

the People's Doctor

A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

664 N. Michigan Ave. Suite 720 Chicago, Illinois 60611

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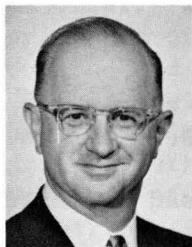
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See inside. It's our Chava!



Dr. Robert Mendelsohn

I always knew that the issue of fluoridation of water supplies aroused intense emotions on both sides, But I was nevertheless surprised at the outraged and violent reactions in response to what I considered a relatively innocuous piece which recently appeared in my syndicated column.

Within days after that fluoridation article was published, my column was cancelled in two large cities. One of those newspapers, the Houston Post, carried quite a few letters to the editor after my disappearance from the pages of that paper. I have decided to bring to your attention my original column, some of the responses from my Houston readers, and a final column I sent to the editor of the Houston Post which was never printed.

This explosion has caused me to examine even more closely the latest scientific literature on the fluoridation issue and has led to a further change in my position. After my graduation from medical school, I, like all good doctors, believed in fluoridation. Later, I began to mildly question its safety, and now I am convinced the issue deserves the sharpest re-examination. The evidence accumulated during the past two to three years which attacks both the safety and efficacy of fluoridation is, in my opinion, sufficient to place the fluoridation proponents in a defensive position. I have included significant new references criticizing fluoridation in this issue of my Newsletter.

Many of you may think fluoridation is a subject which has been long resolved. So I invite you to come and delve with me into an area in which the controversy has only just begun.

Q

On my baby's two-month checkup, the pediatrician prescribed fluoride drops. He said fluoride would keep my baby from suffering from rampant tooth decay, something I've suffered from all my life. I bought the fluoride drops but decided not to use them until I know more about the effects of fluoride on the body.

In her book "Let's Have Healthy Children," Adelle Davis states that "an excess of fluoride intake can cause lifelong mottling of teeth." What do you think?--Mrs. E.S.

A

The original letter

During my medical school years, I was taught that fluoridation was good. Since in those days I believed my professors knew what they were talking about, I didn't bother to look at the other side of the question any more than I looked at chiropractic, naprapathy, unorthodox cancer therapy, or a number of other areas whose proponents were all characterized by my respected teachers as "nuts, quacks, faddists and extremists."

However, as the years passed, I have been forced to re-think and to unlearn some of what I had been taught. For example, although I live in one of the first cities to fluoridate its water supply, I have noticed over the years that not only have dentists not moved out, but a considerable number of them have moved their offices in.

If any of you would like to repeat my unlearning experience, let me tell you that fluoridated water has been banned in Austria, Denmark, France, Greece, Italy, Luxembourg, Norway, Yugoslavia and Spain. In 1976, fluoridation that had existed in the Netherlands since 1960 was ended by royal decree. In this country, the renowned pediatrician and allergist Ben F. Feingold, M.D. has come out publicly against universal fluoridation of the water supply ("National Fluoridation News," July-September 1976.)

As far as your baby is concerned, Mrs. E.S., your pediatrician would have done better to urge you to use the surest method of preventing dental decay, and, if you are a regular reader, you know of course that I am referring to exclusively breast-feeding your baby.

Q

The Houston Post has bowed to the criticisms, complaints and pressures of the Houston Medical Establishment and has seen fit to remove your fine columns from its pages.

It is frustrating, disheartening, and a sad commentary on our times that this has happened.--Mrs. L.H.

A

Cancellation

My column in the Houston Post was cancelled shortly after the Post ran several pages of pro- and con-Mendelsohn Letters to the Editor. The con letters came from obstetricians who objected to the information I presented on the Pill and from dentists and public health physicians who objected to my information on dental x-rays and fluoridated water. The pro letters all came from people.

The pro-fluoridation enthusiasts accused me of lying about the renowned physician Dr. Benjamin Feingold's anti-fluoridation statements. Yet, in a letter to Dr. Philip E. Zanfagna, dated June 7, 1976, Dr. Feingold clearly states in his closing sentences, "Each individual should be granted the option to choose fluoride prophylaxis depending upon his need and tolerance. You have my permission to state my position and quote me as against universal fluoridation of the water supply."

