



"ALL THE ARMY HAS DONE FOR 30 YEARS IS TO MARK TIME AND COLLECT GOVERNMENT FUNDS."

"THEY OUGHT TO BE ELIGIBLE FOR A NICE FAT PENSION BY NOW."



U.S. TAXPAYERS

National

# FLUORIDATION NEWS

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## Pres. Carter and Sen. Kennedy Push For Fluoride

President Jimmy Carter and Senator Edward Kennedy may disagree on many political questions but they are in agreement on soaking the U.S. taxpayers with artificially fluoridated water.

President Carter's 1980 budget calls for spending \$6,200,000 on fluoridation, an increase of \$4,700,000 or a 210 percent increase over the current spending. The money would be spent to promote fluoridation in communities not enjoying the "benefits" of fluoride and to buy fluoride-dispensing equipment for towns and schools unable to buy it.

The Carter budget, if approved by Congress in September, will make it possible for 3,400,000 more Americans to drink artificially fluoridated water in 1980 according to an estimate by the Department of Health, Education and Welfare.

Senator Kennedy told the fourth annual Yankee Dental Congress in Boston on January 11, "I pledge to try once again in the 98th Congress to get federal dollars set aside for voluntary community fluoridation programs." Senator Kennedy's National Disease Prevention and Health Promotion Act of 1978 approved by the 95th Congress called for increased federal fluoridation funds. No mention was made of the amount. The American Dental Association News, February 5, 1979 said it was "inadvertently left out of the legislative language." Senator Kennedy claimed that \$36.00 would be saved for every dollar spent for fluoridation. President Carter's 1980 H.E.W. fluoride program estimates a saving of only \$30.00 for every dollar spent on fluoridation.

*Editor's note: Readers may wish to express their views to their congressmen concerning the increased expenditure for adding fluoride to their water supplies.*

## 1978 Rejections

The following list of communities in the United States and other countries rejected fluoridation in 1978:

### United States

	ALASKA	NO	YES
Ketchikan		964	487
Flagstaff 3/7/78 4/4/78	ARIZONA	Advisory vote showed 63% against City Council repealed fluoridation 5-1	
Wichita 11/7/78 (third time)	KANSAS	45,301	38,733
Picayne 12/78	MISSISSIPPI	Council rejected fluoridation	
Greenfield 6/20/78	MISSOURI	Rejected unanimously by City Council	
Brule 5/9/78	NEBRASKA	Rejected by a 2-to-1 vote of the electorate	
Dawes County 5/9/78		895	429
Jersey City 9/12/78	NEW JERSEY	City Council cancelled out present program by a 5-4 vote	
Oneida	NEW YORK	Rejected by City Council	
South Glen Falls 8/2/78		Rejected by City Council	

### Foreign

	AUSTRALIA		
Ballarat, Victoria 2/24/78	Advisory Poll	2,922	186
Buninyong 2/24/78	Advisory Poll	654	48
Coff's Harbour Shire 2/13/78	Council unanimously reversed former decision to fluoridate		
Lismore 3/30/78	Council rejected by 10-4		
Gosford and Port Macquari	have rejected fluoridation.		
Kingston, Ont. 11/13/78 (fourth time)		8,687	8,438
Pembroke, Ont. 11/13/78		3,040	1,890
(Removed by Council Action Oct. 21)			

## Strontium Role Indicated

### Poor Showing for Artificial Fluoridation

In 1938, when H. Trendly Dean of the U.S. Public Health Service first reported that the presence of fluoride in certain drinking waters was associated with lower rates of tooth decay in children, he recognized that much of the decay reduction might be due to other mineral elements in the water besides or instead of fluoride. In fact, he explicitly cautioned that "other elements of comparatively rare occurrence in water or ordinary constituents in drinking water present in unusually large concentration may directly, or through a synergistic action with the fluoride, produce the observed effects."<sup>1</sup>

#### Dean's Concern Was Well Founded

Since most of the water supplies associated with lower caries rates in his studies were ground waters that contained many other dissolved minerals besides fluoride, Dean's concern about this matter was obviously well founded. But by 1950, when fluoridation had already been given the official go-ahead and was being widely adopted, the possible role of these other elements, except for the major ones like calcium and magnesium, had still not been investigated.

During the past 25 years, however, increasing evidence has accumulated indicating that much of the anti-caries effect attributed to fluoride is due to other trace elements in the water and/or diet. In 1953, Lödrop discovered a significant decay-preventive effect of water-borne strontium, an element in the essential magnesium-calcium group.<sup>2</sup> Since then, other workers have confirmed this finding both in laboratory animals<sup>3</sup> and in human populations.<sup>4</sup> Still other studies have demonstrated less dental decay with other trace elements in water such as molybdenum, vanadium,<sup>5</sup> and possibly boron.<sup>6</sup>

#### Less Tooth Decay With Strontium

With respect to strontium, a recent investigation by Drs. M. E. J. Curzon and P. C. Spector of the Eastman Dental Clinic and Dr. H. P. Iker of the University of Rochester School of Medicine and Dentistry in New York is extremely revealing.<sup>7</sup> These researchers, who certainly cannot be said to oppose fluoridation, found significantly less tooth decay with optimal amounts of strontium present in natural fluoride water than with artificial fluoridation. The tooth decay rates of life-long resident children in the artificially fluoridated communities were, in fact, about 60% greater than in the strontium-natural fluoride towns.

## \$750,000 Awarded Parents of Child Poisoned by Fluoride

A New York State Supreme Court jury awarded \$750,000 on January 19, 1979 to Mr. and Mrs. Clay Kennerly of Brooklyn, parents of William, a three-year-old boy, who was given a lethal dose of fluoride at a New York City dental clinic.

Inez Kennerly, the child's mother, told the story of William's death during the trial. She took William to the Brownsville Dental Health Center on May 24, 1974 for his first dental checkup. He was examined by a clinic dentist who found no cavities. He was then treated by a dental hygienist for a routine prophylaxis. The hygienist then spread a stannous fluoride solution over the boy's teeth. The boy was given a cup of water but the hygienist failed to tell him to rinse his mouth and spit out the solution. William drank the water and with it 45 cubic centimeters of 2 percent stannous fluoride solution, triple an amount sufficient to have been fatal.

