

Fluoridation of community water supplies

To the Editor:

The statement concerning fluoridation of community water supplies in the June, 1971, issue of the JOURNAL (page 347), which was requested by the United States Public Health Service, illustrates the casual manner in which highly competent scientists with little or no personal research experience on this subject present their views. Customarily, such opinions are based solely on a limited bibliography which is supplied to them by Public Health Service spokesmen. The statement was issued by the governing body of the American Academy of Allergy composed of the following members: Drs. K. Frank Austen, M. Dworetzky, Richard S. Farr, G. B. Logan, S. Malkiel, E. Middleton, Jr., M. M. Miller, Roy Patterson, C. E. Reed, S. C. Siegel, and P. P. Van Arsdel, Jr.

They concluded that, "There is no evidence of allergy or intolerance to fluorides as used in the fluoridation of communal water supplies."

The statement is accompanied by seven references. The first two are books dealing with theoretical considerations not concerned with fluoride itself. Two—reported by a dentist and a biochemist, not a physician—mention only briefly the ill effects from fluoride tablets. One article by three physicians (including myself) related clinical data which each had observed independently of the others. They reported intestinal hemorrhages and atopic dermatitis from use of fluoride-containing vitamins in children who recovered completely after discontinuing the medication. One adult in the series, who had intractable urticaria, recovered after elimination of fluoridated toothpaste. In this case the hives were reproduced by a double-blind test.

With respect to fluoridated water, apparently none of my case reports which have appeared in some of the world's most renowned scientific journals¹⁻¹⁹ had come to the attention of the committee members. Instead, the committee cited my book, *A Struggle with Titans*, which was written for lay persons. Since this book is no longer easily obtainable, it is questionable whether the eleven members could have read it. Had they examined it in its entirety instead of merely the pages which were indicated in their bibliography, they would have found numerous references to scientific articles—by others as well as by me—which prove that daily intake of fluoride in milligram doses over months and years is harmful to human beings and animals. The Public Health Service persistently disregards these reports as though they did not exist.

My publications contain case reports of patients with symptoms of the preskeletal phase of chronic fluoride poisoning which were first outlined in the classic book, *Fluorine Intoxication*, by Kaj Roholm.²⁰ The long-term illness of these patients had not been diagnosed by their physicians. They recovered upon discontinuation of fluoridated water, and their disease recurred promptly upon its resumption. In some of these patients fluoride was established as the causative agent by blind and double-blind tests. Individuals with kidney disturbances were most vulnerable to the disease.

The question arises: Should the committee's *theoretical* considerations take precedence over carefully documented *clinical* data, particularly in view of the fact that numerous patients have recovered promptly from a long-standing organic illness upon elimination of fluoridated water?

The Committee's resolution is now widely quoted by news media throughout this country. Eventually the inadequate researching of this important subject by the eleven members is bound to reflect unfavorably upon their own scientific standing and that of the organization which they represent.

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REFERENCES

- 1 Waldbott, G. L.: Chronic fluorine intoxication from drinking water, *Int. Arch. Allergy Appl. Immunol.* 7: 70-74, 1955.

- 2 Waldbott, G. L.: Incipient chronic fluoride intoxication from drinking water. I. Report on 52 cases, *Acta Med. Scand.* **156**: 157-168, 1956. (Read before the Fourth International Congress of Internal Medicine in Madrid, Spain, Sept. 24, 1956.)
- 3 Waldbott, G. L.: Incipient chronic fluoride intoxication from drinking water. II. Distinction between allergic reactions and drug intolerance, *Int. Arch. Allergy Appl. Immunol.* **9**: 241-249, 1956. (Read before the European Congress of Allergy in Florence, Italy, Sept. 15, 1956.)
- 4 Waldbott, G. L.: Dermatologische Manifestationen bei chronischer Fluor-Vergiftung durch Trinkwasser, *Hautarzt* **8**: 368-370, 1957. (Read before the Southwest German Dermatological Association, Bonn, Germany, Oct., 1956.)
- 5 Waldbott, G. L.: Tetaniform convulsions due to fluoridated drinking water, *Confin. Neurol.* **17**: 339-347, 1957.
- 6 Waldbott, G. L.: A clinical test for determination of tolerance to fluoride, *Bull. Henry Ford Hosp. Med. Soc.* **5**: 259-268, 1957. (Presented before the Henry Ford Hospital Medical Association, Detroit, Mich., June 1, 1957.)
- 7 Waldbott, G. L.: Allergic reactions from fluorides, *Int. Arch. Allergy Appl. Immunol.* **12**: 347-355, 1958.
- 8 Waldbott, G. L.: Urticaria due to fluoride, *Acta Allergol.* **13**: 456-468, 1959.
- 9 Waldbott, G. L.: Comments on the Symposium, The physiologic and hygienic aspects of the absorption of inorganic fluorides, *Arch. Environ. Health* **2**: 155-167, 1961.
- 10 Waldbott, G. L.: Fluoride in clinical medicine, *Int. Arch. Allergy Appl. Immunol.* **20**: (Suppl. 1), 1962.
- 11 Waldbott, G. L.: Fluoride in food, *Am. J. Clin. Nutrition*, **12**: 455-462, 1963. (Correction **13**: 393, December, 1963.)
- 12 Waldbott, G. L.: Acute fluoride intoxication, *Acta Med. Scand. Suppl.* **400**, 1963.
- 13 Waldbott, G. L.: Fluoride and optic neuritis, *Br. Med. J.* **2**: 945, October 10, 1964.
- 14 Waldbott, G. L.: Fluoride and calcium levels in the aorta, *Experientia* **22**: 835-841, 1966.
- 15 Waldbott, G. L.: Hydrofluorosis in the U.S.A., *Fluoride* **1**: 94-101, 1968.
- 16 Waldbott, G. L.: Atmospheric fluorides, *J. Air Pollut. Control Assoc.* **19**: 956, 1969.
- 17 Waldbott, G. L.: "Neighborhood" fluorosis, *Clin. Toxicol.* **2**: 387-396, December, 1969.
- 18 Waldbott, G. L.: "Chizzola" maculae, *Cutis* **6**: 331-334, 1970.
- 19 Waldbott, G. L.: Chronic fluoride intoxication due to air pollution, *Transactions of Second International Clean Air Congress*, Washington, D. C., December 6-11, 1970.
- 20 Roholm, K.: Fluorine intoxication: A clinical-hygienic study, London, 1937, H. K. Lewis and Co., Ltd.

Deposition of inhaled pollen grains in the lower respiratory tract of the guinea pig

To the Editor:

At the American Academy of Allergy meeting (1971), Wilson and associates¹ reported that they were unable to detect the presence of Technicium-99-labeled *Poa pratensis* pollen grains in the lungs of 5 human volunteers after inhalation. The subsequent paper by Hoehne and Reed² reported that asthma could not be induced in allergic asthmatic patients by application of dry ragweed pollen to the nasal mucosa or the back of the tongue or by ingestion of capsules containing the pollen grains. They could induce asthma by oral inhalation of 100 to 1,000 ragweed pollen grains.

In order to throw some further light on the site of deposition of pollen in the respiratory tract, we have investigated its fate on inhalation in guinea pigs.

Initial investigation to qualitatively detect the presence of pollen in the lower respiratory tract was carried out by placing animals in a 2,000 c.c. chamber with 300 mg. of ragweed pollen and a fan. The animals were killed at 1½ to 4 hours, and mucus samples from various parts of the respiratory tract were examined microscopically (Table I). Great care was taken to clamp off the upper trachea during the initial dissection and not to contaminate the interior