

Histological and Chemical Studies in Man on Effects of Fluoride

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PREVIOUS PATHOLOGICAL and chemical studies (1-8) have dealt with changes in human tissues associated with exposure to various fluoride levels for various periods. The primary aim of this study, conducted from September 1955 through August 1960, was to provide additional information on possible changes in human tissues associated with such exposure and to obtain chemical data on the accumulated concentration of fluoride and other chemical constituents in the bodies of deceased persons who had lived in industrial areas of Utah for various periods as well as in those who had lived in non-industrial areas of the State for various periods of time. The majority of the subjects were from Utah County, where industrial and nonindustrial establishments using high temperatures in treating materials containing fluorine were

known to have liberated fluoride into the air in elevated concentrations.

Chronic fluoride intoxication has occurred in some cattle and sheep maintained near major sources of fluoride emission in Utah County after they grazed on, or were fed, forage containing elevated levels of fluoride for prolonged periods. Certain vegetation has also been adversely affected by the elevated fluoride concentrations. Significant differences, however, exist in the relative exposure to fluoride of man and animals living in the same area. Their basic nourishment varies widely. Much of man's diet originates outside his immediate vicinity, while most of the animal feeds originate within the area. In addition, much of the industrially expelled, airborne fluoride settles on vegetation as a surface deposit, which man usually washes from the fruits and vegetables he eats. The study reported here was initiated in part to try to determine whether this apparent difference in exposure would lessen the effect of fluoride on man.

Values for fluoride in air samples collected by impinger at Utah State Hospital at Provo ranged from 0.10 to 0.80 microgram per cubic meter of dry air, with average yearly values of 0.24 microgram per cubic meter of dry air at 760 mm. Hg. pressure and 21.1° C. during the period September 1, 1957, to June 30, 1960. Similar air fluoride values were obtained at the Salt Lake City airport. At Utah State University, Logan, however, a lower average value of 0.06 (0.01 to 0.20) microgram per cubic meter of dry air was obtained under comparable conditions and during the same period.

Dr. Call is a pathologist and director of laboratories, Dr. LeCheminant is a pathologist, and Mr. Davis was a research assistant in the department of pathology of Utah Valley Hospital and of Utah State Hospital, Provo. Dr. Greenwood is professor of biochemistry and pharmacology and Mr. Nielsen and Dr. Olson are assistant professors, departments of chemistry and of veterinary science, Utah State University, Logan. At the time of the study Mr. Lamborn and Dr. Mangelson were research assistants in these departments, and Dr. Shupe (now research veterinarian, U.S. Department of Agriculture, Logan) was professor of veterinary science.

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Table 1. Fluoride and ash content in dry, fat-free bones of deceased study subjects 15 years of age or older at death who had resided in Utah, Salt Lake, or Weber Counties, Utah, at least 10 years

