**SCIENTIST Responds to Health Canada!**

G. Mark Richardson, Ph.D. has responded to Health Canada’s rejection of his TDI recommendation in the Risk Assessment of Dental Amalgam report he had presented while with, and at the request of, Health Canada. Dr. Richardson has summarized government agency (U.S.A. and Canada) amalgam risk assessments and has graciously given Bio-Probe permission to report key features of the communication to Health Canada entitled: "Re: Health Canada’s Revised Policy on Dental Amalgam."

Dr. Richardson pointed out that the U.S.E.P.A. is the regulatory agency in the United States that is primarily responsible for establishing reference doses (RfD) or reference concentrations (RfC) in support of regulatory risk assessment of chemical exposures and that the U.S.E.P.A. had proposed an RfC for chronic mercury vapor exposure of 0.3 mcg Hg/m³ in 1990. Using a referenced adult inhalation volume of 16 cubic meters of air per day, an average weight of 71 kilograms (158.6 pounds) and a mercury vapor absorption rate of 80%, the absorbed dose associated with this RfC is 0.054 mcg/kg body weight/day [3.83 micrograms/day for the 158.6 pound adult].

Dr. Richardson went on to cite the United States Public Health Service (USPHS) Minimal Risk Level (MRL) Standard for the general population in the United States and calculated the USEPA, the USPHS and his recommended TDI for Health Canada to two exposure models. The two models calculated to zero (0) mercury fillings for the USPHS Standard, nine (9) and eleven (11) mercury fillings for the USEPA Standard, and two (2) and four (4) mercury fillings for his recommended TDI.

Thus, the three valid governmental risk assessments in the United States and Canada all agree that mercury vapor exposure from amalgam dental fillings is not without potential health risk to patients. Further, all three are at or well below the conservative dental estimates of average daily dental amalgam mercury intake and even further below the conclusions of medical scientists.

Dr. Richardson concluded that these three governmental risk assessments do not support the continued unlimited use of amalgam as a dental restorative material. He further informed Health Canada that it would be inappropriate to simply ignore the weight of evidence that exists which clearly indicates that the exposure arising from a relatively large number of fillings is more than what accepted chemical risk assessment procedures would define as tolerable or acceptable.

Dr. Richardson is to be commended for compiling the findings of the three governmental risk assessments of dental amalgam mercury into a compelling argument against its further unlimited use. Although he did ad-

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dress the special circumstances of exposure to children in his original report, this factor was not included in the new evaluation. However, utilization of mercury vapor exposure factors by body weight contributes to ready extrapolation to children, but without consideration of the particular sensitivity of developing nervous systems to mercury damage.

*************

NEVADA DENTAL BOARD DECLARES ITS ALLEGIANCE IS TO DENTAL PROFESSION, NOT CITIZENS OF NEVADA!

In a meeting on 12 January 1996, IOAMT Executive Director Dr. Michael F. Ziff gave a slide presentation of the scientific documentation on dental amalgam mercury to the Nevada State Board of Dental Examiners (NSBDE). Upon completion, the attorney for the Board stated that the Board’s only obligation was to enforce the standard of care of the dental profession on dental amalgam. After being questioned as to the Board’s statutory obligation to the citizens of Nevada, the attorney repeated his statement. Incredibly, the Board placed this in writing to the Legislative Counsel Bureau of the Nevada State Legislature.

IOAMT has provided this information, along with the position of the United States Public Health Service (USPHS) that daily mercury exposure from dental amalgam exceeds their Minimal Risk Level (MRL) Standard for the general population to the Governor and Attorney General of Nevada and to key leaders of the Nevada Legislature. IOAMT requested that: 1) The NSBDE, and its attorney, be instructed that their statutory duty is to the citizens of Nevada through the administration of Nevada Law, not to the dental profession; 2) the NSBDE be obliged to immediately inform the citizens of Nevada that the continuous exposure to mercury vapor from dental amalgam is not without potential health risk, as determined by the USPHS; and 3) ensure that the NSBDE does not deem opposition to dental mercury by any dental practitioner to be an activity subject to discipline.

It is shocking that a dental board, and its attorney, would brazenly take the position that their duty is to the dental profession, not to the citizens of the state.

