

Natasa Tasic - May 31 05_SUBMISSION re: Coastal Infrastructure.

From: "Ailsa Boyden" <boydens@mrbean.net.au>
To: <Natasa.Tasic@parliament.nsw.gov.au>
Date: 31/05/2005 4:32 PM
Subject: May 31 05_SUBMISSION re: Coastal Infrastructure.

Submission No 91

The Committee Manager
 Ms Carolynne James
 NSW Standing Committee on Public Works
 C/- Natasa.Tasic@parliament.nsw.gov.au

Dear Ms James,

SUBMISSION: NSW Parliamentary Inquiry into Coastal Infrastructure re:

- **Point 4:** Best practice methods to plan, manage and provide infrastructure to coastal growth areas;
- **Point 5:** Management of social, environmental and economic considerations associated with infrastructure provision in coastal growth areas.

There is strong evidence to suggest that fluoride is not biologically safe and that fluoridation presents a risk to the long-term health of the natural environment. The reasons for fluoridation do not seem soundly based in that the effects of fluoride ingestion have never been systematically studied and there is no clear proof that fluoride consumption helps reduce tooth decay. To add a major source of long-term pollution into water supplies is an unnecessary risk and a grossly unnecessary expenditure from the public purse. This money could be put to far better use through direct dental care to those who need it most.

Fluoride accumulations threaten sustainability; therefore, I wish to draw your attention to the potential for an ever-increasing build-up of highly-toxic fluoride in the environment from various sources.

Fluoride

- is acutely toxic
 is more poisonous than lead
 is only slightly less toxic than arsenic
 is non-biodegradable
 is accumulative and
 is a 'protoplasmic poison' that inhibits enzymes that are essential to all life: e.g. Prozac is a fluorinated medication whose generic name is fluoxetine. In a trial using children aged 8 to 17 years who were given fluoxetine, the results revealed that treatment with fluoxetine was linked to a decrease in the alkaline phosphatase enzyme which is crucial to bone development - the children on fluoxetine gained an average 1cm less in height and 1.1kg less in weight than those treated with a placebo. (See attachment re *Trial finds that Prozac (fluoxetine) may stunt children's growth.*)

Toothpaste a major source of fluoride pollution

The evidence that very small amounts of fluoride are poisonous can be gauged by the fact that in the US, only a pea-size amount of fluoride toothpaste is recommended for each tooth-cleaning session. This toothpaste has to carry a warning to the effect "if you swallow more

than needed to clean teeth contact a poison control centre or a professional person immediately." In other words, more than a pea-size amount is hazardous to health; yet untold and unacknowledged amounts of fluoride from toothpaste (and other dental caries prophylactics) along with fluoridated medications (e.g. Prozac) are being released continuously into the environment. The rate of fluoride discharge is not being monitored; nor are its effects on human and other biological health.

Professional fluoride dental treatments (as administered by dentists) contain lethal doses of fluoride: e.g. a 3-year-old child died as a result of accidentally swallowing his professionally administered dental rinse, instead of spitting it out. Does this high-dosage fluoride also enter sewerage systems and then waterways? What is its effect? We simply do not know and apparently are not attempting to find out.

(See attachment: *3-year-old dies from swallowing fluoride mouth rinse administered in dentist's chair.*)

Fluoridated water

Despite growing evidence that fluoride is harmful to human health and the environment, NSW Health is still pursuing a program of extending fluoridation throughout NSW. This plan includes fluoridating all communities along its eastern seaboard and serves to achieve nothing more than adding highly-toxic non-biodegradable fluoridating agents to the chemical cocktail that makes its way, via community water supplies, into waterways and biological systems. Many hundreds of tonnes of fluoridating agents are used annually in individual capital cities alone.

Fluoridating agents are environmental pollutants

The fluoridating agents generally used in most fluoridation schemes in Australia are captured in pollution control 'scrubbers' during the manufacture of phosphate fertiliser. The chemicals are captured in scrubbers to prevent their escape into the environment where they are classed as a pollutant. It is illegal to dump silicofluorides at sea but somehow it has come to pass that it is considered desirable to put those same chemicals into our drinking water.

(See www.fluoridealert.org/phosphate/overview.htm for an overview of the phosphate industry.)

