

Queensland Health caught out on Fluoridation!

<http://uncensored.co.nz/2010/10/26/queensland-health-caught-out-on-fluoridation/>

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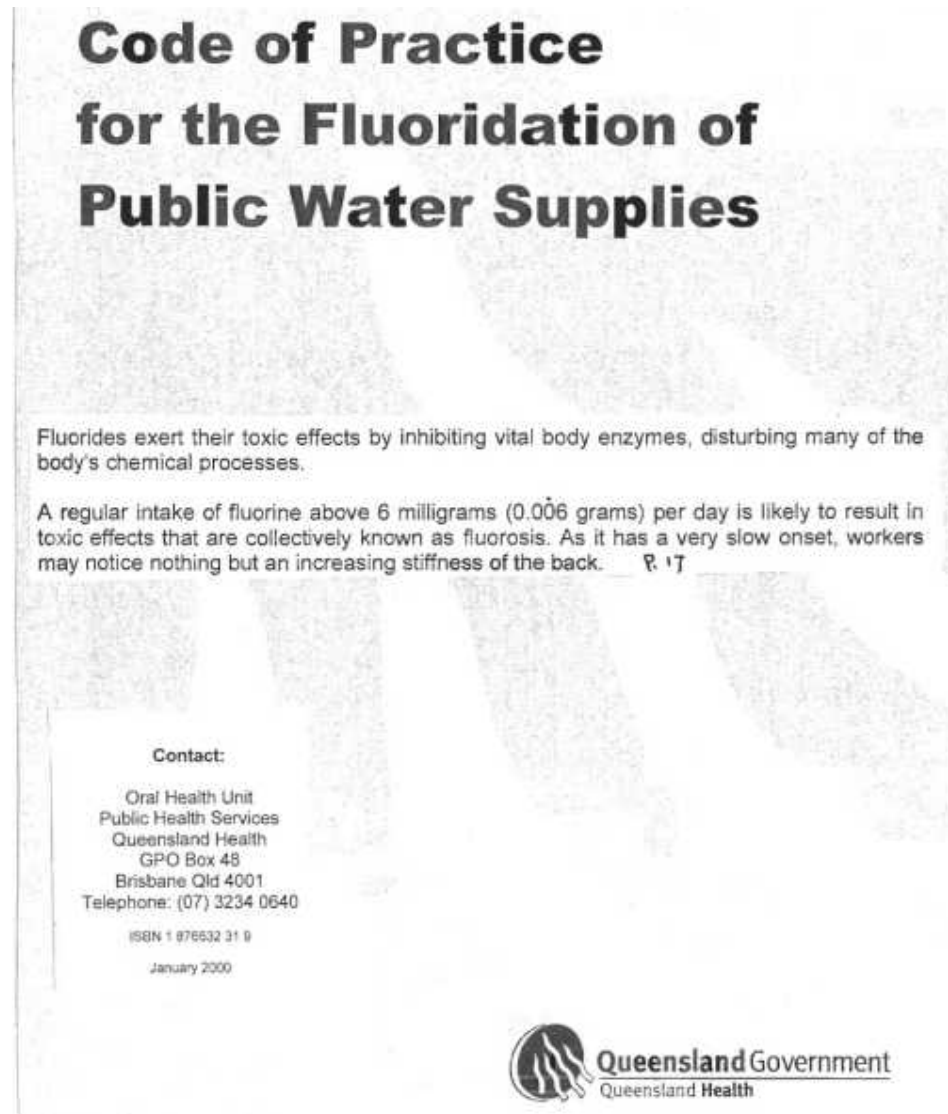
Source: <http://www.members.optusnet.com.au/rivermouth/toxicity.htm>

Queensland Health caught out

Recently I came across a publication by Queensland Health from the year 2000. It is called:

Code of Practice for the fluoridation of Public Water Supplies.

Appendix 1: *Health surveillance for workers exposed to fluoride compounds.*



So, we have now **an official acknowledgement from Queensland Health that fluoride is a poison.** And the NHMRC has clearly spelled out that fluoride is a very strong poison. Remember, a teaspoon sodium fluoride is lethal to an adult of 70 kg within 2 to 4 hours without medical interference.

So, what kind of Health Department do we have here in Queensland to promote poison in our drinking water? Have our appointed health officials never heard of the precautionary principle?