*************

COLORADO JUDGE RULES PATIENTS DO NOT HAVE THE RIGHT TO REQUEST AMALGAM REMOVAL!!!

Incredibly, Administrative Law Judge Nancy Connick of Colorado has ruled that patients do not have the right to consent to removal of mercury dental fillings based or concerns about mercury toxicity. This ruling has profound implications and is certainly open to challenge, hopefully by the Governor and/or Legislature of Colorado. Patients do not have the right to consent to treatment on their bodies (for whatever reasons they choose)???? This is clearly a violation of the civil rights of the citizens of Colorado.

While ruling that the consideration of the toxic effects of dental amalgam mercury goes far beyond the practice of dentistry, Judge Connick contradicts herself by consistently accepting the positions of dentists and dental journals over those of qualified medical scientists, which have been peer reviewed and published in highly esteemed medical journals. In fact, the Judge issued such criticisms of the latter that the impression is easily taken that she is the ultimate expert on mercury toxicology, with her qualifications exceeding those of both dentists and medical scientists (Is there such a thing as practicing beyond the scope of legal expertise ??).

As to the position of the United States Public Health Service (USPHS) determination that exposure to mercury vapor from amalgam dental fillings exceeds its Minimal Risk Level (MRL) Standard for the general population and therefore presents a potential health risk to patients, Judge Connick states: "The MRL is an extremely conservative and speculative calculation starting with the lowest observable effect level and then adding a series of safety factors" and "it addresses occupational exposure to mercury, not exposure from dental amalgams." In spite of her self-assumed expertise in the subject, extending apparently even beyond that of the USPHS, the latter statement of Judge Connick is absolutely false! The "Toxicological Profile for Mercury" document itself clearly states that the MRL Standard is for the general population and even addresses dental amalgam mercury vapor exposure in several areas. In point of fact, the exposure standard favored by the dental profession is that of the Occupational Safety and Health Administration (OSHA), which is absolutely limited to occupational exposures of forty hours per week! Further, if Judge Connick were really qualified to evaluate medical science, she would know that the methodology utilized for the USPHS MRL is standard for the risk assessment of toxic materials.

All of this occurred in a seventy-one page document of Judge Connick’s ruling against Dr. Hal Huggins. During the course of the disciplinary action against Dr.
Huggins, which has extended for over twelve years, many interesting factors have been revealed, including a concerted nation-wide co-ordination of effort amongst Dental Boards and State Attorneys General against mercury-free dentists. This evidence definitively demonstrates a clear "witch hunt", predicated upon the direction of a voluntary trade union and in direct contradiction to valid medical scientific documentation and positions of government health agencies.

Although an Administrative Law Judge is a low level in a state’s court system and these rulings are not deemed precedent setting even within the state involved, the message presented by this judge’s ruling is loud and clear. The Judge has ruled that, at least in the State of Colorado, opposition to the use of dental mercury will be punished. How this is interpreted in other states remains to be seen. The following article may provide information as to where this travesty is heading.

*************
U.S. CONGRESS MAY ADDRESS DENTAL AMALGAM!

Thanks to the initiative of several dedicated citizens, the United States Congress may address the dental mercury amalgam dilemma. Interest has been stimulated through the offices of Congressman Peter DeFazio and Congressman Newt Gingrich.

At the present time consideration is being directed through Congressman DeFazio's committee considering the bill "Access to Medical Treatment Act (S1035/HR2019)" which addresses the rights of U.S. citizens for access to alternative health care, but does not include consideration of dentistry.

Bio-Probe has learned that mercury free dentistry may be addressed separately from the above bill, because of its unique features. The presently proposed bill addresses alternative health care treatment, with focus upon modalities not approved by the Food and Drug Administration (FDA). One feature of the bill stipulates: "Prior to the administration of such treatment, the practitioner has provided the patient a written statement that states the following: WARNING: This food, drug, or device has not been declared to be safe and effective by the Federal Government and any individual who uses such food, drug, or device, does so at his or her own risk." Mixed dental amalgam has never been evaluated by the FDA and accepted and classified as safe and effective, so the users of this material should be subject to this provision, rather than the non-users.