Silicofluorides are delivered to water supplies as industrial-grade products which are contaminated with arsenic, lead and other heavy metals. They are used despite never having been toxicologically tested for their effects on human health. Silicofluoride was finally accepted for preliminary testing by the US National Toxicology Program in 2002 on the grounds that it is used in 91% of fluoridation systems and has never been toxicologically tested but that the historical assumptions about its safety have not been substantiated by the experimental evidence. Silicofluoride was accepted onto the Australian chemicals database in 1990 as an 'existing chemical' but has never been formally studied for its effects on human or other biological health.

To add insult to environmental injury, these contaminated industrial-grade environmental poisons are often sourced from Japan, Belgium and China for instance. None of these countries fluoridates the majority of their population. China considers fluoride too harmful to health to add to its own community water supplies.

Material safety data sheets for fluoridating agents

The Material Safety Data Sheet (MSDS) for the fluoridating agent hydrofluorosilicic Acid (obtained under Freedom of Information from Melbourne Water) states under the heading "Safe handling information", Spills and Disposal:

- "...*Do not contaminate streams, rivers or water courses.*" (emphasis added)

In relation to spills of the fluoridating agent sodium silicofluoride, the MSDS obtained from Melbourne Water states:

- " *...Prevent from entering drains, sewers, streams or other bodies of water...*" (emphasis added)

The MSDS lists the **chronic effects** of this agent as

- "Prolonged and repeated exposure may cause embrittlement and densification of bones, increased calcification of ligaments and vertebrae resulting in spinal stiffness. Enzyme system effect and pulmonary fibrosis have been reported."

It seems reasonable to assume that the widespread accumulations of fluoride in coastal and marine environments are paving the way for future biological and ecological catastrophes.

Harm outweighs benefits so costs of fluoridation are unjustified

The installation of fluoridation costs approximately \$1 million per water supply, with an on-going annual cost of over \$60,000. When fluoridation studies are closely examined one finds that the reported benefits of fluoridation are exaggerated and the adverse effects are underestimated; in fact, MANY parents are having to pay for expensive restorative dental treatments owing to the high percentage of children whose teeth have been damaged from excessive fluoride ingestion. This visibly reveals itself as undermineralization of teeth and dental staining (dental fluorosis) - the result of chronic poisoning of tooth-forming cells by fluoride while the teeth are developing. For instance the Spencer *et al* 1996 study found a 56% rate of dental fluorosis in SA and 40% of dental fluorosis in WA amongst the fluoridated children studied. They also found that approximately 30% of the NEVER-fluoridated children studied, in these states, had dental fluorosis and this is presumed due to the increasing incidence of fluoride in modern foods (processed with fluoridated water) and modern medications.

It appears from our investigations that no Australian agency is monitoring the present rate of fluoride ingestion. Nor are they systematically monitoring the incidence of adverse effects on health from fluoride ingestion. The much-awaited NHMRC study into fluoride's health effects was cancelled in 2002 by the Australian Health Administration Corporation on the grounds of "insufficient resources". The NSW Government appears unwilling to recognise this situation and is continuing to promote fluoridation as being both 'safe' and 'effective'. Actually the lack of even the most basic fluoride studies means that neither of these descriptions is correct.

Fluoridation is NOT delivering the claimed benefits

Perth (fluoridated since 1968) is experiencing a dental crisis with "toddlers as young as one-year having general anaesthetics to remove or crown rotten teeth". (See <http://fluoridealert.org/news/2179.html>.)

Fluoridated Sydney is also experiencing a dental crisis (Sydney Morning Herald, February 15/16).

The Child Dental Health Survey 2000 (Table 12) shows that most Health Regions in 100% fluoridated Sydney have worse rates of dental decay in children's permanent teeth than largely un-fluoridated communities such as the NSW Mid North Coast Health Region (only about one-third fluoridated). Furthermore, the Nambucca Shire of the Mid North Coast has worse dental decay rates in children's permanent teeth than non-fluoridated Kempsey and Port Macquarie-Hastings.

The Australian researchers Armfield and Spencer reported, "... we found no significant effect of fluoridated water on the permanent caries experience among 10- to 15-year-olds..." (when

compared with those drinking bottled or rain water). (Armfield JM & Spencer AJ (2004) *Community Dentistry and Oral Epidemiology*, 32 (4):283)

Data compiled by the World Health Organization shows tooth decay declined at a similar rate in all Western Countries after the 1950's, irrespective of each country's water or salt fluoridation status (www.fluoridealert.org/WHO-DMFT.htm).