Review of Water Fluoridation and Fluoride Intake from Discretionary Fluoride Supplements

Review for NHMRC

1. Toxic effects at high exposure

Fluoride can exert acute toxic effects, by suppressing plasma calcium and magnesium levels, and the lethal dose is in the range of 2-5 g NaF for an adult, with death occurring in 2-4 hours in the absence of treatment (Hodge & Smith 1981, Whitford, 1990, Willinger 1995). It is more meaningful to give information based on mg F/ kg body weight, in which case Hodge & Smith (1981) have suggested that the Certainly Lethal Dose (CLD) is 32-64 mg/kg (2.2-4.5 g for a 70 Kg adult), while Whitford (1996) has found that the Probable Toxic Dose (PTD) is of the order of 5.0 mg/kg, (0.35g for a 70 Kg adult) although lower doses should not be regarded as safe.

Melbourne, 1999

In general, over 80% of the fluoride ingested each day is absorbed and less than 20% of the amount is excreted with the faeces.

THE MERCCK INDEX

AN ENCYCLOPEDIA OF
CHEMICALS, DRUGS, AND BIOLOGICALS

8762. Sodium Fluoride.

Sodium fluoride sold as household insecticide must be tinted Nile Blue. LD₅₀ orally in rats: 0.18 g/kg (Smyth).

Caution: Severe symptoms have occurred from ingestion of less than one gram; death from 5 to 10 g. Acute ingestion of large doses may lead to abrupt abdominal pain, intense vomiting and diarrhea, hematemesis and melena, dehydration and thirst. This is followed by symptoms of systemic toxicity including muscular weakness, convulsions, tetany; lethargy, coma, respiratory arrest; arrhythmia, hypotension, cardiovascular collapse; hypocalcemia, hypomagnesemia, hypokalemia; metabolic and/or respiratory acidosis; albuminuria, anuria. Chronic ingestion may cause mottling of tooth enamel and osteosclerosis. See *Clinical Toxicology of Commercial Products*, R. E. Gosselin et al., Eds. (Williams & Wilkins, Baltimore, 5th ed., 1984) Section III, pp 185-193.

USE: As insecticide, particularly for roaches and ants; in other pesticide formulations; constituent of vitreous enamel and glass mixes; as a steel degassing agent; in electroplating; in fluxes; in heat-treating salt compositions; in the fluoridation of drinking water; for disinfecting fermentation apparatus in breweries and distilleries; preserving wood, pastes and mucilage; manuf of coated paper; frosting glass; in removal of HF from exhaust gases to reduce air pollution. Dental caries prophylactic.

Published by
Merck Research Laboratories
Division of

MERCK & CO., INC.

Whitehouse Station, NJ

1996

Sodium fluoride – poison

Sodium fluoride is a white powder. The common grade contains 1.5 to 3% sodium silicofluoride and 94 to 97 % sodium fluoride. It has been used as an **insecticide for roaches, fleas, ants, lice etc.** It has also been used as a wood preservative and in mucilages and pastes. Sodium silicofluoride, salufer, or sodium fluosilicate is similarly employed, and also in moth-proofing and in ceramic finishes.

Sodium fluoride is a **deadly poison**. Death has occurred with less than 1 grain.* For this reason some states and cities like New York City require that sodium fluoride and other fluorides used as insecticides are coloured Nile Blue or microline Green to prevent for being mistaken as bread making powder. This mistake has happened in the past with tragic consequences.

*grain: the smallest unit of weight in most imperial systems, originally determined by the weight of a plump grain of wheat.

Poisons – properties, chemical identification, origin and use. Signs, symptoms and emergency treatment.

By Vincent J. Brookes.

Robert E. Krieger Publishing Company, Huntington -New York 1975

A Handbook on toxic chemicals tells us that fluorides are used as an electrolyte in the aluminium manufacture, as a flux in smelting nickel, copper, gold and silver, as a wood preservative, **as pesticides and as rodenticides.** (= rat poison) Also, in the manufacture of steel, iron, glass, ceramics, pottery, enamels, in coagulating latex, in coating welding rods, and in cleaning graphite, metals, windows and glassware. In addition in the preparation of fertilisers from phosphate rock.

Fluorides can enter via inhalation, ingestion, eye and skin contact. When affected by fluorides, the main points of attack are: eyes, respiratory system, skeleton, kidneys, skin.

Handbook of Toxic and Hazardous Chemicals and Carcinogens.

By Marshall Sittig

Noyes Publications 1991

Fluorides. Inorganic fluorides, such as sodium, zinc or barium fluorides can be highly irritating and toxic. The lethal dose for rats of sodium fluoride is 80 milligram per kilogram. Large doses of fluoride can cause nausea, diarrhoea, cramps, irritation of skin, eyes and mucous membranes. The main concern however is fluorosis - sclerosis of bone and mottled teeth. For example in cattle.

