transportable dental unit to be deployed from Australia. It functioned in a similar manner to the RAF, by moving from one squadron to another. It served in the Middle East and Africa, from Cairo across North Africa, to Italy, and eventually back to England to treat returned prisoners of war.

**GPCAPT Norman Andrews**

The growth and development of the RAAF Dental Branch owes a debt to one man in particular, GPCAPT Norman Andrews. As the second RAAF Dental Officer to enlist on 18 Sep 1933, Andrews became the principal architect of the structure and organisation of the RAAF Dental Branch leading up to and during WW2.

Until early 1940, the RAAF Dental Branch was administered by the Director of Medical Services (Air), which placed it under the control of the Army Medical staff. The Army would provide their Inspector of Dental Services for advice whenever needed. In April 1940, the RAAF Medical service separated from the Army, resulting in the control of the RAAF Dental Branch shifting back to the RAAF.

Andrews became the first Director of Dental Services, when the position was created in 1943 as recognition of the higher profile the Dental Branch was now playing in the RAAF Medical service. Until this time, Andrews's title had been as the Dental Staff Officer to the RAAF Medical Service.

Andrews was responsible for the establishment of the war-time structure of the Dental service, establishing new dental centres at all major bases, creating mobile and transportable dental units, ensuring the continual growth of the Branch, maintaining professional development of staff through the establishment of a professional journal, and by organising renowned lecturers to speak at RAAF bases.

He also believed in visiting as many dental units as possible to see for himself what conditions were like and to talk first-hand to staff in remote units. His itinerary during the war years, both in and out of Australia, shows a large number of trips in a variety of modes of transport in order to reach remote areas where units were serving.

He was promoted to GPCAPT in July 1944, as the numbers of Dental Officers soon peaked at 227 towards the end of the war (1 GPCAPT, 9 WGCDRs, 60 SQNLDRs, and 157 FLTLTs). After the war, with the reduction in RAF personnel required in uniform, the Dental Branch also reduced its numbers significantly. By 1947 there were only 18 Dental Officers serving (many part-time), with 1 GPCAPT, 1 WGCDR, 10 SQNLDRs, and 6 FLTLTs, and only 13 by 1950.

With the decrease in Branch personnel numbers, the ‘powers to be’ saw fit to reduce the Director of Dental Service rank to WGCGR, and as a result Norman Andrews found that in order to continue serving in the RAAF he would have to wear a reduced rank. This appears to have been a contributing factor in his decision to discharge at the relatively early age of 43 and accept an administrative job as Director of the Victorian Government's School Dental Service.

Norman Andrews holds the proud honour of being the founder of the RAAF Dental Branch, which during the war was instrumental in educating servicemen of the importance of dental health and maintaining the dental fitness of troops in a variety of areas.

**Dental Orderlies (Assistants)**

The dental orderly mustering was first introduced in 1937. Until that time, medical orderlies were assigned to assist the Dental officer with their duties. As early as 1931 it had been noted by both RAAF and Army Dental Officers working in Victoria and Richmond that a lot of the troubles they were having would be solved by appointing a permanent Dental Orderly. Often they would find that the medical orderly they were assigned was a different one each day, and as a result the administration and work in general was very inefficient. By 1937, with the increase in Dental Officers to 3, it was realised that a Dental Orderly mustering needed to be created.

**Dental Mechanics/Technicians**
Before WW2, dental laboratory work was provided by civilian laboratories, as most RAAF units were stationed around metropolitan areas. At this time, service personnel were still required to pay for their own dentures, unless they had served for six years or had their dentures damaged during performance of their duties.

In July 1940, mainly in response to the development of more remote RAAF dental units and the increasing demand for dental prostheses, the Dental Mechanic mustering was established. Unfortunately there was a very limited pool of civilian dental mechanics to recruit from, and as a result the RAAF set up a training school at Laverton (which was later moved to Ascot Vale) in June 1941 which conducted an intensive 6 month course in Dental mechanics.

Dental mechanics were quickly in demand. In all fixed and mobile dental units at least 1 Mechanic was supplied for each Dental Officer, and indeed the RAAF supplied Dental Mechanics throughout all its deployments, something the RAF were unwilling, or unable, to do.

Two grades of dental mechanic existed: the Senior Mechanic (with the rank of NCO), who was competent in all phases of laboratory work; and the Junior Mechanic, who could only handle routine work and not more advanced denture work. The progression to Senior required a further trade test in techniques including setting up, clasp-forming, casting and backing teeth.

During the course of the War, two special courses were held for Mechanics. The first, directed at senior mechanics so that they could instruct others, was in 1942 when Acrylic Resin was first introduced as a denture base material, as an alternative to the current option of vulcanite. Later, towards the end of the War, a ‘refresher’ course was provided for those that had served for the greatest period of time in order to allow them retraining in techniques that they had not practised during their service and which were common in civilian life. This included cast base dentures, crowns and bridges, partial dentures, and retainers.

Towards the end of the War, a course was held with WAAAF trainees to train them as Mechanics. However, as the War was soon to end they never had the opportunity to progress within the mustering to become Senior Mechanics.

The RAAF Dental Branch has survived 75 years of turbulence, with reviews of its viability occurring regularly every few years from as early as 1937. The Branch continues to provide excellent service to the ADF community and, despite reduced manpower, will continue to play an important role in Air Force Health operations.