These same critics accused me of depending on the National Fluoridation News for information about the opposition of some European countries to fluoridation, yet HEW statements (Fl-92 and PPB-52) on fluoridation in European countries contain the following statements: "Subsequently, the Public Health Minister (of the Netherlands) prepared a national fluoridation bill to be presented to Parliament. The Minister was unsuccessful in his attempt to secure the passage of the bill in 1976." The HEW publication further states that the Swedish Parliament in 1971 repealed the enabling legislation allowing fluoridation: "The Swedish Royal Ministry of Foreign Affairs has stated that this was 'an unexpected victory for the anti-fluoridation lobby.'"

And study carefully this next sentence in the HEW report on Sweden: "This does not ban the use of naturally fluoridated waters..."

Denmark's law prohibiting the addition of fluoride to food and cosmetics also has been interpreted as prohibiting water fluoridation.

Some dentists contended that there is no research in the scientific literature "that shows that breastfeeding an infant causes good teeth."

Apparently they are not familiar with the important contributions of Drs. S. Robinson and S. R. Naylor in the British Dental Journal or the work of Drs. G. Tank and C. A. Storvick in the Journal of the American Dental Association or at least a half dozen other excellent research reports in medical books and publications. If these dentists aren't able to locate the reports by themselves, they can receive help (dates, volume numbers, pages, publishers) by writing directly to the organization which has been acclaimed as the most authoritative in the field by leading pediatric journals--I refer to the La Leche League.

In spite of these criticisms, the many favorable letters I received in support of my questioning of monolithic medical thinking have convinced me that a new spirit is sweeping through our land--a return to basic American values. In the political realm, California's tax-cutting Proposition 13 is a sign of this return to more traditional ways. And in a parallel move away from the radical medicine of the past few decades, we Americans are witnessing an exciting return to natural childbirth, breastfeeding, home care for the aged, pure water and healthy food, and a rejection of excessive use of the Pill, the surgeon's knife, tranquilizers, and all the other quick chemical and surgical "fixes."

It seems to me that our leaders, both political and medical, are closing their eyes to this profound trend in medicine the same way they underestimated Proposition 13. And just as these leaders were surprised by the California voters, I believe they also are destined to be surprised by commonsense patients and by the majority of American commonsense physicians whose voices have yet to be heard.

The Houston Post editors are to be congratulated for opening their pages to both sides of the controversy, teaching the vital lesson that all of medicine is controversial and that the beginning of wisdom lies in the development of doubts on the part of patients about conventional medical procedures.

References After reading all this, you may want to consult some references to help you reach your own conclusions about the value of fluoridation. First of all, let me refer you to "The National Cancer Program (Part 2, Fluoridation of Public Drinking Water)," Hearings before a Subcommittee of the Committee on Government Operations, House of Representatives, 9/21/77 and 10/2/77. To obtain this booklet, write to Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

The following booklets present the pro-fluoridation position:

- 1) "Efficacy and Safety of Fluoridation." In Support of the Statement of the American Medical Association House of Delegates and Council on Foods and Nutrition (Order Department OP-445, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610).
- 2) "Fluoridation Facts" (American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611).

And these publications present the anti-fluoride arguments:

- 1) Fluoridation--Cancer Link, Cancer Control Journal, Vol. 5, No. 1 and 2., 1977. (Enclose \$3.00 to Cancer Control Society, 2043 North Berendo, Los Angeles, California 90027)
- 2) "Everything You Wanted to Know About Fluoridation, but Were Afraid to Ask," a discovery deposition by John A. Yiamouyiannis, Ph.D., Science Director, National Health Federation (National Health Federation, 212 West Foothill Blvd., Monrovia, California 91016)

*Microwave
Ovens*

Since I so often am asked whether I think microwave ovens are potentially hazardous to health, I'd like to pass along to you a discussion on this subject which appeared in the August 27, 1977, issue of the Journal of the American Medical Association. A physician from Michigan told of a friend who had given birth to a child who suffered deformities in both the arms and legs. Although the mother neither had been ill nor had taken any drugs during pregnancy, she had purchased a microwave oven six months before the baby was born. This physician wondered whether any current evidence showed a relationship between microwave radiation and such birth defects.

