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SUPPORT THE A. D. A. RELIEF FUND



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A.D.A. SAYS ADEQUATE EVIDENCE LACKING FOR FLUORIDE DENTIFRICES, DESCRIBES CURRENT NATION-WIDE MARKETING CAMPAIGN AS 'PREMATURE'

There is no adequate evidence that any of the fluoride dentifrices now being offered to the public is effective in preventing tooth decay, Dr. Harold Hillenbrand, secretary of the A.D.A., said this week. His statement was made in reply to a large number of inquiries regarding 'Crest with Fluoristan,' a new toothpaste currently being offered to the public by Proctor and Gamble. The firm has announced plans for an extensive advertising campaign using magazines, newspapers and both day and night television to boost its new product. In addition, there has been widespread sampling in many cities. The A.D.A. statement said that the Association believes that all fluoride dentifrices are being marketed prematurely. "It would be a disservice to the dental health of the public," the statement said, "if the promotion of fluoride dentifrices should lead to the misconception that their use is an adequate substitute for the controlled fluoridation of municipal water supplies." Text of the statement follows:

'Crest with Fluoristan' is one of the fluoride toothpastes now being marketed throughout the United States on a regional or national basis. Crest is said to contain stannous fluoride. The American Dental Association is not aware of evidence adequate to demonstrate the claimed dental caries prophylactic value of Crest. Although clinical tests of the dentifrice are in progress, adequate information concerning its value may not be available for a year or more.

Published evidence to support the usefulness of adding a fluoride to other dentifrices is even less convincing. The Association, therefore, believes that all fluoride dentifrices are being marketed prematurely. There is no assurance of the usefulness of these preparations until further clinical tests are completed and evaluated.

No evidence is available to the Association to show that a fluoride dentifrice is of any value for an individual who, during early childhood, routinely drank water containing fluoride at the optimum level. It is therefore desirable to avoid any encouragement of the indiscriminate distribution of fluoride dentifrices in areas where the water supply contains one part per million of fluoride ion or more. Use of these dentifrices for whatever topical benefit they can provide may not be objectionable in adults who received inadequate fluoride in drinking water during the years that the teeth were developing.

About 1 mg. of fluoride ion is provided by the dentifrice at each brushing procedure. It is expected that nearly all of this fluoride will be discharged by rinsing the residual dentifrice from the mouth. Small children, however, might swallow an appreciable portion of the dentifrice thus contributing to the possibility of dental fluorosis, especially where adequate or excessive levels of fluoride are present in the drinking water. Since the crowns of permanent teeth are largely calcified by the age of six, the period before this age is one of greater susceptibility to dental fluorosis, that is, mottling of the enamel from excessive ingestion of fluoride. Present labels of {

fluoride dentifrices therefore are required to carry a statement cautioning against the use of these dentifrices by children under six.

No fluoride dentifrice is a substitute for public health programs using fluorides. In view of the uncertain value of fluoride dentifrices it is suggested that public health or office programs for topical application of fluoride solutions be continued under appropriate conditions. When drinking water with the proper level of fluoride is provided from infancy, the developing teeth require a resistance to decay which extends into adult life. The evidence accumulated in the past twenty years to support community water fluoridation is overwhelming in comparison to the amount of clinical data to support the usefulness of fluoride dentifrices. It would be a disservice to the dental health of the public if the promotion of fluoride dentifrices should lead to the misconception that their use is an adequate substitute for the controlled fluoridation of municipal water supplies.

TOLEDO AREA INITIATES FLUORIDATION FOR 435,000 PERSONS

Toledo became the 27th city in Ohio to begin fluoridating its water supply on Dec. 30, Dr. Louis G. Hill, president of the Toledo Dental Society, reported last week. The program covers 380,000 persons in the city and 55,000 in the suburbs. Dr. Hill reported that the initial cost of the program was \$ 12,000 and that the estimated annual cost will be less than 18 cents per person. In another action, the City Commission of Helena, state capital of Montana, approved a fluoridation program for the city's 18,000 residents. Helena now becomes the largest of Montana's five cities with controlled fluoridation programs. Since much of the water in the state contains natural fluorides, it was estimated by the State Board of Health that nearly half of the population is routinely drinking fluoridated water.

AFL-CIO CONVENTION ENDORSES FLUORIDATION

Brindle, of Detroit, director of the organization's social security department, reported last month. In giving approval to the program, the AFL-CIO said: "...We support the addition of fluorides to water as an excellent preventive step against tooth decay."