Subject number and sex	Age (years)	Residence (years) ¹	Calvarium		Sternum		Rib		Iliac crest		Vertebrae	
			Ppm F	Per-cent ash	Ppm F	Per-cent ash	Ppm F	Per-cent ash	Ppm F	Per-cent ash	Ppm F	Per-cent ash
1, F	71	32 U			708	54.7	772	60.2			684	58.3
2, F	51	22 U	416	64.4	394	64.2	320	54.0	244	59.7	484	55.4
3, F	85	85 UW	600	66.0	692	48.1	608	63.0	598	62.6	760	53.1
4, M	61	61 U	336	66.9	402	50.0	274	60.4	312	60.6	394	56.0
5, M	85	24 U	840	67.1	786	57.7	580	59.5	570	61.9	620	54.8
6, M	60	12 U			520	50.1	465	61.0				
7, M	53	19 U	620	64.7	427	50.7	450	62.3			469	57.4
8, F	73	11 U			705		630	62.6	605		780	54.3
9, M	66	29 U			368	54.6	366	59.0	250	58.9		55.6
11, M	80	16 UW	550	63.6	565	56.6	396	57.6	420	57.9	478	55.5
14, F	83	10 U	440	63.4	526	49.4	540	62.9	560	57.2		47.1
15, F	42	42 U	516	63.2	348	49.7	258	62.2	303	58.9	369	54.5
17, F	60	22 U	636	61.3	730	55.8	614	56.7	570		616	50.6
18, M	45	26 U			690	48.3	598	60.1	630	58.3	744	54.4
19, M	16	16 U			91	54.8	95	60.2	56	56.5	87	56.6
20, F	56	10 U	278	63.9	273	54.0	223	62.3	222	56.3	279	52.4
23, M	64	64 U			1,370	52.8	1,190	59.9		56.1	1,550	58.8
24, F	70	40 U		69.1	1,310	57.0	1,176	64.5	1,165	62.7	945	61.7
25, M	74	20 U	350	66.6	300	54.1	324	61.8	264	45.5	315	50.1
26, F	55	22 UW	320	66.8	343	48.5	255	65.5	292	61.8	363	52.5
27, F	79	60 U	400	66.8	416	57.8	364	64.6	396	62.1	485	54.3
28, M	66	65 U		67.7	240	55.6	343	64.4	296	62.2	336	40.0
30, M	78	42 U	600	67.0	470	51.7	500	59.8	462	58.6	410	
31, M	55	25 US	550	68.0	850	57.5	544	64.2	552	61.6		
32, F	45	16 U	960	68.0			768	63.5			654	61.0
33, M	73	73 U			250	59.1	260	62.7			260	58.0
34, M	47	46 WU	462	68.6	500	57.5	448	61.2	482	61.6	482	53.2
35, M	80	14 SU	532	67.0	580	57.9	494	58.0	700	62.0	474	52.6
36, M	50	50 U	800	65.4	840	53.1	900	60.8	600	57.4	740	52.2
38, F	84	73 U			316	61.9		60.8		59.8	302	53.0
39, M	49	38 U			220	58.5	220	59.0	198	60.2		59.2
41, F	69	69 U			334	60.6	330	61.9	346	61.6	350	57.5
42, M	75	18 U			275	56.1	330	60.2	345	51.5	300	61.2
43, F	49	28 U	364	65.3	358	55.1	298	62.8	304	60.3	292	52.7
44, M	61	37 U			255	58.7	203	63.0	260	60.4	255	56.3
46, F	85	58 U	478				456				510	
47, F	26	26 U			338	59.5	118	64.6	266	61.6	153	60.4
48, M	35	29 U			282	56.5	236	60.3			260	50.1
50, F	71	35 U			1,608	44.4	1,440	64.0			896	53.8
51, M	82	60 S	548	64.9	522	59.9	558	65.2	595	59.7	570	56.8
52, M	29	28 U			364	57.4	296	60.1			364	56.7
54, F	53	48 U	238	64.0	242		180		204	61.2	268	59.7
55, F	78	78 U	718	63.7			318	57.5			350	42.3
56, F	66	66 SU	499	68.4	606	61.7	373	61.4	535	58.0	704	53.4
57, F	38	38 US			496	44.1	456	59.2	464	61.0	338	54.1
58, M	55	55 U			348	50.9	317	59.3		61.0	370	47.8
59, M	70	67 U	271	64.1	318	55.2	292	58.7	260	59.0	274	52.2
60, F	50	11 U	220	68.1	318	47.0	315	60.8	235	56.5	330	52.6
61, M	77	39 W			733	57.4	735	55.4	562	58.6	789	
62, F	67	67 W			434	49.8	414	60.1	420	54.8	432	42.5
64, M	49	11 S	426	64.7	431	60.4	300	66.7	481	60.9	300	59.8
65, M	55	38 W	600	64.7	551	58.5	480	62.2			616	58.5
66, F	72	72 W	469	64.0	763	61.6	575	62.2	612	61.9	896	61.8
67, M	25	25 SU	198	63.8	199	58.0	145	62.8	196	60.2	249	56.6
71, M	43	10 S			790	55.4	750	61.9	700	54.1	650	53.9
72, F	53	53 SU	1,090	67.7			1,095	63.7	1,200	62.9	1,340	55.5
74, F	66	30 U					430	64.5	295		445	
75, F	83	83 SU	900	66.0	900	51.7	840	60.6	900	56.1	900	50.3
76, M	44	33 U	750	65.4	813	60.1	773	61.1	758	59.5	875	54.2
78, F	80	78 U	1,000	64.8			990	56.8	875	60.9	988	57.0

Table 1. Fluoride and ash content in dry, fat-free bones of deceased study subjects 15 years of age or older at death who had resided in Utah, Salt Lake, or Weber Counties, Utah, at least 10 years—Continued