The doctor's question was answered by the AMA's Department of Environmental, Public and Occupational Health, which pointed out that chromosomal abnormalities had been found in chick embryos that had been exposed to microwave radiation, and anomalies in cell development also had been observed in the pupas of similarly exposed mealworm beetles. The answer pointed out that no evidence now shows that microwave radiation produces abnormalities in the human fetus, at least not under conditions of normal radiation. However, one researcher has suggested that such radiation may produce a greater incidence of Down's syndrome (mongolism).

"Microwave radiation is presumed to affect only the male gonads, resulting in a seemingly temporary and reversible reduction in testicular function (i.e., depressed sperm count)," the AMA representative points out, adding that the birth defects cited by the questioner probably were "a matter of chance occurrence." But, the respondent concludes, "Unfortunately, the state of our present knowledge regarding electromagnetic radiation is woefully inadequate; therefore, the question of the cause in this particular case must remain in doubt."

I would like to pass on some information that appeared in the Nov. 14, 1977, Journal of the American Medical Association. Answering a question whether microwave ovens affect the vitamin content of foods cooked in them, Dean C. Fletcher, Ph.D., of Washington State University, replied, "The effects of microwave vs. conventional cooking have been studied by several workers, but their reports at present show no consistent trend." Dr. Fletcher quotes one study that showed that thiamin content of beef is reduced by microwave cooking from 10 to 20 percent below that obtained by conventional cooking, and he cites another study that shows no difference in lamb. Conversely, a third study showed that in pork there was greater retention of thiamin during microwave cooking than in conventional oven roasting, and the same group that did this study showed that there was no difference in thiamin loss between the two methods when cooking vegetables. Yet a fourth study shows vitamin B6 retention to be greater in chicken during microwave cooking than in conventional cooking, while a fifth study found no difference. Fletcher concludes, "At present, it appears that the question of vitamin retention during microwave cooking is still unresolved."

Since there are many other unresolved questions about microwaves, I will continue to provide you with information from scientific journals, books, etc. as it becomes available.

*A Test-tube
Baby*

The recent birth of the test-tube baby, like every such scientific breakthrough, answers some questions, but at the same time raises even more questions. I would like to share with you some of my concerns which I hope will be addressed in future scientific articles about this technique.

This was a low birthweight baby which was delivered prematurely because the mother showed some signs of toxemia. There are two major theories on the cause of toxemia of pregnancy. One widely held theory is that nobody knows the cause. The other, advanced by such doctors as Tom Brewer, M.D. ("What Every Pregnant Woman Should Know," Random House, \$8.95) points the finger at improper maternal nutrition, restriction of weight gain during pregnancy, and the prescribing of diuretics and other medication during pregnancy. Therefore, I hope we will receive answers to the following questions: What was the mother's diet? How much weight did she gain during her pregnancy? What medications did she take?

The reason for undertaking this technique was to bypass the blocked fallopian tubes. According to a Chicago-based obstetrician, William Matviuw, M.D., major causes of blocked fallopian tubes include previous abortions, gonorrhoea and other venereal diseases, the intra-uterine device (IUD), and the very tests used by doctors in determining tubal patency (openness). These tests, which introduce air or an oily substance into the tubes, may also introduce bacteria which lead to inflammation and subsequent obstruction.

It is important that we know the causes of tubal blockage so that we can truly practice preventive medicine. In other words, if we can prevent blocked tubes, there will be little need for controversial bypass technology.

The ethical issues, already raised and being hotly debated, present an excellent opportunity for in-depth discussions of the positions of different religions. To Jews, this specific case does not pose difficult ethical decisions, since the husband was the sperm donor and since Jewish law generally provides no objection to collection of the husband's semen for this purpose.

Obviously, other religions have different attitudes. Now is the time for full and open discussions that can provide guidelines for future cases which may not be as clearcut. Like many other modern breakthroughs, from moonshots to transsexual surgery to heart transplants, the test-tube babies again raise the eternal question: "Should it be done just because it can be done?"