Moreover, the controversy over dental amalgam mercury is distinctive from alternative therapies in that it does not present an "unconventional" modality, as mercury is well recognized as a toxic and dangerous element in conventional medical and scientific circles. The thrust of Congressional interest in the mercury amalgam controversy seems to be directed to the protection of mercury-free dental practitioners from the malicious and unwarranted disciplinary attacks by State Dental Boards.

This initiative presents an extraordinary opportunity to make great progress for the health of the public. As with all issues, elected government officials respond to their constituents proportional to input from them. Do not pass up this opportunity to make a difference! Immediately write a letter expressing your feelings on this issue to the following:

- Congressman Peter DeFazio. 2134 Rayburn House Office Bldg., Washington, DC 20515-0201, ATTN: Ms. Robin Walter, House Aide
- Congressman Joe Barton. 2264 Rayburn House Office Bldg., Washington, DC 20515-0201, ATTN: Ms. Beth Hall, House Aide
- Speaker of the House, Newt Gingrich, H326 The Capitol, Washington, DC 20515
- Your own U.S. Representative, c/o U.S. House of Representatives, Washington, DC 20515

If possible, keep your letter to one page and address whatever aspect suits you; your own experience, persecution of mercury-free dentists, informed consent, freedom of choice, etc.

*************
SWISS DENTAL ASSOCIATION LOSES LAWSUIT!!

Bio-Probe thanks Claes R. Vanman for giving us permission to reprint the following:

"During the fall of 1995 the national Swiss TV's second most popular program "Kassensturz" (compares with "60 Minutes", "20/20" etc.) aired a superb prime time full length program about the amalgam issue and two weeks later followed up with a live discussion between dentists, MD's and lawyers from the two parties, pro- and anti-amalgam. Both programs were a big success and a total showdown for the pro-amalgamists and the amalgam issue. However, as these people are known to be notoriously bad losers they reacted not by giving their positions some new thoughts, but by suing the
Editors of "Kassensturz." Remember "60 Minutes" and the tobacco companies...?

IOMAT member Claes Vanman, who is also a board member of the Swiss antiamalgam organization, had been participating in the second (live) program and was later (on request from the editor) able to support the producer/editors of the program with lots of solid, documented facts with regard to the issue and the lawsuit. A very professional defence by the chief editor, Mr. Urs Gashe, combined with all the "evidence" just mentioned, lead to a not quite expected 100% victory over the Swiss D.A. who in this case was the acting plaintiff. At the same time there were several excellent full page articles about the amalgam issue in the "K-Tip", the monthly consumer magazine published side by side to "Kassensturz." This magazine is read by nearly 1 million people (out of a population of 6.5 million). So even if Switzerland is still way behind Sweden and Germany, this meant crushing a little more of the amalgam fortress.\

Copyright: Claes R. Vanman, CH-8304 Wallisellen, Switzerland.

**********

SCIENCE

Light Microscope and Energy Dispersive X-ray Analysis of Amalgam Pigmentation.

Wu, Q; Yang, Z; Su, L.

Chung Hua Kou Chiang Tsa Chih, 30(3):140-2, 1995 [Chinese only].

**ABSTRACT:** Twenty four cases of amalgam pigmentation were analyzed by light microscope; 16 cases were amalgam debris, 8 cases were amalgam fragments and debris mixed. The amalgam distributed mainly along basement membrane of the epithelium, wall of blood vessels, nerve fibers, reticular fibers and endomysiums.

In cases where amalgam entered bone, bone cells disappeared, lacuna emptied and microfracture of bony trabeculae occurred. In 8 cases pathologic calcification was found and in 18 cases there were inflammatory responses. Two cases were analyzed by energy dispersive X-ray. It was found that in the different sites of tissues there were different content of Ag, Hg, Sn and Ca.

**********

Morphological Changes in the Gastric Mucosa in Workers with Chronic Mercury Poisoning.

Alymbaeva, DB; Sharshehina, AA; Subbotin, VV; Saipbaev, BS.


**ABSTRACT:** The authors studied morphologic changes in gastric lining of patients facing chronic mercuric intoxication. The examinees are former burners at a metallurgic plant of Khaidarkansk mercuric enterprise.

