

SECTION 3: INEFFECTIVENESS OF ARTIFICIAL FLUORIDATION

"It is true that children's caries rates have fallen dramatically in the past 15 years. The improvement has been equally great in both fluoridated and unfluoridated communities. [my emphasis] Whether the reason is improvement in nutrition, the advent of fluoridated toothpaste, better dental hygiene, the widespread use of antibiotics, or the emergence of immune antibodies to the plaque bacteria, the only certain conclusion to be drawn at this time is that water fluoridation can not be the explanation."*

Dr John Lee, M.D. Submission, 14.1.90.

* Refer to graphs in appendix.

Both sides of the fluoride debate agree that dental caries in children have quite markedly decreased in nearly all developed countries throughout the world during recent decades. Though not specifically stated, the general publicity by promoters of fluoridation would imply that this was caused by artificial fluoridation.

Over 95% of people in the world, however, are *not* artificially fluoridated! Nor do proponents usually report any of the scientific and statistical evidence which shows that in developed countries throughout the world, tooth decay has decreased in *both* fluoridated and unfluoridated regions, at about the same rate. In undeveloped countries it is seen that the increase in dental caries corresponds with an increase in the importation and use of sugar.

Finding Sponsored by over 1600 Physicians, Dentists and Scientists

The Medical-Dental Committee on Evaluation of Fluoridation, whose findings are sponsored by over 1,600 physicians, dentists and scientists, reported:

"Fluoridation entered the public health scene with two insistent uncertainties: is it safe? - does it reduce tooth decay? Its safety to health is discussed elsewhere ... But 14 years of fluoridation have failed to substantiate its sole proclaimed purpose of '65% reduction in dental decay.' Indeed there is yet to be undertaken one single experiment designed to scientifically determine the dental benefits of fluoridation. There is no uncertainty however about its dental harmfulness: with unfailing certainty fluoridated water will produce a crop of permanently mottled teeth in every new generation of drinkers."

When Doctors Disagree, Warnings by Physicians, Dentists and Scientists Around the World On the Known Dangers and Possible Hazards Of Fluoridation, June, 1967. Pub. Greater N.Y. C'tee Opposed to Fl, Inc.

Better Teeth Before Fluoridation

In New South Wales, the Health Commission reported that children's teeth in Sydney had greatly improved between 1961 and 1967. (from 8 per cent 'decay-free' up to 58 per cent). However, it should be noted that Sydney wasn't fluoridated till 1968!

Poison on Tap, pp 30-33. Lawson J.S. et al. (1978), *Medical Journal of Australia*, Vol 1, pp 124-125.

Sydney Study (fraud)

When misleading or false statements are made about artificial fluoridation to suggest benefits that do not exist, many people are given a view that conceals the ineffectiveness and dangers of fluoridation.

The Statement

An example is the following statement by the Victorian Labor shadow Minister for Health Mr Roper: (*Hansard*, 9-9-80, p 65):

"In the Medical Journal of Australia, dated 11th February, 1978 in which it is suggested that in 1960, more than 90 percent of children in Northern Sydney had active dental decay, honorable members should bear in mind that northern Sydney is one of Sydney's most affluent areas, and that dental health there would be better than the average in Sydney - compared with less than 25 percent in the same community at the present time."

Leaving aside the fact that the study used no control group, this statement is still misleading. Firstly, the "present time" referred to was not 1978, as you would reasonably be expected to believe from Mr Roper's statement, but 1974. The data, you see, had been collected four years earlier.

The hidden data

Secondly, the data from Table 1 of the paper in the *Medical Journal* shows a 60% improvement in children's teeth between 1961 and 1968, **before** fluoridation of Sydney's water supply.

Fluoride was added to Sydney drinking water supplies in 1968. In the following four years, the improvement in children's teeth was **only** 2% - rising from 60% in 1968 to 62% in 1972.

The cover-up

In an effort to boost the percentage of improvement after fluoridation, the Dental Survey Team *selected* children with above average numbers of sound teeth from the 80,000 children in the age group area. Their sample amounted to 1810 children, just 2.2%.

The *Medical Journal* paper stated:

"However it should be noted that considerable improvement in dental health took place before the fluoridation of water supplies in Sydney in 1968. The caries-free figure of 58% in these northern suburbs in 1967 was equal to the figure obtained in Tamworth after 9 years of fluoridation of water supplies."

This highlights the weakness inherent in the claim that artificial fluoridation reduces tooth decay. As we have seen, while it is true that there has been a widespread improvement in children's teeth throughout most of the world, it has occurred not only in unfluoridated and fluoridated areas at a similar rate, but it was also occurring *before* fluoridation began.

The point here is that *before* fluoridation we observe that teeth were already improving. After fluoridation, there was less improvement, but this is used by proponents to suggest that artificial fluoridation prevents dental caries. The factors (though not necessarily known) which caused the improvement in children's teeth before fluoridation are ignored, and the improvement (though less) is put down to artificial fluoridation.

This demonstrates the possibility that factors other than artificial fluoridation might influence dental caries.

The Sydney study and its use are examples of a type of fluoridation propaganda used by some to mislead people into believing that fluoride is effective in reducing dental caries.

The Canberra Study - Unsatisfactory Procedures

"The Canberra study was conducted by the Commonwealth Chief Dental Officer, Dr L.M. Carr, [in 1976]. It commenced in 1964, but no attempt was made to employ a control city, although Dr Carr, eleven years earlier (Carr, 1953) had written that there were two ways of conducting such a study, by the use of a 'control' community, or by comparing the pre-fluoride caries rates with those in the same community at various periods after the commencement of fluoridation. He wrote that the second method:

'... is not as accurate as the former because there would be no way of knowing that any changes in DMF rates were not due to factors other than fluoride.'

In his study in Canberra he used this less accurate method, not using a control, although readily identifiable 'factors other than fluoride' occurred during the course of the project, in particular, a great increase in the dental treatment provided free to children by the expansion of school dental services.

In 1978, Dr R. Ziegelbecker, a mathematician at the Institute of Environmental Health, Graz, Austria, examined the data published in 1966, 1972 and 1977 by Dr Carr. Ziegelbecker said that this showed that:

'The dental care of the children was considerably improved during the experiment.'

For instance, in 12-year-old children, the ratio of filled to decayed teeth, F/D, was 1.387 in 1964 at the beginning of the experiment, 2.637 in 1970, and had markedly increased to 4.722 in 1974, the final year of the study. He said that the reduction in caries prevalence reported by Dr Carr, must '...not be ascribed to the fluorides in the drinking water'.

This finding demonstrates the unreliability of a study which does not have a control, which would reveal any effect on caries prevalence resulting from factors other than fluoride, such as an increase in dental treatment.

Not only did this project have no control, but there was no provision for eliminating examiner bias or for estimating examiner error, nor were the results subjected to statistical significance testing, they were shown merely as percentage changes, the method which Dr James Dunning, a prominent fluoridation promoter, condemned in 1950.

Dr Carr's attitude to fluoridation was expressed in 1953 when he wrote:

'In attempting to impress the public, as well as those persons responsible for the decision to fluoridate water, it is an advantage not to underestimate the expected dental benefits, as the DMF - teeth system appears to do.'

One of the other points which Dr Ziegelberger [1978] demonstrated, was the decrease in caries rates shown by the statistical process of trend analysis. From those calculations he concluded that:

'In essence, the caries reduction in Canberra is undoubtedly not due to the water fluoridation but to other measures.'

He concluded:

'From the presented analyses and calculations based on the caries examination results in Canberra published by Mr Carr (it) can be concluded with great probability that the fluoridation of the water supply introduced in 1964 could not have any - or at least not any essential caries preventing effect and that the observed caries reductions have other causes. A termination of the drinking water fluoridation would probably not cause any rise of caries provided that the other measures were maintained.' (Ziegelbecker, 1978).'

Freedom From Fluoridation Federation, Submission.

The Mystery of 'The National Oral Health Survey'

The following is a letter I presented to the ACT Inquiry Committee at one of our meetings. It arose from a claim by dentists that there had been a 'National Oral Health Survey' done of children's teeth.

I feel strongly that claims made by both sides of the debate should be substantiated, particularly when they are major claims, and given in evidence before our Parliamentary Inquiry. I had requested the details of the survey in 1989. When the months went by with no details forthcoming, I tabled this letter in Committee. I wrote:

*The ACT Legislative Assembly
Social Policy Committee*

26th July, 1990

The Committee Chairman - Bill Wood

Re: National Oral Health Survey - Request for details.

The Australian Dental Association (ADA) in 1989 stated that the results of a 'National Oral Health Survey' they had conducted, had revealed that there were less dental caries in the teeth of children in fluoridated areas in Australia than in unfluoridated areas.

You will recall that during an early hearing of our Committee, such a survey was used by witnesses from the ADA as evidence of beneficial effects of fluoridation. At that hearing I indicated that I was unaware of any evidenciary details of a 'National Oral Health Survey'. The reaction to this by a number of members of the ADA appearing before the Committee seemed to suggest one of surprise that I was not well acquainted with their survey.

Indeed, I also stated that I knew of no one in Australia who was aware of the details of such a survey, and asked that the full details be given to the Committee. As I recall, the ADA representatives agreed that they would supply such details to the Inquiry forthwith.

As you are aware, such details of the National Oral Health Survey were not forthcoming.

During the many months since then, you will also be aware that I have, on a number of occasions, raised the matter during Committee hearings and that some months ago, requested that a formal letter be sent the Australian Dental Association, once again asking for full details of their survey.

I am still not aware of any details of the survey being forwarded to this Committee, nor even of any letter being received from the ADA acknowledging our formal request.

As the survey has been given in evidence by representatives of the ADA to suggest fluoridation benefits, I consider it most important that this Committee, on behalf of the Citizens of Canberra, have the opportunity of examining the documentation and details that comprise the survey results.

I would request that we yet again ask the ADA to urgently forward to us full details of their survey. Perhaps we should also make mention of the long delay in such evidence being submitted to this Committee and the

importance of it to demonstrate the validity, which obviously cannot be substantiated without the evidence, of their claims that the survey proved benefits had resulted from fluoridation.

I believe that the minimum details that we would need to be able to conduct a professional evaluation of the ADA's National Oral Health Survey would be as follows;

- 1. Who (specifically) commissioned the survey?*
- 2. When was the survey; a) commissioned, b) begun, c) completed?*
- 3. What were the full 'terms of reference' of the survey?*
- 4. How exactly were the examiners selected?*
- 5. How many examiners were there in Australia, and in each of the individual States and Territories?*
- 6. Did they receive specific training as examiners? If so, what training was received?*
- 7. Were the examiners trained to recognise, or requested to look for dental fluorosis? If they were not told to look for dental fluorosis, in the light of widespread concern about fluorosis, may the Committee be advised of the reason this opportunity was not taken?*
- 8. How exactly were the selections made of the people to be examined?*
- 9. Where were the examinations done?*
- 10. What equipment was used to carry out the examination?*
- 11. How many people were examined in Australia and in each of the individual States and Territories?*
- 12. What questions were asked during the examinations?*
- 13. The full statistical results of all examinations.*
- 14. What (specifically) was the examination that was done? (What was looked for?)*
- 15. Were the examinations 'blind' controls (or were the examiners fully aware of whether or not the children examined had a history of being dosed with fluoridation)?*
- 16. Have the details of the National Oral Health Survey been published in any refereed scientific journal? If not, is there any reason why this has not been done? If any such paper has been forwarded but not yet been published, could the Committee be informed of the particular journal and the date the paper was forwarded (and probable date of publication).*

May I reiterate the importance of obtaining the full details of the claims made by the Australian Dental Association for their 'National Oral Health Survey' so that this Parliamentary Committee investigating claims made about fluoridation, may indeed be able to investigate such claims by the ADA.

I emphasise a concern that many months have passed since the Committee has requested this information which has not been forthcoming. Perhaps, in the interests of justice in this matter and to allow the ADA to substantiate their claims, we will now see the ADA take swift action to supply details that they said they would make available, but as yet haven't.

Signed: Dennis Stevenson MLA" [my emphasis added through letter]

No evidence of a 'National Oral Health Survey' was submitted to the ACT Inquiry or obtained by it (Details of a Tasmanian study were submitted and said to be part of a national survey).

If such a survey was available and gave proof that children's teeth have benefited from artificial fluoridation in Australia, is it not strange that it was not submitted?

Errors in Early Fluoridation Trials Exposed

Professor Sir Arthur Amies, Dean of Melbourne's Dental School, and Dr Philip Sutton, a highly qualified and respected dental scientist, published a paper in the *Medical Journal of Australia*, in February, 1958, titled: "Some statistical observations on Fluoridation Trials".

In 1959, Sutton published an expanded study: "Fluoridation - Errors and Omissions in Experimental Trials", as a monograph published at the Melbourne University Press.

This explored the key projects: Grand Rapids, Newburgh, Evanston, and the two tests at Brantford. It clearly showed the existence of defects in experimental methods, the questionable handling of statistical data, the omitting of important information and data, the issuing of conflicting reports, and numerous mis-statements. This left the studies with no real value.

It should be emphasised that the Evanston, Grand Rapids, Brantford and Newburgh projects STILL constitute the prime source of "evidence" used in promoting fluoridation.

Particular attention should be drawn to the latest results from Evanston and Oak Park that were presented to the *Eighth International Conference on Oral Biology*, Tokyo, Japan in June 1980. These showed that there was no difference in the prevalence of dental decay, after twenty-five years, between those in Evanston who drank fluoridated water from birth to those in Oak Park who commenced drinking fluoridated water at the age of six to eight years.

However, there was:

"a significant difference between the mean fluorosis scores of the two groups, with the Evanston group (fluoridated) demonstrating more fluorosis than the Oak Park (unfluoridated) participants."

The two fluorosis scores were: Oak Park, 0.03, and Evanston, 0.68 (22 times as much). Therefore the Oak Park subjects had a great deal less fluorosis, presumably because they were not exposed to fluoridated water until the ages of six to eight years by which time the crowns of many of their teeth were formed and were immune to fluoride poisoning.

Sutton Acknowledged For His Studies

Part of the A.D.A. submission (No. 11, p 3) says, under the heading of Poor Quality of Studies, in a letter from Professor J.P. Brown, on 4th December, 1989, that:

"Although Sutton has made some useful criticisms of water fluoridation prior to 1960 [the early trials] much has been published since then. Singular studies are not so important as the weight of evidence over all."

More Decay in Fluoridated Cities

The ACT Inquiry Committee asked Dr Colquhoun to comment on evidence presented to it that indicated people in fluoridated Sydney (Australia) had better dental health than people in unfluoridated Canterbury (N.Z.). Dr Colquhoun replied:

"Actually, unfluoridated Canterbury, as I have shown in a more recent study, has exactly the same decay levels as the fluoridated parts of New Zealand ... So the fact that unfluoridated Canterbury had more tooth decay than fluoridated Sydney does not prove anything, because the fluoridated parts of New Zealand also had more dental decay than fluoridated Sydney. So you are comparing different countries where there were probably very different diagnostic standards practised."

Water Fluoridation unnecessary

Dr Colquhoun pointed out that if proponents of fluoridation are saying that the reduction in dental caries in unfluoridated areas is due to fluoride from other sources (shown to be an invalid claim because the reductions started well before proponents started promoting fluoride from other sources) then compulsory water fluoridation is obviously unnecessary. He stated:

"But the point is, it has declined just as much in the unfluoridated places as the fluoridated places. So whether it is due to the topical application or not, or fluoride tooth-paste, or what it is due to, you do not have to have it in the drinking water. That is what it has shown."

Submission 17-5-90 pp 451-453

In 1974, the mathematician, Professor R.S. Scorer studied a report from fluoridated Anglesey, U.K., giving caries data for 13 years before fluoridation, and 17 years after fluoridation. He said:

"There are certainly no perceptible trends of any kind, and it is quite impossible to detect any influence of fluoridation at all." [my emphasis]

Scorer, Statement from Dept. of Maths. Imperial College of Sen. and Tech.

Emotional Claims Not Substantiated by Evidence

The claims made for fluoridation are as glowing as any commercial soap powder promotion. *"With fluoridation your children have 60% to 80% less caries!"*

It's time we examined the claims. Proponents would have us believe that fluoridation is the only thing that saves us from:

"Children suffering from 'pain and sepsis [blood poisoning]'; 'an average ... of around twelve teeth that had already been affected by caries'; 'gaps resulting from extraction of permanent teeth'; 'unrepaired large holes, brown to black with the evidence of active caries, visible in their smiles'; 'back teeth ... showing rows of amalgam restorations', at least one in twenty-six temporarily incapacitated 'because of pain or infection or treatment needs attributable to dental disease', and in one State, 'Most [expecting] to have false teeth before they are married'; 'teeth so poor, hardly anything can be done'."

The above claims by proponents were earlier recorded in the ACT Inquiry Report (para's 5.1 to 5.6). But are they correct and are they supported by scientific research and by valid statistics, or are they unsubstantiated anecdotes, which may play on peoples' emotions and mislead them into supporting compulsory medication?

Just how much better are teeth supposed to be with fluoridation?

"The difference is a fraction of a cavity, if there is a difference at all ... we are talking about a fraction of one cavity per child more in Canberra on average."

Submission: Dr Mark Diesendorf, Mathematician, Australian National University.

Claims by Proponents in Error

The benefits claimed for fluoridation have commonly been for a 50 - 60% reduction in dental caries. These claims are contradicted by the evidence which shows that though there has been a reduction in dental caries in most countries, such reductions have occurred in both *unfluoridated and artificially fluoridated* areas without any statistically significant difference between the two. Sometimes there are slightly less caries in the unfluoridated regions, and sometimes there are slightly less in the artificially fluoridated regions.

National Institute of Dental Research Reluctant to Release Study

The most recent claim by dentists for the improvement in dental caries in the U.S. is now only 18% - down from their previous guarantee of 60-80%. This resulted from the 1985 U.S. National Institute of Dental Research (NIDR) study of 39,207 children from 84 communities.

This is a remarkable story because the NIDR kept quiet about the study results after and didn't make them public. It was only when they were forced to do so under freedom of information legislation, that they released the details.

