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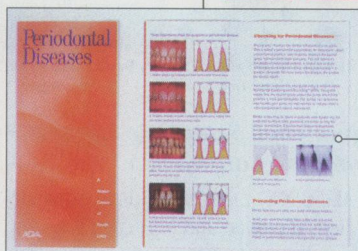
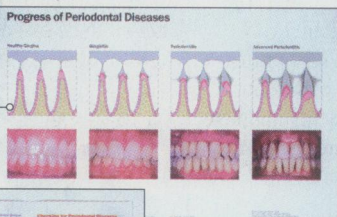
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Tom Howley, D.D.S.
Lansdale, Pa.

NO DUES INCREASE FOR NATIONAL ADVERTISING

I read with interest your article that stated 70 percent of respondents were not in favor of a dues increase to pay for national advertising (Question of the Month report, March JADA). I do not feel we (members of the ADA) can make such judgments. We simply do not have enough information.

While you did supply a pie chart that allocates expenses, it would be more informative if we had a total breakdown of income and expenses, such as the breakdown of the 31 percent operations account. Possibly we could reduce some of these operational costs and pay for national advertising. I believe we are entitled to have access to all the expenses and income of the ADA. I also believe we should have national advertising. Marketing is the key to educating the public.

Delores L. Hammer, D.D.S.
Hickory, N.C.

NITROUS OXIDE

In the March JADA article "Nitrous Oxide in the Dental Environment: Assessing the Risk, Reducing the Exposure," by Dr. William R. Howard, NIOSH and ACGIH recommendations of a 25- and 50-parts per-million maximum exposure to waste nitrous oxide were mentioned several times. While the paper never expressly stated that these levels were appropriate limits, it tacitly implied they were.

Both of these organizations derived their levels based on studies by Bruce and colleagues¹ and Bruce and Bach.² Bruce has had two retractions published for these findings in *Anesthesia Analgesia* (1983;62:617) and *Anesthesiology* (1991;74:1160-1), where he stated, "There is no longer any need to refer to our conclusions as 'controversial.' They were wrong, derived from data subject to inadvertent sampling bias and not applicable to the general population. The NIOSH standards should be revised."

There has never been an animal or human study that showed any problems below 1,000 ppm. Several authors, including Nunn and Sweeney, have suggested that 450 ppm would be appropriate, safe, conservative, maximum levels for nitrous

oxide exposure.

Yagiela's paper, "Health Hazards and Nitrous Oxide: a Time for Reappraisal," probably the most complete review of this issue that has ever been written, was cited by Dr. Howard. Unfortunately, the author paid no attention to Yagiela's conclusion, "Assuming that the toxicity of N₂O is dose-dependent and that sensitivity to N₂O is normally distributed, the preponderance of findings outlined in this review suggest that the minimum threshold for biologic effects in humans lies above both the continuous time weighted average (TWA) of 100 ppm N₂O for an 8-hour day and the TWA of 400 ppm per anesthetic administration in the dental settings. These values are, respectively, the 100-ppm continuous exposure limit adopted in Sweden and the 400-ppm limit

per anesthetic administration suggested by Sweeney and others."

The problem with this paper is that it could serve as precedence for setting maximum exposure limits. Washington and California have set maximum exposure limits at 50 ppm because of the flawed study. If we do not pay attention to science, state regulation committees may not either.

**Fred Quarnstrom, D.D.S.
Seattle**

1. Bruce DL, Bach MJ, Arbit J. Trace anesthetic effects on perceptual, cognitive, and motor skills. *Anesthesiology* 1974;40:453-8.

2. Bruce DL, Bach MJ. Effects on trace anaesthetic gases on behavioral performance of volunteers. *Br J Anesthes* 1976;48:871-6.

LICENSURE

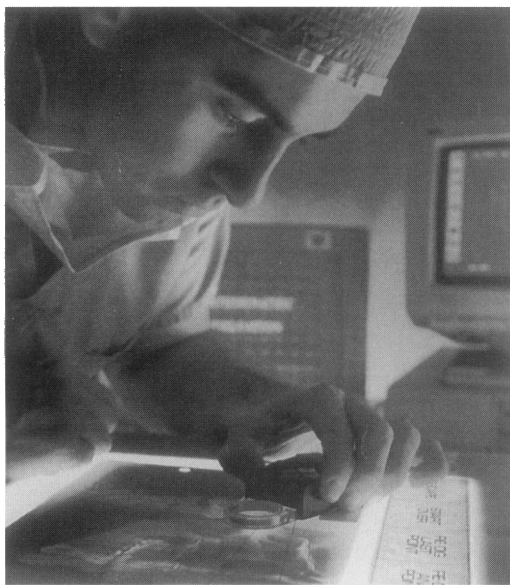
This letter regards licensure. My father was an excellent practitioner of general dentistry for over 40 years. He enjoyed his

practice but had one complaint—the lack of reciprocity and consequent lack of movement.

I didn't pay a lot of attention to this situation until I had been practicing for 5 years. At that time I was requested to address a high-school class on selecting the profession of dentistry as a career opportunity. I happily extolled its many positives but, to my surprise, found myself repeating my father's words as I warned the class that the lack of the freedom of movement because of the lack of reciprocity was a definite negative that shouldn't be ignored.

Now, after 35 additional years, much of it spent as a military dentist (both as a general practitioner and board-certified periodontist), there has been minimal improvement in the situation despite continued rhetoric and complaints throughout the

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