William began complaining of headache and dizziness upon leaving the dentist chair. Mrs. Kennerly, asking the dentist for help, was told the boy had been given only routine treatment. She was not satisfied and took William to the Brooklyn Ambulatory Pediatric Care Unit in the same building. Mrs. Kennerly waited for two and a half hours asking nurses, secretaries and the clinic administrator for assistance. After William lapsed into a coma he was taken into an examination room where adrenalin was injected into his heart to revive him. He was then taken, by ambulance, to the Brookdale Hospital, five minutes away, where he died approximately three hours after the fluoride treatment.

The \$600,000 award for the death of the boy and \$150,000 award for the pain and suffering he endured was the largest ever made in New York state.

As seen in the table below, there was an average of 6.23 DMFS (decayed, missing, and filled surfaces) in the permanent teeth of the 12- to 14-year-old white children with lifetime exposure to 1 ppm artificially fluoridated water in four Wisconsin towns and one Ohio community. But in three Wisconsin and two Ohio towns with 5 to 15 ppm strontium and 1.0 to 1.3 ppm natural fluoride in the water, the mean DMFS score was only 3.83 per child for the life-long resident white children in this age group.

In the artificially fluoridated communities the strontium concentrations were mostly very low or excessively high (0.02 to 34 ppm). In the one town (Kewaskum, Wis.) with an intermediate strontium level (10-14 ppm) in the water, the iron concentration was considerably higher (1100 ppb or 1.1 ppm) than in any of the other communities, which may therefore account for the comparatively high decay rate there, even with a supposedly near-optimum concentration of strontium in the water.

#### DMFS Tooth Decay Rate in 12- to 14-Year-Old Children

Town	Residency Status	
	Life-long	Immigrant
Beaver Dam, Wis.	6.21	3.52
Eau Claire, Wis.	6.96	6.52
Kewaskum, Wis.	6.06	4.95
Menomonee Falls, Wis.	6.47	3.11
Portsmouth, Ohio	5.45	*
Mean	6.23	4.53
B. With 1.0 to 1.3 ppm Natural Fluoride Water		
Town	Life-long	Immigrant
Kimberly, Wis.	3.99	7.33
Little Chute, Wis.	3.16	7.18
Union Grove, Wis.	4.59	4.17
Fort Recovery, Ohio } Delphos, Ohio }	3.56	*
Mean	3.83	6.23

\* Not reported.

Of particular—and surprising—interest is the fact that among the immigrant children, who had moved to the artificially fluoridated communities between the ages of one and nine (and therefore did not have the "full benefit" of fluoridation), the average DMFS score was actually lower than that of the life-long resident children: 4.53 vs. 6.23. In contrast, the average DMFS score of the life-long resident children in the three Wisconsin communities with 1.0 to 1.3 ppm natural fluoride and 5 to 15 ppm strontium in the water was nearly 60% less than that of the immigrant children: 3.91 vs. 6.23, respectively.

Clearly, such inconsistencies do not justify the usual claim that artificially fluoridated water is as effective in preventing dental caries as natural fluoride water. Since the authors of the study evidently support fluoridation, the fact that their findings in the artificially fluoridated communities look so unimpressive, especially against the immigrant children, takes on added significance.

A further point of interest in this report is the wide variation in the officially recorded fluoride concentrations in the four artificially fluoridated Wisconsin towns. Although the mean fluoride levels were 1.1 to 1.2 ppm, the actual concentrations varied all the way from 0.2 to 3.8 ppm. This last figure is significant because it greatly exceeds the 2.4 ppm maximum in the official USPHS and EPA safe drinking water standards.

By contrast, the mean fluoride concentrations in the three natural fluoride Wisconsin towns ranged from 1.0 to 1.3 ppm, with the actual concentrations varying from 0.8 to 1.6 ppm. Obviously, the adjustment of fluoride levels in artificial fluoridation is far less reliable and "controlled" than in natural fluoride waters.

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*When men are the most sure and arrogant,  
they commonly are the most mistaken.*

—David Hume

National

## FLUORIDATION NEWS

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Dr. Mendelsohn

## Questions "Benefits"

Voltaire's statement, "I disapprove of what you say, but I will defend to the death your right to say it," certainly doesn't apply to the pro-fluoridators as Dr. Robert Mendelsohn, who writes a medical column for the Chicago Tribune Syndicate, can testify.

Dr. Mendelsohn's column that appeared in the Houston Post of May 19, 1978 wondered about the wisdom of adding fluoride to a water supply. He wrote, "During my medical school years, I was taught that fluoridation was good. Since in those days I believed my professors knew what they were talking about, I didn't bother to look at the other side of that question....However, as the years passed, I have been forced to re-think and to unlearn some of what I had been taught. For example, although I live in one of the first cities to fluoridate its water supply, I have noticed over the years that not only have dentists not moved out, but a considerable number of them have moved their offices in."

The Houston Post, along with several other papers, dropped Dr. Mendelsohn's column after irate fluoridators wrote letters to the editor complaining that this comment was inaccurate, untruthful and misinformed.

Another nationally known syndicated writer, Nicholas von Hoffman of King Features, came to Dr. Mendelsohn's rescue. In his column "Watch on Washington" published in the Chicago Tribune, December 23, 1978, Mr. Hoffman wrote of the difficulty of expressing an opinion on controversial subjects, "There is no way you can anticipate what thoughts our society will decide are unthinkable. Some things you can espouse and people will at least take you seriously enough to denounce you or perhaps just call you controversial. But there are other thoughts which no one dare utter in public lest he or she be branded a Grade-A nut."

"The most unthinkable of all currently unthinkable thoughts is the one that questions the validity, utility or benefits associated with putting fluoride in a community's water supply. To murmur so much as a mild demerol is to risk being dismissed as a shrill and irresponsible lunatic."

Mr. Hoffman mentioned Dr. Mendelsohn's comment on fluoridation and concluded his column by asking, "Is it right or wise to medicate whole populations when anyone who desires fluorides can go to the drugstore and get toothpaste containing it? Now that so many areas are discovering that their drinking water is marginally contaminated by all sorts of chemicals which have accidentally gotten into our reservoirs, we might also worry about what happens when any number of these hundreds of chemicals, many only tentatively identified, combine inside our bodies with fluorides. Whatever we eventually do decide, silencing people with disturbing ideas is hardly an intelligent way to serve either our health or our society."