Once forced to do that, the NIDR claimed the study showed an 18% reduction in caries. Upon evaluation, it was shown that the NIDR study included both fluoridated and unfluoridated communities. This meant that the, admittedly slight, reduction in caries, *could have come from areas that were unfluoridated!*

"The argument heated up in 1988 when the (U.S.) National Institute of Dental Research (NIDR) published its second national survey on children's dental health. As soon as the data were in, (Dr) Yiamouyiannis demanded that NIDR turn them over. Carlos (James Carlos, NIDR's chief epidemiologist) refused. Yiamouyiannis appealed and under the Freedom of Information Act, got the files."

The Fluoride Debate: One More Time, *Science*, Vol 247, 19-1-90, p 277

Dr John Yiamouyiannis and fellow researchers showed that even this alleged slight reduction was false, and in fact, there was *no* significant difference in regions that were artificially fluoridated, when compared to unfluoridated regions.

The result of the independent evaluation by Yiamouyiannis was supported by statements by NIDR researchers, as follows:

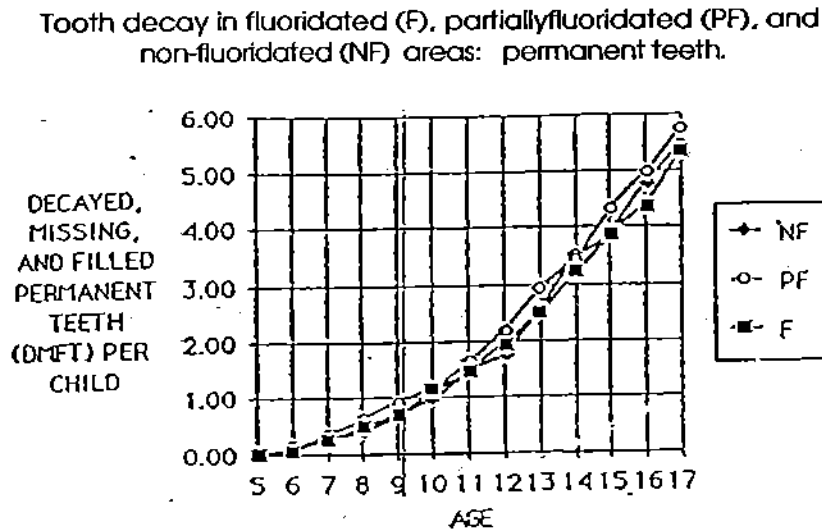
"Stanley B. Heifetz and co-workers at NIDR note in the April ('88) issue of the Journal of the American Dental Association that "the current reported decline in caries in the U.S. and other Western industrialized countries has been observed in both fluoridated and nonfluoridated communities, with percentage reductions in each community apparently about the same."

C&EN, 1-8-88, p 31.

Again and again we see that a few senior Government authorities are prepared to either alter or give misleading research data. This greatly hinders the right and need of the public to know the truth about the ineffectiveness and health risks of artificial fluoridation.

In the USA, Dr John Yiamouyiannis published the following preliminary report based on data obtained under the Freedom of Information from the National Institute of Dental Research on the abovementioned NIDR study of 84 cities. As illustrated in Figure 1, there is no significant difference in average tooth decay between the fluoridated and unfluoridated cities.

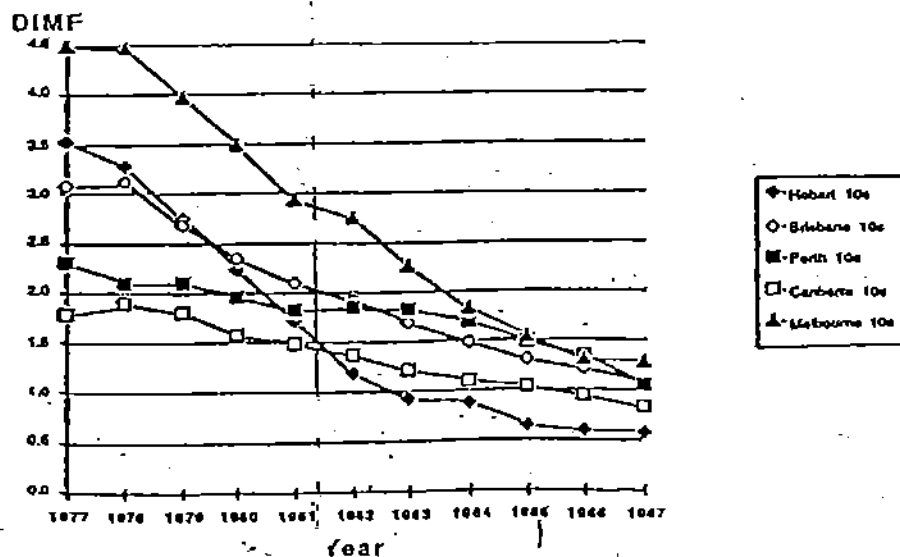
Figure 1: Tooth decay levels in the USA for various ages



Fluoride and Tooth Decay, *Community Dental Oral Epidemiology Journal*, 1989.

The proponents of fluoridation say correctly that since fluoridation there have been large declines in tooth decay in fluoridated communities. What they omit to say is that there have also been large declines in most unfluoridated communities in the western world. Some of the results for 10-year-olds in Australian capital cities are shown in Figure 2. Specifically, tooth decay in unfluoridated Brisbane has declined by 65% over the 10-year period.

Figure 2: The decline in tooth decay in 10-year-olds in Australian capital cities



Diesendorf Submission & Published in the *Journal Nature*, July, 1986.

Quebec Government Inquiry Rejects Fluoridation

One of the leading scientists in Quebec, Canada, Dr Pierre J. Morin, Doctor of Experimental Medicine, in a major submission to the ACT Inquiry, stated, (p 3):

"... fluorides are relatively toxic and their efficacy in the prevention of dental decay cannot be certified. Several authors (annexes 1 to 5) and ourselves have examined the data presented in a large number of publications and have concluded that water fluoridation does not decrease dental decay by a significant amount. In fact, some observations recently made in our country tend to demonstrate the opposite. For example, the area in our country with the highest incidence of dental decay is a fluoridated area while the best dental status can be observed in a non-fluoridated area."

Dr Morin was one of ten prominent scientists commissioned by the Quebec Government to conduct an inquiry into fluoridation. In his submission (p 4), Dr Morin said:

"In our attempt at gaining an insight into the field of chronic fluoride toxicity, we first focused our attention on the effects of fluorides on cancer mortality and the incidence of congenital diseases; two chronic toxic effects related to possible damage of the nucleic material of cells. We reviewed just about the entire world literature pertaining to these subjects [my emphasis] and came to the same conclusion as Judge Farris, the presiding Judge during the Houston [U.S.] trial, who stated:

"... Artificial fluoridation of public water supplies such as is contemplated by City Ordinance No 80-2530 may cause or contribute to the cause of cancer, genetic damage, intolerant reactions and chronic toxicity including dental mottling in man; that the said artificial fluoridation may aggravate malnutrition and existing illness in man; and that the value of said artificial fluoridation is in some doubt as to the reduction of tooth decay in man". (annexes 9 and 10).

There is also some recent evidence to the effect that chronic fluoride ingestion can interfere with collagen synthesis in humans. This can create articulations [to do with joints] problems, accelerated ageing symptoms in the population and the appearance of chronic diseases at an earlier age that is the case presently."

The social and medical costs of this increase could well be staggering in future years. [my emphasis]

Conclusions by Inquiry:

*The very large study carried out by our group (*annex 7) has convinced us that fluorides are widespread in nature and that recent changes in agriculture have increased the quantity absorbed by the population from food. There have also been increases in the amount of fluoride present in air and water. All these increases may have brought the amount absorbed daily from the different sources to a toxic level. The time may*

have come to attempt decreasing the total amount of fluorides ingested daily. It should be pointed out in that respect that water fluoridation doubles the amount of fluorides that an individual is exposed to each day."

Morin P.J., *Submission*, 8-2-90.

**N.B. Annexes included with Submission by Dr Morin.*

Caries Reduction Not Linked to Fluoridation

The First International Conference on the Declining Prevalence of Dental Caries was held in Boston, U.S.A., during June, 1982. The following are examples of papers delivered at the dental research conference, demonstrating the widespread decline in dental caries, mostly in unfluoridated countries:

"Denmark: NOT FLUORIDATED

Decrease in Caries Experience in Danish Children and Young Adults in the 1970's

Studies of all available records reveal a marked decline in the prevalence of dental caries. This improvement in dental health is also apparent in young adults.

England: 7 PER CENT FLUORIDATED

The reduction of dental caries prevalence in English School Children

Large reductions, ranging from 32 to 75 per cent have been observed in the caries prevalence of 5 and 12 years old English school children over a period of 10 to 15 years. ... These changes have taken place in fluoridated and non-fluoridated areas in urban and rural locations and in all tooth and surface types.

New Zealand [PARTLY FLUORIDATED]

Evidence of a substantial decrease in dental caries in New Zealand school children is available from a number of surveys extending over a period of 30 years. This decline has occurred both in areas with and without water fluoridation ...

Norway: NOT FLUORIDATED

Marked caries reductions in children during the last 10 years can be demonstrated ... Little conclusive evidence is available to explain the causes ...

Scotland: NOT FLUORIDATED

Levels of caries in children have decreased by between one-quarter and one-third ... The reason for overall decrease ... cannot yet be identified.

Sweden: NOT FLUORIDATED

... during the past 30 years caries prevalence has dropped by 50 percent ... it is not easy to account for the factors responsible ...

U.S.A.: 40% FLUORIDATED

... Changes in Caries Prevalence in Two Massachusetts Towns

The observed decreases in caries prevalence approximated those expected if the water had been fluoridated. ... These changes occurred in the absence of fluoridation and organised preventive programs.

A Dental survey of Massachusetts School Children

Dental examinations were carried out in a sample of 9000 children selected at random from all pupils attending schools in Massachusetts. Comparisons of results show a 50 percent decline in the prevalence of caries. The changes are apparent in areas with and without fluoridation.

The Netherlands: NOT FLUORIDATED

Evidence of Decrease in Prevalence of Dental Caries in The Netherlands Between 1965 and 1980.

Epidemiological data from 4, 6 and 11 year old children in several Dutch municipalities [unfluoridated] revealed a caries reduction of about 50 percent between 1970 and 1980."

The following concluding study by Konig suggests that the problem of dental caries is mainly caused by sugar intake. The real problem would seem to be one of diet!

"There can be no doubt that at least in certain third world countries enormous problems may emerge due to increased consumption of sweets."

The Impact of Decreasing Caries Prevalence Implications for Dental Research, Konig, Netherlands, "Problems Specific to Developing Countries", p 1379.

"The Commission has noted that caries is a disease which can be prevented. The basic cause of caries is the consumption above all of sweet foods. The repeated consumption of sugar and sugar containing products between meals is particularly liable to cause caries. Thus the prevention of caries must be based on dietary and mealtime habits."

Reply by Swedish Government to ACT Inquiry, SOU 1981:32

Teeth Better in Unfluoridated Areas

Delivering his paper to the Eleventh Biennial Conference of the New Zealand Dental Association in July, 1982, Professor G.N. Davies stated,

"Even in non-fluoridated areas there has also been a substantial reduction in the prevalence of caries in recent years. In (unfluoridated) Brisbane, for example, we have found a 50 percent reduction in caries experience over a 20 year period."

Dental Journal, Vol 61, 1982.

Dr Colquhoun, during his world tour to study fluoridation for the N.Z. government, found evidence which contradicted his belief that fluoridation was effective. He said:

"I was in Geneva and I went to the World Health Organization, Oral Health Data Bank where they have records of all dental caries surveys from all over the world carefully collected on a computerised oral health data bank ... and also ... water fluoride level surveys so that we could have a look and see whether there was a connection ...

... in not one of these countries [that Colquhoun researched] was there a fluoride/caries relationship evident ...

... in N.Z. there is only one study presented to claim a difference in permanent teeth for fluoridated and unfluoridated areas. That was carried out in Hawke's Bay - not national figures, just one area and they compared all the nine year old children in fluoridated Hastings ... Of course, you are immediately comparing different populations. ... Actually, if you take all the children in the surrounding area, they had better teeth than in fluoridated Hastings ... (However) they quote only the two groups where they can claim a benefit for fluoridation."

Colquhoun Submission, 17-5-90.

Delayed tooth eruption

Many reports in the scientific literature have suggested that there is a delayed eruption of permanent teeth amongst children living in fluoridated areas. Krook and Maylin reported a similar finding in cattle affected with chronic fluoride poisoning. They pointed out:

"Fluoride arrests resorption of deciduous teeth roots and of supporting bone. ... By inducing one disease, (fluorosis) fluoride delays the manifestations of another (tooth decay). Delayed eruption, and alterations to the sequence of eruption, could cause malpositioning of the teeth, leading to orthodontic problems."

Poison on Tap, p 110.

How the Hastings, N.Z. Fluoridation Study was Invalidated

Hastings, N.Z., was a study that proponents of fluoridation throughout the world have long used to promote fluoridation. Dr Colquhoun and an associate, Dr Mann, researched the N.Z. government files and discovered that the claimed results in caries reduction had been achieved fraudulently. In evidence to the ACT Inquiry Committee.

Dr Colquhoun stated:

"It was a [N.Z.] Medical Research Council study carried out under the direction of a fluoridation committee of the Health Department ... [chaired by] a representative of the N.Z. Dental Association."

Dr Colquhoun, using Freedom of Information, obtained the minutes and correspondence of the entire study. In his evidence he revealed a remarkable scientific deception:

"... we found ... instructions given to dental therapists to change their diagnostic standards after the experiment started - after the initial examination of children's teeth were carried out ..."

Data Hidden from Dentists

Dr Colquhoun stated that these instructions to change the diagnostic procedure were:

"... never published [by proponents] in the published versions [of the Hastings study] which are in all the text books that dentists read!"

Dr Colquhoun explains that the results were falsified by changing the way dental nurses select teeth for repair:

"At the commencement of the Hastings Study and throughout New Zealand at that time, the school dental service honoured a very thorough method of treatment. At the slightest softening ... If you find it starting to decay ... drill out the softened part and put in a filling."

Caries Reduction Achieved by New Examination Procedure (Holes aren't holes)

Dr Colquhoun explained the new procedure that dental nurses were instructed to follow:

"... it was not classed as decay until the softening or the disintegration went right through the outer enamel of the tooth."

Now, the minutes of this committee [show] ... an instruction was given in 1954, after the initial examinations, to dental nurses, to stop putting in what we call prophylactic [disease preventing] fillings."

We have the integrity of Dr Colquhoun to thank that this major artificial fluoridation trial has been exposed as fraudulent. This exposure of scientific fraud remains unrefuted and was fully evidenced when published in the leading international scientific journal, *The Ecologist*.

This evidence of contrived research results would be startling enough by itself, without the following:

"... two years after fluoridation in Hastings water, they found that the younger children's teeth in the (unfluoridated) control town had less decay than in the town that they had put the fluoride into. This caused a lot of embarrassment. The files show they tried to hush it up and they thought they had better come clean. So, they then told the public that they had discovered there was a trace element in the soil of the control town, because it had had an earthquake 20 years before and there was recent marine soil and the vegetables grown in this soil, being eaten in that town, had caused the children to have less dental decay.

... the substance, they decided was molybdenum, and that was the reason - so they said, "We won't have a controlled study anymore, we'll have the experiment with just a before and after result" and so the control was abandoned!"

Dr Colquhoun - *Submission*, pp 438 - 445.

Dr Colquhoun said that since that time, nobody had ever suggested adding molybdenum to our soil or vegetables. It would appear that the story had served its purpose.

Is Fluoridation Putting Dentists out of Work?

The Australian newspaper in 1983, reported that dentists were top money-makers.

"Some dentists are taking in up to \$300,000 a year, according to professional sources.

The high cost of complex equipment and several staff [fully tax deductible] must come out of that gross, but dentists are said to be among the top earners in the professions.

The sources indicated that dentists narrowly beat doctors, veterinarians and solicitors in the professional field."

The Australian, 11th Jan, 1983.

"... when the actual costs of dental care delivered in similar cities are compared, residents of fluoridated cities seem to reap no economic benefit from fluoridation. In the study, reported in a February, 1972 article in the Journal of the American Dental Association, the cost of dental care in five unfluoridated cities in Illinois was compared with costs in five similar cities with naturally fluoridated water. Even though

dentists' fees and the nature of the treatments in the two groups of cities did not differ significantly, the cost per patient and the average number of visits to the dentist per year were greater in the fluoridated communities."

C&EN 1-8-88, p 31.

An article in *The People's Doctor* refers to evidence presented by Dr Philip Sutton:

"The number of dentists in the original three artificially-fluoridated cities (Grand Rapids, Michigan; Newburgh, New York, and Evanston, Illinois) has increased. "These three cities, after approximately 25 years of artificial fluoridation, had more than twice the number of dentists per hundred thousand people as was the average for the whole U.S."

The People's Doctor, Vol 2, No 9, p 6.

WHO PROFITS FROM ARTIFICIAL FLUORIDATION?

It is usual, when someone becomes aware of: a) the horrendous health dangers of artificial fluoridation: b) the fact that it has not been shown to be effective, and: c) the violation of human rights, to ask, "*But why would they use it if it wasn't any good?*" Much can be gleaned when one looks at the history behind artificial water fluoridation.

The History of Fluoridation

The following extracts are from a pamphlet entitled, 'Fluoridation - a glimpse behind the scenes' published by the medical group *Midwest Physician's Committee Studying Fluoridation*, John J. Shea, M.D., FACA, Secretary, 3600 E. Third Street, Dayton, Ohio, 45403, U.S.A.

1900 to this day:

Numerous law suits against aluminium, steel, fertilizer and brick industries. Fluoride escapes from chimneys, poisons vegetation, livestock and humans. Factories dump fluoride waste into rivers and streams. Many laws suits settled out of court to avoid publicity.

1915

Scientists search for cause of a permanent irreparable defect of tooth enamel called 1930 mottling, "Texas Teeth" or "Colorado Brown Stain."

1931

Discovery that fluoride in water causes this defect in varying degrees at concentrations as low as one part of fluoride in one million parts (1ppm) of water and below. Mottling is considered the first sign of systemic poisoning.

1933-1940

Dr G. J. Cox studies dental caries, supported by Sugar Institute Inc., Buhl Foundation.

1934-1935

H. T. Dean, D.D.S., Director of Dental Research U.S. Public Health Service (P.H.S.) asserts that fluoride at any level in water is harmful to some people. Health authorities advise elimination of all fluoride from water because of its hazard to health.