The patients demonstrated significant destruction of the superficial epithelial cells and the accumulation of Campylobacter piloridis. The parietal and zymogen cells appeared to have depressed functional activities. The cells in gastric antrum had ultrastructure characterized by vacuoles with dense filaments which could be a morphologic marker of mercuric intoxication.

**BIO-PROBE COMMENT:** It is well known that mercuric chloride, also known as "corrosive sublimate", causes gastrointestinal ulceration. The name "campylobacter piloridis" has recently been changed to "helicobacter pylorii", which has received recent attention as a possible cause of gastrointestinal ulcers. Some research demonstrates the absence of helicobacter pylorii in a significant percentage of cases, stimulating question as to whether it is a true causative agent or merely colonizes after mucosal damage. It is time for a controlled study investigating a possible relationship between the chronic exposure to dental amalgam mercury and the occurrence of gastrointestinal ulceration.

**********

An Epidemiological Study of Factors Relating to Mercury Sensitization.

Sato, K; Kusaka, Y; Yanagihara, M; Ueda, K; Mori, T; Miyakoshi, S.


**ABSTRACT:** We investigated factors relating to mercury sensitization in 156 medical students (mean age 22.7 ± 2.4, mean ± S.D., male 113, female 43). Their allergic symptoms, lifestyles and family histories were studied by questionnaire. Patch tests were performed on them with HgCl2 (0.05% aq.), NiSO4 (5% aq.), PPD (2% pet.) and urushiol (0.01% pet.). Anti-dermatophagoides and anti-cryptomeria pollen IgE antibodies in serum were also measured.

While the positive rates of urushiol, nickel and PPD were 11.1%, 5.1%, and 2.6% respectively, that of mercury was as high as 12.8%. Each allergen specific antibody positivity and past histories of allergic diseases were not associated with mercury sensitization (by the chi-square test).

Mercury sensitized students had significantly more frequently experienced eczema caused by cosmetics,
shampoos, soaps and haircreams (by the chi-square test, p < 0.005). They also had significantly more teeth treated with metals compared to the controls (one-tailed t-test, p < 0.05). And their urinary mercury concentrations were significantly higher than those of the controls (one-tailed t-test, p < 0.05). These findings suggest that mercury sensitization is associated with exposure to mercury in the living environment.

**BIO-PROBE COMMENT:** Try as we might, we have not been able to find one published study supporting the position of the dental establishment that less than one in a hundred people are allergic to mercury. This study confirms the mercury allergy range of 10-15%, and adds evidence that the metals in the teeth contribute to other allergic conditions.

*********

Mercury Release from Separated Amalgam after the use of Different Disinfectants.

Kielbassa, AM; Atin, T; Kummerer, K; Hellwig, E.

Schweiz Monatsschr Zahnmed., 105(12):1534-8, 1995 [German].

**ABSTRACT:** Set amalgam, annealed for twelve days, was cut with water cooling and sucked into eight dental units (Systematica 1062 T), equipped with an amalgam separator (Multisystem Type 1). Disinfection of the suction devices was performed with seven commonly used disinfectants according to the manufacturers' guidelines. Rinsing with water served as a control in the last experimental series. The waste water was collected at the beginning of the experiments and after disinfection. Repeating the experiments for seven times resulted in 112 specimens that were analyzed by atomic absorption spectrophotometry.

The use of Green & Clean M2 and S & M mat resulted in very low releases of mercury. Disinfection with Alprojet D and Alprojet DD M2 was comparable with the control group. The release of mercury was significantly increased, if compared to Green & Clean and S & M mat (p < or = 0.05). The use of Orotol Ultra, Aseptoclean 2, and Tuitol resulted in significantly higher releases of mercury, if compared to all other disinfectants (p < or = 0.05). Disinfectants containing oxidizing agents provoke an increasing release of mercury, thus accumulating the amounts of mercury in the general environment.

**BIO-PROBE COMMENT:** In the United States, the dental establishment has convinced local governments (Seattle, Tucson, etc.) that dental amalgam is not mercury, as the mercury is not released from the amalgam. Another embarrassing position for the dental profession is developing.