Subject number and sex	Age (years)	Residence (years) ¹	Calvarium		Sternum		Rib		Iliac crest		Vertebrae	
			Ppm F	Per-cent ash	Ppm F	Per-cent ash	Ppm F	Per-cent ash	Ppm F	Per-cent ash	Ppm F	Per-cent ash
79, M	57	40 U	990				883	57.0	875	60.8	990	65.5
80, F	59	38 U					470	61.7	556	63.7	502	56.2
81, M	60	17 U					400	58.5	340	58.0	595	54.7
82, M	17	17 U			423	64.3	425	53.2	350	58.6	413	56.0
84, M	72	71 US					270	54.7	260	57.1	250	
85, M	70	20 U			1,650	53.5	1,895	63.1	1,630	62.4	2,025	54.4
87, F	15	15 U	225	67.3			230	62.4			250	52.9
93, F	75	75 U	375	61.3			338	54.0			425	
94, F	31	31 U					300	61.0	300	57.4	425	52.2
97, M	77	15 S			1,805	59.0			1,550	62.5	1,665	59.0
98, M	57	40 S			1,260	63.8	1,165	66.2			1,070	59.5
100, F	88	63 SU			1,075		813	62.6		67.5	1,030	54.2
101, F	84	78 S					733	63.0	875	58.3	800	49.9
102, M	64	64 U						58.2			1,675	58.6
104, M	82	34 U			1,100	58.4	1,070	60.3			1,315	59.0
106, F	76	12 U	1,200	68.6	1,450	58.3	1,170	61.3			1,340	57.4
107, M	79	53 U			1,275	60.2	750				780	52.9
110, F	32	32 U			210	59.3	210	60.7	220	58.1	240	63.0
112, F	61	35 US	600	62.8	685	50.1	730	60.8	575	55.0	775	59.2
113, F	79	79 U					440	60.1				58.2
114, M	70	28 U					675	62.4			740	60.0
116, M	77	52 U	610	67.2	585	56.6	650	60.7			650	58.7
117, F	75	74 U			410	58.0	410	60.5			470	58.7
118, M	79	79 U					985	59.3			1,030	54.8
125, M	69	40 U					635	59.7			635	58.6
127, F	28	24 U					100	63.0			175	58.6
128, F	80	10 U					285	61.7			365	58.5
130, M	65	16 U					665	59.8			675	58.2
Mean	61.8	40.1	560	65.7	613	55.6	537	61.0	510	59.3	615	55.4
Standard deviation	18.0	22.5	251	1.9	388	4.7	328	2.9	314	3.3	339	4.4
Standard error	1.9	2.4	39	.19	48	.5	36	.8	40	.4	38	.5

¹ S—Salt Lake County; U—Utah County; W—Weber County.

NOTE: (-----) indicate no chemical determination was done. For results of determinations of calcium and phosphorus, see Documentation Note on page 538.

Analysis of Utah County water supplies revealed less than 0.5 ppm of fluoride. Similar studies on alfalfa and other animal forage crops indicated from about 5 ppm to more than 30 ppm for fluoride on a dry basis. These levels varied widely from area to area within the county. The fluoride levels (about 0.1 ppm to more than 1.0 ppm and usually less than 0.5 ppm on a fresh basis) on locally grown human consumables were consistently lower than those found on forage crops. These differences in fluoride levels in sources of nourishment noticeably affect the relative exposure of animals and

man to fluoride even though they live in close proximity.

In recent years, certain industries in Utah County and others in the State have used procedures and equipment which have significantly reduced the output of fluorides.

Materials and Methods

Studies were conducted on bodies of 127 patients consecutively autopsied by Call and LeCheminant at Utah Valley Hospital and Utah State Hospital except that those for whom

no information on residence was available were skipped. Routine autopsies were made, when possible, on unembalmed bodies. Some bodies, however, had been arterially embalmed, but not trocarred, before examination. Samples of embalming fluid from these bodies were analyzed and found to contain no fluoride.

A precise protocol was followed which indicated the location in the body and the type and quantity of tissues to be obtained for histologic study and chemical analysis. The tissues studied were of male and female persons, 15 years of age or older, who had resided at least 10 years in an industrial area of Utah within Utah County, Salt Lake County, or Weber County. This protocol was similar to that used by other investigators (4). Data on persons not meeting these criteria are included in this report only for purposes of comparison.

Examination of each body was made with special attention to palpable exostoses and other abnormal bone formations and deformities not associated with trauma. Complete autopsies, including examination of the brain, were performed on bodies of 62 of the 127 subjects. Permission for removal of the brain was not granted for the remaining 65 subjects. Tissues of all organ samples were examined histologically. Special efforts were made in the processing of the bone sections to preserve the periosteum, cortex, and marrow in their proper anatomical relationship. The following tissues were analyzed for fluoride and dry matter: calvarium, lumbar vertebrae, sternum, sixth rib, iliac crest, exostoses (if present), thyroid, aorta, kidney, lung, liver, spleen, heart, pancreas, and brain. Specimens collected from September 1958 through August 1960 were limited to the bones, thyroid, aorta, and kidneys.