1938-1939

Dr Dean makes extensive surveys of natural fluoride communities to establish the fluoride level which provides minimum mottling and maximum prevention of tooth decay (See also Oct. 20-22, 1955).

1939

Leading aluminium company, faced with litigation for disposing of fluoride waste into waterways, commissions U. [University] of Pittsburgh, bio-chemist G. J. Cox to solve their problem. Sept 20, 1939, Cox proposes to Johnstown, Pa., city council addition of fluoride to water supply to level of 1 ppm. to prevent tooth decay. Only meagre evidence available of its efficacy, none of its safety. In April, 1950, Cox calls mottled teeth an "esthetic problem" to be solved by "porcelain facings, jacket crowns or even dentures" (JADA, page 448).

Oct, 1944

JADA [Journal American Dental Association] editorializes "drinking water containing as little 1.2 to 3 ppm will cause osteosclerosis, spondylosis, osteoporosis and goiter."

Feb - May, 1945

Experimental addition of sodium fluoride to water supplies in Grand Rapids, Michigan, and Newburgh, NY, without prior tests on animals. Observations on teeth and general health were to last 12 to 15 years. To date, no anticipated P.H.S. studies on individuals with kidney disease, diabetes and the elderly have been made.

1947

Oscar Ewing, formerly Washington, DC, counsel for Aluminium Co. of America (ALCOA) becomes U.S. Social Security Administrator in charge of P.H.S. [Responsible for public health].

1948

Dr Robert Weaver and others in England determine that fluoride in water delays rather than permanently prevents tooth decay.

1949

Ewing officially instructs P.H.S. to promote fluoridation, although permanent teeth of children born under fluoridation in experimental cities had not yet erupted.

1950

Sugar Research Foundation, Seventh Annual Report, recognises sugar as major cause of tooth decay. Furnishes research grants to Harvard School of Public Health and University of Rochester, NY School of

Dentistry to solve tooth decay problem without restricting sugar consumption (i.e. by advocating fluoridation). Report establishes this foundation as the originator of the idea that fluoride prevents tooth decay.

July 7, 1951

"Chemical Week", mouthpiece of chemical industry: "...the (fluoridation) market potential has fluoride chemical makers goggle-eyed."

Nov 2, 1951

American Medical Associations political body give qualified endorsement at instigation of two state health officials.

AMA members neither informed, nor consulted.

Dec, 1952

Dr F.F. Heyroth surveys literature, cites mainly reports in support of fluoridation. His institution, the Kettering Laboratory, Dept of Public Health, University of Cincinnati, receives its major financial support from 9 corporations involved in or threatened with litigation due to air pollution by fluoride.

April, 1954

Alfred Taylor, Ph D., University of Texas, reports 9% shorter life span of large groups of cancer-prone mice drinking 1 ppm fluoridated water than in control mice. Rations of both groups practically fluoride-free.

1954

ADA suspends two North Carolina dentists, Drs R. P. and D. I. for 1 year because they oppose fluoridation publicly.

Oct, 1954

Dr J.R. Blayney, head of Evanston, Illinois, fluoridation experiment shows that persons with kidney disease eliminate only 2/3 as much fluoride as those with normal kidneys, when both groups drink fluoridated water. Details of study remain unpublished.

Feb, 1955

First detailed case report of poisoning from artificially fluoridated water in the Internat.. Archives of Allergy and Applied Immunology, page 70.

Sept 17, 1955

Federal Court, Portland, Oregon, establishes first 3 cases of poisoning in humans by fluoride-polluted air. "Serious injury to their livers, kidneys and digestive functions" from eating "farm products contaminated by (fluoride) fumes".

Oct 20-22, 1955 & May, 1960

Dr Dean acknowledges under oath that his conclusions drawn from his surveys, which constituted the basis for fluoridation, are invalid; that his surveys failed to meet the standards which he himself had set up.

Jan, 1956

In Journal of AMA, page 21, P.H.S. statistical survey on 900 Newburgh, NY children alleges no harm to kidneys after 10 years of fluoridation. A single sentence renders the study valueless; "Children with a history of clinical illness, no matter how mild during the previous two weeks, were eliminated from the study."

July, 1956

Official P.H.S. Grand Rapids statistics show 3 year delay in tooth decay; no permanent benefit. Unerupted teeth are tabulated as "sound".

Oct 15, 1957

Seven aluminium, metals and chemical companies join Reynolds Metals Co, in an 1957 attempt to obtain reversal of Sept, 17, 1955, decision that three humans were poisoned by fluoride-polluted air. U.S. Court of Appeals upholds decision (6-6-58).

Nov, 1962

P.H.S. reports in Journal of ADA, 20% of white and 40% of negro Grand Rapids children have mottled teeth after 16 years of fluoridation.

Nov 21, 1963

C.V. Kidd, Associate director National Institute of Health, says Universities "can't say 'No' when strings are attached to the money (research grants)."

1963

Kettering Laboratory, Cincinnati, sponsored by nine corporations with fluoride problems, issues a "Selected" Bibliography; distributes it widely to the medical profession as a powerful propaganda tool. Bibliography omits important research unfavourable to fluoridation.

May, 1965

New research by Alfred Taylor, Ph D., proves 1 ppm fluoridated water accelerates growth of cancer in mice.

May 13, 1965

Every Detroit dentist assessed \$20 for fluoride promotion, under threat of expulsion and loss of group liability insurance (if they don't pay).

Sept, 1966

57 year old Hampshire, England, man develops chronic fluoride poisoning with complete paralysis and extensive skeletal disease. Fluoride proven the cause although his water supply was nearly fluoride free. Fluoride in tea considered the most likely source of his fluorosis.

Nov-Dec, 1966

Canadian National Research Council scientists, in Journal of Food Science, report significant increase in fluoride content of food processed with fluoridated water. The average daily fluoride consumption from such food alone, increases from 1 - 1.5 mg to 3 - 5 mg.

Aug, 1967

AMA Pres. M. O. Rouse M.D. recognizes that persons can be allergic to fluoride; recommends distilled water.

The Father of Fluoridation

Dr H. Trendley Dean, the acknowledged "father of fluoridation (perhaps in retrospect, an ill-fated accolade)", made a statement nearly 50 years ago, that remains true to this day. Dr Dean stated:

"The same amount of fluorine that causes a mild toxic reaction in one individual may cause a severe reaction in another. In other words we are dealing with a low-grade chronic poisoning of the formulative dental organ in which case some individuals may show a more severe reaction than others having a comparable fluorine intake."

When Doctors Disagree, Warnings by Physicians, Dentists and Scientists Around the World On the Known Dangers and Possible Hazards Of Fluoridation, June, 1967.

Australia Calls for Artificial Fluoridation Before Experiments Completed

In 1950, the New South Wales branch of the Australian Dental Association, the faculty of Dentistry of the University of Sydney and the Sydney Institute of Dental Research submitted a report to the Australian Government calling for action to be taken to introduce artificial fluoridation to Australia, even though they had no adequate medical or scientific evidence to show that the measure was safe or effective.

The world's first experiments on artificial fluoridation were begun in 1945 and by the 1950 endorsement of artificial fluoridation by the above-mentioned groups, such experiments were only half way through.

U.S. Select Committee Report - No Fluoridation Before Trials

The Official Report of the House of Representatives Committee states:

"None of the witnesses was irrevocably opposed to the principle involved, but it can be said that a number of scientists are opposed to the program at this time. In substance, their position is that there are too many unanswered questions concerning the safety of the measure. It is their view generally, that recommendations for universal fluoridation of water supplies should not be made until further research into the effects of the ingestion of fluoridated water by adults, the aged and the ill is completed and final results of the studies in progress known."

When a highly toxic substance such as fluorine is recommended for inclusion into the Nation's water supplies, so that every person, regardless of his age, state of health, or possible reaction to fluorine is required to drink it, affirmative evidence beyond a reasonable doubt should be presented that no-one will be injured."

Poison on Tap, pp 153-154.

Who Benefits from Artificial Fluoridation

There are three major industrial groups which benefit from artificial fluoridation and the marketing of fluoride products:

Multi-national commercial concerns which produce fluoride wastes in their factories.

The sugar/confectionery Industry

The toothpaste Industry (and allied fluoride products).

Other beneficiaries include:

Dental schools

Dentists

Researchers

Countries receiving grants for artificially fluoridating their populations

Irresponsible parents

From its financial beginning in the U.S.A., artificial fluoridation, not to be confused with science or medicine, has enjoyed the highest cost of promotion and propaganda of any chemical or drug in history. Its main endorser has always been the U.S. Department of Health, Education and Welfare.

Industrial Fluoride Polluters

The promotion of fluorides as a benefit for children's teeth has been used to persuade people that fluoride is a 'friendly' chemical. Many believe that if it is added to our drinking water, it must be O.K. When the truth of the dangers of fluoride become more widely known amongst responsible people, industry will be forced to stop polluting the atmosphere, our rivers, oceans and inland seas. This will cost industry millions of dollars, and there will be the almost certain result of legal action being taken against them and all other people and organisations responsible for fluoride damage done to members of the community, their crops and livestock.

On 7th July, 1951, an article had appeared in the influential publication *Chemical Week*, under the heading: "Water Boom for Fluorides". In part it read:

"All over the country, slide rules are getting warm as waterworks engineers figure the cost of adding fluoride to their municipal supplies. They are riding a trend urged on them by the U.S. Public Health Service, the American Dental Association, the State Dental Health Directors, various State and local health bodies and vocal women's clubs from coast to coast.

It adds up to a nice piece of business on all sides and many firms are cheering the U.S. Public Health Service and similar groups as they plump for increasing adoption of fluoridation."

The beneficiaries named in the article included: General Chemical, Harshow Chemical Company, American Agricultural Chemical Company, and the Aluminium Company of America (ALCOA).

Artificial Fluoridation Pushed by Multi-nationals

Another likely beneficiary of the public health image of fluoride is the aluminium industry, which funded some of the early American research on the alleged relationship between tooth decay and the natural levels of fluoride in town water supplies. Subsequently, the industry advertised its fluoride for use in water fluoridation programmes in the U.S.A. However, the indirect financial gains to the industry from fluoridation may be considerably greater than those from selling the fluoride. Indeed, it is only in the past six years or so that discussion of fluoride pollution from aluminium smelters has started to become "respectable" in Australia.

Not that this is a deliberate conspiracy between dentists and big business. Most people have the best of motives, and there is no reason to question that bodies such as the DHERF [Dental Health Education and Research Foundation] and their donors wish to improve children's teeth. It is sufficient to identify the links between elite dental researchers on one hand and the sugary food and aluminium industries on the other, and to point out that the dental researchers may be in a position of inadvertent conflict of interest. The existence of innocent participants does not weaken the hypothesis that the primary pressure for fluoridation originates from the sugary food and aluminium industries. Dentists and to a lesser extent doctors and health administrators play the role of unwitting "cadres" who perform both the research and the promotional campaigns for fluoridation. These activities are funded in part from the additional profits which fluoridation brings to the primary pressure groups."

Diesendorf M. & Sutton P., *The Ecologist*, Vol 10, No 6, 1986, p 241.

The Sugar/confectionery Industry

The Sugar/Dental school Connection

Fluoride is promoted as a kind of magic bullet which is supposed to prevent tooth decay regardless of how much junk food children eat. Clearly the promotion of fluoridation and other fluoride products is most beneficial to the manufacturers of foods containing large amounts of sugar and other refined carbohydrates.

"One of the principal fluoridation-promoting bodies in Australia, the Dental Health Education and Research Foundation (DHERF), is associated with the University of Sydney. The 1979 Annual Report of the DHERF contained a list of financial donors, the "Honour roll of contributors". These included the Coca Cola Export Corporation, the Wrigley Co., the Australian Council of Soft Drink Manufacturers, the Colonial Sugar Refining Co., Arnotts Biscuits, Cadbury Schweppes, Kelloggs, and Scanlens Sweets.

From the DHERF's total expenditure of \$199,000 (Australian dollars) in 1979, \$43,000 was explicitly designated for "Fluoridation promotion". Out of \$97,000 designated for "Research and educational programmes" and "Publications and films" a large part was also devoted to fluoridation. The promotion of good nutrition including the avoidance of sugary foods, appears to play a very minor role in DHERF's educational and research programmes. Yet it is just these foods, not a so-called "fluoride deficiency", which comprise the principle cause of tooth decay."

Diesendorf M. & Sutton P., *The Ecologist*, Vol 10, No 6, 1986, p 241.

"It's Cane Sugar That Gives Dentists a living"

"Cane sugar is a dead food. It contains no protective body-building elements. It perverts the appetite and it rots the teeth," said Dr C.D. Hearman, Lecturer in Dentistry at the Melbourne University, when addressing the 12th Australian Dental Congress at Sydney University.

Dr. Hearman said that if people banned refined cane sugar from their diet, they would practically eliminate dental decay. The average Australian diet contained too many acid-forming refined carbohydrates which helped initiate dental decay.

There is no real need for refined sugar in the diet. Contrary to general belief, this sugar does not provide energy unless certain vitamins are present in sufficient quantity to compete metabolism," said Dr Hearman.

The human body could obtain all sugars it needed from fresh fruits, vegetables, milk and honey."

News item which appeared in *The daily News*, Perth, Australia, 22-8-53.

In an article titled, "Sour facts on eating sugar", a Dental Service Consultant stated:

"... figures provided by S.A. Dental Health Service show people with a sweet tooth could well be consuming that amount of sugar every day [100 teaspoons of sugar]. As for teeth, a sweet tooth is likely to become a decayed tooth if sugar is left on it. Ms Pech (S.A. Dental Service Consultant) said a major problem was tooth decay in infants and toddlers. Children used [to taking] ... a sweet liquid, such as fruit juice or cordial. Because they are frequently sucking on a bottle their teeth decay."

Sour Facts on Eating Sugar, *Brisbane Sunday Mail*, 3-9-89.

The toothpaste Industry (and allied fluoride products).

Over 90% of the toothpaste now sold in America, Australia and Britain contains fluorides. One key selling point is that fluoride toothpastes are endorsed and recommended by the dental profession, and in turn one finds fluoride toothpaste manufacturers financially supporting the dental organisations.

One could wonder how a responsible profession was persuaded to endorse a toiletry product promoted as a genuinely researched therapeutic agent. Let us look at a history that few know of:

"On 6th January, 1956, Colliers Magazine ran a feature story on the development of a fluoride toothpaste, the product would, Colliers suggested: "make tooth decay a thing of the past".

Three weeks later, the massive American detergent and toiletry manufacturing group, Proctor and Gamble, took a full page advertisement in the New York Times, to announce:

TRIUMPH OVER TOOTH DECAY.

The advertisement proclaimed their new fluoridated toothpaste CREST to be the only toothpaste that could make a major reduction in tooth decay possible, in people of all ages.

CREST was described as: "An Important Milestone in Medicine".

It was compared with Jenner's discovery of vaccination, Morton's discovery of ether, and Fleming's discovery of penicillin.

One month later, the American Dental Association coldly announced that they had NO evidence that fluoride toothpaste would be of any value at all; indeed, they suggested that such a paste could result in the user getting chronic fluoride poisoning. (Hillerbrand H., Independent Newspaper, Long Beach California).

The U.S. Food and Drug Administration was equally unenthusiastic and insisted that any of the paste sold in fluoridated areas MUST carry a WARNING that in no circumstances should the paste be used by children under six years of age. A number of studies have shown that young children can swallow up to a third of the paste they put on the brush. Fluoridated paste contains 1,000 ppm, thus any youngster using three grams a day, could swallow one milligram of fluoride from toothpaste alone. This is four times the dose from all sources now suggested by the Council on Dental Therapeutics of the American Dental Association, for children less than two years old, and twice the dose for children aged two to three years. Add this amount to the child's dosage from water, particularly if it is fluoridated, the air, food and beverages, and it is obvious that overdosage is certainly likely. For eight months all tubes of CREST sold in fluoridated areas carried this warning; then it vanished, never to reappear.

Proctor and Gamble, it seems, had discovered that the F.D.A's control over toothpaste was limited - the product was officially classified as a

toiletry, NOT a pharmaceutical. Thus, toothpaste can make medicinal claims, but is not subject to the legislation which controls the marketing of medicinal products.

During the next three years, a massive advertising campaign gave CREST 33% of the toothpaste market in the United States; and other manufacturers rushed to climb aboard the second fluoride bandwagon.

In August 1960, at the height of the controversy over Amies and Sutton's dissection of the data of the fluoridation experiment, the American Dental Association officially endorsed and approved CREST as an effective anti-decay dentifrice. In New York, Proctor and Gamble stock rose by \$8 a share, and by May 1961, the sales of CREST had doubled.

The "miracle" ingredient in CREST was stannous [containing tin] fluoride.

In 1962, two leading British researchers, G. L. Slack and W. J. Martin, put it to the test at the London Dental Hospital. Two years later, they terminated the experiments, explaining (*British Dental Journal*, 117, 275, 1964):

"Evaluation over two years failed to show ANY effect of the dentifrice under test."

British research in the mid and late 1960's looked at four different brands of fluoride containing toothpaste, three of the pastes had NO SIGNIFICANT effect in reducing decay in the users; the fourth "appeared" capable of reducing decay by "0.8 surfaces of a tooth per child over a three year period" [a tiny amount].

... a family sized tube of toothpaste contains sufficient fluoride to kill an eight pound baby. Of course, babies do not swallow tubes of toothpaste, but it has been demonstrated that children up to six years old swallow about a third of the paste they put on the brush, and some much more, especially when it is flavoured with some artificial sweet substance.

When the American Dental Association officially endorsed CREST ... the way was open for manufacturers to develop and unleash a whole range of fluoride containing products; all marketed under the guise of health products. Now we have fluoride mouth-washes, rinses, paints, gels and varnishes; tablets, chews, drops, fluoridated vitamin supplements and chewing gums, even fluoride impregnated toothpicks and dental floss."

Dental schools

See above section, 'The Sugar/Dental School Connection'

Dentists

"An international conference on diet and tooth decay, held at the Royal Dental Hospital, Melbourne, at the weekend, was sponsored by a confectionary company.

Mars Confectionery of Australia - makers of Mars Bars ... spent about \$50,000 to finance the conference.

... One speaker said that decay induced by eating chocolate could be controlled by the method of eating it. Professor Neil Jenkins, an American visiting professor at the University of West Cape, South Africa, said:

"Some people dissolve chocolate in saliva and keep the solution in their mouths for a long time."