*A Special
Baby*

Last month, I became a grandfather. My daughter, Ruthie, delivered an 8-pound, 1-ounce baby girl. Channa was born, as planned, in our home. In attendance were Ruthie's husband, Marty, her sister, Sally, my wife and myself, and Mayer Eisenstein, M.D.

Both labor and delivery followed an almost classic pattern, lasting about five hours from beginning to end. After it was all over, relatives and friends began to visit, barely pausing to greet me momentarily at the door before rushing up to gaze at the new baby. When there was a break in the visiting, we began to assemble a list of things we had missed by not being in a hospital. Here is the list thus far:

1. Ruthie didn't have to pack a suitcase.
2. We grandparents, and the great-grandparents, didn't have to look at the baby through layers of glass.
3. We didn't have to wonder, as the nurse went through the line-up of cribs, whether she would hold up the right baby.
4. We didn't have to wear caps, masks or gowns.
5. We didn't have to worry about the hostile, dangerous germs of the foreign environment of a hospital; instead, little Channa was surrounded by the innocuous, protective germs of the familiar home and family environment.
6. We didn't have to move Ruthie from her soft bed to a hard cart and rush her into a chilly delivery room.
7. Of course, there were no stirrups, episiotomy, shaving, intravenous fluids, analgesic drugs, anesthetics or fetal monitors.
8. Ruthie did not have to be starved before the delivery, and Channa did not have to starve in the nursery afterward.
9. The protective secretions forming the covering around the baby were not scrubbed off immediately by a well-meaning nurse, and there was no rush to cut the cord before it stopped pulsating.
10. We didn't have to decide which grandmother would be allowed visiting privileges.
11. We didn't have to blacken the baby's feet so that footprints could be taken, since we didn't have any other babies to mix her up with.
12. We didn't have to worry about the possibility, although quite remote, that the baby might be stolen from the hospital.
13. We didn't have to carry plants home from the hospital.

When I left home this morning, the new mother was asleep, and the 5-day-old baby was being rocked on the porch by the 5-day-old grandmother. The new grandfather won't have to stop off at the hospital on his way home, worrying about finding a parking space there. Instead, he intends to rush home as soon as possible and gaze at his new grandchild all through dinner.

*And now, a
word from my
son-in-law,
Marty Lockshin:*

And now, a word from my son-in-law, Marty Lockshin:

Less than 48 hours ago, the pink, healthy baby that I am trying to rock to sleep was born here in my in-laws' house in Evanston, Illinois. I am sure that every father thinks, as I do, that the birth of his daughter was a unique event. Still, there were so many wonderful and very different aspects to this birth that I feel it would be unfair if I did not share them.

A little more than a year ago, my only feelings toward the home birth movement were those held by the average believer in the age of technology toward atavistic, back-to-nature trends--a fair amount of cynicism with perhaps even a modicum of hostility. It would be unrealistic to think that, if I had not been exposed to the Mendelsohn family, I ever would have considered the possibility of my children being born at home. When people asked how I felt about my wife's wanting to have her children at home, I would avoid answering and would simply recite the great American liberal slogan--since she has to carry them and give birth to them, it seemed fair that she should decide where and how to do so.

My conversion process was slow but steady. First of all, I began meeting people who seemed perfectly normal in all respects except that their children were born at home. Certainly no one could claim that these parents loved their children any less than those who gave birth in hospitals.

Like any twentieth century man, I was soothed and comforted by reading comparative morbidity statistics for home and hospital births. True, the statistics of the home birth movement (at least its local Chicago branch) are aided significantly by the fact that they generally avoid high risk patients (women who have had abortions or who suffer from malnutrition, etc...). However, I saw no reason to compare my wife to any group other than that of healthy women.

Still, I was not really converted to the home birth movement until my own daughter was born. Instead of the cold metallic feeling of a hospital room, our daughter was born in the soft comfort of her parents' bedroom. Instead of the detached "competence" of a nurse whom the mother had no reason to trust, we had the knowledge, sympathy and experience of a woman who herself had given birth, my wife's mother. Instead of the aloof demeanor of an obstetrician whom we knew only as a professional, we had the encouraging words of a dear friend, a doctor whom we call by his first name. Instead of the fear inspired by separating the mother from her family and her natural environment, we had the love, help and good humor that only a husband, sister and father can offer. Without anesthesia, drugs, intravenous fluids, fetal monitors, stirrups or any other encumbrances, the baby was born when she was good and ready to be born. She did not constitute a statistic ("Please meet one of the 98 births with successful outcomes at our hospital this month"), nor was she anonymously put into a nursery with dozens of other babies. Rather she constituted the central event in the lives of everyone in this household, each of whom participated in her birth.

