FDA RULES AGAINST SAFETY OF MERCURY!

The United States Food and Drug Administration (FDA) has ruled that mercury and its compounds are NOT “Generally Recognized As Safe” (GRAS), and are eliminated from products sold “Over The Counter” (OTC). [FR 63(77):19799-19802, 22 April 1998.]

FDA ruled that mercury and its compounds must be removed from OTC products by 22 October 1998. Specifically listed in the rule were mercury and 15 of its compounds, including thimerosal and mercurochrome. FDA had previously ruled that mercury and all of its compounds be placed in Drug Category II for topical antimicrobial use. [FR47:436, 5 January 1982]

FDA further stated (p. 19801): “Any drug product containing any of these ingredients and labeled for the OTC use identified in Table II of this document will be considered nonmonograph and misbranded under section 502 of the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 352]]’; and (p. 19801), “Safety and effectiveness have not been established for the ingredients included in this current final rule and manufacturers have not submitted the necessary data in response to earlier opportunities.” The uses identified in Table II (p. 19800) are: 1) First aid antiseptic drug products; 2) Vaginal contraceptive drug products; and 3) Antimicrobial diaper rash drug products.

The impact of this ruling by the FDA cannot, and should not, be under emphasized! First, the FDA has categorized mercury and its compounds as “drugs”, whereas the FDA Dental Division has classified mercury as a “dental device.” This FDA ruling determined that the manufacturers have NOT established the safety of mercury and its compounds, while the FDA Dental Division maintains its ruling that “Dental Mercury” is a safe and effective Class I Dental Device. [Ed Note: FDA Dental Division has still refused to consider mixed dental amalgam as a Dental Device. Instead, it holds to its previous ruling that “Dental Mercury” and “Amalgam Alloy” separately are safe and effective Dental Devices!]

In view of the persistent position of the Dental Division, it is apparent that the FDA has ruled that all forms of mercury are not acceptable for use anywhere on or in humans, except in the mouth! FDA provides no information or explanation as to why dental mercury is any different from any other mercury. In essence, then, the FDA position is that dental mercury is the only non-toxic form of mercury in existence, without supplying explanation or data to support the position! While determining that “manufacturers have not submitted the necessary data” to establish the safety of mercury and its compounds, the Dental Division of FDA has ac-
cepted "Dental Mercury" as a safe and effective device in Class I, which does NOT require data on safety from the manufacturers. Nor does FDA explain why "Dental Mercury" is not considered a drug, as determined by their own regulation for the other human applications of mercury.

The FDA has acted strongly to protect consumers from OTC products containing mercury, but refuses to even consider protecting consumers from dental mercury, even though scientific documentation has clearly established a continuous exposure to mercury from amalgam dental fillings, as well as the transfer of amalgam mercury into body tissues. If anything, consumer exposure to dental amalgam mercury is far more extensive than mercury exposure from OTC products.

Since the Dental Division of FDA refuses to reconsider the safety of "Dental Mercury" and submit it to the same standards that the rest of FDA has for the other uses of mercury and its compounds, the only avenue is for members of the United States Congress to question the FDA for this dichotomy. FDA should be required to explain why mercury is unacceptable for use anywhere in the body except the mouth, what miraculous event occurs that renders "Dental Mercury" to be the only non-toxic form of mercury, why "Dental Mercury" is the only use of the substance that does not qualify it as a "drug" (and therefore applicable to those standards), and why the Dental Division of FDA refuses to submit "Dental Mercury" to the same investigative standards used for mercury by the rest of FDA!

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NORWAY ON AMALGAM

Yet another country has taken steps to reduce the use of mercury dental fillings. We are grateful to Maryanne Rygg of Norway for providing the following information: The Norwegian Board of Health issued its recommendations at a press conference on 28 October 1998. The Health Board stated that while damage to health due to mercury from amalgam fillings has not been shown by clinical scientific methods, risk assessments have shown the probability that a minority of the population can develop health damage! In view of this, the Board issued recommendations against the use of dental amalgam in several circumstances:

1) Amalgam will not be the first choice of dental material for children under age 18.
2) Pregnant women (all comprehensive dental work discouraged).
3) Persons with special health problems, such as allergy or kidney disease.