The US Centers for Disease Control report that "preschoolers cavities increased despite 60 years of water fluoridation, 50 years of fluoridated toothpaste and a virtually 100% fluoridated food supply."

(See <http://www.cdc.gov/nchs/ppt/hpdata2010/focusareas/fa21.ppt>)

Fluorinated medications

MANY prescription medications are fluorinated: e.g. the anti-depressant Prozac (fluoxetine). Sufficient fluoride is now making its way from humans into waterways from Prozac alone that its residue is being found in British waterways.

Although Prozac does not have a licence for use on children, there has been a massive rise in the number of UK doctors and psychiatrists prescribing it for children on an "off-licence" basis and a considerable number of adults are routinely prescribed this fluorinated medication. In 2004 it was reported that Prozac was now found in measurable amounts in the groundwaters of the UK. How many adults and children are excreting this substance in NSW's coastal areas, as well as fluoride from other fluorinated medications?

Fluorinated pesticides

For decades prior to community water fluoridation, fluoride was commonly used as rodenticides, insecticides, wood preservatives, etc. It is still used for many industrial applications as well as in rodenticides, insecticides, and agricultural sprays. (See attachment re *Environmental Adverse effects of fluorinated and fluoride pesticides*.)

Prior to being used as a fluoridating agent in Melbourne's community water supply, sodium silicofluoride was registered under Victoria's 1958 Pesticides Act and was a known active ingredient in the slug and snail killer "Snaleen".

The older use of fluorides as pesticides does not justify accepting them as 'existing chemicals' in terms of human consumption.

Fluoride in fertilizer

One has only to read the analysis of fertilizers to note the amount of high percentage of fluoride in some; along with arsenic, lead, cadmium and mercury which are all accumulative in the soil and harmful to the environment. In fact some of these fertilizers warn against their regular use because of the potential for these toxins to build up in the soil.

Fluoridation unnecessarily adds more fluoride into the environment. The idea that fluoride reduces tooth decay has led many scientists not to consider the effects of fluoride on human and biological health but rather to blindly accept that 1ppm fluoride in water has been shown to be 'safe'. I submit that fluoride is not biologically safe and that fluoridation only serves to maintain the illusion that it is.

Fluoride for various applications (commercial, industrial, rural)

Some commercial, industrial and rural uses for fluoridating compounds include: for disinfecting fermentation apparatus in breweries and distilleries; electrolytic refining of lead; electroplating; hardening cement; crumbling lime or brick work; removal of lime from hides

during the tanning process; removal of moulds; timber preservative; insecticides; rodenticides; as a remedy for the destruction or elimination of intestinal worms (anthelmintic); as an agent to destroy lice (pediculicide); as an agent that kills ticks and mites (acaricide); as a constituent of vitreous enamel and glass mixes; as a steel deglazing agent; in electroplating; in fluxes; in heat-treating salt compositions; in preserving wood; in pastes and mucilages; in the manufacture of coated paper; frosting glass and for the removal of hydrogenfluoride from exhaust gases to reduce air pollution. A sinister aspect of sodium fluoride which is still used in some water supplies and toothpaste is its use as a major ingredient in the manufacture of sarin gas.

This is just a sample of the industrial uses of fluoride and therefore the sources of fluoride in the modern environment. It is unacceptable to continue adding fluoride to water supplies on the assumption that modern life does not involve much more fluoride exposure than we have ever been exposed to before. It is negligent for governments to continue to promote fluoridation while also not undertaking any monitoring of the incidence or effect of fluoride consumption.

Dental crisis looming

NSW Health's shortsightedness in considering fluoridation to be the answer to dental problems is irresponsible to the extreme. NSW Health is directing considerable sums of money into fluoridating (and the advertised promotion of fluoridation) on the grounds that fluoridation helps reduce tooth decay. But the published evidence shows that fluoride consumption is more likely to increase the incidence of dental fluorosis and therefore the need for dental services. Instead of adding to the cumulative problem NSW Health should surely be directing these funds into upgrading dental services (including, recruiting suitably-qualified overseas dentists AND subsidising the dental training of adequate numbers of Australians so that the future dental needs of the public can be met by dental professionals). To not do so, will be to lead the people of NSW into a danger zone of a massive undersupply of dentists and dental services. Australiawide, dentists are increasingly in short supply. It seems apparent that the federal government has no intention of re-introducing dental subsidies to states. State premiers must show leadership now to avert a dental disaster of major proportions as well as lobbying for the introduction of Dental Medicare.

