

MEDICATED DRINKING WATER

There appears in these pages a letter from F. Sydney Hansen, Multnomah County Health Officer, taking us to task for including a reference to the fluoridation of a community water supply in some January "Year of Decision" editorial comment. Dr. Hansen happens to hold views on fluoridation which differ from those of the writer, but certainly that is no reason they should not be aired in these columns. We publish his letter with pleasure, with the suggestion that it be read before completing this, for it represents sincere, considered views of one who has some responsibility in the matter.

It would be easy, in response to a number of openings presented in his letter, to wax facetious or even humorous in replying to Dr. Hansen. But the very fact he has taken the trouble to compose this letter in order to present his convictions warrants consideration of his views on merit. It would be equally unfair, however, not to point out the fallacies in his presentation, which are those of many proponents of fluoridation.

To assume that the writer should not express his views in a signed article because they may give ammunition to the "opposition" (to fluoridation) of chiropractors, naturopaths, cultists and crackpots, is not a valid argument because to accept it would mean the views of any "opposition" would make policy, and not the views of those who ordinarily would make policy in their own right. A comparable situation (there are those who feel we have fallen into this trap) would be to make foreign policy of the United States satisfy non-American viewpoints, and not base it on what is best for America. It may be unfortunate the "opposition" in fluoridation includes numerous cultists, but it is a fact which cannot be helped, is coincidental, and does not alter the soundness of the basic fact that the making of one's policy cannot properly be delegated to any opposition.

Though some may choose to feel otherwise, the views previously and now expressed, as indicated by signature at an article's end, are strictly those of the writer, and not necessarily those of the Oregon State Medical Society. Nor should significance be attached to the fact that some such expressions of opinion may run counter to what appears to be the "official line," for the writer has not hesitated to comment on such matters when the "line" seems to have resulted from "reasoned argument and persuasion" which is defective or in confusion.

As a case in point, fluoridation of a community water supply is an excellent example, for it involves, not a single issue, but two problems, one of which is masked.

Dr. Hansen is not correct in holding the writer ridiculed fluoridation. The barbs were directed, not against the usefulness of sodium fluoride in combating dental caries, but toward the doctrine of mass medication of the public through its community water supply.

Gordon Leitch, M.D.
Medical Arts Building
Portland, Oregon

Dear Dr. Leitch:

I have waited three days to cool off before answering your editorial "A Year of Decision." The first part is probably timely and current events may bear you out.

However, the last paragraph, where you attack fluoridation is more than unfortunate. In the first place, your article under the banner-head of the Oregon State Medical Society gives ammunition to the "opposition" consisting of chiropractors, naturopaths, cultists and crackpots and, in effect, nullifies the approval that the society has given fluoridation.

Fluoridation, which you ridicule, is basically to dental caries as chlorination is to enteric diseases or the addition of iodides to table salt is to thyroid disease.

Fluoridation has been presented to official societies, both Medical and Dental on National, State and County levels and has been endorsed.

Are you angry because it was not presented to you first?

Sincerely,

F. Sydney Hansen, M.D., M.P.H.

Multnomah County Health Officer

P.S. Are you also against Ethyl Gas and compounded motor oils?

Your correspondent concedes that research has shown that fluoride probably benefits 25 per cent of young individuals. Further, he has recommended the fluoridation of teeth directly or through ingestion of sodium fluoride tablets when concurred in by the family dentist, and some members of his own family have been exposed to the treatment. Likewise he has no objection to people drinking water to which fluoride in safe amounts has been added and does not go along with the statement that in the amounts concerned this is the addition of "rat poison." But he has grave doubts of the scientific correctness of the conclusion of benefit which seems to have been arrived at in the absence of a scientific study of comparable scope and intensity into the possible deleterious effect of the medication.

Also he objects, and vigorously, to the addition of fluoride to water under circumstances which would compel everyone in a community to drink medicated water

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A Harvard professor once defined a MEDICAL EDUCATION as "The warping of unsuspecting immature minds into a meticulous system of commercial superstition".

Dr. Hansen's arguments here are a good exhibition of that commercially inspired superstition. Such crack-pot ideas as mass medication for dental caries could never become widespread without such commercial promotion at the sources of medical and dental "education".

Royal Lee D.D.S. Elm Grove Wis.

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whether it would benefit them or not, and whether they wish to or not.