Dictionary of Toxicology

E. Hodgson, R.B.Mailman, J.E. Chambers

MACMILLAN Reference Books 1988

Fluorine and many fluorides, such as hydrogen fluoride and sodium fluoride are extremely poisonous. Drinking water containing excessive amounts of fluorides causes tooth enamel to become brittle and chip off, leaving a stained or mottled effect.

'Fluorine', Microsoft (R) Encarta (R) 96

Encyclopedia (c) 1993 – 1995 Microsoft Corporation. All rights reserved

Funk & Wagnalls Corporation. All rights reserved.

Suicide with sodium fluoride

A 33-year old black woman committed suicide by ingesting sodium fluoride roach powder. At the autopsy it was found that bile contained 3.4 ppm fluoride, stomach juices contained 225 pp, kidney 16 ppm, liver 8.6 pp, and urine 295 ppm.

A. Poklis and M.A. Mackell. 1990. Disposition of fluoride in a fatal case of unsuspected sodium fluoride poisoning. Fluoride 23(4):179

Around two and a half hours after ingesting rat poison a 25-year old man was admitted to a hospital. It turned out that he had done this intentionally and that the rat poison was sodium fluoride. Approximately an hour after admission the patient died from heart failure.

R.F. Baltazar, M.M.Mower, R.Reider, M.Funk and J. Salomon. 1981.

Fluoride 14(3):146

A fluoride presentation

A rather zealous health officer wanted to demonstrate the harmlessness of fluoride to the public. So, at a public gathering he swallowed an undisclosed amount of sodium fluoride and as a result he had to be hospitalised for 8 days

Fluoride 11(4):163. 1978



Acute fluoride poisonings

The first reported fatality was that of a 35-year old man who died within 35 minutes after ingesting 15 ml of hydro-fluoric acid. This happened in 1873.

In 1943 a total of 163 hospital patients became ill after a meal of scrambled eggs; 46 people died. It turned out that roach powder, containing 90% sodium fluoride, had been mistaken for flour.

In 1973 a fatality occurred in Queensland with a 2-year old child. It had swallowed almost fifty 2.2 mg sodium fluoride tablets. Five days after admission to the hospital it died.

Fluoride toxicity is directly related to the plasma concentration of fluoride. A lethal dose for humans is 30-65 mg fluoride per kg body weight.

In the Medical Journal of Australia 141:503-505, 1984, was reported that in the past six years (thus: 1978 – 1984) at least 20 children, who had ingested fluoride tablets, were hospitalised in Brisbane. This record refers to the two major children's hospitals. The ages of the patients were from 1 to 5 years and the sex ratio was roughly 1:1.

In Adelaide's Children's Hospital 14 children were admitted for ingesting fluoride tablets between 1978 and 1982. Not all cases required hospitalisation. In 1982 there were 231 acute fluoride poisonings reported and in 1983 there were 173 cases in the first nine months. Most victims were less than 14 years of age.

P.A. Monsour, B.J. Kruger, A.F. Petrie and J.L. McNee. Acute fluoride poisoning after ingestion of sodium fluoride tablets.

Fluoride 20(1):40-41

In 1974 at a dental clinic in Brooklyn, New York, a 3-year old boy without dental decay was instructed to rinse his mouth with a 4% stannous fluoride solution. Approximately five minutes later the boy vomited and had convulsive seizure. It turned out he had swallowed a one-half Lily cup of the 4% stannous fluoride solution.

In an intensive care unit, the boy had cardio-respiratory arrest during a convulsive seizure and died around three hours after ingesting the fluoride solution.

At this age most children do not master their swallowing reflex and satisfactory mouth rinsing is not possible..

A 4% stannous fluoride solution has a fluoride concentration of almost 10 000 ppm. So, if the boy had swallowed half the contents of a small, three-ounce Lily cup (about 45 ml), he would have ingested 435 mg fluoride from the mouth rinse alone.

L.D. Fretwell.1984. Fluoride: caution against abuse. Fluoride 17(3):205

Mass poisonings

It happened again: mass poisoning from water fluoridation.

On May 21-23, 1992 in Hooper Bay Alaska one person died and around 296 people were ill from fluoride poisoning. System 1 of the drinking water system delivered 150 ppm fluoride to the reticulation system.

The other well supplying the reticulation system showed a fluoride concentration of 1.1 ppm.

It was estimated that the 41 year old man who died had ingested 17.9 mg fluoride per kg body weight.