*********

The Effects of Lead and Mercury on Histamine Uptake by Glial and Endothelial Cells.

Huszti, Z; Balogh, I.


**ABSTRACT:** The effects of lead and mercury on [3H]-histamine uptake by cultured astroglial and endothelial cells of rat brain were studied.

Experimental data showed that both metal ions inhibited the uptake in both cell types at concentrations as low as 1-10 microM. The effects were consistent with non-competitive inhibitions. With either lead or mercury exposure, the inhibition of the uptake was greater in astroglial than in cerebral endothelial cells. Contrary to the above findings, 100 microM of mercuric chloride produced stimulation of histamine uptake and this stimulation was much more pronounced in cultured cerebral endothelial cells than in astroglial cells.

Inhibition of [3H]-histamine uptake by lead acetate and mercuric chloride was considered to be association with a loss of the transmembrane Na⁺⁺ and/or K⁺⁺ gradient while stimulation of the uptake by high concentration of mercury might be related to a direct effect on histamine transporter. It is noteworthy, that cultured astroglial cells, derived from neonatal rat brain, are much more sensitive to the toxic effects of these heavy metal ions than cultured endothelial cells derived from the brain capillaries of the same species of animals.

*********

Neurobehavioral Effects of Developmental Methylmercury Exposure.

Gilbert, SG; Grant-Webster, KS.


**ABSTRACT:** Methylmercury (MeHg) is a global environmental problem and is listed by the International Program of Chemical Safety as one of the six most dangerous chemicals in the world's environment. Human exposure to MeHg primarily occurs through the consumption of contaminated food such as fish, although catastrophic exposures due to industrial pollution have occurred.

The fetus is particularly sensitive to MeHg exposure and adverse effects on infant development have been associated with levels of exposure that result in few, if any, signs of maternal clinical illness or toxicity. High levels of prenatal exposure in humans result in neurobe-
Behavioral effects such as cerebral palsy and severe mental retardation. Prenatal exposure to MeHg in communities with chronic low-level exposure is related to decreased birthweight and early sensorimotor dysfunction such as delayed onset of walking. Neurobehavioral alterations have also been documented in studies with nonhuman primates and rodents.

Available information on the developmental neurotoxic effects of MeHg, particularly the neurobehavioral effects, indicates that the fetus and infant are more sensitive to adverse effects of MeHg. It is therefore recommended that pregnant women and women of childbearing age be strongly advised to limit their exposure to potential sources of MeHg.

Based on results from human and animal studies on the developmental neurotoxic effects of methylmercury, the accepted reference dose should be lowered to 0.025 to 0.06 MeHg micrograms/kg/day. Continued research on the neurotoxic effects associated with low level developmental exposure is needed.

**BIO-PROBE COMMENT:** Mercury vapor, like methylmercury, easily and rapidly passes the blood-brain barrier and the placental membrane. Inorganic mercury compounds, on the other hand, do not penetrate these barriers very well, if at all. Once into the target tissue, all forms of mercury act pretty much the same.

The effects of prenatal exposure to mercury on the CNS is receiving increased attention from medical scientists, as exemplified by the following two reports. Since the transfer of amalgam mercury from maternal amalgam fillings into fetal CNS tissue has now been established by three animal studies and one human autopsy study, it is inevitable that medical scientists will turn their attention to this exposure.

**Cadmium and Mercury Toxicity in a Human Fetal Hepatic Cell Line (WR-L-68 Cells).**

Bucio, L; Souza, V; Albores, A; Chavez, E; Carabez, A; Gutierrez-Ruiz, MC.


**ABSTRACT:** The toxic effects of cadmium (Cd) and mercury (Hg), as chloride salts, were studied using an hepatic human fetal cell line (WR-L-68 cells). From viability curves and the proliferative capacity of the cell in the presence of the metal, three different cell treatments were chosen, (1) 0.5 microM of the metal chloride for 24 h (acute low dose treatment), (2) 0.5 microM of the metal chloride for 7 days (chronic treatment), and (3) 5 microM of the metal chloride for 24 h (acute high dose treatment).