Heavy emphasis was placed on the professional obligation to provide adequate information to the patients and obtain proper informed consent. The Board of Health recommended against the routine removal of functional amalgams, but that existing guidelines on dental bio-materials should be revised, including development of protocols to address symptoms that may be related to dental materials. They also recommended the development of guidelines to address occupational exposure in the dental office, focusing on education in the dental schools.

These recommendations will now be considered by the Ministry of Social Affairs and Health before being sent to the Norwegian Parliament. Norway has now been added to the growing list of governments who have issued formal advisories against the use of mercury amalgam dental fillings in some circumstances. These countries now number: Austria, Canada, France, Germany, Sweden, the United Kingdom, and possibly Denmark (unconfirmed) and Finland (unconfirmed).

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DENTAL BOARDS AND MERCURY-FREE DENTISTRY

What is the role of mercury-free dentistry in the spectrum of health care? The answer to the question can be summarized, in order of precedence, as: 1) The position of organized dentistry in determining the "standard of care" for the profession; 2) the actions of the State Dental Boards; and 3) the status of valid scientific documentation.

It is extremely sad that valid scientific documentation is subservient to the dictates of organized dentistry. Scientifically, it is firmly established that: 1) Mercury continuously escapes from in situ amalgam dental fillings; 2) the released amalgam mercury enters the body and accumulates in the tissues of patients with amalgam fillings, and is the most predominant non-occupational source of mercury in humans; 3) mercury toxicology experts take the position that a toxic threshold for human exposure to mercury vapor has never been detected; and 4) formal risk assessments by the governments of the United States and Canada both concluded that
human exposure to amalgam mercury is not without risk of harm.

In the ideal world of health care, it would be nice if dentists could treat their patients in a manner consistent with their morals and convictions, or even with valid scientific documentation. Unfortunately, this is not the case for the use of mercury amalgam in dentistry. The position of organized dentistry, and hence that of the state dental boards, is that practicing dentists are not qualified to address the issue. Yet, organized dentistry, composed of dentists, holds itself out as the authority on the subject. This position is clearly that of a double standard. What could justify a position that bureaucrat dentists are an authority on a matter of toxicology, whereas clinical dentists are subject to license discipline for addressing the same subject? In reality, many mercury-free dentists are better informed on the toxicology of mercury than are most physicians, and even many toxicologists.

The position of the dental establishment on mercury amalgam is loaded with inconsistencies and bias. For example, statements are made that one reason that the removal of amalgam fillings for the purpose of eliminating a continuous exposure to mercury is unacceptable is that the removal procedure exposes the patient to large amounts of mercury, thereby actually harming the patient. Well, every general dentist removes amalgam fillings on a daily basis, if only to replace it with another amalgam. Are these dentists then, admittedly, routinely harming these patients? Actually, most mercury-free dentists take extraordinary measures to protect the patient and staff from excessive mercury during amalgam removal. The rest of the dental profession has no standards of care that are comparable.

Another position of organized dentistry against routine amalgam removal is that alternative fillings, i.e., composites, are “technique sensitive.” Upon serious consideration, this amazing position in effect claims that most dentists are poorly trained, and capable of performing only the simplest of tasks. This is actually a self-admitted indictment of dental education and the dental profession itself!

A third vital inconsistency is that research that has been conducted by qualified medical scientists and published in peer reviewed medical journals is labeled as “flawed” and “junk science”, whereas research on mercury toxicology conducted by dentists and published in dental journals is held up as gospel. This from a profession that punishes clinical dentists that address dental mercury as practicing beyond their scope of expertise!

At some point in the future, the situation will change because of the rapidly expanding body of research and clinical knowledge. The movement towards and public acceptance of biologic dental therapy is inexorable! Eventually, all in the health professions will be obliged to acknowledge that oral health and dental therapy cannot be divorced from the rest of the body. The patients readily understand this and demand its consideration. For the time being, however, mercury-free or biologic dentists are at the mercy of organized dentistry and the state dental boards.