Dr. H.A. McDougall of the department of conservative dentistry in Melbourne University said it was now firmly established that taking fluoride at a level of one part per million in water substantially reduced decay but it was still not fully understood why this happened."

The Age., Melbourne, Australia, 10th May, 1982.

Mars Fund Sugar Row

"The General Dental Council has pulped 8,000 copies of a handbook it published which it now considers gives inadequate information on the dangers of sugar.

A thousand copies were distributed earlier this year before the handbook was withdrawn from sale.

The booklet was sponsored by the Mars Health Education Fund - which is financed by Mars Ltd. - and the author claims that his original references to sugar were changed."

The Observer, (Australia) 2-12-1980

Researchers

A handful of dental and medical researchers prepared to distort and misrepresent scientific evidence in return for liberal funding, patronage and professional advantage.

Dr Philip R.N. Sutton, D.D.Sc., L.D.S., F.R.A.C.D.S. Academic Associate University of Melbourne, Senior Research Fellow, Chairman Biometric Society of Victoria, was Senior Lecturer in Dental Science at the University of Melbourne. Dr Sutton stated:

"I hoped to undertake research, but, during my more than ten years at the Dental School, all my applications for research grants, and

apparatus to investigate fluorides and other subjects, were rejected, despite being supported by Sir Arthur Amies [Dean of the Dental School]"

Submission, 21-2-90, p 2.

Dr Sutton, with the highest dental qualifications, a history of research into fluorides, supported by the Dean of the Dental School, was never to receive any grants for research. Such would appear to be the fate of any scientist who discovers evidence which doesn't support artificial fluoridation - and has the scientific integrity to report it. It should be remembered that considerable research grants are paid for by our taxes, but allocated by organisations such as the N.H. & M.R.C. who are strong advocates of fluoridation.

Dr Sutton said that since retiring from his University post in 1974:

"Although I have published many papers on a variety of subjects not related to fluoride ingestion, my main activity since that time has been to study fluorides and fluoridation, and to write papers designed to bring out the truth about this controversial subject."

Countries receiving grants for artificially fluoridating their populations

Dr Moolenburgh says that U.S. Public Health Service (P.H.S.) gives money (grants) to countries to promote fluoridation - under the title 'U.S. P.H.S. grants to countries where fluoridation is being promoted'.

Dr Moolenburgh reported:

"The Netherlands also received from the United States Public Health Service, \$521,701 for the promotion of water fluoridation over the years 1958, 1960 and 1963. ... Year after year you could see the same organisations benefiting ..."

Moolenburgh, *'Fluoride: The Freedom Fight'*, p 168.

Irresponsible Parents

"The principle at stake in the fluoridation battle, rightly understood, emerges as the most vital of all principles in the conduct of human life. Children's teeth are decaying mainly because of the weakness of many parents (i.e. in not controlling the intake of refined carbohydrates by their children) and the avarice of commercial interests in exploiting the weakness of the parents and the sweet tooth of the children. It is imperative that this evil be tackled at the source."

Good Intentions, Bad Principle, Dr R.V. Sampson

Parents may wish to take the time to determine whether the fluoride they allow their children to ingest, is a real benefit, or may actually cause harm.

Referendums on fluoridation

Sir Stanton Hicks, former director of Nutrition of the Australian Armed Forces during World War II, writes in the Medical Journal of Australia:

"... as an often misquoted opponent of fluoridation of public water supplies ... I am not ... and never have been, opposed to the use of fluoride either internally or externally for dental purposes. I am however, opposed on principle to the deliberate addition of any substance whatever to a public water supply with the avowed intention of influencing any physiological function of the human body.

When I ask my dental friends why they do not advocate the supply to and use by parents of fluoride tablets, and the control of the dental effect by the school dental service, I am invariably told that parents could not be relied upon to co-operate. How do they know? I am unaware of any intensive campaign having been undertaken to advocate such a procedure in Australia.

I attended an address to a recent Australian Dental Congress in Adelaide by a leading fluoridation expert of the United States Department of Health. He advised his listeners to press for fluoridation by influencing councils and governments. He warned them not to permit the subject of fluoridation to become a matter for public debate because, he said, plebiscites were invariably against the proposal owing to the influence of crackpots. In itself this is a remarkable tribute to the influence of crackpots, and at the same time a contemptuous insult to the intelligence of the average citizen. It discloses, moreover, what in my opinion is a dangerous trend in our day and age. This is the tendency of the pseudo-scientific expert to use authority to impose his views.

It is my conviction that if a medico-social measure cannot be sufficiently clearly explained to one's fellow men to win their conference that it is honestly presented and that there is no other alternative to its adoption, there is something wrong somewhere. If we cease to base important social actions on argument with our fellow man and cease to accept each our individual share of responsibility - even in the matter of our children's teeth - we are merely proving that Khrushchev's contempt for a free society is thoroughly deserved, and we may as well resign ourselves to being more than symbolically clubbed on the head with his shoe."

Letter to Medical Journal of Aust., 11-11-61.

Keep Fluoridation From Going to a Referendum

Dr Francis Bull, Wisconsin State Dental Health Officer, was a leading promoter of artificial fluoridation, and keynote speaker at the U.S. State Dental Directors' Conference in 1951. In discussing how to handle the fluoridation campaign and referring to public opposition, Dr Bull (who was well aware of what happens when the people can decide whether they should be medicated via their drinking water) said,

"Keep fluoridation from going to a referendum."

Polls Overwhelmingly Against Fluoridation

"The Australian Dental Association supported by the National Health and Medical Research Council and the Health Departments of Australia are against democratic community polls on fluoridation to assess "the will of the people" and the "rights of the people".

The "will of the people" has been overwhelmingly expressed in the following ...:

1979	Gold Coast	Fluoridation plant stopped.
1970	Portland	86 percent against fluoridation.
1971	Hamilton	68 " " "
1974	Ararat	64 " " "
1978	Ballarat	94 " " "
1978	Buninyong	93 " " "
1978	Grenville	89 " " "
1978	Horsham	85 " " "
1988	Deniliquin	80 " " "
1988	Howlong	97 " " "
1988	Moree	96 " " "
1988	Pallamallawa	98 " " "

At the same time the following Councils rejected the introduction of artificial fluoridation into their drinking water supplies. Wodonga removed their fluoridation plant, Ballina, Brisbane, Casino, Coffs Harbour, Gosford, Kempsey, Lismore [Poll - 85% against], Port Macquarie, Rous County and Tumut.

In Victoria there are only a few small artificial fluoridation plants outside Melbourne. The Councils, the people and the Unions have stopped all major country cities, Geelong, Ballarat, Bendigo, Warnambool, Portland, Mildura, Wodonga, from fluoridating their drinking water supplies."

Freedom From Fluoridation Federation of Australia, *Submission* No 15, 26-2-90.

The following motion was passed at the May, 1985 State Council of the Tasmanian Labor Party:

"That this Council opposes the compulsory pollution of the State's water supply with the poisonous chemical sodium fluoride, and calls for the immediate removal of this mass medicant until each community exercises their democratic choice by referendum and that the matter be referred to the Health Policy Committee."

The Victorian Health Minister W.A. Borthwick, in writing to a constituent on 16th December, 1981 stated:

"... the legal power for an Authority to conduct a poll of rate payers, pursuant to Section 307A of the Water Act 1958, was repealed by the

Health (Fluoridation) Act 1973. Accordingly, should the Health Commission believe that the introduction of fluoridation in a certain district is in the interests of public health, it is not obliged, or in any way required, to take into account the views of the residents."

Simply put, according to these public servants, the majority will of the taxpayers is irrelevant. Is this not an excellent example of the need for citizen's to be able to petition for referenda, the results of which are binding on public servants?

The ACT Inquiry (Majority View) of Citizens and Referendums

In the ACT Inquiry Report (12.7) it states (quoting Murray, J.J.):

"... In essence, the phenomenon of the public's voting against its own interest is explained by a number of factors: (1) ignorance and confusion on the part of the public about the dental health benefits of fluoridation

Voter's Veto - Democracy in Action

I believe that citizen's referenda is an important Constitutional safeguard against unwarranted political interference, and that it should be used more regularly, as it is in some other countries (e.g. Switzerland). Not only at the Federal level of government, but also at the municipal and State levels.

Few would disagree that there are times when politicians enact legislation which is against the will of the majority of the voters. The above data on referendum results in Australia is an indication that the majority of people seem to be against artificial fluoridation. This is also the case in the ACT by a moderate majority (surveys done through 1990 by myself and members of our independent group). If Voter's Veto was legislated, the people could call for a vote on fluoridation, e.g., "Should we have fluoridation of our drinking water?"

Voter's Veto would give citizens the legal right to petition for a binding referendum. Any individual or group concerned about an issue could initiate a petition. When a set number of signatures are collected, say 3% of the voters (2 - 5% is the range in countries where people have this right), the petition would then be submitted to government (State, local or Federal). Government would then be required to put the question to a referendum. The referendum would be held on one or two set days each year. It is obvious that an election poll would always be used as one of the times for referendum questions to be put.

Perhaps the main benefit of the Voter's Veto referenda is not only that the people can have a say, but that the result is binding on government.

The principle of citizen's referenda operates in some way in Austria, Italy, Denmark, 24 States and the District of Columbia in America and throughout Switzerland, where it has operated for over 140 years.

It is not surprising that the idea has great appeal with voters.

I have pledged to introduce a Voter's Veto Bill into the ACT Parliament. If Canberrans want the right to a voter's veto, they will have the opportunity to ask their elected representatives to support the Bill in Parliament.

It is neither politicians, doctors, dentists, or bureaucrats that are the cause of any of our problems. It is the fact that we have not accepted our own responsibility to ensure that we are genuinely represented. We people have the power to make the necessary changes; if only we have the will.

Total Intake Study Should be Done

"The W.H.O. says that before fluoridating a water supply, authorities should determine the prevailing fluoride intake from all sources, including drinking water, food and the general environment."

W.H.O. Letter, 16-5-86.

So, authorities in Australia willingly accept the statements of overseas authorities, except when it doesn't support fluoridation. Is this a responsible practice by the Victorian Health Department, or yet another example of refusing to accept any evidence that may not favour fluoridation?

Summary: Many authorities, institutions and well meaning individuals either through ignorance or laziness, support what is in fact a drive to maintain sales of fluoride.

SECTION 4: ENVIRONMENTAL POLLUTION.

The environmental dangers of fluorides were explained in many submissions to the ACT Inquiry Committee.

Fluoride Destroys Tasmanian Farm

"For almost 13 years John Braim and his wife, Sylvia, believed they were bad farmers.

Trying to set up a Poll Hereford stud at Nicholls Rivulet in southern Tasmania, the couple were continually surprised and discouraged by huge stock losses. They used the best genetic material but a 20 per cent fatality rate persisted among their cattle. The farm was plagued by still-births, spastic calves, premature calves, weak calves that died shortly after birth and animals with abnormal livers, kidneys, hearts and lungs.

Farmers on neighbouring properties had stock losses of less than 2 per cent.

But on September 15, 1987, when Mr Braim found the corpse of two sheep in their paddock, the mystery of the deaths and disabilities began to unravel. He noticed the grass was covered in a white powder that had escaped from a shed owned by the Rivers and Water Supply Commission. It was part of a fluoride plant servicing the water supply for the nearby town of Cygnet.

Veterinary examinations found the cud of the sheep contained enough fluoride to kill the animals four or five times over.

In the Supreme Court in Hobart on Monday (4th Dec, 90), the Braims received \$65,000 in damages from the Commission, plus costs, and a promise that the shed would be removed by January 4 [1991].

It is small solace to the Braims. They say the 13-year nightmare has destroyed all hope of establishing a Poll Hereford stud. "All my dreams and aspirations have been finished - I'm shattered," Mr Braims said."

The Australian, Wed 6th Dec, 1989, 'Farmers win fluoride damages'.

Since the time that fluorine was first identified in 1771 and until the 1940's, it was always something to keep out of the environment (Outerbridge T., *The Fl. Campaign, Ecol.*, Vol 16.) From 1900 to the early 1940's widespread stock and crop poisoning by industrial fluorine wastes in the U.S. alone resulted in damages payouts of millions of dollars. The Aluminium Corporation of America (ALCOA) itself faced legal claims for millions (Exner F. *Econ. Motives Behind Fl.* Seattle, Wash. 1961.)

In Australia, many claims have been made against industrial companies that produce fluoride wastes. One recent example in Western Australia, was the Middle Swan School closed by the Environmental Protection Agency (*Aust. Fluoridation News*, May/June, 1990.) because of fluoride pollution from the local Brickworks.

Pollution Control Commission Indicts Fluorides

Amid growing concerns about the environmental threat to the Hunter Valley region from industrial fluoride pollution, the N.S.W. State Pollution Control Commission, reported:

- * *Fluoride has been shown to impair most of the processes which are involved in plant reproduction.*
- * *The mutagenic properties of fluoride have been ascribed to interference with DNA replication.*
- * *It has been shown that fluoride transfers and accumulates through the food web, particularly in insects and carnivores.*
- * *The effects of fluorides in soil chemistry and biology are almost unknown, Groth has asserted that soil bacteria can, in the presence of fluoride, generate fluoracetates which are highly toxic to animals.*
- * *A number of plants are known to produce fluoracetate during exposure to fluoride and this could produce widespread response from a number of animals.*
- * *Fluorides have caused more damage to livestock than any other air pollutant.*
- * *Animals exposed to excessive amounts of fluoride develop fluorosis, which occurs in both acute and chronic forms.*
- * *The stock most frequently affected by chronic fluorosis are cattle and sheep exposed to moderate fluoride levels over long periods."*

Pollution Control in the Hunter Valley with Particular Reference to Aluminium Smelters", July, 1980.

Flower Growers Warned about Fluoridation

"Commercial cut-flower growers are the latest industry to be hit by the damaging effects of fluoride and are warning their members to install filters on fluoridated water supplies in which cut flowers are kept prior to marketing:

According to Dr Rod Jones of the Knoxfield Horticultural Research Institute [Melbourne, Victoria], fluoride concentrations as low as one part per million - the same amount as in public water supplies - has

been shown to damage cut gerberas and gladioli to such extent that they become unsaleable only two or three days after harvest.

Fluoride also damages roses, tulips, freesias and poinsettias, he said.

"The most effective way of preventing fluoride damage is to make sure fluoride-sensitive flowers are never placed in tap water," said Dr Jones."

Helmi Bond, *The Independent*, Tue, Oct 2, 1990.

Airborne Fluoride Pollution

"The emission of fluorides by industry is an important source of environmental pollution, both in the atmosphere and in the work place for employees in certain types of plants. (Wiseman A. Effects of inorganic fluorides on enzymes. Handbook of experimental pharmacology, Springer Verlag (editor) (New York, 1970), Vol 20, part 2, pages 48-97.)

Effects on animals

Domestic animals fed on fodder containing fluorides eventually show signs of the poisoning known as fluorosis (Krook L. and Maylin G.A., Industrial fluoride pollution. Chronic fluoride poisoning in Cornwall Island cattle, Cornell Vet, 69 Suppl. 8, 1979, pages 1-70)

... Fluorine taken in excessive amounts causes fluorosis, symptoms of which appear in various disorders of increasing severity. The effects of fluorides vary according to the intensity of the poisoning. Where the emission of fluorides is greatest, the animal's teeth decay and wear out completely; they are no longer white but yellow or brown. The animals become incapable of grinding food. The teeth work loose and finally fall out; as a result, the animals die. In addition to these dental disorders there are others: digestive difficulties, dystrophy [defective development or degeneration] of the bone in the young (rickets) and in adults (osteomalacia).

After a period of time, which varies according to the intensity of the poisoning, locomotor [to do with moving from place to place] disorders appear in cattle and gradually the animal is unable to move. The limbs swell, lacteous [milky] secretion diminishes and pregnant females frequently abort. Finally there is a progressive cachexia [general debility] which is fatal to the affected animals.

... Losses incurred as the result of the poisoning of domestic animals can be enormous for agricultural producers. As an example, we can mention the case of ALCAN in Arvida, where l'Union des Producteurs Agricoles claimed and obtained from this aluminium plant, from 1951 to 1973, compensation amounting to \$2,868,953 paid to 319 farmers. (Cox W.R., Hello test animals. Chinchillas or you and your grandchildren. Milwaukee, Wis, The Olsen Pub. Co., 1953) There have been some improvements but total compensations paid in 1977 and 1978 still come to more than \$250,000. More than 3,000 head of cattle suffered from poisoning from fluorides during these two years.

Another ecological and toxicological result of fluorine pollution is the marked deterioration of the entomo-fauna [relating to insect and animal life]. In fact, fluorine is highly poisonous for most insect life. Bees are especially sensitive to it and no apiary can survive in an area where this pollution exists.

... Other studies on the toxicity of fluorides on fish have shown that trout eggs do not hatch normally if 1.5 ppm of fluorides are present; adult trouts are killed by concentrations of 2.7 to 4.7 ppm if they are exposed for several days. (Rapaport I. A., Les opacifications du cristallin mongolisme et cataracte senile, Rev Anthropol Series, 2, 3:133, 1957.)

... From Studies conducted by H.L. Richardson, pathologist at the University of Oregon, it has been shown conclusively that fluorides in a concentration of 1 ppm can sterilize chinchillas on a farm. This concentration of fluorides may cause a weakening of the intestines, abortion, a high rate of still birth, weakness in the newborn and the death of the mother at the time of expulsion. All breeders had the same problem: an extremely low rate of productivity and a high mortality rate in the newborn (72 percent in Lelowna). (Berry W.T.C., A study of the incidence of mongolism in relation to the fluoride content of water.)"

Bundock J.B., Graham J.R., Morin P.J., Water Fluoridation, *Science and Public Policy (Journal)*, June, 1982, p 137.

Fluoride Listed as Contaminant

In a letter of 3 May, 1990, Andrew McCutchedn, the Victorian Minister for Planning and Urban Growth, wrote:

"Fluoride is also listed ... as a contaminant which is monitored in both rural and urban water supplies. While no specific reference is made to Fluoride in the text, the report clearly states, on page 264, that:

Drinking water quality monitored in Victoria has failed to adequately report on a range of organic and inorganic contaminants that can affect human health - especially THMs, and pesticides and herbicides. It is of serious concern that such monitoring is not [being] undertaken, and that the baseline conditions for these contaminants have not been determined."