## Eastalco Loses Another Lawsuit

A Maryland circuit court jury awarded \$65,000 to three Adamston farm families for fluoride injuries to their dairy herds.

Eastalco President Harvey Armintrout testified that the Buckeytown plant discharges into the atmosphere each day more than 856 pounds of aluminum fluoride. That figure, he testifies, has remained unchanged since he assumed control of the operation in 1974. He also said that 95 percent of the fluoride emissions from the smelting pots is captured in Eastalco's two pollution control systems.

Eastalco's Buckeytown plant started operations in 1970. The plaintiffs testified that since it opened whitish haze and sometimes brown smoke has caused health problems for the families and serious damage to livestock and crops.

## EDITORIAL

by Isabel Jansen, R.N.

Fluoride is a skull and crossbones poison. Yet it is promoted at taxpayers expense by our so-called "health authorities" as an additive to our drinking water to reduce tooth decay in children to the age of 12.

It hasn't worked in 30 years, according to Dr. Harry Saxon of Chicago. Tooth decay is as prevalent in his practice today as it was in the pre-fluoride years.

Instead of the promised benefits, we have polluted our water with millions of tons of this poison (over 50,000 tons in Wisconsin alone). It is never recoverable.

Isn't there enough pollution without such deliberate action on the part of those who are paid to protect us and our environment? Fluoride is readily available on an individual basis if needed. Tooth decay is not due to a lack of fluoride. It is due to lack of a good diet.

*Isabel Jansen is listed in the 1979 edition of the "World Who's Who of Women," "Dictionary of International Biography," and "Community Leaders and Noteworthy Americans." Miss Jansen is president of the Citizens Action Program for Safe Wisconsin Water. She spent 24 years as surgical assistant to the professor of Oral and Maxillo facial surgery at Marquette University Medical and Dental School.*

## Letters to the Editor

### Children Harmed in Canada

Fourteen months ago I was just emerging from the masses who equate good motherhood with fluoride treatments and fluoridated toothpastes. Up to that time I did all the procedures expected of me: including first fluoride treatments at the third birthday, and Crest on the toothbrush as soon as my three children were old enough to stand up on a little chair at the sink. My middle child, unfortunate to be born in a year when fluoride vitamin drops were the "in thing", is a constant reminder of my brainwashing. He has turned eight and his second teeth are coming in yellow, like his first.

I am heart-sick about the little girl across the street as well. She had daily doses of fluoride in her vitamins for the first three years of her life, and has always lived in communities that added artificial fluoride to the drinking water.

Her baby teeth were discolored, and now that she is five-going-on-six her second teeth are coming in. Jennifer is a good looking girl with above average intelligence, but she is suffering from a disease that will not only affect her physically, but could very well submerge an already-shy personality.

Jennifer has fluorosis. Her top front permanent teeth are vertically striped, and the bottom ones mottled. While the dentist and distraught mother are discussing what procedures to take to combat the damage that fluoride has done (capping the child's teeth when the tips break off when she's older), where is little Jennifer? In another room having yet another fluoride treatment! (That dentist should be sued for malpractice, in my opinion.)

Those of us in the neighborhood who have children with fluorosis are torn between the urge to show everyone the damage fluoride can do, and the desire to spare the children's feelings by not asking them to show their diseased teeth to the world.

Even more frightening is researcher Lee Hardy's comment: "When any degree of mottling from the action of fluoride is evident, the body has suffered general fluoride poisoning. The loss of teeth from mottling is perhaps one of the lesser hazards of fluoridation."

The Jennifers and Bruces of this world are not isolated freaks. What physical and psychological damage has been done—and at what cost!

Mrs. Mary Eden Bassett  
Halifax, Nova Scotia, Canada

### Who's Loony Now?

The Soviet Union and 14 other European countries have abandoned fluoridation after many trials. Why? They report it does not measure up to the exaggerated claims made for it. Then too, these countries do not have the same commercial-political setup we have here as regards the fluoride waste-disposal problem of aluminum and phosphate-fertilizer manufacturing plants.

Massachusetts' Metropolitan District Commission, with the governor's approval, is paying \$900 per ton for the wash-down acid from the phosphate-fertilizer plants. What a boondoggle.

The real flim-flam came into the picture when the greatest medical-dental mistake of the century was made in 1950. The whole fluoridation fluoride-disposal plan started

### Corrosion Control Plans for Seattle

Corrosion has become a major problem in Seattle since the fluoridation of its water system. The City Council therefore has unanimously accepted a plan to reduce the corrosiveness of the drinking water by treating it with lime, sodium bicarbonate and silicate. The chemicals are to be added to the water at new plants to be built on the city's Cedar and Tolt River supply systems, as reported on Jan. 9, 1979 by Michael Sweeney of the Seattle Post-Intelligence.

A two-year department study indicated that the corrosion control program would extend the life of plumbing pipes by at least 30 percent.

In its present state, Seattle's water has a tendency to "eat" the pipes through which it flows, producing rusty

water at the tap. Officials said the program would reduce the rust in galvanized pipes and cut the greenish staining of copper plumbing. As a result, officials said, the program will reduce by more than 20 tons the amount of zinc and copper now leached off plumbing pipes and washed through the sewers into Puget Sound.

The council conceded that 16 percent of the cost of the anti-corrosion program will go to counteract the corrosion caused by fluoride added to the water to reduce tooth decay.

However the council members rejected a simple solution to scrap the corrosion control program and simply remove the fluoride from the water supply.

then, making a personal hygiene matter into a public health political affair. It started with the mistaken assumption that by reducing fluoride's concentration to a minimal one part per million, it somehow became safe.

Fluoridation never has been proven safe by anybody, anywhere at any time. In fact, Dr. Hugo Theorell, Nobel Prize winning Swedish biochemist, has stated, "Sodium fluoride is a highly toxic and extremely corrosive enzyme poison that inhibits the growth of all living cells and tissues." The U.S. Department of Agriculture Handbook No. 380 states that sodium fluoride has killed more animals than any other chemical. The U.S. Pharmacopeia, bible of pharmacists, states, "Sodium-fluoride is a poison, along with arsenic, lead and cyanide." Dr. Carlsson of Sweden, leading fluoride scientist, stated, "After meticulous research of all the data furnished us by the H.E.W. to prove the safety of fluoridation, we have found that such proof of safety is simply non-existent."

