

Tech Comm

February 23, 1950

Dr. Harold G. Hodge
Professor of Pharmacology
University of Rochester
260 Crittenden Boulevard
Rochester 7, New York

Dear Harold:

I would appreciate it very much if you could send me the minutes of the last meeting of the Advisory Committee on the Fluoridation of Water Supplies, since we are anxious to get out an official statement re policy and would like to have the recorded thinking of the committee last December.

With kindest personal regards, I am

Cordially yours,

David B. Ast, D.D.S.
Director

DBA:lk

THE UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE AND DENTISTRY
260 CRITTENDEN BOULEVARD
ROCHESTER 7, NEW YORK

February 25, 1950

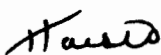
Dr. David B. Ast
Bureau of Dental Health
State of New York
Department of Health
39 Columbia Street
Albany 7, New York

Dear Dave:

I have been traveling so much in the past few weeks that I just didn't get around to making a statement of the discussion. I hope that you will find what I am enclosing adequate for the purpose.

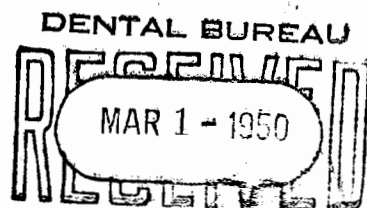
Kindest personal regards,

Yours truly,



Harold C. Hodge
Professor of Pharmacology

HCH:pb



MINUTES OF A MEETING OF THE TECHNICAL ADVISORY COMMITTEE ON WATER FLUORINATION
held in Room 1601, 270 Broadway, New York City at 10:00 A.M. on December 15, 1949

I. Review of Present Status.

Dr. Ast stated the problem. Evidence is accumulating that there is a consistent decrease in caries incidence in Newburgh along with an absence of untoward reactions. The dissemination of this knowledge is bringing a growing pressure from other communities who wish to add fluoride to their water supplies. One of the brakes can be an insistence on an experimental approach with adequate professional supervision in any community wishing to start fluoridation.

Dr. Levine reported a study of a small group of children with kidney impairment. So far, no changes in renal functions have been discovered in a 27-day period on water containing 1.2 p.p.m. F.

II. Policy on Basis of Findings.

Dr. Hilleboe stated that there was no intention of dropping the study at Newburgh. So far, some positive evidence of beneficial effect is available; the study must be continued until the evidence is conclusive. Meantime, what policy should be adopted for other cities? Certainly one of the responsibilities of the State Health Department might be to assist other communities by providing expert study teams to conduct dental examinations looking especially for mottled enamel. Training of local dental personnel also should be of value.

The City of Kingston, as the control community, is a special problem. The enthusiasm for ammonia can be emphasized in Kingston. It is probable that the use of ammonia is comparable in Newburgh and in Kingston; this should tend to cancel out any distortion of the differences in caries incidence ascribable to fluorine. There is no reason why topical fluorides should not be used in Kingston.

The Committee approved a policy stated in a ^{memo}(letter) read by Dr. Hilleboe but suggested some editorial revisions. (No copy of this ^{memo}letter is at hand). The letter offered the technical assistance of the State Health Department in an advisory capacity to communities undertaking water fluoridation.

Dr. Coffey listed several safeguards, among which were included 1) health education, 2) competent supervision of the water supply (i.e., engineering), and 3) sampling by the health department (this might include water analysis and also sampling of the tooth population).

III. Other Recommendations.

Drs. Levine, Bibby, Bain, and Coffey took a prominent part in the discussion which brought out several interesting suggestions.

1. Periodic mineral analyses of the water. In both Kingston and Newburgh and including spectroscopic technics.

2. In the examinations of the children, records should be made specifically regarding supplementary fluorides, e.g., tablets, topical treatments, etc.

3. Additional studies. Groups of children might be selected in both Kingston and Newburgh and given regular topical F treatments, to see if additive effects are possible. The effect of a dental prophylaxis alone without sodium fluoride applications might be studied to see if there is a local effect of fluoride in the drinking water that can be intensified by this means.

4. "Blind" Examinations. It would be interesting to get a group of outside dental examiners to come to some mid-location, say, in Poughkeepsie, and to examine groups of perhaps 100 children from Kingston and 100 from Newburgh randomly distributed through the appointments without knowledge of residence. In addition, it was pointed out that the bite-wing x-ray films

correlate with the mouth examinations as caries records and that the x-rays certainly could be read 'blind'.

The following resolution was adopted: It is the sense of the committee that it is satisfied with the program of the Newburgh-Kingston Fluoride Demonstration and recommends its continuance.