The AFL-CIO convention, as part of its resolution on health programs, endorsed the addition of fluorides to drinking water, Mr. James

SOUTH DAKOTA RULES FLUORIDATION LEGAL

ruled that the program was a reasonable exercise of municipal power and did not infringe on the constitutional rights of individuals.

In court action, South Dakota became the 10th state in which courts have ruled favorably on the legality of fluoridation. A Fargo trial court

RELIEF FUND CONTRIBUTIONS REACH \$86,309 ON JANUARY 30

Total contributions to the A.D.A. Relief Fund reached \$ 86,309 on Jan. 30 as four more state societies topped their quotas in the current drive. Delaware, Idaho, Rhode Island and Vermont all passed the 100 per cent mark during late January. Currently, the smaller societies (quotas under \$ 1,000) hold a substantial lead over the larger societies (quotas over \$ 1,000). Thirteen of the smaller societies have topped their 1955-56 quotas with an over-all average of 93.4 per cent, while only four of the larger societies have gone over the 100 per cent mark to date, averaging 84.5 per cent contributed. The largest gain during January was made by Southern California, which jumped its percentage of contribution a total of 50 points to 152.1 in the last two weeks. A second letter seeking contributions to the Relief Fund will be sent to all members in early February, it was announced by Dr. H. R. Bleier, of Milwaukee, chairman of the A.D.A. Council on Relief. The letter is primarily intended as a reminder for those who have not contributed in the 1955-56 campaign. It is sent to all members because it is cheaper to make the general mailing than it would be to separate the names of the many thousands of contributors from the addressographed lists, Dr. Bleier explained. Those who have contributed should disregard the letter unless they wish to make a second contribution which will be most welcome, he said.

PRESIDENT EISENHOWER URGES INCREASED FUNDS FOR BASIC RESEARCH

President Eisenhower last week called on Congress to provide increased funds for basic research in the health fields. In his special health message, the President again asked for an appropriation of \$2,971,000 for the National Institute of Dental Research, as detailed earlier in the administration's proposed budget for the new fiscal year. The amount requested for dental activities represented only 2.3 per cent of the total budget requests of \$126,525,000 for all seven National Institutes of Health. As was expected, the President also asked Congress to set up a five-year federal fund of \$250,000,000 for matching grants to assist in construction of research and teaching facilities. Of the total, it is expected that \$40 million will be available for schools of dentistry. The President called for the training of more dentists and other personnel to help meet the increasing demand for health services.

DENTAL RESEARCH CALLED "NEGLECTED STEPCHILD"

Dental research is almost a "neglected step-child" among research programs of the federal government, Dr. Harold Hillenbrand, of Chicago, secretary of the A.D.A., said Jan. 17 at the 78th annual convention of the Rhode Island State Dental Society at Providence. A highlight of the meeting was the presentation of a medal of award to Congressman John E. Fogarty, of Harmony, R.I., chairman of the Health, Education and Welfare subcommittee of the Committee on Appropriations of the House of Representatives. In his talk, Dr. Hillenbrand said that the federal department of Health, Education and Welfare had adopted a "less than realistic attitude toward dental disease in its vast research programs," adding:

Despite the almost universal prevalence of dental decay, despite the staggering toll in pain and suffering resulting from unmet dental need, the federal government has been content to continue, year after year, its program of almost total neglect of dental research.

It is difficult to understand why the government persists in shackling dental research with appropriations amounting to only about two and one-half per cent of the funds annually appropriated for health research.

Dr. Hillenbrand cited fluoridation of community water supplies as an example of the benefits from basic research. "The small amounts spent to finance fluoride research will be recovered many thousands of times in the next few years alone, not to mention the immeasurable values of improved health for our citizens," he said. Dr. Hillenbrand was critical of the failure of Congress to provide a building for the National Institute of Dental Research which was established in 1948. At that time the Congress authorized \$2,000,000 for construction of a dental research building, but since then nothing has been done except to prepare some plans. Pointing out that the institute has outgrown the space assigned to it, Dr. Hillenbrand said that a new building is "urgently required."