The record of the actions of the dental boards to date is unfortunate, although some progress has been made in recent years. Some state dental boards have declared neutrality on the issue, but others are still actively disciplining biologic dentists because of their mercury-free orientation. It is incumbent on biologic dentists to keep this in mind; the loss of license will prevent helping any patients at all!

There are several key do’s and don’t’s to remember:

- The removal of clinically serviceable amalgam fillings is acceptable as long as it is not recommended by the dentist, and adequate pro and con information is provided to the patient.
- Dentists may NOT diagnose health problems as caused by amalgam mercury or claim that amalgam removal will cure or improve health problems.
- Dentists may provide their patients with valid scientific documentation on the amalgam controversy, but must provide information on both positions.
- Dentists may advertise themselves as “mercury-free” (providing that they truly do not use mercury in any situation), but cannot advertise themselves as superior to other dentists in the area. [Note: A recent court decision in Florida overturned the dental board discipline of a dentist for advertising his fellowship in an implant organization. This may open the possibility for doing the
same in a biologic dental organization. But do not count on it; every state board sets its own policies, and their previous records against biologic dental practice does not guarantee compliance with the Florida court ruling. More on this in the January 1999 BPNL.]

- Dental boards have clearly taken the position against wholesale removal of nonvital or endodontically treated teeth, right or wrong. The convictions of the individually practicing dentist on this matter are irrelevant; the dental boards are against this. Like it or not, this is the situation. Recommendation of extraction of asymptomatic endodontic teeth had better be accompanied by documentation acceptable to the dental board in your state.

- The same goes for addressing “cavitations” diagnostically, again right or wrong. There are different approaches to this subject. Biologic dentists that do address it should have sound documentation to support their actions.

- Dental board actions, including some quite recently, have clearly established their opposition to the use of some modalities for diagnostic purposes. These include: the Amalgameter, EAV, and Applied Kinesiology. Biologic dentists utilizing these procedures had better be prepared to defend their use with documentation acceptable to state dental boards. On the other hand, a recent court decision accepted the use of the Clifford Materials Reactivity Test as a screening procedure.

The biologic dentistry movement has been very fortunate to have attracted a number of highly respected medical scientists to the cause. This has resulted from the reliance upon valid scientific documentation to support positions and practices. Some of these scientists are now concerned about the situation where some biologic dentists utilize modalities and practice procedures clearly indefensible and subject to discipline by dental boards. These actions of discipline discourage the scientists from defending any biologic dentist, and provide organized dentistry with grounds to attack all biologic dentistry. It is vital that biologic dentists understand that any indefensible conduct on their part effects all of biologic dentistry and, jeopardizes their fellow biologic dentists as well.

In summary, biologic dentistry can be practiced in an effective and defensible manner. Moreover, it is clearly the dentistry of the future. The practicing dentist need only use some common sense and follow some simple guidelines. Many biologic dentists, in North America and around the world, are successfully practicing and serving their patients well without interference from the dental boards. There is absolutely no reason why all biologic dentists cannot do so, thereby serving their patients according to their conscience without jeopardizing their careers and other biologic dentists as well.

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SCIENCE

Heavy Metals and Fertility.

Gerhard, I.; Monga, B.; Waldbrenner, A.; Runnebaum, B.


ABSTRACT: Heavy metals have been identified as factors affecting human fertility. This study was designed to investigate whether the urinary heavy metal excretion is associated with different factors of infertility. The urinary heavy metal excretion was determined in 501 infertile women after oral administration of the chelating agent 2,3-dimercaptopropane-1-sulfonic acid (DMPS). Furthermore, the influence of trace element and vitamin administration on metal excretion was investigated.

Significant correlations were found between different heavy metals and clinical parameters (age, body mass index, nationality) as well as gynecological conditions (uterine fibroids, miscarriages, hormonal disorders). Diagnosis and reduction of an increased heavy metal body load improved the spontaneous conception chances of infertile women. The DMPS test was a useful and complementary diagnostic method. Adequate treatment provides successful alternatives to conventional hormonal therapy.