Calcium, phosphorus, and ash determinations were made on dry, fat-free bones. All specimens were maintained in a frozen state until chemical analyses were made. Before chemical analysis, the bones were cleaned of adhering soft tissues, broken into small pieces, weighed, and dried in a vacuum oven for 5 hours at 95–100° C. or to constant weight. Some samples were dried overnight in the oven at the same temperature range. Fat was extracted from the dried samples with diethyl ether in a Goldfisch apparatus

for 5 hours or until constant weight was obtained. The bone fragments were finely ground, and weighed samples were ashed in a muffle at 550° C. for about 6 hours or to constant weight. The bone fluoride was isolated essentially by the method of Willard and Winter (9), with modifications as given by the Association of Official Agricultural Chemists (10). Estimation of the fluoride was made by the spectrophotometric method of Megregian (11) as modified by Nielsen (12).

The soft tissues were ground, mixed, weighed, dried, and ashed in platinum dishes in the presence of calcium oxide of low fluoride content. Fluoride was separated from ashed samples essentially by the procedure of Willard and Winter (9) and determined by the procedure of Nielsen (12). Dry matter determinations were made on weighed soft tissues by heating them in a vacuum oven for 5 hours at 95–100° C. or to constant weight. Some samples were dried overnight in the oven at the same temperature range. Phosphorus was determined colorimetrically by the method of Chen and associates (13). Calcium was determined by a modification of the method of Patton and Reeder (14).

The majority of the 127 patients included in this study had died suddenly or shortly after becoming ill. Major causes of death were coronary heart disease, pneumonia, cancer, kidney disease, and trauma. From bodies of the 127 subjects, 1,220 specimens were obtained for fluoride analysis. All specimens were also examined histologically. Special attention was given to the histology of bones and intervertebral cartilages. Of the 442 bones and cartilages studied, none showed any of the pathological changes which have been attributed to fluorosis (1, 2, 15, 16).

Results and Discussion

Histologic findings in the present study are in agreement with those of Geever and associates (4), who reported no abnormal histologic changes traceable to fluoride in the tissues of 37 persons who died after having lived at least 10 years in communities with 1 to 4 ppm of fluoride in the water supply.

The levels of fluoride and ash in dry, fat-

free bones of persons in our study meeting the criteria of exposure and for others not meeting it are shown in tables 1 and 2. The mean fluoride concentration in bones of those meeting the criteria is 568 ppm in comparison with a mean of 446 ppm for the other group. This

difference is significant ($P < 0.01$). The average age of persons meeting the criteria (61.8 years) is, however, 18.3 years older than of those not meeting the criteria (43.5 years). Since age has been shown to be a factor in fluoride storage (17), age differences may account in part for

Table 2. Fluoride and ash content in dry, fat-free bones of deceased study subjects who were less than 15 years of age at death or who had resided in Utah, Salt Lake, or Weber Counties, Utah, less than 10 years

Subject number and sex	Age (years)	Residence ¹ (years)	Calvarium		Sternum		Rib		Iliac crest		Vertebrae	
			F	Ash	F	Ash	F	Ash	F	Ash	F	Ash
10, M	67	3 U	498	63.3	480	50.6	460	52.6	466	53.2	472	37.9
12, M	41	0					242	58.5			238	54.6
13, F	20	0			57							
16, M	42	6 U			500	57.1	477	60.5	449	56.8	454	55.8
37, F	4	4 U	190	63.3			232	54.5			234	50.7
40, M	55	0			272		276					
45, M	77	0	480	65.4	371	59.4	321	64.4	339	59.2	397	56.2
49, M	17	0	138	64.0	143	60.2	120	63.9	118	61.2	128	0
53, M	25	2 U			229	58.1	173	60.5			323	59.3
63, M	55	0			260	62.0	414	63.5	394	61.0	473	55.6
68, F	78	0			369	59.8	304	62.5	347	62.5	371	56.9
69, M	16	5 U	600	66.0			700	63.6	725	58.5	650	57.5
70, M	28	0			425	61.0	400	62.4			410	60.7
73, F	8	8 U	425	61.8							448	57.1
77, F	61	7 U			1,115	54.1	1,300	59.0	740	50.3	1,075	52.8
83, F	17	8 U					135	60.4	165	59.2	160	56.9
86, M	22	0					200	68.3	275	62.5	338	59.4
88, M	50	2 S	625	60.9			625	61.0	583	57.3	623	51.7
89, M	4	0					150	61.3			125	
90, M	4	0			50		40					
92, M	18	0	225	61.5	218	56.0	175	58.9			205	54.6
95, M	17	0	235	60.3			205	54.3			290	55.6
96, M	17	0			180	57.0	220	58.9	183	57.1	235	53.8
99, F	27	0			625			67.0	500	61.8	533	59.1
105, M	63	0			558	58.3	559	62.2	535	60.9	559	55.1
108, F	8	6 U	125	62.3			100	56.4			150	58.9
109, F	71	9 U			590	56.7	490	60.9	450	61.7	590	61.6
111, F	82	0			605	56.2	500	57.7	535	60.4	650	56.8
115, F	85	0			860	57.9	900	61.6			1,250	58.3
119, M	62	0					870	58.1			1,125	61.7
120, F	77	0			600	52.7	525	58.5			675	54.4
121, M	80	0	710	63.9	655	52.0	450	59.0	515	58.6	585	56.8
122, M	60	0			640	54.3	525	62.2				
123, M	60	0					890	60.4			1,275	57.8
124, M	75	0					555	60.3			560	53.3
126, M	65	0 U					255	62.3			285	59.1
129, M	43	9 US									635	56.6
Mean	43.5	2.32	387	63.0	445	56.8	418	60.5	431	58.9	501	56.0
Standard deviation	26.3	3.3	211	1.7	150	3.2	305	3.3	188	3.5	307	4.4
Standard error	4.8	.4	63	.6	32	.8	53	.6	44	.9	53	.8
91X ³	27.0	25 U	500	63.2								
103X ³	0	0	30	62.0								