It was submitted by many that in the light of the overwhelming evidence of the toxicity of the fluoride chemical, it would be wise to work towards its reduction in the environment. Certainly, commonsense dictates that chemicals known to be toxic to vegetation, livestock, and human cells and tissues, should not be artificially added to the community drinking water supplies.

Summary: Toxic chemicals (such as fluoride) spread into the environment and are tagged as pollutants. Is not water part of the environment? Is not fluoride a toxic chemical?

SECTION 5: CARRIES NOT CAUSED BY FLUORIDE DEFICIENCY

Why do teeth decay?

The entire and only justification given for the mass medication of entire populations with fluoride chemicals, is that our teeth have too many holes in them. So, is it a lack of fluoride in our diet (teeth) which causes the problem?

We find that the accepted scientific reason for tooth decay was best put by Dr R.V. Sampson, D.Phil., of the Dept. of Politics, Uni of Bristol, when he said:

"Sickness, suffering, pain are frequently nature's warning symptoms that wrong ways of life cannot be pursued without paying a price. To seek by spurious mass application of chemicals to encourage the public in the belief that easy, morally effortless, remedies are available to enable us to escape the consequences of our own folly is to do incalculable damage. There are never such easy escapes available. To encourage people in such a delusion is to lead them to further moral debilitation.

The principle at stake in the fluoridation battle, rightly understood, emerges as the most vital of all principles in the conduct of human life. Children's teeth are decaying mainly because of the weakness of many parents (i.e. in not controlling the intake of refined carbohydrates by their children) and the avarice of commercial interests in exploiting the weakness of the parents and the sweet tooth of the children. It is imperative that this evil be tackled at the source. It would be a grave social crime to attempt by spurious remedies to conceal this profound social evil in our midst. What is urgently needed is a vast educational campaign at many levels on the essentials of health."

Is there proof that wrong diet is the cause of tooth decay, and conversely, correct diet prevents decay? The answer is a resounding "Yes".

The Hopewood Story.

The most detailed dental research study in Australia that gave conclusive evidence that a sensible diet prevents tooth decay, was the famous study conducted at the Hopewood Health Centre at Bowral, New South Wales.

The study was overseen by senior Government scientists. The story is best presented in, *The Hopewood Story - A gift of Health*, which states:

By 1947 there were 82 children at [Hopewood]. Quite unexpectedly, Dr N.E. Goldsworthy, M.D., director of Dental Research in NSW contacted Bailey with a request to visit Hopewood and inspect the children's teeth. This was the beginning of eleven years of research, during which a mobile clinic was set up. Dr F.W. Clements, who was in charge of research into Child Nutrition at Sydney University, was later introduced to the project, his team keeping records for some nine years. Thus the natural regime at Hopewood was tried, tested and found to be true.

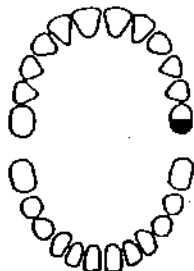
HOPEWOOD HOUSE OBSERVATIONS — DIET & DENTAL CARIES



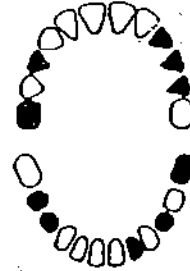
HOPEWOOD HOUSE CHILDREN WITH CARIES
22.7.



SYDNEY CHILDREN WITH CARIES
96.7.



HOPEWOOD HOUSE CHILDREN 4-9 YEARS
1 CARIOUS TOOTH BETWEEN 2 CHILDREN



SYDNEY CHILDREN 4-9 YEARS
10 CARIOUS TEETH PER CHILD



HOPEWOOD HOUSE DIET

AVERAGE SYDNEY DIET



—By courtesy, The Journal of the Commonwealth Department of Health

The results of this research were documented and published in dental and medical journals, both in Australia and overseas, from 1947 to 1958. Many medical and dental authorities visited Hopewood to study results first hand. One of these was Lord Mellanby, a physician to the royal family. The Hopewood children had a world record for dental health. Doctors in Sydney and Brisbane gave lectures on the general health of the children, which was outstanding. The researchers were quoted as the project drew to a close:

"In as much as the experience of Hopewood proves beyond any reasonable doubt, that by using similar dietary regime children can be relatively free of dental caries and their health generally improved, why aren't these beneficial methods adopted more widely in the rest of Australia and indeed in the rest of the world?"

A Pamphlet entitled 'Every Doctor a Dietician' was produced as a result of this comprehensive research and distributed to medical and dental practitioners.

The Hopewood children's dental charts are still on display in the Institute of Anatomy in Canberra, bearing startling witness to what can be achieved through correct diet from birth. The Canberra display is also testimony to the fact that eventually the 'authorities' came to respect Bailey's work and the ideas on which that work was founded."*

The Hopewood Story, C. Raymond, Pythagorean Press, 1987.

Sugar and Tooth Decay

"For the first time ever, the frequency of dental caries is greater among children in Third World countries than in industrialized countries. So writes Dr Aubrey Sheiham of the University of London Dental School ... Citing data from the World Health Organization, Sheiham reports that "the average number of (permanent) teeth with caries per 12-year-old child as assessed by the DMF (D=decayed, M=missing, F=filled) was 4.1 for Third World countries in 1982 and 3.3 for industrialized countries. Twenty years ago the index was less than 1 DMF for most underdeveloped countries and as high as 10 DMF teeth for developed countries.

According to various studies reviewed by Sheiham, the principal reason for the huge rise in dental caries in underdeveloped countries appears to be the large increase in the consumption of sugar and high-sugar diets that has occurred. "In some underdeveloped countries, sugar is (now) the second largest food item imported.

In all [underdeveloped] countries where the DMF index has increased, the mean annual per-capita consumption of sugar has also increased. ... Those [underdeveloped] countries where the dental caries rate has declined have, with the exception of Fiji, reduced their sugar consumption.

Similarly, in many Western industrialized countries, decreases in dental caries have also been associated with reductions in sugar consumption."

Changing Trends in Dental Caries, Internat. J. of Epidemiology, Vol 13, pp 142-147.

Toothpaste

"Fluoridated toothpaste contains 1000 parts per million fluoride. A family-sized tube of fluoridated toothpaste (7 ounces) contains enough fluoride to kill a small child of up to 20 pounds if the entire tube is consumed. While most children will not consume an entire tube of toothpaste, consumption of smaller amounts of toothpaste certainly presents a health hazard. It has been found that a 4- to 6-year-old child will consume 25% to 33% of the toothpaste put on his brush. ..."

Fluoride: The Aging Factor, p 16.

A statement was made in a *Newsweek* article on fluoride. The article stated:

"And even if drinking fluoridated drinking water is slightly risky, there is no hint that fluoridated toothpaste - as long as you don't swallow any - is dangerous." [my emphasis]

Begley S., *Newsweek*, February, 1990, p 65.

Can we have confidence in the Medical Approval of Fluoridation?

Dentists are well trained and they are permitted by law to treat some diseases of the mouth, they are not trained in the recognition, nor are they allowed to treat diseases involving the rest of the body. The safety of mass medication with a potentially dangerous chemical is something which lies outside the scope of the dentist to treat.

So then, who do we turn to? Obviously physicians and medical researchers have the necessary qualifications. However, we must ask the question, *"Can we accept, with confidence, the medical statement that artificial fluoridation is absolutely safe?"*

Individual Responsibility Eroded

This statement relates to compulsory artificial fluoridation exactly. The following statement by Swarth gives us an indication of where we went wrong in responsibility for our own health:

"... rather subtly the individual citizen was taught to forgo the major responsibility for maintenance of his own health. To wit, no individual, as was the custom before World War II, could have a follow-up on such a simple matter as his urinalysis without first consulting a physician. This exerted considerable impact in destroying an individual's ability to care for himself. Likewise a mother was taught to no longer go to the

drug store for ten cents worth of camomile tea or dried raspberries to control her baby's colic and instead to consult a pediatrician ... In other words, by limiting the means by which persons might deal directly with their own illnesses, we have bestowed a real monopoly of health care upon physicians and at great social and economic costs."

Wolf, B.B. Berle., *Limits of Medicine*, 1976, Plenum Press, p 45.

The 1968 Tasmanian Inquiry

"The Tasmanian Royal Commission took place between 1966 and 1968. Science does not stand still; in fact scientific knowledge is now doubling every fifteen to twenty years. Sometimes we learn from our errors of the past, often we don't.

However, it is worthy of note that the Tasmanian Report is never used in Court Cases or Government Inquiries in overseas countries. It has no scientific standing in world literature."

Poison on Tap, p 87.

The 1979-80 Victorian Inquiry

The three members appointed to the Victorian Inquiry were Dr D.M. Myers, Dr V.D. Plueckhahn, and Dr A.L. Rees.

"An Engineer, a Medical Pathologist and a Physicist, respectively.

None of them was expert in the three most essential fields required for a study of fluoridation - dentistry, clinical pharmacology, and statistics."

Poison on Tap, p 93.

The 1979/80 Victorian Government Inquiry sat for 18 months, but only managed to interview two people.

On page 203, the Victorian Inquiry Committee stated:

"A vast amount of evidence is available as to its value, and as to the possibility of harmful results."

Fluoride Not an Essential Element

If fluoride is an essential element, it could be used as an argument for fluoride supplementation. On page 135 of the Victorian Report, their reference 117 is selected to endorse their statement from the U.S. Food and Drug Administration (FDA) which:

"... identified fluoride as an essential element."

Reference 117, is "U.S. Food and Drug Administration in U.S. *Federal Register* 38; 20713, No. 148, Washington, D.C. August 2, 1973."

This FDA reference for 'essential' was *deleted* from the FDA *Federal Register* by *five* subsequent updated (1973 - 1979) classifications of fluorides, all made before the completion and presentation of the Victorian Inquiry Committee Report to the Victorian Parliament.

This deletion was the immediate result of the 1978 Court deliberations. (Federal Register, 3.16.79, p 16006.) It now rests in the FDA category as "*not generally recognised as safe*". (Page 23249.)

Why was a greatly outdated and erroneous classification used to falsely report that fluoride is an essential element?

Incorrect by 172,000 times

The Victorian Inquiry Committee dismissed any environmental fluoride concerns. On page 17 they state that the:

"... most susceptible plants can tolerate up to 100 ppm (parts per million) HF (hydrogen fluoride) from the atmospheric sources".

"In 1980 a paper by R.J. Unwin, Agricultural Development and Advisory Service, London was published in the ADAS Quarterly Review "Atmospheric Fluoride Pollution in the United Kingdom and Possible Effects upon Agricultural and Horticultural Crops".

This paper sets out the damage to plants, trees and crops from fluoride pollution.

The Author's conclusions, suggest that 2 ppb (parts per billion) fluoride will damage many plants, also, the West German pollution control standard is 2.0 ug/m³ F (2.3 ppb) but even at this concentration many trees would be damaged and a reduction in soft and stone fruit could be expected.

A search of the literature fails to find any other claim that the "most susceptible (plants) can tolerate up to 100 ppm HF".

The author of the London paper states:

'... levels (less than) 0.58 ppb (parts per billion) can cause damage.'

That is 172,000 times less than the Victorian Committee claim of 100 ppm fluoride."

Misleading Data Given to Promote Fluoridation in Geelong:

Geelong, Victoria, has long been a battle-ground between those who promote fluoridation and those who stand for freedom of choice in medication. The following article in the *Age* newspaper on 15th July, 1986 casts an important light on how proponents try to have fluoridation introduced:

"Scientific evidence cited recently to pave the way within the next month for the fluoridation of greater Geelong's water supplies - serving about 200,000 people - is wrong, according to an American Scientist.

Professor Donald Taves, a leading researcher on fluorides, has strongly challenged evidence which was quoted approvingly by the 1979-80 Victorian Government inquiry on fluoridation.

The evidence, which helped the three-member Victorian Inquiry decide in favor of fluoridation of the State's water supplies, is based on a paper by two American scientists. Leon Singer and W. D. Armstrong, published in the 'Journal of Applied Physiology' in 1960.

But in a phone call from his home in Rochester, New York. Professor Taves told 'The Age' that the conclusions reached by Singer and Armstrong in their paper were "wrong and misleading". Until 1983, Professor Taves was an associate professor in the Department of Radiation and Biology at Rochester University.

Other scientists have described the 1960 paper as "erroneous", agreeing with Professor Taves that it was based on an analytical method superseded long ago.

One of the members of the 1980 Victorian inquiry, Professor Vernon Plueckhahn, who has recently acted as the State Health Department's chief adviser on the fluoridation issue at Geelong, declined to comment [my emphasis] when contacted by 'The Age'.

The Geelong Water Board last Wednesday voted 5-4 to accept a letter sent to it by the Health Department ... The letter cited the Singer and Armstrong evidence to support the Health Department's decision not to survey the prevailing blood plasma fluoride levels of Geelong residents.

(Blood plasma is the most reliable indicator of the fluoride content of body fluids and in normal blood about three quarters of the total blood fluoride is in the plasma.)

World Health Organisation Ignored

... The Health Department's decision not to test for blood fluoride levels goes against the recommendation of the World Health Organisation, which both the 1980 Victorian inquiry and the Health Department have acknowledged as an authority on fluoridation."

Poison on Tap.

Erroneous use of Scientific Studies

The [Victorian] Committee use as a reference to support their study, a Report on Fluorides by the U.S. National Academy of Sciences, Washington D.C.1971 and using the prefix "Vostal, J.J. et al." (Dr J.J. Vostal was Chairman of the Committee that wrote that Report.)

These facts began to amount into what appeared an exercise in dangerously "ill-informed" scientific data supplied to the Parliament of Victoria by their Committee of scientists so the Author spoke by telephone to Dr J. Vostal at his office in the U.S.A.

Dr Vostal was advised that he had been quoted by the Victorian Committee as the authority "that the most susceptible plants can tolerate up to 100 ppm HF from atmospheric sources". He was surprised at such a reference because he said the Academy had not mentioned parts per million (ppm) in their 1971 Report relating to atmospheric Hydrogen Fluoride concentration.

Consider the statement by the three Victorian scientists in their in-depth study into fluorides and fluoridation supporting their pronouncements with a "claimed" reference from the Report "Vostal et al".

But this is what Vostal et al. state on p 237 of their Report:

Summary and Conclusions

"Accumulation of atmospheric fluorides by plants can result in changes in metabolism, production of foliar lesions, and alteration in growth, development, and yield. Plants may be grouped in three general classes, according to their response to fluoride exposure: susceptible, intermediate and resistant. In addition to differences among species and varieties, the duration of exposure, stage of development and rate of growth, rate of accumulation of fluoride, environmental conditions, and agricultural practices are important factors in determining the susceptibility of plants to fluorides.

The following threshold concentrations for atmospheric fluorides are based primarily on research, rather than on field studies.

For exposure periods of 1 day; the threshold for foliar markings is between 3 and 4 ug/m³ for the most susceptible species and 10 ug/m³ or higher for species of intermediate susceptibility; for exposure periods of longer than a month, the threshold is about 0.5 ug/m³ for susceptible and between 1 and 3 ug/m³ for some intermediate species.

The Victorian Report has decreed that even "the most susceptible" plants can survive in an atmosphere containing 100 ppm Hydrogen Fluoride - [However, the truth is ...] At such concentrations no living thing could survive."

Poison on Tap, pp 14-15 & 309-312.

Since the 1979/80 Victorian Inquiry Report, the above false information remains on public view as a supposedly valid scientific statement with no correction being made, even though the matter was later referred to the Victorian Government.

The Geelong story had a happy ending. Geelong residents, to this day, are not compelled to ingest fluoride.

U.S. Court Finds Fluoridation Guilty

This case was one of the most extensive examinations of the scientific arguments for and against artificial fluoridation conducted anywhere in the world. The details of the case, including the existence of 2,800 pages of transcript, were made known to the Victorian Inquiry Committee who replied on the 5th June, 1979 that they would obtain copies which would then be "*studied and assessed.*"

However, a search of the Victorian Government archives, after the conclusion of the Inquiry, revealed that the Victorian Committee did not obtain the transcripts that they had said they would.

What the Victorian Committee did do was state (p 104) that the Court decision had been reversed. Someone reading the Victorian Inquiry Report could be misled into believing that the findings of that Court were overruled and all the scientific evidence against fluoridation rebutted and reversed.

This is an entirely misleading statement. The matter simply concerned the jurisdiction of Judge Flaherty's Court. No scientific evidence from the Court case against artificial fluoridation has ever been overruled and still stands unchallenged in its entirety. The Court decision was overruled on the technicality of jurisdiction only.

Judge Flaherty comments on the case and the matter of jurisdiction;

"... I entered an injunction against the fluoridation of public water supply for a large portion of Allegheny County, Pennsylvania. I did this after a very lengthy series of hearings on the issue. The trial brought into my Court experts on the subject of fluoridation, and I meticulously considered the objective evidence. In my view, the evidence is quite convincing that the addition of sodium fluoride to the public water supply at one part per million is extremely deleterious to the human body, and, a review of the evidence will disclose that there was no convincing evidence to the contrary.

... involves merely the jurisdiction of the Court, it does not involve substantive merits of the case. Prior to my hearing this case, I gave the matter of fluoridation little, if any, thought, but I received quite an education, and noted that the proponents of fluoridation do nothing more than try to impugn the objectivity of those who oppose fluoridation.

I seriously believe that few responsible people have objectively reviewed the evidence."

John P Flaherty
Justice
Supreme Court of Pennsylvania"

The Victorian Committee refers (p 104) to a letter from Judge Bowman, dated 21st February, 1979. A more recent letter from Judge Flaherty on 5th September, 1979 was apparently ignored by the Victorian Committee who then gave a misleading report that suggested that the Judge's finding that fluoridation was a carcinogen was incorrect.

The suppression, by the 1979/80 Victorian Government Inquiry, of evidence proving a cancer-fluoridation link may be summed up in the words of Dr George Waldbott: (P.O.T., p 67):

"Omission of pertinent scientific data is at best a demonstration of poor scholarship; where the health of millions is at stake, however, it is intolerable."

The Victorian Inquiry - Fair or Flawed?

The Premier of Victoria Rupert Hamer, in tabling in Parliament the Report of the Victorian Inquiry into Fluoridation, claimed (*Hansard*, 9-9-80, p 65.) that data from Bacchus Marsh, a small Victorian country town, with a population of about 5,000 persons, proved the effectiveness of artificial fluoridation.

