

Texas

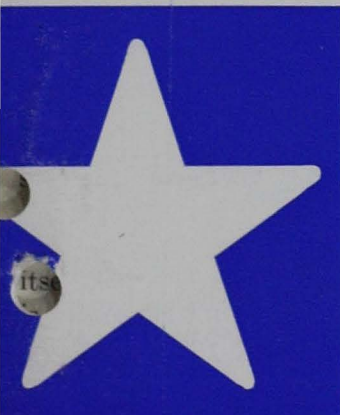
OSTEOPATHIC
PHYSICIANS

Journal

VOLUME XXI

FORT WORTH, TEXAS, JULY, 1964

NUMBER 3



In This Issue —

	Page
Dr. Russell Retires From State Post	1
Honored Doctor Due More Laurels	2
Reflections	3
Proclamation	5
Dr. Russell Honored by Osteopaths and Friends	6
Letters to Dr. Phil	7
The Etiology of Sprue Related Syndromes, Tropical Sprue, and Whipple's Disease	8
Hospital of the Month	10
Calendar of Events	25
Washington News Letter	26
News of the Districts	29

Texas Osteopathic Physicians' Journal

OFFICIAL PUBLICATION OF THE
TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS

PUBLICATION OFFICE: 512 BAILEY AVE., FORT WORTH, TEXAS 76107

EDITOR: PHIL R. RUSSELL, D.O.
ASSOCIATE EDITOR . . . MRS. RITA E. NEAL

ADVERTISING RATES UPON REQUEST, ALL ADVERTISING CUTS TO BE SENT WITH COPY.
SUBSCRIPTION RATE \$2.50 PER YEAR

VOLUME XXI

FORT WORTH, TEXAS, JULY, 1964

NUMBER 3

OFFICERS

- J. Warren McCorkle, D.O., President
Mineola, Texas
- Loren R. Rohr, D.O., Immediate Past President
Houston, Texas
- John H. Burnett, D.O., President-Elect
Dallas, Texas
- L. G. Ballard, D.O., Vice-President
Fort Worth, Texas

BOARD OF TRUSTEES

- Glenn R. Scott, D.O., Amarillo, Texas
- A. Roland Young, D.O., Dallas, Texas
- Charles H. Bragg, D.O., Hurst, Texas
- Clifford E. Dickey, D.O., Fort Worth, Texas
- Horace A. Emery, D.O., Lubbock, Texas
- Jack P. Leach, D.O., Houston, Texas
- Fred E. Logan, D.O., Corpus Christi, Texas
- Gordon S. Beckwith, D.O., San Antonio, Texas
- Richard L. Stratton, D.O., Cuero, Texas
- Robert R. Ling, D.O., Galena Park, Texas
- Robert G. Haman, D.O., Irving, Texas
- Robert H. Nobles, D.O., Denton, Texas

HOUSE OF DELEGATES

Wiley B. Rountree, D.O., Speaker
San Angelo, Texas

John H. Boyd, D.O., Vice Speaker
Louise, Texas

COMMITTEES

DEPARTMENT OF PROFESSIONAL AFFAIRS

Fred E. Logan, D.O., Chairman

- | | |
|--|---|
| 1. Professional Education and Meetings | Jack P. Leach, D.O., Chairman |
| 2. Ethics | John H. Boyd, D.O., Chairman
J. R. Alexander, D.O.
R. H. Peterson, D.O. |
| 3. Annual Program | Edward J. Yurkon, D.O., Chairman
T. Robert Sharp, D.O., Chairman-Elect |
| 4. Facilities and Exhibitors | Mr. Robert B. Price, Chairman
Clifford E. Dickey, D.O. |
| 5. Selective Service | Elmer C. Baum, D.O., Chairman |
| 6. Statistics and Locations | Mr. Robert B. Price, Chairman
Daniel D. Beyer, D.O. |
| 7. Membership | Robert G. Haman, D.O., Chairman
L. G. Ballard, D.O.
Clifford E. Dickey, D.O.
Mrs. Rita E. Neal |
| 8. Constitution, By-Laws and Charters | Richard L. Stratton, D.O., Chairman |
| 9. Editorial Policy and Journal Publications | L. G. Ballard, D.O., Chairman
Mr. Robert B. Price
Mrs. Rita E. Neal
T. Robert Sharp, D.O. |