BIO-PROBE COMMENT: The authors cited numerous published studies in establishing that heavy metals can play a role in increasing the problem of infertility by affecting the hypothalamic-pituitary-ovarian axis to modify the secretion of hormones. These included documented affects on neurotransmitters, release of hormones from the hypothalamus, the pituitary gland, and the adrenals. They also cited the studies demonstrating the body burden, and organ, contributions of mercury by amalgam dental fillings, as well as the conclusions
of levels as determined by qualified medical scientists.

This study found that challenged urine levels of mercury and saliva levels of mercury and tin rose significantly with increasing numbers of amalgam fillings. The saliva mercury levels were as high as 1500 mcg/L, compared to the WHO maximum allowable level of mercury in drinking water of 1 mcg/L. The study also found a significant correlation between elevated challenged urine mercury levels and various pathologic effects, such as luteal insufficiency. In contrast, no correlations were found for basal (un-challenged) urine mercury levels.

The following study adds further evidence that mercury exposure and body burden should be factors considered in addressing the increasing problem of human infertility.

Hong Kong Male Subfertility Links to Mercury in Human Hair and Fish.

Dickman, MD; Leung, CK; Leong, MK.


ABSTRACT: The focus of the present study was on the relationship between Hong Kong male subfertility and fish consumption. Mercury concentrations found in the hair of 159 Hong Kong males aged 25-72 (mean age= 37 years) was positively correlated with age and was significantly higher in Hong Kong subjects than in European and Finnish subjects (1.2 and 2.1 ppm, respectively). Mercury in the hair of 117 subfertile Hong Kong males (4.5 ppm, P) was significantly higher than mercury levels found in hair collected from 42 fertile Hong Kong males (3.9 ppm).

Subfertile males had approx. 40% more mercury in their hair than fertile males of similar age. Although there were only 35 female subjects, they had significantly lower levels of hair mercury than males in similar age groups. Overall, males had mercury levels that were 60% higher than females. Hair samples collected from 16 vegetarians living in Hong Kong (vegans that had consumed no fish, shellfish or meat for at least the last 5 years) had very low levels of mercury. Their mean hair mercury concentration was only 0.38 ppm.

ABSTRACT COMMENT: For clarification, it should be noted that human exposure to methyl mercury will correlate to levels of mercury found in hair. The same is not true for human exposure to elemental mercury vapor.

Oxidative Damage to Nucleic Acids in Motor Neurons Containing Mercury.

Pamphlett, R; Slater, M; Thomas, S.


ABSTRACT: Heavy metals have been implicated in the pathogenesis of sporadic motor neuron disease (MND). We were interested to see if inorganic mercury leads to oxidative damage in motor neurons since free radicals have been suspected to be involved in MND, so a method to examine oxidatively damaged DNA in situ was used to examine individual motor neurons. Mice were exposed to 500 microg/m3 of mercury vapor for 2h. Two, five, or ten days later sections from formalin fixed, paraffin embedded blocks of cervical spinal cord were incubated in avidin-FITC. Sections were examined under a fluorescence microscope and photographs of pairs of mercury exposed and control spinal motor neurons were analyzed semi-quantitatively for the amount of fluorescence using an image analysis program.

Avidin fluorescence was seen in the perikaryon of both control and mercury exposed motor neurons. In each control-mercury pair (four pairs per group) significantly more perikaryal fluorescence was seen in the mercury-containing than in control motor neurons (Mann Whitney testing). Mercury with the motor neuron perikaryon therefore leads to increased avidin binding, an indicator of oxidative damage to DNA. The findings support the hypothesis that an environmental toxin such as mercury can enter and damage motor neurons.

Role of Fluoride on Corrodability of Dental Amalgams.

Naguib, EA; el-Rahman, HA; Salih, SA.