Mr Hamer said:

"At the last Dental Survey of school children at Bacchus Marsh where fluoridation began in 1962, the dental decay rate had already been reduced by half, more than 20 percent of children being completely free of decay."

This statement by Mr Hamer is incorrect.

The last Government Dental Health Survey in Bacchus Marsh at that time was Survey No. 6 of 1978. In this survey, only fourteen year old children were recorded. There is *no* reference to 20% of children being completely free of decay.

The Health Department did claim an increase in caries-free fourteen year olds when they wrote:

"The percentage of children with no sign of decay has increased from 2 percent to 15.8 percent during this period, (1963 - 1978)."

This sounds impressive until you check the data. In 1963 two children had caries-free teeth, but in 1978 the number was three. The difference is only one child.

As the 1978 survey did not include younger children, let us take the *previous* Health Department Dental Survey of Bacchus Marsh conducted in 1975. The following is a graph showing the results of fluoridation after thirteen years in Bacchus Marsh. This clearly shows that no child at the age of fourteen had teeth free from decay.

It is ironic that the Victorian Premier used Bacchus Marsh to claim effectiveness of artificial fluoridation. While children usually have more dental caries as they grow older, how effective is artificial fluoridation after 13 years in Bacchus Marsh when the number of children with holes in their teeth *increased* dramatically from five year-olds to 14 year-olds.

Concluding Comments on the Victorian Inquiry

The data presented in this Dissenting Report on the fraud that was the 1979/80 Victorian Government Inquiry is but a minute selection of the errors, omissions, false reports and misleading data presented in the official Report of the Victorian Inquiry.

The true story behind the scandal that was the 1979 Victorian Government Inquiry into Fluoridation would fill a book. In fact, not one, but two books have been written about the Victorian Inquiry:

* *The Fluoridated Watergate - Victoria 1981*, by Kay Dupuy.

* *Poison on Tap*, (1982) by Glen Walker,

Glen Walker has a distinguished world-wide, scientific background. In 1968 he was the first Australian to be made a Fellow of the Institute of Metal Finishing, London, an international society, entry into which is controlled by technical and scientific examination.

He is an Emeritus Member of the Electrochemical Society, U.S.A., having been a member for over 50 years.

He has represented Australia many times at international scientific conferences.

During World War II, he acted as a consultant to the Australian Army, Navy and Air Force, the American Air Force, Government Ordnance Factories, and sub-contractors to the Ministry of Munitions.

He was a member of a Sub-Committee of the War-time Ministry of Munitions which controlled the use and supply of strategic metals. He was also a partner in a chemical company that manufactured special chemicals for war-time use.

He has written many papers for local and overseas journals.

After the war he was the proprietor of a chemical laboratory which held the highest qualification in Australia - registration by the N.A.T.A. (National Association of Testing Authorities).

The author and the staff of this laboratory pioneered the determination of trace impurities in electrolytes, using the Atomic Absorption Spectrophotometer which was invented by the C.S.I.R.O. This is now universally used throughout the world.

He was a voice in the wilderness as an early advocate for the control of industrial pollution, and proper effluent treatment plants, which he studied and presented details of to the Commonwealth Government, in the 60's. Unfortunately for all of us, his representations to the Federal and State Governments and their departments resulted in complete indifference.

Glen Walker is the only full-time researcher on fluorides in Australia, a unique distinction he has held for 20 years. Walker was not invited to appear before either the Tasmanian Royal Commission or the Victorian Government Inquiry into Fluoridation, nor has he ever been invited to make submissions, either verbal or written, to the inquiries of the N.H. & M.R.C. Indeed, Walker, at one time spent a year seeking scientific data from the N.H. & M.R.C. under the Freedom of Information Legislation, finally going before the Commonwealth F.O.I. Tribunal.

Fluoridation Proponents often Reluctant to Debate

Advocates of fluoridation often refuse to debate with scientists, doctors or other professionals opposed to fluoridation. A symposium on fluoridation was held as part of The Australian and New Zealand Association for the Advancement of Sciences' (ANZAAS) annual conference in 1984, held at Monash University, Melbourne. Though ANZAAS is the senior scientific body of its type in Australasia, both the National Health & Medical Research Council and the Australian Dental Association refused, though given nine months notice, to send anyone to the debate on fluoridation. As the conference is open to the public, this refusal denied the public from hearing what would have been a rare opportunity to hear both sides of the debate. At the symposium, the lack of effectiveness, health dangers, and political and vested interest aspects of compulsory fluoridation were presented by Dr Diesendorf, Dr Sutton and Wendy Varney.

Perhaps the following event may illustrate why. During the fluoride debate in the ACT, the ACT President of the A.M.A., Dr John Donovan and the Queanbeyan Chairman of the A.D.A., Carmelo Bonano were perhaps its most vocal proponents. I, as a layman, challenged both to a formal public debate. The debate was held before some 400-500 people. It was noteworthy that even the pro-fluoride newspaper, *The Canberra Times* (1-11-89) acknowledged on the front page that I had won the debate. Perhaps they revealed their bias, however, by suggesting that nonetheless, 'I was wrong.

The A.M.A. President and the A.D.A. Chairman didn't lose the debate because they were unintelligent. They lost because their argument was untenable.

The Australian Dental Association

"Delta-Sigma-Delta (DSD) is a society of dentists, exclusively male, with English Free-masonry connotations. It is led by a Grand-Master, displays its own coat of arms and requests its members to take an oath of secrecy. Membership is by invitation only and the society does not produce a public membership list.

Delta-Sigma-Delta originated in America in 1882, and now has chapters throughout the world. In Australia they number around 250 in membership. ...

Small enough it's true. But what is interesting is that although they are small in numbers, they are inordinately represented on the advisory boards or 'syndicates' that indirectly advise the Minister on dental health policy.

DSD has heavy representation on the Federal and State Councils of the Dental Association, and the State Dental Boards. As such, it is a very powerful body.

And such strategy could lead one to suspect that DSD is partly concerned with obtaining a controlling interest in the aims and direction of dental health.

Before one is accused of paranoia, it should be said that others have shown concern about this organisation. Members of the Dental Association itself are disturbed by the existence and activities of DSD. They claim they dislike the secretiveness associated with the society and say it could be divisive within the Dental Association.

Society Not in Best Interests of Dental Association

The President of the Victorian Dental Association, Dr Vic West, said that any organisation which chose to operate in secrecy would have the potential to divide the profession and was not in the best interest of the dental association."

... Whether Delta-Sigma-Delta is simply a social organisation or a powerful lobby group in the health policy process is uncertain. But the potential for professional manipulation within such a system appears enormous."

Gay Hudson, *Labor Star*, December, 1982.

Child Refused Dental Treatment

The Hon. H.S. Thomas asked a question in the Victorian Parliament about a seven year old boy who was banned from the school dental health program because his mother would not let him be treated with fluoride gel at school. The answer on the 6th May, 1980 from Lou Lieberman, the Assistant Victorian Minister for Health stated:

"Her action in not permitting her son to have the topical fluoride section of the treatment program effectively excluded him from participating in the program."

Thus public money is used to either force fluoride treatments or prevent *any* normal dental treatment being received by children whose parents believe in the possibility of their children being poisoned by a highly concentrated fluoride chemical gel [check with your physician about what would happen if the child accidentally swallowed the gel]. It is remarkable that such a dangerous practice as treatments with fluoride gel are permitted at all in artificially fluoridated Melbourne.

The National Health & Medical Research Council

The National Health and Medical Research Council of Australia has the responsibility to advise the Federal Government on all matters concerning the health of the people.

The N.H. & M.R.C. has endorsed the safety and effectiveness of artificial fluoridation, and the promoters of the measure have used this endorsement as a major selling point in their push to fluoridate Australia.

When the N.H. & M.R.C. were officially asked to look into the matter, their report was published on 4th December, 1953 (still before the end of the first fluoridation experiments). While endorsing fluoridation, it states:

"There is no conclusive evidence that any deleterious systemic effects will follow the habitual use of water containing 1 ppm fluorine.

Although this Council can see no reason why the dental benefits of fluoridation of water should, at this stage, be denied to the Australian people, it is emphasised that concurrent research is essential in order to assess the results of treatment of the water and to determine accurately the optimal concentration of fluorine under Australian condition."

N.H. & M.R.C. Gives Rules for Fluoridation

Any plan to fluoridate the domestic water supply must be subject to the following conditions:

- a) The need for increasing the concentration of fluorine in the water supply must be established.*
- b) A large proportion of the community should desire that fluoride be added to the water supply, or alternatively, a substantial proportion of the community does not oppose the addition of fluorine to the water.*
- c) The water supply must be amenable and subject to strict supervision and control by qualified engineers and chemists.*
- d) The amount of fluorine to be added must be carefully determined and adjusted to meet climatic and environmental changes.*

The endorsement by the N.H. & M.R.C. played a major role in the fact that artificial fluoridation was commenced, without proof of safety or effectiveness, and that now over 70% of all Australians are regularly and compulsorily dosed with fluoride.

Upon what evidence did the N.H. & M.R.C. conclude scientifically and medically that artificial fluoridation was safe and effective?

N.H. & M.R.C. Ignores Own Rules

Did the N.H. & M.R.C. ensure that the "conditions" they list (above), that they say "must" be followed before fluoridation, were in fact followed?

Let us look. The first of the four items: "a)", requiring "need" has never been followed in Australia because no "total intake" studies have ever been done here.

The second point: "b)", which indicates that the public, who are actually subjected to the medication, should have the right to a say as to whether they are artificially fluoridated or not. Far from being followed, the idea that the public should have a say in their lives with regard to medication, has been strongly rejected by Governments and promoters of artificial fluoridation. (refer to 'Referendum' section.)

The fourth point: "d)", has been ignored by Governments and even rejected by the N.H. & M.R.C. itself. This is evidenced in their various reports over the years and the current two "Interim" Reports where they have failed, yet again, to at least recommend the reduction of the amount of fluoride added to the water supplies, when they are fully aware of the increase in "total intake".

The ACT Inquiry, at least recommended that because of the build up of the total intake of fluorides, the amount added to the ACT water supplies should be reduced from 1 ppm to 0.5 ppm.

Failure to Recommend Fluoride Reduction

The N.H. & M.R.C., could, in the light of the obvious increase in total fluoride intake, at least recommend a reduction (as has the ACT Inquiry), if not the total removal of fluoride from our drinking water.

No Controlled Study Done

In 1953, its Dental Research Advisory Committee, on which it based its support for fluoridation, resolved that:

"A properly controlled national study of water fluoridation under Australian conditions should be instituted immediately."

Now, nearly forty years later, no "properly controlled" study, employing "control" towns throughout the study, has ever been attempted in Australia!

Parliament reveals lack of Fluoride Research

Australians who are compelled to ingest fluoride probably assume that the safety claims for artificial fluoridation have been based on sufficient research in Australia. The position was revealed by the following question in Parliament:

"What research has been carried out by the Commission of Public Health, the Australian Medical Association, the Australian Dental Association, the National Health and Medical Research Council and the

World Health Organization, respectively in relation to fluoridation of public water supplies?"

The Minister answered:

"No original research has been carried out by any of the bodies named. They are not research organizations but each has set up groups which have studied the voluminous literature on the subject published in many countries of the world."

Hansard, Victorian Legislative Assembly, Question 524, 20-11-73.

The A.M.A., A.D.A., N.H. & M.R.C., WHO and the Public Health Commission have been promoting artificial fluoridation as safe for over 30 years, without ever having carried out a *single* original research study!

GOVERNMENT CORRUPTION

Government Head of Department Gives False Data to Council

During 1984 the people of Moree, NSW, though strongly opposed to artificial fluoridation, were facing the prospect of their Council voting to fluoridate the town water supplies. The Council invited two Government advocates of fluoridation to visit Moree and speak, in confidence, to Council. One was Dr Joyce Ford, New South Wales Health Commission Cancer Register, and author of a study on the fluoridation/cancer link.

Dr Ford, during her address to Council, and her official advice to the councillors, said:

"... Dr Tony McMichael and Dr John Potter of the Division of Human Nutrition and Industrial Research Organisation (CSIRO), two cancer epidemiologists, have done studies into diet and cancer in Australia, and they have not at any time shown any relationship between fluoridation of water supplies and cancer, excess cancer, or the development of any of the cancers."

Within approximately one hour after that statement on March 4, 1985 the Council voted 7 to 5 to fluoridate the Moree drinking water.

In following up the statements of Dr Joyce, the journal of the Freedom from Fluoridation Federation of Australia wrote to Drs McMichael and Potter quoting Dr Ford's statement.

On May 7th, 1985 Dr Potter replied as follows:

"What was said by Dr Ford is absolutely true that we have found no link between fluoride and cancer - but she neglected to mention that we have never looked for such a relationship either.

We have no plans at present to work in this area of research."

In a letter of May 8, 1985 the President of the Moree Council stated:

"Neither councillors nor the staff of Council have the basic scientific training that would enable ... [them] to critically examine the technical, health and safety aspects of fluoridation of public water supplies. They have to rely upon the health authorities and professional associations to have the expertise required to evaluate the issue, for advice on which to base their decision."

It would appear that the decision of seven councillors was influenced at least to some degree, by the statement of Dr Ford, presenting what was interpreted as a proper study by highly qualified scientists in CSIRO, showing no relationship between fluoridation and cancer.

Yet no such study had been undertaken!"

The Aust. Fluoridation News, Vol 20, No 4, July-August, 1985.

Notwithstanding the seriousness of Dr Ford's misleading statements to Council, it seems that no action was taken against her. It appears that proponents of artificial fluoridation can make false and misleading reports with impunity from departmental or legal action.

COURT CASES

Until 1978, much had been said, documented and claimed on the pros and cons of the artificial fluoridation of public drinking water supplies. While debates had taken place on public platforms and in newspapers, the top protagonists and antagonists had never been brought together to debate the issue under properly controlled rules.

The following data has been taken from *Poison on Tap*, one of the most detailed books ever published on fluoridation. Exact quotes are in *italics*.

A Court Case has many advantages over a debate. In Court the witnesses give evidence under oath and are subject to strict and minute cross-examination for which unlimited time is allowed. Basically, this requires that witnesses have to answer the questions put to them, and these answers must accord with scientific understanding.

For this reason, the Pittsburgh Court Case of 1978 can never be over-estimated because both sides had unlimited scope for placing before a Court of Law every piece of evidence they could gather to prove their scientific statements in this field.

During the case, two thousand eight hundred pages of transcript was taken of the evidence given to the court by thirteen of the world's top scientists debating the issue.

Judge Flaherty, a Senior Judge in Pennsylvania, was the presiding Judge. Subsequent to this particular Court Case, he was elevated to a Justice of the Commonwealth Court of Pennsylvania.

Courts Role to Safeguard Citizens

In his official opinion on the Case (16-11-78, pp 3-4), Judge Flaherty described the official status of his Court:

"This Court sits in equity, thus, as a chancellor, and, in ancient parlance, "the keeper of the King's conscience." In the development of our law, that which governs man's interaction with man, it has developed that a court of equity intervenes where there is no adequate remedy at law or administratively. In the free society, no governmental official, whether he be executive, bureaucrat or learned judge, has the right to decide what is "good" for the people, especially when that alleged "good" is seriously disputed. Too often governmental officials lose sight of whom they are working to serve; it is not the "State", some institutional anonymity, it is the citizens who are supposed to be the masters. "Public servants" must consider the true meaning of that term.

In this context, the chancellor in a court of equity has an important role to play. He is the ancient "keeper of the conscience of the sovereign", i.e., the people. The "conscience" of the sovereign provides remedies where the complex apparatus of our statutory system breaks down and provides no remedy for a wrong being imposed upon the citizens of the country."

In the Pittsburgh Court, a challenge was made to the right of the local authority to add fluoride to the public water supplies. Evidence was taken from both sides, over a five month period.

The Witnesses

Key witnesses in the action to halt fluoridation were -

Dr Dean Burk, one of the world's leading Biochemists. His classic paper co-authored with Dr Lineweaver on "Lineweaver - Burk Enzyme Kinetics" is cited more extensively than any other paper ever published in the history of Biochemistry. The Yiamouyiannis - Burk Study showing a link between fluoridation and cancer, triggered full scale hearings (1977) before Congressman L. H. Fountain's Congressional Sub-Committee. An expanded curriculum vitae on Dr Burk is printed in another section of this report showing his 35 years with the National Cancer Institute, his 50 years research on cancer, and his many awards for cancer research.

Dr John Yiamouyiannis, aged thirty-six years, became Science Director of the National Health Federation in 1974. With a Ph.D in Biochemistry, he was formally an Associate Editor of Chemical Abstracts, Columbus, Ohio, the world's largest chemical information publication, until forced out because he questioned fluoridation.

Dr George Waldbott, M.D., Warren, Michigan, world famous allergist who reported the first deaths from penicillin, author of several scientific books and a co-founder of the International Society for Fluoride Research, and editor of the organisation's journal, Fluoride.

Professor Ali Mohamed, Ph.D, Acting Chairman of the Biology Department of the University of Missouri, Kansas City.

Judge Flaherty determined that the sole issue before the Court, was whether or not fluoride may be a cancer causing agent. (p 6, Judge Flaherty's Opinion.) The issue of whether fluoride protects children's teeth was not before the Court. No testimony or other evidence was permitted on the question of whether fluoride in the prevention of dental caries, since the Court ruled that no action to prevent a non-fatal dental condition could be justified if such action might result in even one death.

Professor Ali Mohamed demonstrated and described his series of experiments which showed the capacity of fluoride, even at low concentrations, to induce or accelerate genetic damage, tumours and cancer in experimental animals, plants and insects under controlled laboratory conditions. Most of his evidence was not challenged and the remainder was not refuted.

Evidence that Fluoridation Causes Cancer Unchallenged

Dr George Waldbott, a specialist in Internal Medicine and one of the world's leading experts on the toxicity of fluorides, explained why water fluoridation could cause accumulations of fluoride in the human body and lead to cancer. He testified that one part per million fluoride in water can induce cancer in humans. None of his evidence was even challenged!

*Dr Waldbott, who has seen more than 400 fluoride-sensitive patients in his practice, testified on the toxicity of fluoride, and revealed that it has lead to eventual death in a number of cases. **The defendants made no attempt to refute Dr Waldbott's testimony.** [my emphasis]*

The Yiamouyiannis - Burk Epidemiology Study covered the cancer-fluoridation experience of 18 million Americans over thirty years. It revealed that at least 10,000 more persons die of cancer each year due to fluoride ingestion. This was a pivotal part of the testimony.