WR-L-68 cells grown in the presence of Cd exhibited the same proliferative curve as control cells, whereas in...
the case of Hg, the cells increased their proliferative capacity. Both metals produced ultrastructural alterations in different degrees, mainly observed as mitochondrial and RER structural changes, depending of the treatment and concentration of the metal used.

Cytotoxicity was assessed by measuring the release of lactate dehydrogenase from the cells. Acutely high dose-treated cells showed the highest value for this parameter, and Cd-treated cells presented higher lactate dehydrogenase release than the Hg-treated ones. Cell damage was also measured by alanine aminotransferase (ALAT) and aspartate aminotransferase (ASAT) activities. Acute high dose Cd treatment caused the highest value of enzymatic release. Lipid peroxidation was significantly different with respect to control cells in chronic and acute high dose treatments with both metals.

Metallothionein (MT) induction in response to Hg treatment was not detected. However, a dramatic induction of this protein occurred in Cd-treated cells. WRL-68 cells differentially respond to Cd and Hg, making this hepatic fetal human cell line a useful tool in investigating the mechanism of toxicity of these heavy metals.

********

Effect of Long-Term Sodium Selenite Supplementation on Levels and Distribution of Mercury in Blood, Brain and Kidneys of Methyl Mercury-Exposed Female Mice.

Glynn, AW; Lind, Y.

ABSTRACT: Female Balb/c CA mice were supplemented for seven weeks with 0, 0.6 and 3 p.m.m. Se in tap water and were then exposed to a single oral dose of 205MeHg (2 micromol/kg). Se supplementation continued for 56 days after MeHg dosage.

Supplemented animals showed enhanced activity of glutathione peroxidase in the blood. Twenty-four hr after MeHg dosage, the level and distribution of Hg in blood, blood cells, and kidneys were not influenced by Se exposure. However, in the brain the Hg accumulation was increased and Hg distribution was altered by Se supplementation.

Fifty-six days after MeHg dosage, 70% to 80% of the dose had been eliminated from the body, and the brain of the 3 p.m.m. group still had a higher Hg level than the control group. Otherwise, there was no consistent effect of Se supplementation on retention of Hg in the animals.

It is indicated that Se influences tissue accumulation and intracellular distribution of Hg through a more general effect on Hg sequestration and transport in the blood.

BIO-PROBE COMMENT: It has been well established that the presence of selenium with mercury BEFORE entry into the body is protective against mercury poisoning, as occurs with many exposures to methyl mercury from fish. What occurs if selenium is administered AFTER mercury has entered the body is poorly understood. The strongest affinity mercury has is for selenium, stronger even than that for the sulfhydryls (thiols). Hopefully, if mercury is attached to selenium in the body, it will be less bioavailable to body ligands and therefore less likely to cause damage. Theoretically, however, it should be more difficult to remove from the body as mercury chelators are thiol compounds. This study seems to confirm that for mercury in brain tissue. It should also be noted that there was a single administration of mercury in this study. The results could be different if mercury is administered in continual daily doses over long periods of time.

********

Whole-Body Retention, and Urinary and Fecal Excretion of Mercury after Subchronic Oral Exposure to Mercuric Chloride in Rats.
Morcillo, MA; Santamaria, J.

ABSTRACT: The effects of long-term daily intake of mercury on its urinary and fecal excretion, whole-body retention, and blood concentration in male rats were observed. The animals were exposed to mercuric chloride labeled with 205Hg via drinking water for 8 weeks (5, 50 and 500 microM Hg). 203Hg in urine, feces and blood was quantified.

The blood mercury concentration did not keep a linear relationship with the increasing dose. The percentage of the total amount of mercury intake which is excreted by the fecal route in rats exposed to 500 microM Hg was significantly lower than those exposed to 5 and 50 microM. The daily dose percentage of mercury excreted in urine increased with dose size. The results show that the absorption fraction of mercury through the gastrointestinal tract (30-40%) was higher than values previously reported.

BIO-PROBE COMMENT: This study presents additional documented evidence that measurements of mercury levels in blood and urine are not valid indicators of body burden or toxic effects. Of greater importance, the study provides evidence that the kinetics of low level exposure to mercury (as occurs with mercury exposure
from dental amalgam) is different than the single dose large exposures utilized in most studies.