The Food and Drug Administration a few years ago removed all fluoride insecticide from hardware stores because it is dangerous. It is now a prescription item. The label reads, "Keep away from foodstuffs, pets and children."

Now they feed it to humans. How crazy can the fluoride-pushers get?

M. Dewey Bogart  
Barre, MA

### Fluoridation Not Democratic

I note in a number of places that you refer to "elections" and 51% of the voters forcing 100% of the people to consume fluorides.

Perhaps you do not know that fluoridation has been removed from the realm of democracy in some locations. A year or two ago the state of Ohio decreed that Cincinnati must have fluoride in its water supply *in spite of the fact that the citizens of that city have voted overwhelmingly against it on four occasions*, the most recent of which was just prior to the state edict.

Perhaps some fund should be spent to take the Cincinnati issue to the Supreme Court so that we may determine whether totalitarian politics are indeed legal in our so-called "democracy."

Lee Benham  
Gulph Mill, PA

### Fluoride Warnings

I have just finished reading the excellent article on fluoridation written by Dr. John R. Lee, M.D.

For your information I would like to repeat a "warning" which I read while on a trip to Arizona. It was posted on the entrance to a rest area in a Park in Blythe, Arizona:

**This water is drinkable, however, it is high in mineral content and may have a laxative effect. Also because of high fluoridant content, it is not to be consumed on a continuing basis by children under 10 years of age, or by pregnant women.**

I also found another warning in one of Kaiser's hospitals in Long Beach, in 1970.

**Warning: After Long Beach fluoridates its water, fluoridation pills should no longer be used.**

Bernice W. Thompson  
Long Beach, CA

# Fluoride Harmful to Ornamental Foliage Plants

During the past decade, scientists at the University of Florida's Agricultural Research Center in Apoka, Florida, have discovered that fluoride, in irrigation water, superphosphate fertilizer, and certain soil mixes, causes serious foliar damage to a variety of decorative tropical foliage plants.

A recent summary by these workers, R. T. Poole, C. A. Conover, R. W. Henley, and A. J. Pate, appeared under the title "Fluoride Toxicity of Foliage Plants—A Research Review" in Volume 1, No. 7 (1978), of *Foliage Digest*, published by the Foliage Education and Research Foundation, Inc., P. O. Box Y, Apoka, Florida 32703.

Plants showing marked sensitivity to fluoride include:

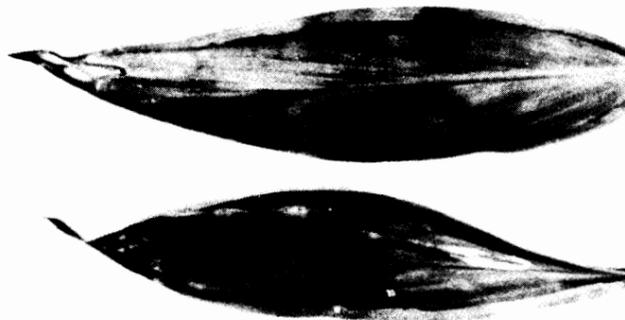
- Cordyline terminalis* 'Baby Doll' (Baby Doll Ti)
- Dracaena deremensis* 'Warneckii' (Warneck Dracaena)
- D. deremensis* 'Janet Craig' (Janet Craig Dracaena)
- Chlorophytum comosum* (Spider Plant)

Fluoride is probably a causal agent of foliar damage to several other foliage plants including:

- Aspidistra elatior* (Cast-Iron Plant)
- Calathea insignis* (Rattlesnake Plant)
- C. Makoyana* (Peacock Plant)
- Ctenanthe* 'Dragon Tracks' (Dragon Tracks)
- Dracaena fragrans* 'Massangeana' (Massangeana)
- D. marginata* (Madagascar Dragon-Tree)
- D. Sanderana* (Ribbon Dracaena)
- Maranta leuconeura erythroneura* (Red-Nerve Plant)
- M. leuconeura Kerchoviana* (Prayer Plant)
- Dracaena thalioides* (Lance Dracaena)
- Spathiphyllum cannifolium* (Peace Lily)
- Yucca elephantipes* (Spineless Yucca)

## Nature of Damage

In the case of Baby Doll Ti the damage occurs as "small, brown necrotic lesions on the leaf tip which enlarge and coalesce until the whole leaf may become necrotic." In Warneckii Dracaena the necrotic areas develop "along the margins and also in white portions of leaves." In Janet Dracaena the damage "is exhibited by necrotic leaf tips



Tipburn damage on *Cordyline terminalis* 'Baby Doll' leaves caused by fluoride toxicity. Photo from *Foliage Digest*

which are usually bordered by a chlorotic band." The extreme sensitivity of Baby Doll tip cuttings rooted in water was revealed when tap water containing only 0.25 ppm fluoride caused "necrotic lesions on the leaf margins of the older leaves." Further studies disclosed similar damage "when the water contained fluoride concentrations as low as 0.15 parts per million" in propagation experiments (see Table).

## Fluoride Necrosis in Baby Doll Ti Propagated (to root stage) in Tubes Containing Fluoride Solutions

Fluoride Solution (parts per million)	Necrosis Rating†	Leaf Fluoride (parts per million)
0.00	1.4	2.8
0.15	3.2	6.2
0.30	4.0	11.7
0.45	4.9	13.5
0.60	5.9	16.5
0.75	6.0	17.2

† 1 = no necrosis; 10 = complete necrosis (dead).

Commenting on these findings in relation to fluoridation, the authors warn: "Growers using treated water for municipi-

palities should also beware, because fluoride is usually added at 0.5 to 1.0 parts per million for tooth decay prevention."

## Other Sources of Fluoride

Various soil mixes also produced foliar damage because of their high fluoride content. Perlite and German peat containing 17.2 and 3.9 ppm of soluble fluoride, respectively, caused substantial to severe necrosis. Pretreatment of these soil mixes with limestone or dolomite to raise the pH to 6.0-6.5 greatly reduced the availability of fluoride and the damage it caused to the plant. Prior leaching with low-fluoride water was also beneficial.