The scientists opposing the artificial fluoridation of the drinking water supplies, testified that fluoride poisoning has caused death, that fluoridation produces cancer, causes mutagenic changes, and is responsible for other physical disorders to persons who are sensitive or allergic to fluoride.

In a decision that rocked the establishment, Judge John Flaherty ordered the West View Water Authority to stop adding fluoride to the system serving the Western Boroughs of Pittsburgh, Pennsylvania, because he found that the evidence produced in Court indicated that it causes cancer.

Experts who gave evidence for the defendants (pro-fluoridationalists) included: Dr Marvin Schneiderman, then Director of the National Cancer Institute; Professor Leo Kinlen, Regius Professor at Oxford University, and a member of the Royal College of Physicians, England; Professor D.J. Newell, Medical School, University of Newcastle-upon-Tyne, England; Professor Donald Taves, University of Rochester; and Dr George Martin of the National Institute of Dental Research.

Royal College of Physicians Report Condemned

The Royal College of Physicians' book - Fluoride, Teeth and Health 1976, is the most widely referred to endorsement of fluoridation. This largely relied on Kinlen's 1975 paper "Cancer Incidence in Relation to Fluoride Level in Water Supplies" as proof that there has been no increase in cancer in fluoridated areas.

In 1976 The Royal College of Physicians give their conclusions on cancer on page 60 of that book which states:

"There is no evidence that fluoride increases the incidence or mortality of cancer in any organ,

then on page 59:

... and if anything, the opposite was the case."

Physicians Falsely Claim Studies Were Original

Doll, Kinlen, Newell and Oldham, and the Royal College of Physicians, claim their studies were ORIGINAL. However, before a Court of Law and Congressional Inquiry, it was discovered that these scientists had no original data on which they made their claims.

It was admitted they obtained their faulty data from the National Cancer Institute of U.S.A. and not from examining the original data ... Their problem in copying statistics from the National Cancer Institute was that the NCI made errors and omitted data, and these deficiencies were repeated exactly by each of the English scientists from the prestigious Royal College of Physicians and the Royal Statistical Society.

This is not an example of the objectively conducted scientific search for truth.

In a telling critique of the Report of the Royal College of Physicians, the late Lord Douglas of Barloch pointed out:

"The Report is not an original contribution to research, but is merely an evaluation of pre-existing information.

Its value depends solely upon the skill and impartiality of the evaluation. Careful perusal reveals that it does not conform to the scientific standard required. Much of it reads like a piece of propaganda in favor of fluoridation. This appears in the very first sentence which says: "It has been shown in many parts of the world that the amount of dental caries in the population varies inversely with the amount of fluoride in the drinking water".

This is simply not true.

On the contract, it has been shown that with equal amounts of fluoride in the water supply, there can be great variations in the amount of dental caries. Millions of people have had perfect teeth although the fluoride in their water was negligible. It has never been proven that fluoride is an essential trace element in human nutrition. If any is needed, the quantity is so small as to be supplied by an ordinary diet. Tooth decay is caused by eating unsuitable foods, especially large quantities of sugar and refined carbohydrates.

The case for fluoridation rests upon the assumption that it will substantially reduce the incidence of tooth decay. This assumption is based on statistics. It is clear that the authors of this Report have had no competent advice on how to assess and handle such data.

It is notable that this Report does not set out clearly the results of the officially conducted British experiment.

Briefly, this study showed that at age 8, the number of decayed teeth per child was a fraction of a unit less in the fluoridated areas than in the controls. After that age, the number of decayed teeth increased equally in both areas.

The net result was to delay decay in one tooth for one year. This is an insignificant contribution to solving the problem of tooth decay.

The Report does not attempt to specify what daily intake from all sources is important. Its estimates of intake from food are based on data which is thirty years out of date."

The previous section on Court Hearings as mentioned was drawn from ***Poison on Tap***, by Walker. This book can be highly recommended by any student of government corruption in general and artificial fluoridation specifically.

How Canberra was artificially fluoridated

Canberra was fluoridated in 1964 by Act of Parliament. There simply was no reference to the people. A committee finally presented to the Parliament a report on the fluoridation of Canberra's water supply. This report to the Australian Federal Parliament, *Hansard* (16-4-64, p 1140) records some interesting comments.

Mr Jim Killen said:

"That report has been described variously as being critical, exhaustive, and extensive and as appraising every known facet of fluoridation.

Nobody could accuse it of being desperately long-winded. Even Moses needed 319 words to set out the ten commandments. But this sub-committee of the Advisory Council dealt with this great issue in five paragraphs, or in 124 words.

Each of the paragraphs represented a proposition not supported by one skerrick of evidence. This powerful, 124 word document, brushes to one side, almost with obscenity and certainly with indecency, the considerations of both philosopher and scientist."

It was 1964. The Australian Federal Government *Fluoridation Report* consisted of 124 words.

Dr Gibbs, not only a member of Parliament, but also a medical practitioner, in addition to his statement given at the start of my Dissenting Report, also highlighted the inadequacy of the 1964 Fluoridation Report, saying; (*Hansard*, 16-4-64, p 1146):

"I must refer briefly to the so-called critical examinations of fluorine in many reports. These examinations are not critical, in that they do not bring up any of the matters I have raised. In fact they simply quote and reiterate again and again that fluorine is in fact innocuous. The surveys conducted are not critical and results which allegedly prove the innocuousness of fluorine are not included in scientific papers listed in the Index Medicus. All reports I have quoted have been listed in the Index Medicus, not one paper listed in the Index Medicus conclusively proves the innocuousness of fluorine."

SCIENTISTS AGAINST FLUORIDATION*

* See appendix for lists of scientists, doctors, dentists, etc., opposed to fluoridation.

Nobel Prize Winners

The following Nobel Prize Winners have expressed doubts about the safety of artificial fluoridation of public water supplies:

Nobel Prize winner in chemistry

Adolf F.J. Butenandt, D.Phil., director, Max-Planck Institute of Biochemistry, professor of physiological chemistry, Munich University; president, Max-Planck Society.

Nobel Prize winner in chemistry

Hans K.A.S. von Euler-Chelpin, professor of biochemistry, emeritus, Stockholm University, president, Chemical Society, Stockholm; director, Institute for Research in Organic Chemistry.

Nobel Prize winner in medicine

Walter Rudolf Hess, Dr Med; Dr Phil., D.Sc., professor of physiology, emeritus and former director of physiological institute, University of Zurich; president of XVI International Congress of Physiologist.

Nobel Prize winner in medicine

Corneille Jean francois Heymans, M.D., professor of pharmacology, pharmacodynamics and toxicology and director, J.F. Heymans Institute of Pharmacology and Therapeutics, University of Ghent.

Nobel Prize winner in chemistry

Sir Cyril Norman Hinshelwood, O.M; M.A; D.Sc; F.F.R.S.

Nobel Prize winner in medicine

William P. Murphy, M.D., D.Sc., lecturer on medicine, emeritus, Harvard Medical School; consultant in hematology, Peter Bent Brigham Hospital, Boston; consultant in internal medicine, Melrose, Quincy, and Concord (Emerson Hospital). Mass. hospitals, and Delaware State Hospital in Farnhurst, Del.

Nobel Prize winner in chemistry

Giulio Natta, Dr.Chem.Eng., professor and director, Industrial Chemistry Research Center, Polytechnic Institute of Milan, Italy.

Nobel Prize winner in chemistry

Sir Robert Robinson, O.N., D.Sc., F.R.I.C., F.R.S., M.I.C.E., director, shell Chemical Company; former Waynflete Professor of Chemistry, Oxford University; past president, Chemical Society.

Winner of the Nobel Prize

Nikolai Nikolaevitch Semenov, D.Sc., director, Institute of Chemical Physics, Moscow; professor, Lenigrad Polytechnic Institute and of Moscow State University; member USSR Academy of Science, Chemical Society of England, and Royal Society of England.

Nobel Prize winner

James B. Sumner, formerly Director of enzyme Chemistry, Department of Biochemistry and Nutrition, Cornell University.

Nobel Prize winner in medicine

Hugo Theorell, M.D., professor and director, Biochemistry Department, Nobel Medical Institute, Stockholm; president, Swedish Medical Association; and . (Hugo Theorell has not withdrawn his statements as to the hazards of fluoridation made in a report by them to the Swedish Royal Medical Board.)

Nobel Prize winner in chemistry

Professor Artturi I. Virtanen, director, Biochemical Institute, Helsinki; president, Finnish State Academy of Sciences and Art.

"The Committee [Victorian Inquiry] also failed to mention the important resolution brought to its notice by the International Society for Research on Nutrition and Vital substances. Its Scientific Council consisted of more than 450 members, 60% of them being professors from 75 countries. They opposed artificial fluoridation."

Poison on Tap, p 25.

STATE OF NATIONS

Though it collected information from a number of countries, the ACT Inquiry gave no evaluation of the current artificial fluoridation of community water supplies in other countries throughout the world, I therefore include this *State of the Nations Report* collated from *submissions* to the ACT Inquiry; *Poison on Tap*; and *Well-Being*, 'Fluoridation - a time for reassessment' (Issue 3 - 1990) for your information.

Austria - No Fluoridation
'Will not be carried out'...

Albania - No Fluoridation

Belgium - No Fluoridation
Previously one small fluoridation plant, but now discontinued.

Bulgaria - No Fluoridation

Canada - Fluoridated - about 40

See Quebec for the Canadian option of Artificial Fluoridation, also the official documents by the National Research Council of Canada warning about the dangers of fluorides.

Czechoslovakia - Fluoridated - about 33%

Chile - No Fluoridation

Chile was fluoridated in 1953 but this practice was discontinued in 1977, after 24 years. Professor Schatz foreshadowed the health problems facing the population in his research published 1976.

Cyprus - No Fluoridation

Denmark - No fluoridation

"Forbidden by law in food and water"...

Egypt - No Fluoridation

U.S. pressure to fluoridate was rejected by the Egyptians.

Finland - One small plant only - 1.5%

One small experimental plant has been in existence since 1959, involving only 1 1/2% of the total population.

France - No Fluoridation

"Government does not allow fluoridation as safety not sufficiently proven"...

Great Britain - Fluoridated - less than 10%

Legislation designed to enforce fluoridation of public drinking water supplies has never been introduced into the British Parliament.

Greece - No Fluoridation

No programmes have ever been introduced.

Holland - No Fluoridation

Discontinued in 1976 after 23 years of experiments involving 9,800,000. On August 31, 1976, by Royal Decree, all permission to fluoridate were withdrawn.

Hungary - No Fluoridation

India - No Artificial Fluoridation

Endemic fluorosis occurs with varying intensity in many parts of India because of pollution. The removal of fluoride from the water is a major public health problem. Defluoridation units are functioning in parts of India.

Iran - Fluoridated - degree unknown

Ireland - Fluoridated - about 65%

Italy - No Fluoridation

In some areas public drinking water supplies are defluoridated.

Japan - No Fluoridation

"Government does not favour or encourage fluoridation"

Korea - No Fluoridation

Lebanon - No Fluoridation

Luxembourg - No Fluoridation

"The method is a naive Utopia without practical effect."

Malaysia - Fluoridated - about 60%

Malta - No Fluoridation

Netherlands - No Fluoridation

New Zealand - Partly fluoridated

Norway - No Fluoridation

Legislation designed to make fluoridation compulsory laws rejected by the Norwegian Parliament in 1975.

Pakistan - No Fluoridation

Portugal - One small experimental plant only

Romania - No Fluoridation

Scotland - No Fluoridation

Singapore - Fluoridated - unknown degree

South Africa - No Fluoridation

Spain - Less than 1% Fluoridation

Sweden - No Fluoridation

Forbidden by law. Discontinued in 1969 after 10 years of artificial fluoridation. The World Health Organization was asked by the Swedish Medical Board to produce evidence to support the W.H.O. claim that "Fluoridation is safe." No evidence was ever produced. To this day, that is still the situation. Accordingly, the Swedish Parliament declared fluoridation illegal on 18th November, 1971.

Switzerland - Less than 4% Fluoridated

One experimental city since 1959 involving only 4% of the total population. In December, 1975 the Health Department of Basle advised the Basle-Stadt City Council to stop fluoridation..."Due to its ineffectiveness"...

Turkey - No Fluoridation

United States of America - Fluoridated - less than 40%

After 33 years of experiments on their people and millions of dollars spent on promoting artificial fluoridation, the USA has less than 40% of their population drinking artificially fluoridated water. Referendums in the USA disclose that artificial fluoridation is not the choice of the people, and Los Angeles (third biggest city in the USA) cast an overwhelming vote against fluoridation. Honolulu voted it out 4 to 1 and other towns and cities vote against it when the opportunity occurred. There is no Federal compulsory fluoridation legislation in the USA.

U.S.S.R. - Fluoridated - believed to be small %

West Germany -No Fluoridation

Discontinued in 1971, after 18 years of continuous use... "For health and legal considerations."

Australia - Fluoridated - 70-80%

Compulsory Fluoridation Acts have been passed in the States of Victoria, Western Australia and Tasmania. The decision to artificially fluoridate in other States is made by local authorities. Australia is apparently the most heavily artificially fluoridated country in the world (70-80%). Meanwhile, the world's most scientifically socially more advanced countries have discontinued, outlawed, or have not even contemplated artificial fluoridation.

SUBMISSIONS RECEIVED BY THE ACT LEGISLATIVE INQUIRY INTO FLUORIDATION (1989-1991).

The following is a list of the submissions which the Committee received. Some were used in the Committee Report, but most were not. All submissions are available for reading.

In the belief that a dispassionate observer might be curious enough to wonder why some representations were deemed by the majority of the Committee to be more persuasive than others (e.g. approximately 25% of all references listed in the ACT Inquiry Report and much of its content, were taken from the reports of the 1968 Tasmanian Royal Commission, and the 1980 Victorian Inquiry, being 22 years and 11 years old respectively), and might wish, to just note those submissions in favour of and against artificial fluoridation.

I reproduce the whole list (below) without further comment.

	NO Fluoridation	FOR Fluoridation
Submissions from national associations		
Australian Dental Association		Yes
Freedom From Fluoridation Federation (Aust)	No	
Natural Health Society of Australia	No	
Submissions from the Australian Capital Territory		
ACT Dental Hygienists' Association		Yes
ACT Electricity and Water (Neutral)		
S. Andrello	No	
Australian Dental Assn - ACT Division		Yes
Australian Medical Association		Yes
L.J. Ball	No	
Dr J.W. Bennett	No	
Mr I. Berick	No	
C. Besant	No	

Dr C. Bonanno		Yes
Les Butterworth	No	
Mrs A. Carpenter	No	
Dr L.M. Carr		Yes
Mrs B. Cornhill	No	
Mrs T. Cox	No	
Mr Michael P, Day	No	
Department of Health		Yes
G. De Silva	No	
I. De Silva	No	
Mrs D Devir	No	
Mrs G Dixon	No	
Dr M. Diesendorf (4 submissions)	No	
Dieticians Assn of Aust, Canberra Branch		Yes
J. Evans	No	
Mrs Ruth Fearnside	No	
Mrs Marguerite Gloster	No	
Mrs Anne Greig	No	
Mr G. & Mrs M.B. Hajdu	No	
Mrs Carmen Hamilton	No	
Mrs Maureen Harney	No	
Alison Hill		Yes
Mr and Mrs J.B. Hindmarsh	No	
Mrs W.J. Jay		
Mr Noel Kelly	No	
Mrs Dorothy Kent	No	
Dr Bill Kerrigan		Yes
Mrs J Knife		Yes
Mrs F. Lawson	No	
Mr J. Lawson	No	
Mr Charles Maclean	No	
Mr Donald A McDowall DC	No	
Christine McKegg	No	
Rowena McKeon	No	
J. McNeill	No	
Mrs B. Meyer	No	
P Miethke	No	
Mr B.M. Mor and J.L. Werner		Yes
Nancy Morgan	No	
Mr L.J. Murlley	No	
Mr Gus Petersilka	No	
R Pfeiffer	No	
Gina Pinkas	No	
Beverley Prince	No	
A. Quinn	No	
T. Quinn	No	
G. & M. Quixley	No	
Mr R. Redmond	No	
Mrs E. Reynolds	No	
Mr Ian Riggs	No	
Birthe Ross	No	
M Rouse	No	
Mr & Mrs R. Saxton	No	
Mr Greg Scott	No	
E. Simon	No	

Soroptomists Int. of Canberra		Yes
Dr G.C. Southwell		Yes
Mr J.C. Stannard	No	
Mr Peter Strazdins	No	
G. Styles	No	
J. Sullivan	No	
Louise Sullivan	No	
Jacqueline Talip	No	
Mrs Helen Teagle	No	
Dr A.K. Tebecis	No	
Lianne Thomas	No	
Mr Adrian Trapp	No	
H Turyn	No	
Kamala Udakandage	No	
Nissanka Udakandage	No	
(Couldn't decipher signature)		Yes
G. Vollmer	No	
G.K. Whittaker	No	
Mrs Z. Williams	No	

Submissions from New South Wales

Australasian Health & Healing (J. Alt. Med)	No	
City of Queanbeyan Council		Yes
Mrs Roma Fisher	No	
Mrs B. Gauci	No	
Hastings Anti- Fluoridation Assn.	No	
Mr A.S. Hill	No	
Mr P.M. Malone	No	
Mr Geoffrey Morgan-Smith	No	
Nambucca Valley Association	No	
Safe Water Assn. of N.S.W.	No	
Mrs R. Slazenger (Queabeyan)	No	
Mrs E. Smythe	No	
Mr C.J. Thompson	No	
Wendy Varney	No	
Well-Being Health Magazine	No	
Mr & Mrs Whitworth (Queanbeyan)	No	

Submissions from Victoria

Mrs N.R. Albrecht	No
N.C. Archibald	No
Ballarat Anti-Fluoridation Assn.	No
Mrs B.J. Caddell	No
H. Clapp	No
C. Cray-Robinson	No
Mr C.J. Daroch	No
Mr H. Dickinson	No
Miss L. Esler	No
Geelong Assn. Against Compulsory Fl.	No
Dr William W. Guthrie (3 submissions)	No
Louise Hicks	No
J. Jenkins	No
M. Jenkins	No

Mrs R. Leopoldseder	No
Mr K.S. McLean (2 submissions)	No
Mrs K. McKinnon	No
N. Patterson	No
Mrs Pamela Sirkel	No
Dr P.R.N. Sutton (2 submissions)	No
Mr G. Smith	No
M. Smith	No
Mrs A. Watson	No
Mrs B. Wilkes	No

Submissions from Queensland

Hon (Dr) D.N. Everingham	No	
Mrs Joanne Lee	No	
Mr C.A. Phillips (2 submissions)	No	
Dr L.P. Ryan		Yes
T.G. Huygens Tholen	No	
Mr M. Wallace-Mitchell (2 submillions)	No	

Submissions from the United States of America

Professor J.P. Brown		Yes
Professor A.W. Burghstahler	No	
Mrs L. Escobar	No	
Mr R.F. Fahey	No	
Mrs S. Graves	No	
Mrs P.N. Jacobs	No	
Isabel Jacobs	No	
Mr D.C. Kennedy	No	
Professor Lennart Krook	No	
Dr J.R. Lee	No	
Mr W. Miller	No	
Mountainview Medical Assoc., Nyack, N.Y.	No	
New Jersey Citizens Opposing Forced Fl.	No	
New York State Coalition Opposed to Fl.	No	
Planning & Conservation League, Berkeley	No	
Population Renewal Office, Kansas City	No	
Safe Water Coalition of Washington State	No	
Dr M.B. Schachter	No	
Dr D.E. Winkler	No	

Submissions from the United Kingdom

Mr Clavell Blount	No
Mr D.J. Edmonson	No

Submissions from New Zealand

Dr J. Colquhoun	No
Concerned citizens of Waimairi District	No

Submissions from Sweden

Dr J. Sallstrom	No
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Submissions from South Africa

Dr Frank Bertrand	No	
Submissions from Canada		
Dr Pierre Morin	No	
John Remington Graham	No	
Submission from The Netherlands		
Dr Hans Moolenburgh	No	
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Total	141	19

CONCLUSION

Halsbury's Laws of England, (Vol 18, para 25), state:

"A [medical] practitioner may be liable in damages if he is negligent in failing to inform the patient of the risks involved in the treatment and if the patient, having been so informed, would not have consented."