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Ostman P-O; Anneroth G; and Skoglund A.

ABSTRACT:

Objective and study design. Forty-nine consecutive patients with clinically diagnosed oral lichenoid reactions in contact with amalgam fillings were studied clinically and histologically. The long-term effect of replacement of these fillings was also examined.

Results. Seventeen (35%) patients showed positive reactions to mercury at the epicutaneous patch test that was carried out before treatment. After treatment, total regression of the lesions was found clinically in 33 (69%) and histologically in 26 (55%) patients. Most of the remaining lesions changed clinically and histologically to a less pronounced tissue reaction. Lesions in direct contact with amalgam fillings (group I) showed significantly better healing results than lesions that exceeded the contact area (group II). No difference in healing capacity was noted in the two groups between patients with positive patch reactions to mercury compared with those with negative reactions. Lesions that histologically were classified as benign oral keratosis showed a similar healing pattern as those classified as oral lichen planus.

Conclusion. In group I all lesions changed histologically and clinically to a normal mucosa or to a less affected tissue reaction. In group II this change was less pronounced, which suggests that the fillings themselves were not the only factor involved in the cause of these lesions. The results suggest that various etiologic factors are involved in lichenoid reactions and that the effect of removal of amalgam fillings cannot be predicted by epicutaneous patch testing and biopsies.

FORUM

IAOMT 1996 ANNUAL MEETING

DATE: Friday-Sunday, 27-29 September 1996.

SITE: Houston, Texas.

HOTEL: The Woodlands Executive Conference Center and Resort, 2301 North Mill Bend Drive, The Woodlands, TX 77380. Contact: Dana Green, (713) 367-1100. Room rate: $119 single, $134 double (Saturday lunch included). A beautiful facility, with golf course, close to big malls, 20 minutes from airport.

HOST: Dr. William P. Glaros, 17222 Red Oak Dr., #101, Houston, TX 77090. T: (713) 440-1190.

PROGRAM: Saturday morning will feature a risk assessment of mercury vapor exposure and its relationship to dental mercury amalgam. One hour presentations will be given by Richard A. Canady, Ph.D. of the United States Public Health Service Agency for Toxic Substances and Disease Registry (ATSDR) and G. Mark Richardson, Ph.D. who is formally of Health Canada, followed by a panel discussion of the two speakers joined by Dr. Murray J. Vimy and Dr. Michael F. Ziff of IAOMT. Dr. Canady was lead author of the May 1994 ATSDR "Toxicological Profile for Mercury (Update)" that established the USPHS Minimal Risk Level (MRL) standard for the general population in the United States and Dr. Richardson is author of the Health Canada risk assessment for Dental Amalgam that recommended a Tolerable Daily Intake (TDI) of mercury vapor for Canadian citizens.

Other feature speakers include Paula Bickle, Ph.D. who will discuss the IRB study on mercury detoxification, Stanislaw Burzynski, M.D., who's highly successful cancer therapy has been under severe attack by the Food and Drug Administration, and attorney James M. Love who will address a number of legal matters involved with dental amalgam mercury exposure and the practice of mercury-free dentistry, including Dental Board disciplinary actions. Scientific update and fundamental scientific information on amalgam mercury will be provided on Friday morning by Dr. Murray J. Vimy and Dr. Michael F. Ziff. There will be two groups of IAOMT workshops on Friday afternoon with a choice from three workshops in each time slot. These workshops focus on application of numerous subjects in clinical practice.

If you are a mercury-free dentist or are contemplating going mercury-free, you need to join the IAOMT. The IAOMT has helped fund or has been the catalyst for much of the current scientific research demonstrating that dental amalgam is not the benign dental material that 150 years of use and the ADA would like you to believe. Furthermore, the IAOMT is doing something about Standards of Care and Protocols that protect you, your staff and the patient.

For membership information contact Dr. Ronald M. Dressler, D.D.S., FIAOMT, 3071 Campbellton Rd. SW, Atlanta, GA 30311. (404) 349-2088 or FAX (404) 349-2090.