Sustainability

Sustainability is the practice of foreseeing potential problems and then implementing measures to prevent them happening. NSW Health appears to be blinkered when it comes to gauging the effects of projected decades of highly-toxic runoff from fluoridating agents and, also, the long-term negative effects of relying upon non-effective fluoridation to protect people's dental health. Instead, NSW Health should be funding and fast tracking students into universities for dental training, as well as promoting preventive measures such as oral hygiene and healthy diets as a priority.

The environment is not a limitless sink to remain unchanged regardless of mankind's thoughtless acts towards it. It is a sustainer of life for us all, from the infinitesimally small to the largest creatures on earth. All of these are as dependent upon the health of the environment as man is dependent for life on oxygen. Coastal vegetation and waterways will more and more become the recipient of all sorts of undesirable man-made pollutants such as sewage, pesticides, fertilizers, medications, household cleaners, and other harmful compounds; while the ocean is the ultimate receptacle for receiving the run-off from waterways which also drain the coastal vegetation and upstream polluting materials.

Conclusion

I urge you most strongly to advise the NSW Government to redirect funding away from fluoridation schemes and into the training of an adequate number of dentists, as well as the

provision of dental care for the financially disadvantaged. Fluoridation should not be continued in the absence of even the most basic of health and safety studies.

I urge you most strongly to give very serious consideration to the long-term effects of fluoride build-up in the coastal and marine environment from all sources; and its potential for adverse effects on all biological life - most especially our children.

I do not require this submission to be treated as confidential. Please contact me for clarification of any points. Please advise me of the outcome of your Inquiry.

Yours truly,

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Natasa Tasic - Trial finds that Prozac (fluoxetine) may stunt children's growth

From: "Ailsa Boyden" <boydens@mrbean.net.au>
Date: 31/05/2005 12:14 AM
Subject: Trial finds that Prozac (fluoxetine) may stunt children's growth

Submission 9/
Appendix 1

PROZAC in news again. Link to enzyme decrease crucial to bone development..
FDA says Lilly had declined 1-yr study.
Sent: Tuesday, November 23, 2004 2:23 PM
Subject: Fluoro-drug PROZAC in news again. Link to enzyme decrease crucial to bone development.. FDA says Lilly had declined 1-yr study.

Prozac (aka FLUOXetine)
Sunday Herald
21 November 2004
Trial finds that Prozac may stunt children's growth
25,000 young Britons prescribed drug
By Liam McDougall, Health Correspondent

A CLINICAL trial by the makers of Prozac has revealed evidence the antidepressant could harm the growth and development of children.

The Sunday Herald has uncovered details of a 19-week trial carried out by Eli Lilly where children aged between eight and 17 years old who were given the drug gained an average of 1cm less in height and 1.1kg less in weight than others treated with a placebo.

The results revealed that treatment with fluoxetine, the generic name for Prozac, was also linked to a decrease in levels of alkaline phosphatase, an enzyme crucial to bone development.

Despite concerns from America's Food and Drug Administration (FDA) in 2001, which requested that Lilly carry out a further one-year trial to ensure the drug was safe to be used by children, no such test has ever been done.

According to FDA documents seen by the Sunday Herald, Lilly refused to carry out a more thorough trial, but was granted a licence to prescribe Prozac to children a year later. In the FDA paper Andrew Mosholder, medical officer for the FDA, writes: "Nineteen weeks of fluoxetine treatment was associated with reduced growth velocity relative to placebo.

"On balance, I believe that this trial provides evidence of reduced growth velocity with fluoxetine treatment, and I believe labelling should reflect the finding. In my opinion, the sponsor has not provided an adequate rationale for declining to do a one-year study as we requested."

British experts on psychiatric drugs last night expressed astonishment about the trial, the results of which have never been highlighted to doctors or printed by Eli Lilly on UK Prozac patient information leaflets.

News about the possible harm to children comes at a time when the Medicines and Healthcare Products Regulatory Authority (MHRA), the UK drug licensing agency, is considering an application by Lilly to have Prozac licensed for use on under-18s. In the last year, thousands of British children have moved on to Prozac after the MHRA ruled that all antidepressants in the SSRI class, with the exception of Prozac, should be banned from use on children. The change followed a major inquiry by the authority that found the drugs could cause suicide.

