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To the Editor:

Your staff writer, Mr. Sapatkin did a disservice to the Philadelphia community and to your paper by obfuscating the issue about the safety of dental mercury. As a practicing dentist for over thirty years, I have been one of the pioneers in the fight to educate the public about the fact that mercury, the most toxic substance on the planet surface, does not belong in anyone's mouth, a mere four inches from the base of the brain.

To cite as his "expert" one Kareem Johnson, a dental patient who somehow obviously fully understands the issues (based on the number of fillings he's had in his lifetime) left me incredulous. For your writer to state that "the safety of dental fillings...until recently has been a fringe issue," shows a thorough lack of research on his part. The truth is that when these fillings were introduced in America (from Germany) back in the 1850's the safety was questioned by dental practitioners because of the knowledge of the neurotoxic effects of mercury then, 160 years ago. Mercury (quicksilver) is quacksilber. Those first human experimenters with mercury fillings were called "quacks" by health care professionals.

The fact that these fillings are called silver fillings is in itself an obfuscation. Imagine a beverage that contained 50% plutonium being called anything but plutonium. The Philadelphia County Dental Society, with direct ties to the ADA, states that the filling is perfectly safe. This may be true for some, but certainly not for all. If your writer had looked to the research of Dr. Boyd Haley, Chairman of the Department of Chemistry at the University of Kentucky, he would have understood that Mercury Fillings can indeed be toxic.

I'm not sure where Mr. Sapatkin got his information that mercury fillings are "harmless as a mixture encapsulated inside the tooth." Had he read about the research done by Dr. Maury Vimy over fifteen years ago, he would have understood that mercury in dental fillings distributes to all organ systems in the body. Its neurotoxic effects are manifested upon the brain. It crosses the placenta at twice the rate it goes anywhere else in the body.

He cites Marla Gold's statement that the "FDA update raises an eyebrow." As a keynote speaker on behalf of those who oppose the use of mercury in dental fillings at the FDA hearing which led to the changed agency opinion of the safety of these products, I can tell you that a lot of eyebrows were raised. When testimony ended, the FDA panel began questioning their author of their own white paper which bashed us nay-sayers. He could find nothing in the literature to support anything other than safety of mercury fillings.

They asked him why the “voluminous research” he presented was so one-sided. Imagine, if you would, Ralph Cramden. His response at first: “Hammina hammina hammina.” When pressed for an answer, he metamorphasized into Adolph Eichmann: “I was only following orders.” A large collective gasp filled the auditorium. The panel then surprisingly voted 2:1 **against the adoption of their own white paper**. Subsequently their website advised against the placement of mercury fillings in the mouths of children and pregnant women.

This mandate, in my opinion does not go far enough. Why allow mercury after the age of 6, in teeth that will be present throughout one’s lifetime? Shouldn’t the ban be extended to all women of child-bearing age, for how many women might find out they were pregnant after a filling was placed?

Other issues that should have been discussed, but weren’t on this issue include:

1. Should I have my mercury fillings removed?
2. What risks are involved in filling removal?
3. What about the mercury pollution caused by dental offices?
4. How is it that a profession that is built with graduates of colleges with degrees in the basic sciences don’t question why it is that the ADA continues to promote the safety of mercury fillings, but tells dentists to use extreme caution in disposing unused fillings?
5. Why is it that this substance has been banned in foreign countries?
6. What about the rate of spontaneous abortion and birth defects in dental auxiliaries?
7. How is it that the material is safe to place in an American’s mouth, but if there is any material left over after the process, it must be stored in a sealed glass jar under anti-freeze? Shouldn’t it be safe just to add some patient spit to the bottle?

It is fortunate for the children of Philadelphia that City Council saw this as a racial and socioeconomic issue. That was merely the tip of the iceberg. The day is coming when mercury fillings will not be used. Mr. Sapatkin reported correctly, that the economics of this situation have frequently dictated the use of the least expensive product. In my opinion the fact sheets that are presented in Philadelphia have diluted the issue. The internet has a vast wealth of information that the savvy parent, the concerned consumer need to become more familiar with. I would recommend visiting my website, or that of the International Academy of Oral Medical Toxicology (IAOMT). Until there is a public uproar over the fact that dental insurance has held back better, safer (but more expensive) materials, dental health professionals’ hands will be tied. This is not a black and white issue insofar as the color of the filling is concerned. It’s about health.

I would advise anyone who would dispute this to ask one last question: Why was the Mad Hatter in Alice in Wonderland named this? Lewis Carroll wrote this in 1864. Mad Hatter’s Disease was something that affected the mental status of those who worked the felt in hat brims. How did they shape the felt? With mercury. Now you may understand the reasoning behind the derivation of the term “quack.”

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