Given the information in this report, would we consent to compulsory artificial fluoridation?

Water fluoridation involves the regular and compulsory dosing of every man, woman, child, animal, plant and even fish with one of the most noxious poisons known to man. It is dangerous, needless, and it violates your freedom of choice. The community even pays to fluoridate the water you wash your car and water your lawn with.

The earlier words of Dr Colquhoun are worth repeating:

" ... if you do not know who to believe ... [and experts cannot agree among themselves] we should not be imposing it compulsorily on the whole population ..."

Dr C.G. Dobbs, Ph D., A.R.C.S., Senior Lecturer, Mycology (the branch of biology that deals with fungi), University College of North Wales, Bangor, England, stated:

"To use the public water supply as a means of giving fluorides to children is simply asking for trouble. It invades a dozen spheres more important than preventative dentistry. It is of doubtful legality. It offends against deep convictions concerning doctoring without consent, against the functions of a public water supply as a general utility, and of a local government, against sane economics (since it is doubtful whether children drink one-thousandth of a public water supply) against the considered opinions of eminent nutritional biochemists, physiologists,

pharmacologists, allergists, toxicologists and some dentists, as well as many experienced general practitioners, and above all, against natural caution and common sense. This is the trouble; the case against fluoridation is so voluminous that no one has ever presented it in full."

When Doctors Disagree, Warnings by Physicians, Dentists and Scientists Around the World On the Known Dangers and Possible Hazards Of Fluoridation, June, 1967. Pub. Greater N.Y. C'tee Opposed to Fl, Inc.

Professor Arvid Carlsson, advisor to the Swedish Government on Pharmacology said,

"I am quite convinced that water fluoridation, in a not-too-distant future, will be consigned to medical history."

Carlsson A., *Current problems relating to the pharmacology and toxicology of Fluorides*, University of Goteborg, 1978.

Sir Edward "Weary" Dunlop, at a public meeting at Melbourne Town Hall, on 4th June, 1975, said:

"The question ... [of safety] is all the more disturbing when one notes the fact that in areas of endemic fluorosis serious effects are much more common after 40 years of exposure - in other words, there is a slow and subtle process in which fluoride, once put into the body, is hard to get out."

Dunlop, Sir Edward, C.M.G M.S. F.R.C.S., F.R.A.C.S., F.A.C.S. Extracts of *speech* given at Melbourne Town Hall, 4-6-75.

In 1975 Professor Sir Arthur Amies, Pro-Vice Chancellor of Melbourne University, Dean of the Faculty of Dental Science, Australia's top dental training establishment, perhaps the leading dental scientist in Australia.

Professor Amies, who was also a Doctor of Medicine, stated:

"The case against fluoridation medically requires only such evidence as is necessary to support a reasonable doubt. Where the public's health is concerned no reasonable doubt can be ignored. I submit that the doubt here is more than reasonable, it is considerable."

Professor of Dental Medicine Arthur Amies, Kt. G.M.G., D.D.Sc., D.L.O. (Melb.) F.R.C.S. (Edin.) F.R.A.C.S., F.R.S.E., F.D.S.R.C.S. (Edin. and Eng.) F.R.A.C.D.S., C.M.G., Hon. LL.D.(Glas.).

RECOMMENDATIONS

The zealot would jump to conclusions. The conservative would believe the Establishment. What is the inquiring mind to do?

I suggest that if sufficient experts are saying that the water hole is poisoned, perhaps it would be wise to refrain from poisoning it until the matter is settled.

We should: (a) **Stop adding fluoride to the ACT water supplies.**

- (b) **Establish a Inquiry into scientific corruption and fraud. If not us, then at least other Australian authorities should. The importance of this cannot be over-estimated. Science must be free of bias and influence from vested interests.**

If Fluoride is not stopped immediately, then the following should be arranged:

- (a) **Supply of filters to ACT citizens upon request, and**
- (b) **Initiate a *study of total fluoride intake from all sources (water, air and food) for people living in the ACT.**
- (c) **a comprehensive study about the possible harmful effects caused to persons by fluoride from all sources.**

* The control of studies should ensure, at the very least, that examiners do not know whether the patient is drinking fluoridated water or not. If this precaution is not taken, the study is open to charges of examiner bias.

I make these recommendations in the spirit in which I put forward this report; in the firm conviction that although time will prove that it is the correct way to address the problem, time (for some) is running out.

ACTION TO TAKE!

The final chapter on artificial fluoridation in Australia remains to be written. When it is, with the banning of fluoridation, let us trust that we will have learned a valuable lesson and never again allow compulsory mass-medication, no matter the "benefit" given.

Until then, if you are at all concerned about your own and your children's health, you may be well advised to take the following precautions:

- **DON'T** drink, cool in, or prepare food or drinks (particularly for babies) with fluoridated water. Water filters are available to remove fluoride (and other toxins) but some don't well work so check with someone reliable, or with your nearest Anti-Fluoridation Association.
- **AVOID** all fluoridated toothpaste, tablets, drops, and buy unfluoridated toothpaste - most commonly available in a health food store (as are the filters).
- Under **NO** circumstances use aluminium saucepans or utensils for cooking
- **DON'T** ingest drinks and foods that have been prepared with fluoridated water.
- Write to **ALL** your local Parliamentary representatives and ask them if they are for or against artificial fluoridation. You might give them a copy of this entire report. Then ask them to please do your will and **CEASE** adding fluoride to the public water supplies.

If your local Member of Parliament isn't representing the majority will of your electorate, you have the option to decide not to hire them again, but instead opt for a candidate who is **INDEPENDENT** of control by any person or group other than the electorate.

"Society everywhere is in conspiracy against the manhood of every one of its members. Society is a joint-stock company, in which the members agree, for the better securing of his bread to each shareholder, to surrender the liberty and culture of the eater. The virtue in most request is conformity. Self-reliance is its aversion. It loves not realities and creators, but names and customs.

Who so would be a man must be a nonconformist. He who would gather immortal palms must not be hindered by the name of goodness, but must explore if it be goodness."*

Emerson (*From Self-Reliance*).

Dennis R. Stevenson MLA
1st February, 1990

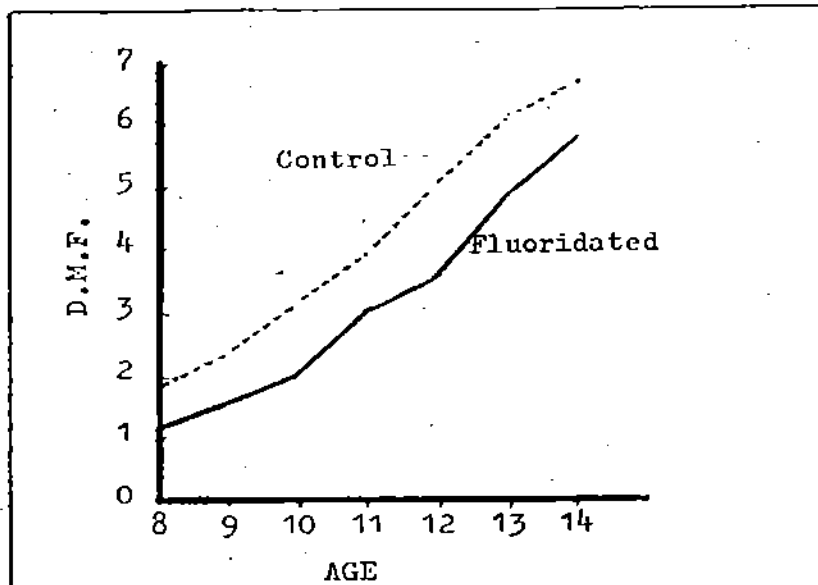


Fig. 1. Curves showing DMF values for children of different ages in fluoridated and control areas.

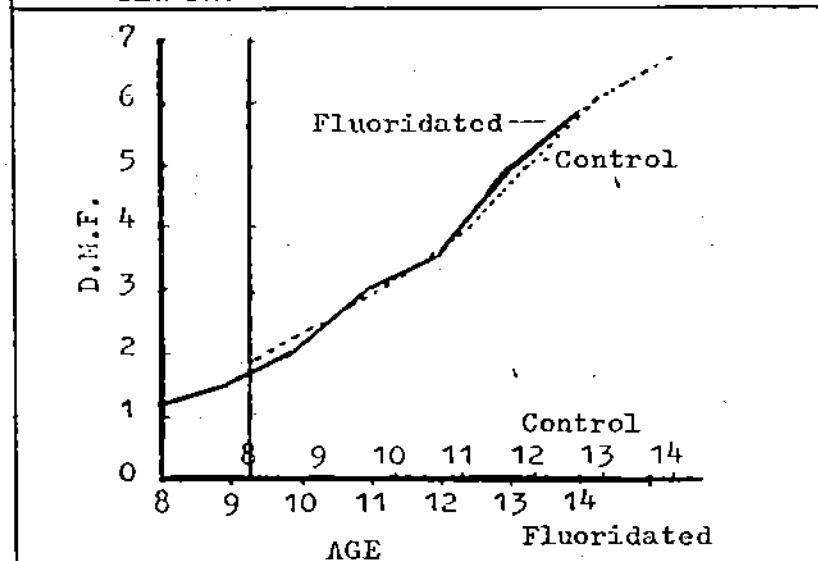


Fig. 2. Curves from Fig. 1 drawn with the control moved to the right to show that caries develops at the same rate in both the fluoridated and control groups.

Fig. 4. This figure is redrawn from two figures published by Professor A. Schatz and Dr J. Martin (1972) which depict D.M.F. values published in 1969 by the British Committee on Research into Fluoridation, which claimed that 'the fluoridation of water supplies at the level of 1 p.p.m. F is a highly effective way of reducing dental decay.' (Table 3, The Fluoridation Studies in the United Kingdom and the Results Achieved after Eleven Years. H.M.S.O., London. 1969).

SCIENTIFIC WORKERS OPPOSED TO FLUORIDATION

TO WHOM IT MAY CONCERN

We, the undersigned are all members of the medical, dental or allied scientific professions. We wish to place on record our considered opinion that for one or more of the following reasons, it is wrong to fluoridate public drinking water supplies.

- ★ Published research work has shown that the toxic effect of fluorides, even in trace quantities, may be harmful to people.
- ★ The long term effects of artificial fluoridation have not been sufficiently investigated.
- ★ It is wrong to use the public water supply as a vehicle for the administration of substances aimed at bringing about a physiological change in consumers.
- ★ If fluoride is to be administered, it should be in controlled, individual dosage; not through the water supply, where the dosage will depend on the thirst of the patient.

Signed:

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SIR CEDRIC STANTON-HICKS, KLC.Sc.I., M.Sc., M.B., Ch.B., Ph.D., M.D., F.R.I.C. Professor Emeritus — Physiology & Pharmacology, Univ. of Adelaide.
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Tel: TRAfalgar 5112

To Whom it May Concern:

We, the undersigned, all members of the medical, dental, veterinary or chemical professions, wish to place on record our considered opinion that it is wrong to fluoridate public drinking water supplies.

It is our opinion that published research work has shown clearly that the toxic effects of fluorides, even in trace quantities, are such that fluoridated drinking water may be harmful, or even dangerous, to many people, particularly in its long term effects, which have not been sufficiently investigated, and that it is therefore quite wrong to force everyone to consume artificially fluoridated water.

We are quite prepared to accept published evidence that small amounts of fluorides may have some beneficial effect on the teeth of children, but wish to state that, in our opinion, the only methods which may be safely employed for this purpose are those giving the fluoride in measured dosage, such as in tablet form, on medical prescription only, so that its use is completely restricted to the children for whom it is considered necessary.

Yours faithfully,

(Signed) H. A. COOK.

On behalf of:

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B.D.S.
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B. H. M. Hemsted, M.R.C.S., L.R.C.P.
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R. MacD. Rowland, MB., ChB.
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A. P. Milner, BA., MB., B.S.
C. P. Carey, L.M., L.R.C.P. & S. (Irel.),
L.A.H. (Dublin)
Q. M. Adams, M.R.C.S., L.R.C.P., MFHom.
W. G. Shields, M.R.C.V.S.
P. Abraham, L.R.C.P., M.R.C.S., D.T.M. & H.,
D.P.M.
C. H. Sharma, L.C.P. & S. (Bom.), L.M. (Dub.)
L.A.H. (Dub.)
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G. Cantor, B.Sc.
G. E. A. Laughlin, B.Sc.
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D. K. Mulvany, M.S., F.R.C.S., F.R.C.P.I.
T. D. Miller, B.Sc., AM.I.C.E.
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F.C.O.G. (Berlin).

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M. Y. M. Stevenson, MB., ChB., D.P.H.
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The above list of signatories is steadily increasing and will, no doubt, continue to do so as more people become aware of the case against fluoridation.

"To be fully effective, fluoride must be absorbed continuously during the whole period of tooth formation and calcification . . . All the three and four year old children in the fluoridation areas had had fluoride for the whole of their lives and during the whole period of foetal development. These children are thus likely to have received the full dental benefits of fluoridation . . ." Quoted from pages 9 and 30 of Ministry of Health Reports on Public and Medical Subjects No 105.

"The Food and Drug Administration" (Department of the United States Public Health Service) "finds that there is neither substantial evidence of effectiveness nor a general recognition by qualified experts that prenatal drug preparations containing fluorides are beneficial to tooth development in the fetus or in the prevention of dental caries in the offspring. Any such drug preparation that is so labeled, represented or advertised will be regarded as misbranded and subject to regulatory proceedings unless such recommendations are covered by a new drug application, including substantial evidence of effectiveness, approved pursuant to section 505 of the Federal Food, Drug, and Cosmetic Act." Quoted from the U.S. Federal Register, Vol 31, No. 204, October 20, 1966.

"Dr. Goddard, the courageous new head of the American Food and Drug Administration, has been apprised of serious damage to newborn children by fluoride tablets and by fluoride drugs. Fluoride tablets are less toxic than fluoridated water because they are combined with other protective minerals. Therefore, a ban on fluoridated water is bound to come, sooner or later." Stated by Dr. George L. Waldbott, M.D., of Detroit, U.S.A., a leading world authority on artificial fluoridation.

A STATEMENT ON FLUORIDATION

Sponsored by

Medical-Dental Committee on the Evaluation of Fluoridation

We, the undersigned are opposed to the fluoridation of public water supplies. As members of the medical, dental, and related public health professions, we are as concerned as anyone over the prevalence of tooth decay, and as anxious that it be prevented; but each of us, for some or all of the reasons set forth here and discussed more fully in the appended memorandum believes that fluoridation of public water supplies is not a proper means of attempting such prevention.

1. Positive proof of the safety of fluoridation is required. None has been offered.
2. The so-called therapeutic concentration of fluoride, arbitrarily established at 1ppm., in drinking water, is in the toxic range.
3. Dental fluorosis, the first obvious symptoms of chronic fluoride toxicity in children is an inevitable result of fluoridation. The evidence reveals that large numbers of the population may be afflicted, and with varying degrees of damage.
4. The determination of whether damage resulting from dental fluorosis is "objectionable" is a matter for the person whose teeth are affected, and not for the arbitrary assertion of public officials.
5. The conceivable role of fluoride as an insidious factor in chronic disease has been evaded by the proponents. A substantial amount of evidence indicates such a possibility. Properly planned long term studies are required to determine the possible comprehensive association of fluoride with chronic disease.
6. Fluoridation imposes an extraordinary risk on certain individuals who by reasons of occupation, environmental circumstances, state of health, dietary habits, etc., are already exposed to a relatively high intake of fluoride.
7. Fluoridation is compulsory mass medication without precedent. Mass therapy cannot ignore the possibility of "mass" side reactions.
8. The function of a public water supply is to provide pure, safe water for everybody, not to serve as a vehicle for drugs.
9. The role and efficiency of fluoride in dental caries reduction is a matter of active controversy; whatever the outcome, there are less hazardous and more efficient ways of obtaining such benefits as fluoride may offer than by putting it into the public water supply.

Copies of this statement are available on request. Other reports including "Synoptic Critique" of the American Medical Association Report of December, 1957, and a review "Current Status of the Fluoridation Discussion 1963", may be obtained by addressing the office of the Secretary:

Dr. A. A. LONDON—433 Old Boonton Road, Boonton, N.J.

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