ABSTRACT: Th role of fluoride ions on the corrosion behavior of some commercial dental amalgam in artificial saliva solution at pH level 7.1 was studied by using impedance and potentiodynamic polarization techniques. It was found that, the presence of F- ions in an artificial saliva solution at pH 7.1 increases the corrodbility of different types of dental amalgam. Severe pitting corrosion occurred at level of 100mM F- ions. The formula-
tion of amalgam alloys greatly affect the resistance to pitting corrosion; the resistance of the amalgam to pitting follows the order: Dispersalloy > Phasealloy Orally Tytin Valiant - Ph.D. It is recommended to avoid oral treatment involving high F-ions concentration in the presence of amalgam restorations.

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Uptake of Inorganic Mercury in the Olfactory Bulbs via Olfactory Pathways in Rats.

Henriksson, J; Tjalve, H.


**ABSTRACT:** Uptake and transport in the olfactory neurons may be an important means by which some heavy metals gain access to the brain. In the present study we explored whether inorganic mercury (203Hg$^{2+}$) may be taken up in the CNS via the olfactory pathway.

 Autoradiography and gamma spectrometry showed that intranasal instillation of 203Hg$^{2+}$ in the right nostrils of rats resulted in much higher levels of the metal in the right olfactory bulbs than in the left ones. At the side of the application of the 203Hg$^{2+}$ there was also a labeling of the olfactory nerve bundles projecting to the olfactory bulbs as well as in the olfactory nerve fibers constituting the olfactory nerve layer of the bulbs, which was not seen on the opposite side. The results also showed that the 203Hg$^{2+}$ accumulated in the glomerular layer of the bulbs. These data indicate that our results can be ascribed to a movement of the mercury along the olfactory axons to their terminal parts in the glomeruli and not to circulatory uptake from the mucosal vasculature. At late survival intervals a low labeling was also discernable in the external plexiform layer, indicating that a low level of 203Hg$^{2+}$ leaves the terminal arborizations of the axons in the glomeruli.

 An uptake of 203Hg$^{2+}$ in the glomerular layer of the olfactory bulbs was also seen in rats give the metal intraperitoneally. This uptake was similar in the right and left bulbs and always much lower than in the right bulbs of the rats given 203Hg$^{2+}$ in the right nostrils. The intraperitoneal injections in addition resulted in an uptake of the 203Hg$^{2+}$ in the olfactory epithelium.

 We propose that in these rats the mercury is taken up from the blood into the olfactory neurons and then moves along the axons to their terminations in the olfactory bulbs. In humans a continuous exposure of the nasal cavity to mercury vapor (Hg$^0$), released from amalgam fillings and oxidized to Hg$^{2+}$ in the olfactory mucosa, as well as a potential uptake of Hg$^{2+}$ in the olfactory neurons from the blood, may lead to considerable concentrations of the metal in the olfactory bulbs.

**BIO-PROBE COMMENT:** Dr. Alfred Stock established the passage of mercury directly into nerve tissue via the axon transport system over 60 years ago. This was confirmed by research in Sweden by Arvidson in the early 1990s. This study further confirms that mercury vapor, inhaled nasally, bypasses the blood brain barrier, passing directly into nerve tissue backwards towards the brain. This phenomenon cannot be ignored; the present study even specifies the impact of mercury vapor from amalgam dental fillings.

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Effects of Occupational Exposure to Mercury Vapors on T-Cell and NK-Cell Populations.

Moszczynski, P; Rutowski, J; Slowinski, S; Bem, S; Jakus-Stoga, D.


**ABSTRACT:** The counts of lymphocytes, (CD3+) T-cells, (CD4+) T-helper and (CD8+) T-suppressor and (CD16+) NK-cells were determined in the peripheral blood of 81 males with a history of occupational exposure to metallic mercury vapors and in 36 males without this exposure. For the determination of T-cell populations monoclonal antibodies were used in indirect immunofluorescence tests. The weighted mean of mercury concentrations in air was 0.028 mg/m$^3$. Mercury concentration in the urine of the exposed subjects ranged from 10-240 micrograms/L-1, and in blood it was from 4-30 micrograms/L-1.