It turned out that fluoride concentrations were not monitored, that the control system was unreliable and that a mechanism allowed fluoride concentrate to enter the well of system 1.

Inspection of 123 systems in Alaska revealed that 12 systems were without at least one safety feature. None had a twist-lock plug for the fluoride pump electrical connection, which is a requirement.

In a commentary the Fluoride Journal linked the mandatory fluoridation of Alaska to the climbing death rates from cancer in Alaska.

R.G Foulkes. 1994. Case Report: mass fluoride poisoning, Hoopr Bay, Alaska. Fluoride 27(1):32-36

B.D. Gesner et al. 1994. Acute fluoride poisoning from a public water system. Fluoride 27(3):163-164.

At a primary school at Los Lunas, around 15 miles from Albuquerque in New Mexico, fluoride spilled into the water supply and left 34 people ill in November 1978.

The fluoridation equipment was designed to bring the fluoride level of the school's well water from 0.33 ppm to a level of between 1 and 5 ppm.

The fluoride levels had ranged from 0.81 to 4.75 ppm from early September to 17 November when the mishap occurred.

On 17 November the equipment failed. A faulty electric relay switch was the cause that a concentrated sodium fluoride solution was pumped into the water storage tanks without adding the correct amount of water. Bad as this was, the situation was made worse because a toilet of the boys' toilet block failed to shut off after flushing. So, this constantly running toilet drew the poisonous water quickly into the whole reticulation system of that particular building.

As a result the fluoride levels in building A with the running toilet reached a level of 375 ppm. In another building (B) this level was much lower because there was no running toilet. Here the level reached 93.5 ppm. It was estimated that children may have ingested 4 to 90 mg fluoride, depending on the amount of water they drank and of course in which building they were.

Fifteen children got acute gastrointestinal symptoms within 30 minutes after the school started. A total of 34 persons ended up with acute fluoride poisoning. In the classroom where most illness occurred it turned out that the teacher had instructed the children to drink some water every day before the start of the lessons.

It seems that medical assistance was quickly provided as no deaths occurred.

The authors of this report give a warning about the dangers of mouthwashes with a pleasant taste but containing 200 to 900 ppm fluoride.

The need for doctors to become aware of fluoride's toxicity was emphasised.

R. Hoffman et al. 1980. Acute fluoride poisoning in a New Mexico elementary school. Fluoride 13(4):170-171

On 11-12 November 1979 there was a malfunctioning at the fluoridation plant in Annapolis, Maryland, USA. As a result the fluoride concentration in the drinking water was thirty times the required dose. The error was detected the next day, but the operators did not think it a health hazard and it was not reported to health authorities.

Inevitable, what had happened came out the tragic way: two deaths and hundreds of people ill.

The Health Service ordered the destruction of 25 000 cases of Pepsi-Cola manufactured from the dangerous water and an undetermined number of cases Coca-Cola, considered too dangerous to drink.

**Glen S. R. Walker. 1982.
Fluoridation – Poison on Tap. P.281
Published by Glen Walker
Box 935G, GPO Melbourne Vic 3001, Australia**

In 1980 the then West German Society of Water and Gas Experts considered it impossible to deliver a controlled dose of fluoride to each house through the public water supplies.

**Glen S. R. Walker. 1982.
Fluoridation – Poison on Tap. P.281
Published by Glen Walker
Box 935G, GPO Melbourne Vic 3001, Australia**

Widespread ignorance among 'experts'

Fatal fluoride poisonings occur often because 'experts' do not realise what they have their hands on. As a consequence they don't take the required action.

A case in point is what happened in Brisbane in 1973 when a little boy of 2 years of age swallowed a number of fluoride tablets. He was quickly taken in unconscious state to a doctor, who applied gastric lavage. This yielded 4 tablets. Although the boy was still unconscious, the doctor assured the parents that he would be alright and that he needed no further treatment.

However, three and a half hours later respiratory failure began to develop and he was rushed to the Mater Misericordiae Children's Hospital in South Brisbane. Five days later he died and the death certificate (#41182) of the Brisbane District, State of Queensland stated as cause of death: fluoride poisoning.

At the hospital doctors and nurses assured the distressed parents that it would take at least '200 to 500 tablets to make him sick' However, the tablet bottle contained less than 100 tablets.

Glen Walker had a closer look at this tragic case and contacted the mother. She was convinced that her little son could not have ingested more than six tablets at the most. And when his stomach was pumped by the doctor no more than 4 tablets were found.