¹ S—Salt Lake County; U—Utah County. Subjects with 0 years of residence include transients who never resided in these counties and persons resident less than 1 year.

² Less than 1 year old at time of death.

³ Combined bone specimens.

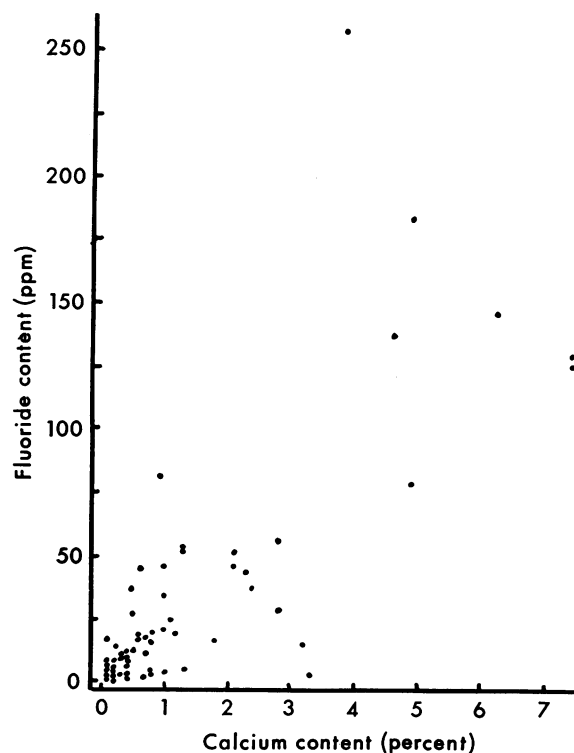
NOTE: (-----) indicate no chemical determination was done. For results of determinations of calcium and phosphorus, see Documentation Note on page 538.

the differences in fluoride concentration between the two groups in our study. Significance of differences in means were calculated according to Fisher's *t* test. The bone fluoride levels we found are within the general range reported for normal subjects in other studies (5, 6). A statistical comparison of mean bone fluoride levels for male and female subjects and controls in our study revealed no significant difference ($P>0.05$).

Comparison of fluoride content in the soft tissues of persons meeting the criteria of exposure to fluoride with the content in soft tissues of persons not meeting the criteria revealed no significant difference ($P>0.05$). This finding indicates that fluoride is not stored in the soft tissues in significant quantities (table 3). The fluoride content was higher in the aorta than in any of the other soft tissues studied, a result in agreement with that of Smith and associates (7). An increase in the fluoride content of the aorta was associated with calcification, as indicated by an increase in the calcium content of the tissue (fig. 1). This increase parallels the degree of aortic arteriosclerosis and calcification. The Pearson product-moment correlation coefficient for this relationship (based on analysis of 60 aortas) is 0.93.