Home births are certainly not for everyone. They are not for people who believe in invasive preventive medicine--who feel that all babies should be given drops of silver nitrate in their eyes in case their mothers suffered from gonorrhoea, or who feel that the mother must prove to the physician her ability to deliver vaginally, instead of the physician proving to the mother the need for a Caesarian section. In general, only people who have a healthy skepticism in the face of the age of technology as a whole, and medical technology in particular, are possible candidates for home births.

Personally, I am grateful and relieved we had our baby at home; I just can't imagine any other way of doing it.

Back issues of The People's Doctor Newsletter are available at \$2.00 an issue from: The People's Doctor, 664 N. Michigan Ave., Suite 720, Chicago, Illinois 60611
Vol. 1, No. 1 Pregnancy & Childbirth; Vol. 2, No. 1 High Blood Pressure & Anti-hypertensive Drugs; Vol. 2, No. 2 Women as Guinea Pigs; DES...The Pill...Menopausal Estrogens; Vol. 2, No. 3 Anti-Arthritis Drugs: Are the "cures" worse than the disease?; Vol. 2, No. 4 The Truth About Immunizations; Vol. 2, No. 5 The Dangers of X-Rays; Vol. 2, No. 6 The "Disease" of Hyperactivity; Vol. 2, No. 7 How to Talk to Your Doctor (and other medical professionals); Vol. 2, No. 8 Feeding Your Baby

Your questions about the medical problems that trouble you most, will be answered by Dr. Mendelsohn. Please send your questions to: The People's Doctor, 664 N. Michigan Ave., Suite 720, Chicago, Ill. 60611.

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Another View

by Marian Tompson
President, La Leche League
International



It's true that no one insisted I take more responsibility for my family's health care. Actually, I volunteered. It just made sense to be part of decisions that involved choices. But you know, it's been a lot more complicated than I expected. There's no problem with our family doctor. He's a man who listens and explains, and his philosophy and goals in life are very similar to our own, so it is easy to trust his judgment. It's when we deal with professionals we don't know well that things get complicated, and I've come to rely on knowledgeable friends and lots of reading to help me make choices.

Last week our 14-year-old, Philip, made an appointment to have his teeth cleaned and was told this included a fluoride treatment. Now our Chicago water is already fluoridated, and I have some concerns about the safety of topical applications. There have been studies that showed gum damage when fluoride entered the gums through cuts or scratches. Anyway, cavities have never been a problem for Philip. I remember the dentist complimenting him on the healthy condition of his teeth at one of his checkups and my embarrassment when he blithely confided that he hardly ever brushed them! So we canceled the fluoride treatment.

It's taken me a while to develop firm opinions on the use of fluoride as an additive. I was fortunate in having Herbert Ratner, M.D., as mentor and guide throughout this controversy which has been characterized by inflammatory statements and contradictory statistics. Public Health Director of Oak Park, Illinois, for 24 years and currently an Associate Professor of Family and Community Medicine at Loyola University School of Medicine, Dr. Ratner summed up his feelings in this statement:

"With a toxic dose that is only 'more than twice the optimum dose of fluoride,' (1973-74 edition of Accepted Dental Therapeutics, Council on Dental Therapeutics of the American Dental Association, p. 238), thoughtful physicians are concerned about the safety of a health measure which distributes fluorides in public drinking waters as a means of partially reducing dental caries. Variations in dosage to the individual due to differences in drinking habits and water needs, as well as individual variation in host resistance make this mass-distributed, fixed concentration a most inexact and risky means of prescribing a "medication" for an individual. Furthermore, no one has really researched the combined effects of multiple, potentially dangerous chemicals which alone in traces or minimal amounts have not been shown to cause disease. A medical Molotov cocktail may easily be in the making with the accumulation of the great variety of pollutants and additives introduced into our environment by man. Unfortunately, when voluntary or governmental agencies have publicly backed and promoted health procedures, and their reputations are at stake, they develop closed minds--establishment minds. They are the last ones to admit error (if they ever do) and they tend to browbeat anyone who questions their seal of approval which they assume, contrary to good science, to be infallible."