A.D.A. URGES PLAN OF CIVILIAN CARE FOR MILITARY DEPENDENTS

A proposal that civilian dentists be permitted to give dental care for which military dependents may be eligible under group health insurance programs was recommended by a representative of the A.D.A. in Congress last week. The testimony was on a bill providing for a voluntary system of prepaid health insurance for military dependents. As the bill now stands, health services would be provided by civilian physicians in civilian hospitals with the serviceman contributing 30 per cent of the premium for coverage of dependents. Dr. J. Claude Ernest, of Monroe, La., vice-chairman of the A.D.A. Council on Legislation, told the congressmen the bill would exclude dental benefits now available under such programs as Blue Cross and Blue Shield. In addition, he pointed out, the bill makes no provision for inclusion of dental services by civilian dentists for military dependents should a workable prepaid dental health care program be developed "at some future date." He added: "Although there is not enough evidence today that the insurance principle can be applied generally to the cost of dental health care, there is increasing evidence that many types of dental service might be economically prepaid."

CHILDREN'S DENTAL HEALTH WEEK TO BE MOST EXTENSIVE IN HISTORY

Dr. Bernerd C. Kingsbury, of San Francisco, president of the A.D.A., this week called on parents and others concerned with the welfare of children to take a more informed interest in the dental health of children. In a message issued in conjunction with the 8th annual National Children's Dental Health Week, scheduled for Feb. 5-11, Dr. Kingsbury said that much of the staggering toll of dental disease among children today is simply the result of well-intended but poorly informed parents who often take a defeatist attitude toward dental disorders in children. Numerous national organizations are cooperating with the A.D.A. in calling public attention to the event while reports from dental societies indicate the most extensive community observances in its history. There will be hundreds of television and radio programs, public meetings, special school programs and other events in communities almost everywhere in the country.

A.D.A. MEMBERS ASKED TO JOIN FEDERATION DENTAIRE INTERNATIONALE

Dr. Obed H. Moen, of Watertown, Wis., U.S. national treasurer for the Federation Dentaire Internationale, again called on A.D.A. members this week to join the F.D.I. Association members are eligible for supporting membership at a cost of only \$10 annually. "Membership provides the individual dentist with an opportunity to make his contribution to international affairs," Dr. Moen said. Other benefits of membership include a subscription to the International Dental Journal, scientific quarterly; an annual certificate and card of membership; quarterly new bulletins on activities of the F.D.I., and reduced fees for international meetings. "Through the F.D.I., the American Dental Association has been a major factor in advancing standards of dentistry in many parts of the world," Dr. Moen said. Application blanks for individual membership can be obtained from Dr. Moen whose address is 6 Main St., Watertown.

DENTAL EDUCATION CONGRESS TO DISCUSS PRACTICE FOR FACULTY MEMBERS

Plans for permitting full-time dental school faculty members to engage in private practice at the schools, using the facilities of the institutions, will be discussed at the morning session of the 12th Congress on Dental Education and Licensure to be held Feb. 4 at the Conrad Hilton Hotel in Chicago. The congress is sponsored by the A.D.A. Council on Dental Education. Presiding will be Dr. Gerald D. Timmons, of Philadelphia, chairman of the council and speaker of the Association's House of Delegates. The afternoon session will be devoted to reports on selection and use of basic science examinations by licensure boards. The moderator will be Dr. Carl A. Laughlin, of Clarksburg, W. Va., member of the council representing the American Association of Dental Examiners.

A.D.A. TO TESTIFY ON OASI BEFORE SENATE FINANCE COMMITTEE FEB. 8

The A.D.A. is scheduled to testify on proposed amendments to the Social Security Act at hearings of the Senate Finance Committee on Feb. 8. Representing the Association will be Dr. Paul E. Jones, of Farmville, N.C., chairman of the Council on Legislation. A bill approved last year by the House of Representatives calls for extension of the Old Age and Survivors Insurance program to most self-employed groups, including dentists, and provides that benefits be payable at the age of 50 to disabled individuals. The A.D.A. has gone on record favoring OASI coverage for dentists on a voluntary basis and opposing proposed use of state vocational rehabilitation facilities to qualify applicants under the disability program.

AMERICAN WEEKLY, CORONET, PAGEANT SCHEDULE ARTICLES ON DENTISTRY

Articles on dentistry are scheduled for three national magazines. Two of them will contain articles warning of the dangers to the public of the illegal practice of dentistry. The Feb. 5 issue of The American Weekly, Sunday newspaper supplement, will have an article entitled "Beware the Dental Racketeers!" while the March issue of Coronet magazine will contain a piece called "Beware of Dental Bootleggers." Pageant magazine, in its March issue, is to carry an article called "A Dentist Gets Mad" which takes issue with the notion that dental disease is inevitable and describes methods for preserving the teeth for a life time.