When we correlated bone fluoride levels with the patient's disease, it soon became evident that most of the higher levels were found in patients with an advanced chronic renal disease. Giv-

Figure 1. Relationship between the concentrations of fluoride and calcium in the aorta (results expressed on a dry basis)



ing particular attention to these cases, we classified and studied 44 of them according to type and severity of renal lesions. Table 4 shows this classification along with the patients' re-

Table 3. Fluoride content (ppm) in soft tissues of subjects who met criteria of exposure to fluoride and in tissues of others who did not

Tissue	Met exposure criteria ¹			Did not meet exposure criteria ²		
	Maximum	Minimum	Mean	Maximum	Minimum	Mean
Brain.....	6.1	0.2	1.8	3.6	0.4	1.5
Thyroid.....	23.5	.3	5.2	8.1	.1	4.0
Heart.....	8.1	.4	2.5	7.0	.2	1.9
Aorta.....	258.0	.6	29.4	185.0	.8	28.2
Lung.....	17.0	.6	3.9	8.0	1.0	3.5
Liver.....	7.7	.2	1.6	3.7	.2	1.4
Spleen.....	8.6	.2	1.7	5.0	.3	1.8
Pancreas.....	8.2	.3	1.8	4.5	.4	1.7
Kidney.....	10.0	.2	2.9	5.6	.6	2.3

¹ Were 15 years of age or older (mean age 61.8 years) and had resided in Utah, Salt Lake, or Weber County in State of Utah at least 10 years (mean years of residence 40.1).

² Less than 15 years of age at death or had resided less

than 10 years in Utah, Salt Lake, or Weber County (mean age in years 43.5 and mean years of residence 2.32).

NOTE: See Documentation Note on page 538.

Table 4. Age, kidney weights, and mean content of fluoride and ash in dry, fat-free bones of subjects with kidney disease

Disease classification and subject's number	Age	Kidney weights (grams)		Mean bone levels	
		Right	Left	Ppm fluoride	Percent ash
Chronic pyelonephritis, bilateral, marked:					
23.....	64	60	60	1, 370	58. 9
50.....	71	100	80	1, 315	54. 1
86.....	70	150	30	1, 800	58. 3
106.....	75	95	75	1, 290	61. 5
129 ¹	44	120	100	635	56. 6
Chronic pyelonephritis, bilateral, slight to moderate:					
27.....	79	110	90	412	61. 1
57.....	38	225	280	438	53. 8
66.....	72	125	120	663	62. 3
113.....	79	140	100	440	59. 1
114.....	70	110	150	707	61. 2
116.....	77	165	175	624	60. 8
118.....	75	200	200	1, 007	57. 0
120.....	77	140	80	600	55. 2
124.....	75	130	150	558	56. 8
126.....	65	150	190	255	60. 7
Chronic pyelonephritis, unilateral:					
5.....	85	30	210	697	60. 2
55.....	78	70	185	495	55. 7
74.....	66	100	165	390	64. 5
119.....	62	135	70	997	58. 2
Acute glomerulonephritis:					
38.....	84	170	150	309	58. 9
81.....	60	180	210	445	57. 4
94.....	31	130	130	342	56. 9
Chronic glomerulonephritis:					
47.....	26	90	100	219	61. 5
83.....	17	90	95	153	58. 8
Lower nephron nephrosis:					
19.....	16	190	210	82	57. 0
48.....	35	185	190	259	55. 6
84.....	72	180	180	260	55. 9
86.....	22	270	220	271	62. 4
89.....	4	150	155	137	61. 3
Arteriolonephrosclerosis:					
45.....	77	100	150	382	60. 9
46.....	85	70	50	481	-----
78.....	80	140	100	921	59. 9
80.....	59	180	180	509	60. 1
97.....	77	160	140	1, 673	60. 5
100.....	89	100	170	973	61. 4
107.....	79	100	130	935	56. 5
109.....	71	200	200	530	60. 2
111.....	81	130	120	572	57. 8
128.....	80	150	140	325	60. 1
Polycystic disease: 77.....	61	250	300	1, 057	54. 0
Glomerulosclerosis, intercapillary: 104.....	82	250	290	1, 162	59. 2
Glomerulosclerosis of lupus erythematosus: 127.....	28	340	320	137	60. 8
Hydronephrosis due to tumor extension (no pyelonephritis present): 123.....	60	280	230	1, 082	56. 8
Wilm's tumor, unilateral: 108.....	8	170	-----	125	59. 2

¹ Congenital polycystic disease also present.

NOTE: For mean bone levels of calcium and phosphorus, see Documentation Note on page 538.

spective kidney weights and the mean levels of fluoride and ash in their bones. Kidney lesions were the primary cause of death in 11 (8.7 percent) of the 127 subjects; lesions of varying degrees were observed in 44 (or 34.6 percent).