Neither can the writer accept the fallacious statement that fluoridation is basically to dental caries as chlorination is to the enteric diseases such as typhoid fever. This is strictly a specious comparison, although it is one of the most widely accepted among the proponents of fluoridation.

When public health authorities add chlorine to water they are on the soundest of ground and staying strictly within their field. Typhoid fever is admittedly a *contagious* disease, known to be spread by a bacterially contaminated water supply. The addition of chlorine, a volatile gas which plays a part in the normal physiological process of the body, actually increases the purity of such water by diminishing or nullifying the bacterial contamination.

But dental caries is not communicable and is not contagious.

It is here the plausible comparison breaks down, and the efforts of public health officials begin to take on a different hue. When they step from the bounds of communicable and contagious disease, they step out of their legitimate, well-recognized field, into the realm of medical therapy, whether preventive or curative, where the rights of individuals are of paramount importance and far transcend the interest of the public. Police power of the state, from which stems public health authority, has no place in the prevention or treatment of a disease which harms only the victim thereof.

To consider the addition of fluoride or any other therapeutic substance to a pure public drinking water is immediately to raise the question of the principle of mass medication, with a public water supply merely serving as the vehicle.

In contrast, Dr. Hansen's citation of the addition of iodide to table salt to combat goiter is less objectionable. Sodium fluoride to combat dental caries might also be added to salt except for the fact its much greater toxicity—it has killed humans—might conceivably harm individuals too fond of their salt. But even this citation misses the essential point. Iodide is added to salt, which individuals may purchase or not as they wish. There is no compulsion; the medication is *not* added to a public water supply.

Thus the meat of the problem is not the question of fluoridation, but the newly propounded doctrine of mass medication. Or perhaps it is more correct to say the doctrine of compulsory mass medication, a point which has been so well obscured it has been missed completely by great numbers of physicians including many in positions of responsibility in the American Medical Association and various state and county medical societies. Which brings us to the concluding argument of Dr. Hansen's letter, endorsement of fluoridation.

Fluoridation endorsement by the American Dental Association is utterly meaningless for the same reason that clergymen are expected to be against sin. Approval of supposedly scientific medical bodies is more valuable, and it is not strange the matter has been presented to several of them, as Dr. Hansen correctly states. However, on the basis of available evidence, including attendance at some of the presentations, one can question the nature and completeness of the presentations, and certainly how well the full implications were known and understood.

The A.M.A. Council on Pharmacy and Chemistry was on sound scientific ground when it made it clear it was not aware at that time, of evidence to show the addition of fluoride to water in the strength proposed was harmful. Which may or may not be a reflection of the inadequate scientific investigation into the harmful possibilities noted above. The Council was probably as surprised as any to find this simple, factual statement cropping up hither and yon as an unqualified A.M.A. "endorsement" of the principle of fluoridation and its hidden appendage of mass medication. And when sometime later an endorsement of sorts came from the House of Delegates, largely as the result of representations and subtle pressures,—it is still unclear how complete was the understanding of or how well informed the debate on the full implications—this error and distortion seems to have been freely compounded in the parroting of the defective A.M.A. "position" by many state and county medical societies which fell into the trap of accepting representations in lieu of doing their own studying and appraising. It is unfortunate, but understandable, that a number of such societies should today find themselves somewhat embarrassed for having approved a "position" which appears increasingly unjustified with the passage of time.

There are two other aspects of this situation which disturb an increasing number of practicing physicians. Within recent months there have been several statements dealing with the changing status of public health. It has been said that public health officials have "accomplished the job they originally set out to do" and must find new worlds to conquer. An official of the HEW department has forecast "an expanding and challenging role for health departments," and others have stated or implied a conversion to a service organization for individuals might be a desirable role. And much of the impetus for medication of community waters to combat dental caries seems to have stemmed from various ramifications of public health departments at various levels.

It certainly would seem logical to inquire where the doctrine of *compulsory mass medication* fits into the "expanding and challenging role for health departments" previously announced.

Considerable interesting information on the medication of community water supplies, of which the addition of sodium fluoride is but the current or initial possibility, has come to light since this question was first viewed. If American medicine would do the public a service it should recall immediately any and all "endorsements" pertinent to fluoridation, and its hidden appendage, which have been extracted from it. Then it should re-study the entire problem in ALL its ramifications and implications in the light of the evidence now available.

—Gordon Leitch M.D.