March 31, 1969

Dear Mr. Lear

    I will be very happy to authorize your reprinting my article of
March 15. I would be even more pleased to see you incorporate my
followup of the 22d. To save space, I have indicated some deletions
of redundant or dispensable text; but use it intact if you have the
room.

    I have the general reprint rights, and will warrant the same to
the Saturday Review for permission (non-exclusive) to reprint; but
I will also check with the Post and call you within 72 hours if there
is any problem. I am sure you xxxx intend the usual courtesy of attri-
bution.

    Off the record: I was pleased to see you reopen the discussion.
But your criticism of the PHS for not"publicizing" the Ottawa reports
on hemodialysis seem quite misplaced. Also my friends here in the
same business claim to have found no comparable problems with their
hemodialysis patients (water also fluoridated). This may have a lot
to do with other aspects of management, which is of course quite
tricky anyhow. For my own part, my reading of the literature would
make me much more gravely concerned about pumping lead into such
patients.
    Your argument comparing chronic/low fluoride with
acute flushing in hemodialysis was, to say the least, tacky. It's a
bit like comparing 10 pounds of salt at one gulp versus ordinary
seasoning. But it does have some merit in some cases of kidney dys-
function; and we ought to know more about it. Most cases, with salt
loss, probably excrete more fluoride than the normal, for fluoride is
actively reabsorbed in the renal tubule. But I am fully with you that
we should not pretend that we know all about it. (I would simply place
the probable residual risk from fluoridation very low compared to
many other things we don't keep out our water, and compared to its
positive benefits for children's teeth.)

Sincerely,

Joshua Lederberg

CC: Howard Simon, Wash Post
    Ray Colvin 6/6