Although Prozac does not have a licence for use on children, the decision to ban all other SSRIs has led to a massive rise in the number of doctors and psychiatrists prescribing the drug to children on an "off-licence" basis. Before the MHRA ban, experts say 25,000 children under the age of 18 in the UK were being prescribed antidepressants. Between 2000 and 2002 the number of antidepressant prescriptions for children soared by 68%.

Dr David Healy, director of the north Wales department of psychological medicine, whose warnings that antidepressants could cause suicide led to the MHRA inquiry, expressed concern at the Prozac trial results. He said: "Very few people will have heard of this. Doctors who are giving Prozac to children and who read the published scientific articles won't see anywhere that clinical trials have indicated that children on Prozac don't grow as well. "This was flagged up by the FDA two years ago and the FDA asked the company to do further work. It should give people who may be thinking about using the drug, some cause for concern."

He said that in the past, trials on antidepressants had been carried out and been reported by pharmaceutical firms "in very misleading terms".

"In the Prozac children's trials there is evidence that the children didn't grow and put on weight in the same way," he said. "That's the kind of thing you just don't get to hear about. For those who are in the process of development this is potentially a very important issue.

"You'd have thought that in the first instance the company or the MHRA, who are responsible for making sure these drugs are on the market, would ensure that an appropriate label was placed on them so that we would know what the risks are and know what to look out for.

"But when you look at the label for Prozac there is no mention of concerns about the development of children. All it says is that this product is not recommended for children. But the number of children taking Prozac in the UK has increased hugely in the last two years."

Dr Andrew Herxheimer, a clinical pharmacologist and founding editor of the Drug And Therapeutics Bulletin, said: "I think the news about the possible effect on children's growth is serious. The effects of antidepressants in children is a hugely under-researched area.

"When there are doubts the benefit of the doubt has to be given to the patients and not to the drug. But both the MHRA and Eli Lilly are not in the business of admitting doubt."

Dr Iain McClure a child and adolescent psychiatrist and spokesman for the Royal College of Psychiatrists in Scotland, said that despite prescribing Prozac to children for the last five years he had not encountered problems with side-effects. He added: "Over the last few years I've been using fluoxetine with young people and I have not experienced any difficulties with side-effects and I've seen genuine therapeutic results.

"All I can do is speak to my own clinical experience of using fluoxetine with young people. I haven't had such evidence brought to my attention."

Dr Harvey Marcovitch, a consultant paediatrician and associate editor of the BMJ, said: "There is lots of information that is not generally available and pharmaceutical companies have been accused of publishing good news and burying bad news for years. As a journal editor, I believe that every trial that's ever conducted ought to be published somewhere regardless of whether the results are embarrassing to somebody or not."

Andrew Day, a spokesman for Eli Lilly, said the company was designing a "long-term" study into the effects of Prozac on children's development. He added: "We have a clear and transparent policy. Any and all clinical data that we have is shared with all regulatory authorities."

A spokeswoman for the MHRA said: "Eli Lilly was encouraged to put in a licence application for Prozac and that is being considered at the moment."

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<http://www.sundayherald.com/46216>

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> > Avoid fluoridecontaining drugs : If you are taking the following,
contact

> > your doctor

> > for a fluoride-free alternative:

> >

> > Prozac

> > (fluoxetine), Rohypnol (flunitrazepam), Diflucan

> > (fluconazole, Flixonase or Flixotide

> > (fluticasone), Stelazine (trifluoperazine, Fluanxol or

> > Depixol (flupenthixol) or Floxapen

> > (flucloxacillin) and asthma drugs that use propellants

> > containg fluoride: Ventolin and Becotide

> >

> > ALSO

> > CIPRO: another nasty fluoroquinolone

> >

> > Two antimalarial drugs quinacrine and chloroquine

Submission 91
Appendix 2.

From: "Ailsa Boyden" <boydens@mrbean.net.au>
Date: 4/8/05 10:54am
Subject: afin_poisoning usa kennerly _ <http://pmeiers.bei.t-online.de/kennerly.htm>

William Kennerly (3) died after "routine" topical fluoride treatment

From the "New York Times", Saturday, Jan. 20, 1979

\$750,000 Given In Child's Death In Fluoride Case.

