tions, and ordinances should be included, as well as suggestions for organization and motivation of the program. Find the best method to use in the community and the key person to organize and develop a community program.

The state dental association, through its council on dental health, can urge local or component societies to encourage the organization of new or cooperate with existing local advisory groups or health councils or other agencies. The local dentist can talk with his patients, newspaper editors, and interested groups to stimulate the public to demand fluoridation of the water supply.

Committee observation of a fluoridation process in operation will be of much assistance in crystallizing plans for the project.

A pre-fluoridation baseline dental caries survey is recommended, preferably to be done by local dentists. Maps showing fluoride areas, fluoridated water supplies, contemplated installations, and those already approved by state health departments can provide additional information.

As a result of public interest of fluoridation, dental directors and staff personnel would be negligent if they did not take advantage of this opportunity to further a continuing dental health as well as a general health program. Fluoridation is not the final answer to any health program.

Summarization of the third group, resistance. Questions 5, 6, and 15. Use terms that will avoid controversy. For example, speak of controlled rather than artificial fluoridation; eggshell white rather than chalky appearance in describing tooth color. Resistance can be met by the dental profession by keeping medical, nursing, engineering, dairy, pharmacy, and educational groups properly informed. These in turn can spread the gospel to public officials, water plant managers, lay groups, and other persons in the community.

When the installation is approved by the state health department, there is little or no danger of breakdowns that could cause toxicity, as each plant must be surveyed on an individual basis. That was the answer to this question of toxicity and the one that has frequently come up concerning what happens if a barrel of sodium fluoride falls through the floor into the reservoir. We just feel that if the state health department surveyed the plant, the barrel wouldn't fall through.

The amount of fluoride compound on hand at any given time would not seriously affect the population if proper controls and reasonable maintenance are used, even if there should be a major disaster. The engineer should be able to answer all technical questions. The dental director should enlist the cooperation of the state engineer. Policies should be adopted by the enginering and dental divisions and approved by the state health department.

A consultant or liaison water engineer to the dental division would be of value if the engineering division is not fully cooperative.

Group IV, miscellaneous. Industrial plant problems will have to be solved on an individual basis.

My recorder did the entire job on this. I'm merely the mouthpiece. He, I am sure, will be able to answer any questions that you folks want to ask.

DR. NISONGER: Now, may be have a report on Group IV? Dr. DeCamp will make the report.

DR. DeCAMP: The leader of Group IV was Jim Owen. He did all the work. We did come to some rather positive decisions. We had a fine group—about 18 to 22 people—and they all talked.

We did not consider the questions as they came on your sheet. We grouped them, as others have done. Our first statement was that we rec-

ommend the adoption of a positive fluoridation policy by the state department of health.

The initiation and promotion of the program in a community is the responsibility of the state and local dental societies and the bureau or division of dental health.

The establishment of technical standards and procedures shall be the responsibility of the state department of health.

The engineering phase of the fluoridation of community water supply should be considered by competent engineers qualified to determine type of feeder and the chemicals to be used and familiar with equipment, installation, and operating problems. The bureau of sanitary engineering of the various state boards of health must review and approve the plans.

Local community dentists desiring to know more of the details of fluoridation should be referred to the article in the January 1951 issue of the Journal of the American Dental Association on fluoridation.

The next comment considers types of feeders and their relative merits. The dry feeder and the wet feeder are not in competition. Dry feeders are usually used when more than two million gallons per day from a single source are delivered. Cheaper chemicals cannot be used in solution feeders. The final decision should be left to the local consulting engineer.

The next topic is cost of fluoridation and financing. There are various ways of financing fluoridation. It is the responsibility of the local communities to determine what method of financing is used.

The next is personnel problems. Experience has shown that persons capable of operating a water plant are potentially capable of adding fluorides to the water supply of a community.

Orientation and training of water plant operators in testing and safety procedures should be conducted on a continuing basis by the state department of health.

At what concentration of fluoride between 0.0 and 1.5 should fluoridation of water be recommended? It is recommended that climate, humidity and geographic conditions be considered by the various state health departments in determining the amount of fluorides to be added to the community water supplies.

Next is the question: Clarify and adopt standards of fluorine analysis using our present knowledge. Colorimetric standards are acceptable at the local level with periodic verifying tests at the state level.

Is there a shortage of the necessary fluoride compounds used in the process, and, if so, why? Chemicals are available to meet present demands, although deliveries are somewhat slow.

Engineering aspects of fluoridation, such as safety of the public, safety of the operator, and qualifications and training of the operator, should be covered by state regulations. The recommendations of the American Water Works Association are acceptable to most state departments of health.

The next question deals with equipment. The equipment involved in water fluoridation is the same standard type that has been used in water plants for many years and which has proved to be reliable through long years of experience. The equipment to be used is an engineering decision subject to approval of state health authorities for any specific installations.

How can opposition of waterworks officials and personnel be overcome? We must be well informed ourselves. We must find out why there is opposition. Adequate information on resources and sources of material should be available to answer all opposition. Laying a good groundwork of adequate