The mother took her child to the hospital and according to The Melbourne Truth of 3 November 1979 she was not believed at the hospital when she reported that her child's illness was due to fluoride tablets. The registrar had said 'we weren't even aware it (fluoride) had a lethal dose level. I don't think it was even listed in the poisons handbook.' The mother's explanation was ruled out, because 'there was no recorded case (of fluoride poisoning) in Australia that we knew of.'

According to an Editorial of the journal Fluoride two factors could have contributed to this fatal poisoning. The mother had taken fluoride tablets during her pregnancy on advice of the hospital. And the little boy had been given tablets of 0.5 mg fluoride each day for the 15 months before he died. This was done on advice of the Welfare Clinic. This all must have contributed to an excessive fluoride load.

A similar unfortunate case occurred in Austria, in the city of Linz. Here a doctor Weichselbaumer was accused of negligence when he failed to hospitalise a 2 year old child who had ingested 50 or perhaps 200 fluoride tablets amounting to a total of 1 gram fluoride.

The defence of the doctor was based on the widely held belief that a dosage of that order could not be a serious hazard. He had consulted the Vienna Poisoning Centre and had been advised that a dose of 50 tablets was without danger. So, he had administered calcium salts in accordance with the centre's advice.

The testimony of the doctor was supported by an expert from the poisoning centre. He stated that the medical literature indicated that 50 fluoride tablets were not a threat to life and that he was the one who had advised doctor Weichselbaumer that there was no need for hospitalisation.

The doctor was acquitted and the case was dismissed by the court. After all the doctor had done the right thing: got advice from an expert and had followed the advice.

This editorial in the journal Fluoride was written in 1978. It also stated that Austrian health authorities were now re-assessing the toxicity of fluoride. The same editorial stated that many doctors and dentists were convinced that fluoride was harmless and only dangerous in massive doses.

G.L.W. 1979. Editorial. Another fluoride fatality: a physician's dilemma. Fluoride 12(2):55

G.L.W. 1978. Editorial. Toxicity of fluoride. Fluoride 11(4):163

Glen S.R. Walker. 1982. Fluoridation – Poison on Tap. P.34

Toxic overload

The optimal fluoride intake according to the dental profession is a daily intake of 0.05 to 0.07 mg fluoride per kg body weight.

As little as 0.08 mg per body weight per day could induce chronic poisoning.

A 10-kg child in a fluoridated area could ingest 0.3 mg fluoride per day from water and at least 0.4 mg from food. If fluoridated toothpaste and mouthwash are used an additional 0.7 mg fluoride could be ingested.

If fluoride is taken as a tablet or drops then this could raise the fluoride concentration in blood plasma to levels known to inhibit a variety of enzymes. This means inhibiting a number of life processes.

Infant formulas made with fluoridated water could contain 100 times as much fluoride as human milk.

Excessive intake of fluoride has been linked to causing birth defects, mutations and cancer.

Uncontrolled use of fluoride-containing products could pose a hazard, especially where water is fluoridated.

G.E. Smith. 1986. Toxicity of fluoride containing dental preparations: a review. Fluoride 19(2):103-104

Insane

A certain professor Martin was/is the champion of fluoride tablets here in Australia. He pretended to know more about fluoride tablets than the health authorities in the US, where a cautionary warning is required to alert people about the dangers of over-dosing.

Before a Royal Commission in Tasmania this professor Martin claimed that tablets taken to the amount of 1.5 mg of fluoride per day in the last six months of pregnancy would improve the teeth of their children remarkably.

However, the US Food and Drug Administration (FDA) had ordered the removal from the market of drugs which contained fluoride and which were promoted for expectant mothers to prevent the development of tooth decay in their offspring. The FDA called these drugs 'misbranded.'

Also, in a British Dental Journal of 1981 an article on the issue concluded: 'In the light of present knowledge there is no justification to recommend the administration of fluoride tablets during pregnancy.'

The Martin also advised that breast-fed children should be given fluoride supplements because they were missing the benefits of fluoridated water.

These 'benefits' were in 1984 highlighted by a professor J. Ekstrand and his research team. They found that bottle-fed infants whose bottle formulas were mixed with fluoridated water got 150 times as much fluoride as breast-fed infants.

A Swedish professor in pharmacology, Dr. Arvid Carlsson, expressed his concern about this high fluoride level ingested by bottle-fed infants in fluoridated areas. He thought it might lead to impaired brain development and perhaps to permanent disorders in learning ability and other behaviour effects.

Martin however, unperturbed advised that children who tend to drink more milk than water should have fluoride supplements even where the water is fluoridated.

Wendy Varney. 1986. Fluoride in Australia – a case to answer. p. 97-98

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