Superphosphate fertilizer, which contains approximately 1.5% (15,000 ppm) fluoride, was likewise found to be extremely toxic to these tropical plants. Greater transpiration and therefore larger fluoride intake also resulted from higher light intensities, low humidity, excessive air movement, and elevated temperatures (100°F vs. 80°F).

From their studies the authors make the following recommendations to growers of fluoride-sensitive plants:

1. **Avoid use of superphosphate.** (Obtain phosphorus from nonfluoride fertilizer.)
2. **Elevate pH to 6.0 to 6.5.** (Add lime, dolomite, or calcium carbonate to soil mix.)
3. **Avoid media containing fluoride.** (Test for soluble fluoride.)
4. **Reduce transpiration.** (Avoid high light intensities, excessive air movement, high temperatures, and low humidity.)
5. **Eliminate fluoride in water.** (Use water containing less than 0.10 ppm fluoride, especially for propagation of sensitive plants.)

NOTE: Earlier studies by these workers demonstrated that 1 ppm fluoride in water causes stunting and delayed floret opening in cut roses and gladiolas (see *National Fluoridation News*, January-February 1970). Obviously, the claim that "fluoridation is absolutely safe" is completely refuted by these easily verified findings.

## Methoxyflurane Abuse

# Wrong Impression of Fluorosis Delays Correct Diagnosis

Owing to the widespread but erroneous belief—fostered, unfortunately, by promoters of fluoridation—that "[chronic] fluorosis is a disease with few associated symptoms other than occasional vague bone pain," the authors of a recent report of "exceedingly painful" bone and other serious disorders arising from repeated inhalation of a fluorinated anesthetic had to admit there was "several months' delay in coming to the diagnosis of fluorosis."

Published in Part 1 of the November 1978 issue of the *American College of Physicians' Annals of Internal Medicine* (Vol. 89, pp. 607-611), the article, entitled "Subacute Fluorosis: A Consequence of Abuse of an Organofluoride Anesthetic," is by Drs. Phillip J. Klemmer and Nortin M. Hadler of the University of North Carolina School of Medicine, Chapel Hill, N.C. In it they give a graphic description of the case of a 27-year-old nurse who intermittently, for at least nine years, had been illicitly inhaling the fluorinated anesthetic methoxyflurane (Penthane), "apparently for its sedative and psychoactive effects." In the body methoxyflurane is metabolized to release fluoride ions.

## Characteristic Symptoms

Beginning at age 18, before any bone changes were evident, the nurse "experienced headache, polyuria, polydipsia, and epigastric distress during nursing training." These, of course, are characteristic symptoms of chronic fluoride toxicity associated with fluoridated drinking water, as have been reported repeatedly in the pages of *National Fluoridation News*.

At age 22 the nurse's headaches returned, and she had also developed high blood pressure (220/130 mm Hg). She

now had "severe bone pain in the pelvis, upper femurs, anterior tibias, and both hands. Painful nodules were noted overlying areas of radiographically obvious periosteal new bone formation in the diaphyses of several proximal and middle phalanges." In other words, the bones in her torso and legs as well as the joints in her hands and feet had become painfully osteoarthritic.

Four years later, at age 26, "bone pain, headaches, epigastric distress, polyuria, and polydipsia recurred." Again, "radiographs showed minimal abnormality." Nevertheless, she was extremely ill. "She had multiple, fixed, exquisitely painful nodules on her extremities."

At this time her blood pressure was again high, and there was now evidence of increasing kidney damage and dysfunction. "Six months later she was again hospitalized because of gastric ulcer disease. At that juncture not only was major periosteal new bone formation apparent. . . but generalized osteosclerosis as well."

## Cause Finally Recognized

Although extensive tests and laboratory analyses had been conducted throughout the course of her illness, the cause of her condition was not recognized until, one day "she was found somnolent in bed in the morning having placed cotton wadding saturated with a very sweet-smelling liquid over her nose. Later, when serum fluoride levels were found elevated, she confessed to intermittent abuse of methoxyflurane, both in the hospital and as an outpatient."

Unfortunately, by this time she had apparently become heavily addicted to sniffing methoxyflurane. "Efforts to convince her of the dire consequences" of what she was doing "were unsuccessful" and she had to be "readmitted

to the medical service with increased bone pain and declining renal function." She now also experienced "severe depression" and required "extended hospitalization on the psychiatry service."

During periods of her exposures to methoxyflurane her serum fluoride levels were 500 times above normal, and even afterwards they remained extremely high. A bone biopsy of the iliac crest showed an accumulation of 15,000 ppm fluoride, which "approaches the theoretical ceiling of 35,000 ppm." Much of this fluoride obviously continued to be released into the rest of her body even when she was not inhaling the anesthetic.

In reviewing this case, the authors frankly state that the "renal disease as manifest in this patient, and occurring in the setting of increasing skeletal mass, should have suggested fluoride intoxication. The long history of polyuria and polydipsia and the persistently dilute morning urines in this patient are typical features of the syndrome of 'diabetes insipidus fluorique' described almost half a century ago in hyperthyroid patients treated with large doses of sodium fluoride."

The authors conclude by stressing that prolonged exposure to fluoride affects other organs besides bones and kidneys. They point out that "fluoride is a metabolic poison" and causes "a multisystem disease," leading to abnormalities "in liver and thyroid function, in the gastric mucosa, and in blood pressure homeostasis, which might be ascribed at some level of fluoride intoxication." Of course they also warn against any such abuse of methoxyflurane!

## BOOK REVIEW by James B. Patrick, Ph.D.

Chairman, Department of Chemistry  
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Review: *Fluoridation: The Great Dilemma*, by George L. Waldbott, M.D. in collaboration with Albert W. Burgstahler, Ph.D. and H. Lewis McKinney, Ph.D. (Coronado Press, Inc., Lawrence, Kansas; 1978)

Quite a few books have been written about fluoridation in the past twenty years or so, and the technical literature on the subject is enormous. Why, then, do we now have this one added to the number? The answer is obvious in just a few minutes' reading: the incredible Dr. Waldbott has produced what, by any reasonable standard, is going to be the last word on the subject for a long time to come.