Boy, 3, Was in City Clinic for Routine Cleaning

By Robert D. McFadden

A State Supreme Court jury awarded \$750,000 yesterday to the parents of a 3-year-old Brooklyn boy who, on his first trip to the dentist in 1974, was given a lethal dose of fluoride at a city dental clinic and then ignored for nearly five hours in the waiting rooms of a pediatric clinic and Brookdale Hospital while his mother pleaded for help, and he lapsed into a coma and died.

The award - \$600,000 for the wrongful death of the boy, William Kennerly, and \$150,000 for the pain and suffering he endured in the hours before his death - was by far the largest ever made in New York State for the death of a 3-year-old, according to the lawyers for the parents, Clay Kennerly, 48, an \$8,000-a-year city exterminator, and his wife, Inez, 42, of 300 Dumont Avenue in the Brownsville section.

The child, according to testimony at a four-day trial in State Supreme Court in Brooklyn, suffered spasms of vomiting and nausea, headaches and dizziness, and had to be revived from a coma by an injection of adrenaline into his heart several hours after his ordeal began.

The boy was then made to wait - in shock, another coma and finally in a state of cardiac arrest - for more than an hour before getting further treatment, witnesses said.

Stomach-Pumping Suggested

Other testimony indicated that the boy might have been saved at almost any time during the four hours and 40 minutes before he died by having had his stomach pumped or by having him drink some milk or lime water, which would have changed the fatal fluoride compound he had been given into a nontoxic calcium fluoride.

The defendants in the case were New York City, its Health and Hospitals Corporation and one of its clinics, the Brownsville Dental Health Center; Brookdale Hospital and its Brookdale Ambulatory Pediatric Care Unit; Dr. Bradford George, a dentist; Roslyn Cohen, a dental technician, and Dr. Pretti Bathia, a Brookdale pediatric clinic physician.

After more than a day of testimony by Mrs. Kennerly and medical and toxicological experts, and what were described as thorough investigations by the city and Brookdale Hospital, lawyers for the defendants on Thursday conceded liability, and the jury of five women and one man was instructed by Justice John A. Monteleone to return a verdict for the plaintiffs and to decide the damages to be assessed.

After the jury's verdict at 2:30 P.M., the defendants' lawyers, George W. Weiler for the city and James Hayes for Brookdale Hospital, moved to set the award aside as excessive. Justice Monteleone denied the motion, but said he would consider written motions for a reduction.

Some Reduction Proposed

Morton L. Panken, the lawyer for the Kennerly's, who have eight other children, said the family would not object to a reduction of the \$600,000 award for wrongful death to \$500,000 because that was the amount originally asked in the suit. But he said the family had sought \$500,000 more for the child's suffering and would resist efforts to cut the \$150,000 awarded for that

The story of the boy's death was related by his mother during the trial. She recalled that she took William, born on Feb. 7, 1971, for his first dental checkup on May 24, 1974, to the Brownsville Dental Health Center, a city clinic at 259 Bristol St.

There, he was examined by Dr. George, who found no dental caries and turned the boy over to Miss Cohen, a dental hygienist, for a routine teeth cleaning procedure. After cleaning, witnesses explained, Miss Cohen, using a swab, spread a stannous fluoride solution in the form of a jell over the boy's teeth as a decay preventive measure.

Fluoride in small amounts is mixed into various brands of toothpaste and the drinking water of some communities to prevent tooth decay. When used by a dentist or dental hygienist after a teeth cleaning, the fluoride jell is in a relatively strong solution, and a patient is told not to swallow it.

Instead, after the solution is allowed to remain on the teeth briefly, the patient is given water and told to wash his mouth out and expectorate.

Fatal Solution Swallowed

According to Mrs. Kennerly, Miss Cohen was engrossed in conversation with a co-worker while working on William and, after handing him a cup of water, failed to instruct him to wash his mouth out with it and spit out the solution. Mrs. Kennerly said that Miss Cohen was not paying attention when William drank the water about 9:30 A.M.

In drinking the water, according to a Nassau County toxicologist, Dr. Jesse Bidanset, William ingested 45 cubic centimeters of 2 percent stannous fluoride solution, triple an amount sufficient to have been fatal.

Upon leaving the dentists chair, William began vomiting, sweating and complaining of headache and dizziness. His mother, appealing to the dentist, was told the child had been given only routine treatment. But she was not satisfied and was sent to the Brookdale Ambulatory Pediatric care unit in the same building.

[Click here to read about another "routine" treatment settled out of court](#)

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