So when it comes to making choices, I'll go with breastfeeding, good nutrition and other sound living habits.

The Mendelsohn mail

■ Solely

Why was the good doctor's column ("The Mendelsohn mail," Sound-Off June 2) removed from your paper? Was it because he told it like it was and stepped on too many M.D. toes? And why was it replaced by a column dedicated solely to one segment of our society? Bring Dr. Mendelsohn back. He talked to us all and gave us some very sound advice.

Maxine S. Clay

2727 North Freeway, Houston, Texas 77009

Getting' along, the Dr. James P. Comer-Dr. Alvin F. Poussaint column, is not a replacement for Health, by Robert Mendelsohn, M.D. As explained in Sound-Off June 2, another medical column is being sought.—Editor.

■ Sick

It makes me sick to see that Dr. Mendelsohn's column has been dropped . . . If you must, run a "doctor's" doctor column beside Dr. Mendelsohn's column. But give us our "people's" doctor back!

Shirley Johnson

4805 29th St., Dickinson, Texas 77539

Thank you for the suggestion. It will be referred to the appropriate editors.—Editor.

■ Icy stares

Initially I wrote to ask why Dr. Mendelsohn was dropped . . . Then I reflected on his reckless blasting of those sacred cows, the medical profession and the drug industry. I now realize what a strain these past months must have been for all of you at The Post. Every time one of you needed medical care you had to conceal the fact that you worked for The Post or listen to an hour of complaints about Dr. Mendelsohn's latest column.

Those calls and letters from M.D.s pouring in, not to mention those icy stares at cocktail parties, tennis courts and golf courses, would unnerve anyone. I wonder, did you write Dr. Brothers or did she write you? Thank God Woodward and Bernstein worked for the Washington and not The Houston Post.

Jacob Stockman

615 Kipling, No. 5, Houston, Texas 77006

Except for the few letters which have been printed here, no professional people (or other people) have hassled Sound-Off about Dr. Robert Mendelsohn's column.—Editor.

■ Pressure

. . . Mrs. Dorothy Robinson (Sound-Off June 2) seems to be right. You have succumbed to pressure and lost an excellent column. Dr. Mendelsohn is clearly intelligent, thoughtful and willing to question accepted points of view. I believe The Post made a serious mistake in giving him up.

Elcanor Culberson

P. O. Box 390, Sealy, Texas 77474

Sound-Off on May 17 printed a detailed indictment of Dr. Robert Mendelsohn by two of his colleagues. No one bothered to take exception. When a few days later Dr. Mendelsohn's column disappeared, however, readers began to take exception.—Editor.

Please reinstate Dr. Mendelsohn's column (Sound-Off May 17, June 2, 11), and increase it to five days.

Dr. Mendelsohn should be allowed to answer the charges of the fluoridationists you printed in Sound-Off June 2.

On Sept. 23, 1976, by royal decree, fluoridation was declared illegal in the Netherlands. The Swedish Parliament declared fluoridation illegal on Nov. 18, 1971. That sounds banned to me; and fluoridation is forbidden in other countries.

It didn't occur to me that you would drop Dr. Mendelsohn's column, or I would have written that day.

The Post editorial today (June 11) told of the research gap in nutrition. Dr. Mendelsohn does his homework and helps your readers fill that gap.

Please bring him back.

Mrs. R. M. Bevis

7706 Brykerwoods, Houston, Texas 77055

Please see the next letter. — Editor.

■ Missed

I really miss Dr. Mendelsohn's column. Do hope you can get it back in The Post — soon!

Mrs. J. Brazelton

11419 Plumbrook Drive, Houston, Texas 77099

Neil Solomon, M.D., is now writing the Health column in The Post. — Editor.

. . . Dr. Robert Mendelsohn (Post May 19) not only failed to answer a question concerning the effects of self-administered fluoride drops, but worse than that volunteered misinformation about fluoridation.