Fluoridation is, after all, a multifaceted problem. There are questions of the general toxicity of fluoride, the idiosyncratic toxicity toward exceptionally sensitive individuals, the interaction of fluorides with other toxins, the effect of fluoride in pregnancy, *ad infinitum*. Waldbott does a superb job of untangling these various questions in such a way that the layman can keep up with the argument, while the scientist can still find the rigorous logic and the supporting references that he needs. In fact, many a so-called "science writer" could take some useful lessons from the authors of this book. Waldbott carefully and thoroughly discusses both chronic and acute fluoride toxicity, both in bones and soft tissues, as caused by waterborne and airborne fluoride. He has a particularly timely chapter on the more recent findings relating fluoride exposure to genetic damage, birth defects, and cancer. All of these clinical data are discussed in the framework of a painstaking introduction to environmental diseases generally and a clear presentation of sources and normal metabolism of fluoride.

If the book contained no more than that it would still be a valuable addition to the literature, but Waldbott goes

much further. After devoting almost 250 pages to the toxicology, biochemistry, physiology, and clinical studies pertaining to fluorides, he turns his attention to the various criticisms of poisoning reports that pro-fluoridationists have made and answers them carefully and dispassionately. For this reviewer, this latter part of the book is the most amazing and admirable part. To anyone who knows the amount of vilification and obstruction which Dr. Waldbott has endured at the hands of various federal bureaucrats disguised as medical practitioners, the patience, courtesy, and thorough professionalism which he invariably shows in dealing with them and their arguments is marvelous.

But though the book is courteous and professional, it pulls no punches. Waldbott meticulously documents the dishonesty and incompetence of many of the "authorities" who first set the stage for the big push for fluoridation. He documents the shady tactics by which many of the so-called "endorsements" of fluoridation were obtained, and clearly delineates the industrial interests involved in large-scale fluoridation. Then, with that for background, comes a chapter entitled "Why the Ignorance?". To my mind, this chapter alone is worth the price of the book. In it Dr. Waldbott describes, in objective, clinical fashion, all of the various maneuvers that the American Dental Association, the Public Health Service, and some of the other fluoridationists have resorted to in order to keep the public in the dark about what can now be seen to be the worst public health fiasco in American history. It is all there: the suppression of data, the pressures on dentists, physicians, and scientists, the pretense that fluoridation is "not debatable", even the occasional threats to publishers of loss of government business if they printed material that would rock the fluoridation boat. Quite apart from the

specific question of fluoridation, this chapter is a star exhibit for anyone interested in studying the sociology of modern medicine and the impact of centralized authority on research and the dissemination of scientific results.

After a final summary chapter, the book provides an excellent bibliography for anyone whose interest may have been kindled to go further into the fluoridation controversy. And finally, there is an excellent index, a feature that is essential for any serious student.

There are a number of useful illustrations, although they are not as sharp and clear as one would like. It is highly creditable to Coronado Press that they undertook to produce this book, and they have done a workmanlike job of it. Nevertheless, it is part of the disgrace that still hangs over the fluoridation fiasco that a book of this one's importance was not snapped up by one of the big name publishers, printed on glossy paper in color, and distributed in bookstores nationwide. Thanks to Dr. Waldbott we can clearly see "why the ignorance?", but we still have a long way to go before we dispel the ignorance. It will be dispelled, though, and the authors of this book will rank high among the public benefactors who told the truth to the American people at a time when telling that truth was not without cost. Read it, and give a copy to your dentist.

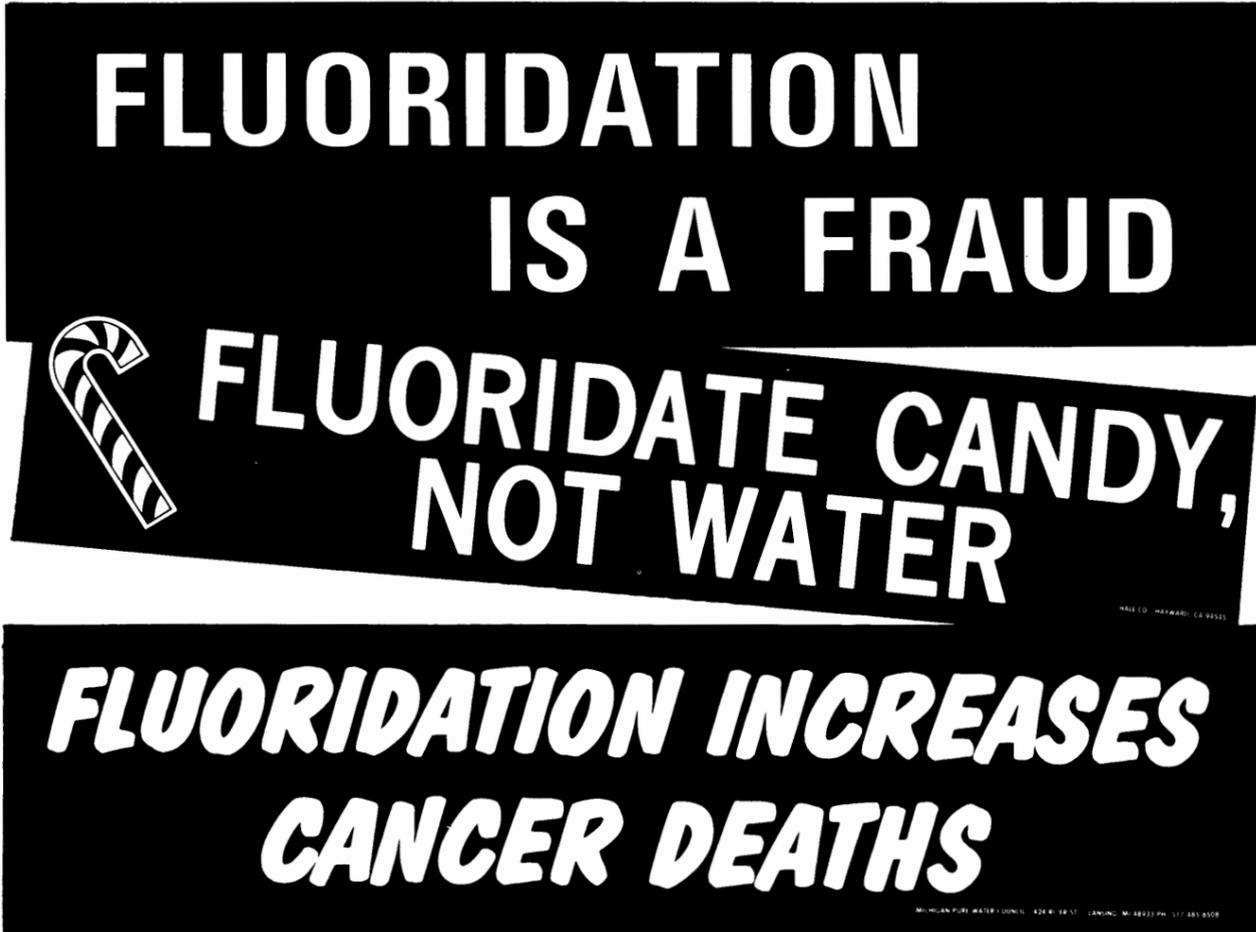
## Fluoridation: The Great Dilemma

available from National Fluoridation News  
Route 1, Gravette Arkansas 72736

Discount Prices:

Paperback \$6.00 . . . . . 10 copies \$55.00  
Hardcover \$11.00 . . . . . 10 copies \$100.00  
Check should accompany order.

## Bumper Stickers From All Over



A recent visitor from England said he could tell the mood of America by observing bumper stickers. Judging from the stickers sent in by National Fluoridation News subscribers the trend is against adding fluoride to public water supplies. The one pictured at the top, "Fluoridation Is A Fraud" is from R. V. Brinker, 626½ Frederick St., Cumberland, Maryland 21502. "Fluoridate Candy Not Water" was printed by the Hale Company of Hayward, California 94545, and "Fluoridation Increases Cancer Deaths" by the Michigan Pure Water Council, 424 River St., Lansing Michigan 48933. Others received are "Investigate Before You Fluoridate", "Save Our Children From the Fluoridators" and "Don't Be Fluoride Foolish."

### Fluoridators Apply Pressure

Fluoridators never give up. An extensive campaign to fluoridate New York State is in progress. Commissioners of Health of both Nassau and Suffolk Counties on Long Island, New York are actively promoting fluoridation, and they are urging the Health Systems Agency to implement the fluoridation plan. Rockland County's Board of Health has already voted for fluoridation, despite the fact that the local Rockland County Legislature is opposed to fluoridation. Citizens of Rockland County have initiated a lawsuit to stop the action. A determined and dedicated group of citizens have joined forces in their efforts to stop the fluoridators. They are the New York State Coalition Opposed to Fluoridation (NYSOCF). A symposium was held on March 28, 1979 in the East Nassau Temple, Syosset, Long Island to counter the move to fluoridate Nassau and Suffolk Counties. A large turnout was addressed by Richard Passwater, biochemist, who served as Chairman of the Symposium, Michael Schachter, M.D., Harry Sackren, M.D., Richard Carlton, M.D., Casimir Sheft, D.D.S., Paul Beeber, attorney for the organization and Joy Grand of the P.T.A. of Nassau. The Nassau-Suffolk Health Systems Agency is planning to hold public meetings on fluoridation. Mrs. Eleanor Krinsky, liaison for the NYSOCF, said that "Statewide fluoridation attempts must be watched for carefully. An effective way to help is to ask your own State Senator and State Assemblyman to oppose any mandatory fluoridation bill, and to work and speak out to individuals and groups whenever possible. An alert public is needed. For information contact NYSOCF, P.O. Box 263, Old Bethpage, N.Y. 11804. Please enclose a stamped envelope."

### Defluoridation in Arizona

Little seems to be known about the defluoridation of city water. A story in the Alcoa Aluminum Newsletter, Summer 1978, reported that defluoridation saved a town. In 1970 the state health service notified town officials of Gila Bend, Arizona that the fluoride content of their water exceeded the mandatory limit of 1.4 parts per million. The report in the Alcoa Newsletter said: "The consequences were severe. Until the situation was corrected, the county health department would not approve new residential and commercial connections to the water system. And the Federal Housing Administration refused to underwrite home loans. Further, any known solution seemed beyond the community's financial resources."

#### Solution Found

The solution was a remarkably efficient fluoride removal plant whose simple design and inexpensive operation put it within the means of an average town, according to the report. The plant opened in 1978. It was designed by Frederick Rubel, Jr., P.E., consulting engineer of Tucson, Arizona. Alcoa activated alumina F-1 particles from Bauxite, Arkansas, absorb the fluoride as the water passes through large treatment beds. It can treat 750,000 gallons daily. It's the only known economical defluoridating process. Two characteristics of Alcoa activated alumina are the reasons why. One, it is extremely durable, and when regenerated periodically will last indefinitely. Two, it is very porous. The particles in a 100 pound bag have over four square miles of surface area.

For Your

## Fluoridation Library

We have many requests for recent publications on fluoridation, most of which are not readily available through standard outlets. As a service to our readers, National Fluoridation News is making them available.

Mail your requests accompanied by check or money order to:

NATIONAL FLUORIDATION NEWS  
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#### BOOKS

1. **FLUORIDATION: THE GREAT DILEMMA** by Dr. George L. Waldbott in collaboration with Albert W. Burgstahler, Ph.D. and H. Lewis McKinney, Ph.D. Forward by Alton Ochsner, M.D. This is the long-awaited, eye-opening, straightforward presentation of documented scientific research. 423 plus pages Coronado Press, Box 3232, Lawrence, Kansas 66044. (Publisher's price \$7.50 paperback, \$14.95 hardcover) Price from National Fluoridation News: Paperback — Single copy \$6.00; 10 copies \$55.00 Hardcover — Single copy \$11.00; 10 copies \$100.00
2. **THE FLUORIDE QUESTION - PANACEA OR POISON?** by Anne-Lise Gotzsche. A well-researched, comprehensive, and clearly written book by a highly regarded Danish medical journalist who resides in England. . . . . \$2.50 (10 copies \$20.00)
3. **FLUORIDATION AND TRUTH DECAY** by Gladys Caldwell and Philip E. Zanfagna, M.D. In over 300 fact-filled, explosive pages, the authors expose the nationwide campaign that led an estimated 100 million Americans to drink one mg. fluoride in every quart of water from cradle to grave. . . . . \$3.95 (10 copies \$35.00)