Stimulation of the T-cell line was noted as evidenced by increased number of T-cells by 35% in the workers to mercury vapors below or by 38% in the workers over 10 years, by increased number of T-helper cells by 42% (p) in the workers with exposure below or by 60% (p) in the workers over 10 years, and by increased number of T-suppressor cells by 85% (p) in the workers below or by 96% (p) in the workers over 10 years exposure. Lower increase of T-helper cells population than T-suppressor cells population was the cause of decreased value of the T-helper/T-suppressor ratio by about 21% (p) in the workers with exposure below and over 10 years. No changes were ob-
served in the T-cell populations between workers with up to 10 and those with over 10 years exposure.

The quantitative changes of T-helper cells and T-helper/T-suppressor ratio may represent an immunological indicator of exposure to mercury vapors. Presented changes in human T-lymphocytes population associated with occupational exposure to mercury vapors have been proposed to explain the origin of more frequent autoimmunity induced by mercury.

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Microleakage of Human Saliva Through Dentinal Tubules Exposed At The Cervical Level In Teeth Treated Endodontically.

Berutti, E.


**ABSTRACT:** This study investigated the possibility of saliva recontamination occurring between the root canal wall and sealer through dentinal tubules exposed after the cementum was removed at the cervical level by root planing and treatment with citric acid.

Thirty four extracted human maxillary anterior teeth were randomly placed into five groups after chemomechanical preparation and obturation with gutta percha and sealer; the sealer was allowed to set for 48h. A ring 3mm high, at the cervical level, was subjected to root planing, with complete removal of the cementum. All specimens were coated with two layers of nail polish and two layers of sticky wax, except for the ring subjected to root planing that was treated with citric acid for 30 s. The specimens were exposed to human whole saliva for 20 to 80 days and then immersed in dye to determine microleakage. Specimens were cleared and measurements made to the maximum point of dye penetration.

All of the specimens exposed to saliva showed leakage except for the negative control, wherein no dye penetration was seen. Where leakage was found, the dye penetrated between the canal walls and the sealer to increasing depths, proportional to the time of exposure to the saliva. Statistical analysis confirmed these data, evidencing a difference between the means, which was highly significant for all pairs.

**BIO-PROBE COMMENT:** This study adds documented evidence to fuel the debate over the use of gutta percha for endodontic therapy. For years, studies have indicated a chronic presence of infection around gutta percha treated devital teeth, even in the absence of radiographic signs or clinical symptoms. The claim that gutta percha itself is toxic may be incorrect. It is possible that endodontic problems may result from failure to sterilize and seal dentinal tubules, rather than from any toxic effect of the gutta percha itself. This study seems to substantiate that position.

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Drasch G, Aigner S, Roider G, Staiger F, Lipowsky G.


**ABSTRACT:** The mercury concentration in 70 breast milk samples (Hg-M) from 46 mothers, collected within the first 7 days after delivery, was determined by cold vapour atomic absorption spectrometry. For comparison, 9 formula milk samples (reconstituted with Hg-free water) were investigated. The Hg-M in the human milk samples ranged from <0.2 to 6.86 mcg/L (median 0.37), in the formula milk samples from 0.4 to 2.5 mcg/L (median 0.76). The Hg-M in the breast milk samples correlates positively with the number of maternal teeth with dental amalgam. The mean Hg-M of amalgam-free mothers was <0.2 mcg/L, while milk from mothers with 1-4 amalgam fillings contained 0.57 mcg/L, with 5-7 fillings 0.50 mcg/L and with more than 7 fillings 2.11 mcg/L. Hg-M correlated negatively to the day after delivery. Frequency of fish consumption tends to influence Hg-M positively, while the age of the mother shows no significant correlation. In the first 2 to 3 days after delivery some colostrum samples with Hg-M higher than in formula milk were found. Later on, the Hg-concentration in the breast milk was equal or even lower to that in formula milk. The higher Hg burden of infants' tissues from mothers with dental amalgam, as reported previously, must be explained (1) by a prenatal transfer of Hg from the mother's fillings through the placenta to the fetus, followed by a redistribution of this Hg in the body of the newborn, and (2) an additional burden via breast milk. Nevertheless, the comparison of Hg-M in breast and formula milk, the relatively moderate Hg burdens in both kinds of milk, and the multiple manifest advantages of breast feeding speak against any limitation of nursing, even for mothers with a large number of dental amalgam fillings.
FORUM
INTERNATIONAL ACADEMY OF ORAL MEDICINE AND TOXICOLOGY