We found the highest bone fluoride levels in cases of older adults with the end-stage kidney of bilateral pyelonephritis and in single cases of polycystic disease, intercapillary glomerulosclerosis, and hydronephrosis due to tumor extension. Similar levels were found in scattered cases of arteriolonephrosclerosis and moderately advanced chronic pyelonephritis. Mean bone fluoride levels of persons with kidney disease, by disease group, were compared with cases of the corresponding age group without kidney disease (table 5). Bone-fluoride levels were significantly higher ($P<0.01$ in 5 subjects with marked chronic bilateral pyelonephritis than in 16 subjects in the same age group (60-69 years) without kidney disease. Three subjects with acute glomerulonephritis had lower bone fluoride levels ($P=0.05$) than 16 subjects without kidney disease, all in the age group 50-59 years. A similar observation was made in the age group 20-29 years, in which two subjects who had chronic glomerulonephritis were found to have lower levels than six subjects

without kidney diseases ($P<0.05$). The highest levels were in the normal range, and no disease associated with fluorosis was evident.

Possible differences in fluoride metabolism and its patterns of deposition in bones may exist in chronic renal disease. Further study and comparison of fluoride levels in these diseases are needed to evaluate the many other possible factors in the wide differences in bone-fluoride levels in this small collection of cases.

An apparent correlation between age of patients and the fluoride content of their bones has been noted by other investigators. Our results indicate that the fluoride content of bone increases with age (fig. 2) and that fluoride concentration tends to level off at the older ages.

Summary

The presence of elevated concentrations of fluorides in the atmosphere has been associated with changes in certain plants and an increase in the fluoride content of forage in certain areas in Utah. Long-term ingestion of such forage by some animals has produced changes characteristic of fluorosis in some of them. It seemed important to determine if man was also

Table 5. Comparison of mean fluoride content of dry, fat-free bones of subjects who had kidney disease with content in bones of persons in corresponding age groups without kidney disease

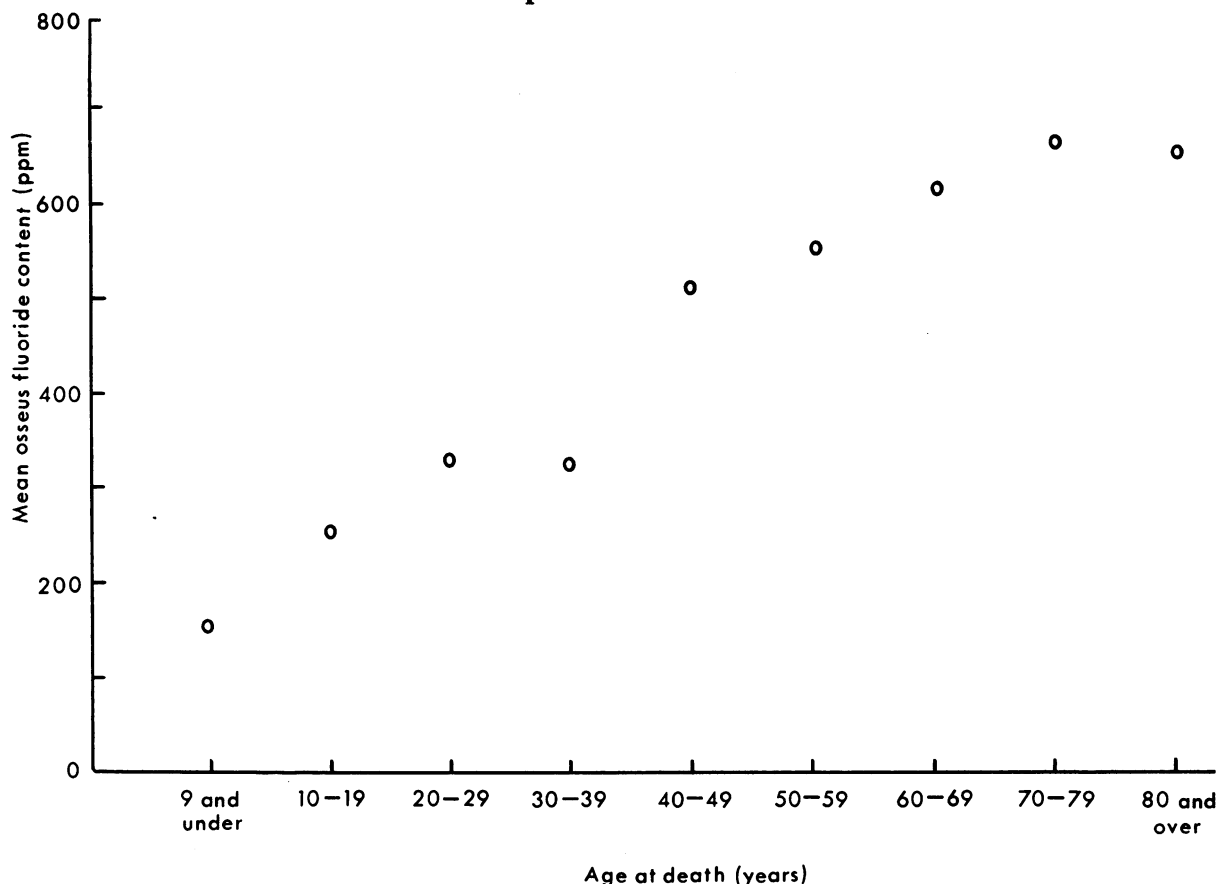
Disease	With kidney disease					Without kidney disease					t test
	Mean age (years)	Number of subjects	Osseous fluoride (ppm)			Corresponding age group (years)	Number of subjects	Osseous fluoride (ppm)			
			Mean	SD	SE			Mean	SD	SE	
Pyelonephritis, chronic, bilateral, marked.....	65	5	1,282	417	186	60-69	16	557	330	82	¹ 3.6
Pyelonephritis, chronic, bilateral, slight to moderate.....	71	10	570	206	65	70-79	15	538	258	67	.3
Pyelonephritis, chronic unilateral.....	73	4	645	267	134	70-79	15	538	258	67	.7
Glomerulonephritis, acute.....	58	3	365	71	41	50-59	16	551	313	78	² 2.1
Glomerulonephritis, chronic.....	21	2	186	47	33	20-29	6	374	141	58	³ 2.8
Lower nephron nephrosis.....	30	5	202	87	39	30-39	1	315			
Arteriolonephrosclerosis.....	78	10	730	407	129	70-79	15	538	258	67	1.3
Other renal diseases.....	48	5	713	532	238	40-49	11	449	221	67	.9