#### BOOKLETS

4. **FLUORIDATION AND CANCER, AGE DEPENDENCE OF CANCER MORTALITY RELATED TO ARTIFICIAL FLUORIDATION** by J. Yiamouyiannis and Dean Burk, Delaware, Ohio and Washington, D.C. 23 page booklet reprinted from FLUORIDE, Volume 10, No. 3, July 1977, pages 102-123. . . . . 50 cents (10 copies \$4.50)
5. **Reprint: SCIENTISTS AND FLUORIDATION** by Albert W. Burgstahler, Ph.D. Survey of dental and medical findings, with bibliography. . . . . 30 cents (10 copies \$2.50; 100 copies \$20.00)
6. **Reprint: DENTAL AND MEDICAL ASPECTS OF FLUORIDATED DRINKING WATER**, by Albert W. Burgstahler, Ph.D. A survey of the "steadily growing number of detailed accounts of adverse findings." . . . . . 20 cents (10 copies \$1.50)
7. **INCREASED DEATH RATES IN CHILE ASSOCIATED WITH ARTIFICIAL FLUORIDATION OF DRINKING WATER, WITH IMPLICATIONS FOR OTHER COUNTRIES** by Albert Schatz, Ph.D., F.R.S.H. 18 page report from the *Anthony University Journal of Arts, Science and Humanities* Special Issue on Fluoridation. The report includes a section which specifically discusses "Implications of the United States." . . . . . \$1.00
8. **CONTROLLING THE POTENTIAL HAZARDS OF GOVERNMENT-SPONSORED TECHNOLOGY**, by Michael Wollen, reprinted from *The George Washington Law Review*. Documented critique of PHS promotion of fluoridation on the face of adverse evidence. . . . . 25 cents (5 copies \$1.00; 100 copies \$15.00)
9. **PROCEEDINGS OF THE FOURTH ANNUAL CONFERENCE OF STATE DENTAL DIRECTORS WITH THE PUBLIC HEALTH SERVICE, 1951.** First-hand, inside revelations on how the Public Health Service mounts an offensive for fluoridation. . . . . 50 cents (10 copies \$4.00)
10. **YOU ARE THE GUINEA PIG.** A succinct presentation of the evidence of the dangers of fluoride and of the motives behind the fluoridation promoters. 15 cents (100 copies \$12.50)

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11. **COMPLETE FILE OF BACK ISSUES OF NATIONAL FLUORIDATION NEWS — A VALUABLE SOURCE OF INFORMATION.** 16 years—April 1963 to date. \$8.00

#### FLYERS

12. **FLUORIDATION???** A flyer containing questions and answers and quotations from experts. . . . . 25 copies \$1.75; 100 copies \$5.00 1,000 copies \$40.00
13. **Reprint: BETTER DIET vs. FLUORIDATION** by Albert W. Burgstahler, Ph.D. . . . . 10 copies 50 cents 100 copies \$3.00

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### LIFESAVERS GUIDE TO FLUORIDATION

BENEFITS/RISKS EVALUATED IN THIS 1979 QUESTION AND ANSWER REPORT

BY JOHN YIAMOUIYIANNIS, PH.D.  
Science Director, The National Health Federation

#### What is fluoridation?

Fluoridation is the addition of fluoride to the public water systems, usually at the rate of about 1 part fluoride for every million parts of water (1 ppm), by weight.

#### Why is fluoride added to public water systems?

Proponents of fluoridation claim that addition of 1 ppm fluoride to public water systems reduces tooth decay by as much as 2/3rds.

#### Is this true?

No. Although attempts have been made,<sup>1,2,3,4</sup> no laboratory experiment has ever shown that 1 ppm fluoride in the drinking water is effective in reducing tooth decay. Nor are human studies concerning the effects of fluoridated water all that convincing.<sup>5</sup> e.g. the well-known Bartlett-Cameron study found that while there was no difference in the dental health<sup>6</sup> of residents of Bartlett, Texas (8 ppm) and Cameron, Texas (0.4 ppm), the mortality rate of Bartlett was substantially higher than that of Cameron.<sup>7</sup> In addition, proponents of fluoridation cite the Grand Rapids-Muskegon study,<sup>8</sup> originally designed as a 10-year study. When after 5 years, it was observed that the tooth decay rate of nonfluoridated Muskegon had decreased as much as that of artificially fluoridated Grand Rapids, Muskegon was dropped as a control city and the only report made was that the tooth decay rate in Grand Rapids decreased after fluoridation. Similar "tricks" were pulled in the other studies cited by proponents.<sup>9</sup> What proponents don't cite are studies<sup>10</sup> showing exactly the opposite results, i.e. that 1 ppm fluoride is associated with an increase in tooth decay rate.

#### Do national figures show that fluoridation reduces tooth decay?

No. While the U.S. is one of the most fluoridated countries in the world, it has one of the highest tooth decay rates in the world<sup>11</sup>—data from the National Center for Health Statistics<sup>12</sup> do not indicate a decrease in tooth decay rates as the U.S. has become progressively more fluoridated—and if tooth decay rates are in any way reflected in the cost of dental care, it should be noted that from 1960 to 1971, a time during which an additional 50,000,000 people were forced to drink artificially fluoridated water, per capita dental costs increased by 102%<sup>13</sup> compared to only a 37% increase in the cost of living.<sup>14</sup>

### FLUORIDATION - WHAT ARE THE FACTS?

#### A SUMMARY FOR

- DENTISTS
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- LAWYERS
- LEGISLATORS
- NURSES
- OFFICIALS
- PHYSICIANS
- REPORTERS
- STUDENTS
- TEACHERS
- VOTERS

Should the entire population take a known toxic agent in uncontrolled dosage, for life?

HOWARD M. THOMSON  
The author is indebted to the following friendly critics for their valuable comments and suggestions:

- ALBERT W. BURGSTÄHLER, PH.D.
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APRIL 1979



Two new informative pamphlets excellent for general distribution in educating citizens.

#### "Lifesavers Guide to Fluoridation"

by John Yiamouyiannis, Ph.D. contains 6 pages of pertinent questions and answers. Available from: National Health Federation Box 688, Monrovia, CA 91016 25¢ each, \$5.00 for 60

#### "Fluoridation - What Are The Facts?"

by Howard M. Thomson a 12-page instructive flyer folded for convenient size in a 9½ by 4 inch envelope. Available from: Evergreen Publishing Company 277 Farnum Street N. Andover, MA 01845 10 copies \$1, 100 for \$7, 500 for \$30