Many mothers breast-feed their infants even today. However, there isn't any evidence in scientific literature to support the statement that this is "the surest method of preventing dental decay." Dr. Mendelsohn betrayed his bias against fluoridation by quoting from the National Fluoridation News, an avowed anti-fluoridation newspaper.

None of the countries mentioned in Dr. Mendelsohn's column ban fluoridation. All countries have established rules and procedures by which fluoridation may be implemented. Rules and regulations governing correct procedures for implementing fluoridation or alternative preventive measures should not be misconstrued as synonymous with the banning of fluoridation . . .

Fluoride drops applied according to a doctor's prescription will not cause mottling of the teeth, but will render a child's teeth more resistant to tooth decay. Excess fluoride as found in some NATURAL water supplies in West Texas and other parts of the country have caused lifelong mottling of the teeth, but this phenomenon is seen less commonly today because of many water systems switching to water supplies with lower levels of fluoride.

In the long run community water fluoridation is safer, more effective, more economical, more reliable and less cumbersome than the self-administered fluoride drop method.

Carlos Lozano

DDS, MPH, Chief, Bureau of Dental Health, Texas Department of Health, 1100 West 40th St., Austin, Texas 78756

Please see the next letter. — Editor.

■ Ignorant

As practicing dentists, we take exception to Dr. Mendelsohn's recent articles on dental x-rays and fluoridation. We do not dispute his concern over the potential hazards, but we do feel that his advice may prevent the general public from seeking adequate dental care.

The proven benefits of x-rays and fluoridation heavily outweigh the unproven hazards. In regard to dental x-rays, virtually every preventive dental and consumer article on choosing good dental care agrees that a full mouth set of x-rays should be taken on adults every three to five years. Both the American Cancer Society and the American Dental Association support water fluoridation in cavity prevention.

It is evident that Dr. Mendelsohn is ignorant of the benefits of proper nutrition, oral hygiene and regular dental care. His comment on breastfeeding is misleading, since breastfeeding plays only a partial role in cavity prevention. His correlation between the number of dentists in a city and fluoridation is illogical. Dr. Mendelsohn's efforts to be controversial impair his credibility and confuse the public.

Perhaps The Post should seek a medical journalist who is accurate, truthful and well-informed.

William M. Ferris

DDS, 10564 Westheimer, Houston, Texas 77042

David L. Fulenwider

DDS, 3304 Milam, Houston, Texas 77006

Dr. Robert Mendelsohn's critics can breathe more freely as they read The Post on Mondays, Wednesdays and Fridays. Dr. Mendelsohn's Health column no longer appears in The Post on those days, as it did for a while. — Editor.

■ Common sense

I'm sure I'll get a "cute" answer if my letter is published, and I'm prepared.

In regards to the new doctor's column: I made myself a bet he wouldn't be around long when it became plain he was an "honest" (at least as he saw things) doctor and cared about the "people" they are supposed to serve. I bet your telephones were ringing off the wall hearing from doctors who didn't like his attitude. Isn't that always the way in government or anything else when a TRUTHFUL person speaks his mind? He helped us!

I bet there are more of JUST US PLAIN FOLK that read your paper and have rights also. And I hope they, as I am doing, let you know we have rights also over the few doctors who do. (I hope you get my meaning.)

I hope you plan to replace him with some doctor who also has common sense along with a regard for the patient. After all, you just went up in the price of your paper and if we lose another column you aren't being fair to your readers.

I . . . was certainly a regular clipper of the late doctor's writings and sent some to my out-of-town grown children. There's no way to really express my disdain and disgust with your policymakers.

Mrs. Dorothy Robinson

3431 Purdue, Houston, Texas 77005

The Post definitely is seeking a medical column written by a doctor with common sense and a regard for patients.—Editor.

■ Missing

What have you done with Dr. Robert Mendelsohn? He was missing Wednesday, and again today (Friday). If you are short on space, Dear Abby could handle Dr. Joyce Brothers' questions with aplomb. If the mail has delayed him, let us know, and if he died, let's see an obit.

Barbara Jones

1002 Roper, Houston, Texas 77034

Dr. Robert Mendelsohn did not die.—Editor.