¹ Different at $P<0.01$.

² Different at $P=0.05$.

³ Different at $P<0.05$.

Figure 2. Relationship between age and osseous fluoride content in subjects meeting exposure criteria



being adversely affected. In this investigation, 127 human bodies were autopsied and studied for gross, histological, and chemical evidence of fluoride intoxication. Eighty-eight of these deceased persons came from geographic areas known to have had elevated fluoride levels in the atmosphere and forage. Analyses for fluoride, calcium, phosphorus, and ash were made on the calvarium, sternum, rib, iliac crest, and lumbar vertebrae. Determinations for fluoride and dry matter were made on the brain, heart, lungs, thyroid, aorta, liver, spleen, pancreas, and kidney.

The highest fluoride levels were observed in older adults showing the end-stage kidney of bilateral pyelonephritis and polycystic disease. Average levels were found in subjects with unilateral pyelonephritis and in subjects with pyelonephritis with only slight to moderate disease. The highest fluoride levels found, in subjects with the most severe kidney disease, were

within the normal range, and no disease associated with fluorides was evident. Because the number of cases of chronic renal disease in this series was limited, further studies seem advisable.

Data accumulated in this study indicate that the levels of fluorides to which Utah residents in the area studied had been exposed were not responsible for gross or histological changes in soft tissues or bones.

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DOCUMENTATION NOTE

Tables 1, 2, 3, and 4 in more detailed form have been deposited as document number 8419 with the ADI Auxiliary Publications Project, Photoduplication Service, Library of Congress, Washington 25, D.C. A copy may be secured by citing the document number and by remitting \$1.25 for photoprints, or \$1.25 for 35 mm. microfilm. Advance payment is required. Make check or money order payable to: Chief, Photoduplication Service, Library of Congress.

Conference Calendar

August 12-17, 1965: American Podiatry Association (annual meeting), Chase Plaza Hotel, St. Louis, Mo.

October 17-20, 1965: Medical Group Management, Hilton Hotel, Portland, Oreg.

October 18-22, 1965: American Public Health Association, Conrad Hilton Hotel, Chicago, Ill. George Schless, 59 East 54th Street, New York, N.Y., 10022.

October 20-21, 1965: Industrial Hygiene Foundation, Mellon Institute, Pittsburgh, Pa. Dr. Robert T. P. de Treville, Managing Director, Industrial Hygiene Foundation, 4400 Fifth Avenue, Pittsburgh, Pa., 15213.

November 14-19, 1965: Animal Care Panel (annual meeting), Sheraton Hotel, Philadelphia, Pa. Joseph J. Garvey, Executive Secretary, 4 East Clinton Street, Joliet, Ill., 60434.

December 8-10, 1965: National Symposium on Coccidioidomycosis: Del E. Webb TowneHouse, Phoenix, Ariz. Arizona Tuberculosis and Health Association, Inc., 733 West McDowell Road, Phoenix, Ariz., 85007.

Announcements for publication should be forwarded to Public Health Reports 6 months in advance of meeting.