The IAOMT has initiated the first formal Accreditation Program for biocompatible dentistry. This program is designed to be the "gateway to the future of dentistry," hopefully leading to eventual board certification. It will also satisfy the increasing demands of the public for "qualified" or "specially trained" biological dentists. The program is comprehensive, including six required Core Curriculum Courses with a written examination, elective courses at IAOMT meetings, interview of two case presentations, and submission of a Standard of Care on a material, procedure or product. IAOMT members interested in enrolling in this program may do so through the office in Orlando [see below].

The rapid growth of the IAOMT has provided the resources for addressing four additional areas of dental therapy. Committees have now been formed to develop procedures and policies for a biocompatible approach to periodontal therapy, endodontic therapy, anti-toxic therapy, and cavitations.

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IAOMT MID-YEAR MEETING
DATE: Friday-Saturday, 19-20 March 1999.
SITE: Las Vegas, Nevada.
HOTEL: Riviera Hotel, 2901 Las Vegas Boulevard, South; Las Vegas, NV. 89109. T: (702) 734-5110; F: (702) 794-9410. IAOMT rate: $95.00/night, single/double (plus 9% tax); $20.00 each additional.
MEETING REGISTRATION: IAOMT, P.O. Box 608531, Orlando, FL. 32860-8531. T: (407) 298-2450; F: (407) 298-3075. Members= $395.00; non-members= $495.00. Lunches on Friday and Saturday included for registrant and one additional (spouse/staff); $100.00 for each additional.

PROGRAM:
Friday: Clinical Applications.
☐ 8:30am-12:00pm: “Periodontal Standard Procedures.” IAOMT Periodontal Therapy Committee; Dr. Thomas Baldwin, Chairman.
☐ 1:30-4:00pm: Workshops:
  “Biocompatible Inlays.” Robert Kulp, DDS.
  “Affinity Labeling Procedures.”
  J. C. Pendergrass, Ph.D.

“Microscopic Evaluation of Oral Organisms Associated with Disease.” David Kennedy, DDS.
“Slide Preparation and Irrigation Protocols” Holly Kelly, RDH.
☐ 4:00-5:00pm: “Clinical Practice Orientation.” Chairman Richard Chanin, DMD and IAOMT committee.
1:30-5:00pm: IAOMT Accreditation Program case history interviews: David Regiani, DDS and IAOMT committee.
5:00-6:30pm: IAOMT Business Meeting.
Saturday: Speakers.
  • Murray J. Vimy, DMD: “Never Have So Few Done So Much Harm to So Many.”
  • Boyd E. Haley, Ph.D.: “Research Findings on Mercury Fillings, Devital Teeth, and Cavitations.”
  • J. C. Pendergrass, Ph.D.: “Gingival Crevicular Fluid: Compenosis and Analysis.”
  • David Quig, Ph.D.: “Enhancement of Mercury Elimination Via the Biliary/Fecal Route.”
  • David C. Kenney, DDS: “Health Effects of Ingested Fluoride.”
  • James M. Love, JD: “Medico-Legal Considerations for Biological Dentistry.”

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IAOMT 1999 ANNUAL MEETING
DATE: Friday-Saturday, 8-9 October 1999.
SITE: Atlanta, Georgia.
HOTEL: Sheraton Perimeter Center Hotel and Suites Atlanta, 111 Perimeter Center West, Atlanta, GA 30346. T: (770) 396-6800; F: (770) 394-4805.
MEETING HOST: Dr. Ronald Dressler.
PROGRAM: To be announced.

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. Michael F. Ziff, DDS, P.O. Box 608531, Orlando, FL 32860-8531. Phone 407-298-2450, Fax 407-298-3075.