DEPARTMENT OF PUBLIC AFFAIRS

Richard L. Stratton, D.O., Chairman

- | | |
|------------------------------|---|
| 1. Public Health | Elmer C. Baum, D.O., Chairman
M. G. Holcomb, D.O.
Gordon S. Beckwith, D.O.
J. Warren McCorkle, D.O.
L. G. Ballard, D.O.
Everett Wilson, D.O. |
| 2. Public Relations | Robert H. Nobles, D.O., Chairman
C. D. Ogilvie, D.O.
Bobby Gene Smith, D.O. |
| 3. Osteopathic Progress Fund | Harlan O. L. Wright, D.O., Chairman |
| 4. Veterans Affairs | A. Roland Young, D.O., Chairman |
| 5. Hospitals and Insurance | G. W. Tompson, D.O., Chairman
Glenn R. Scott, D.O.
A. Roland Young, D.O.
Clifford E. Dickey, D.O. |
| 6. Disaster Medicine | Bobby Gene Smith, D.O., Chairman
Elmer L. Kelso, D.O.
Kenneth D. Lange, D.O.
Robert H. Nobles, D.O. |

Dr. Russell Retires From State Post

Fort Worth Press, Thursday, June 25, 1964



DR. PHIL R. RUSSELL

Dr. Phil R. Russell used to tell the young fellows on their way up that physicians have to give service to justify their existence.

This service, he said, should be to the public welfare.

These were more than words to Dr. Russell, who'll be 70 on July 2. He put them into practice in his own life.

The long-time figure in public health affairs retires here this week as executive secretary of Texas Assn. of Osteopathic Physicians and Surgeons. He will be honored today at a 7 p. m. reception and dinner at Hotel Texas' junior ballroom. Hosts will be board members of the state association.

On Sunday, Dr. Russell will enter the hospital for major surgery, the same hospital, Fort Worth Osteopathic, where his wife is a patient with a fractured hip. Dr. Russell spearheaded the construction and financing of the hospital and still serves as chairman of its board.

His mother was one of the earliest

women practitioners in osteopathic medicine in Texas. She died in 1921.

When Dr. Russell steps down from heading the state group, he will end 15 years in that post. He began practice here in 1920 and for two years prior he practiced at Cleburne.

He is a past president of American Osteopathic Assn. and the state group. He was appointed to the public health committee of the state group in 1923 and served on it for 34 years. He was the first osteopathic physician to be appointed to State Board of Health, a distinction that came to him in 1925 from Gov. "Ma" Ferguson.

Dr. Russell also served 12 years on the State Board of Medical Examiners.

A favorite civic work is politics. He has been a delegate to Democratic and state conventions since 1940. He is also a member of Arlington Heights Methodist and Fort Worth Club.

Resident of 1837 Hillcrest, Dr. and Mrs. Russell have a son, Col. Roy D. Russell of Palos Verdes Estates, Calif. Another son died in 1941.

Honored Doctor Due More Laurels

By THAYER WALDO

Star Telegram, June 25



—Star-Telegram Photo

THINKING BACK—Dr. Phil Russell, retiring executive secretary of the Texas Association of Osteopathic Physicians and Surgeons, reviews an active and interesting career as he talks with a reporter.

"I shouldn't be honored," the deep-voiced, slow-spoken doctor said. "I should be honoring the people who've given me the opportunity to serve a worthwhile purpose in life."

As you sit and talk with him about his 50 years of public service and private friendships, the word "purpose" runs through Dr. Russell's conversation like a refrain.

The honors he referred to will be placed on his modestly reluctant shoulders Thursday night, with a reception and dinner given by the Texas Association of Osteopathic Physicians and Surgeons in the Junior Ballroom of Hotel Texas.

Since 1949, Dr. Russell's prime purpose has been serving that association as executive secretary. Now he is re-

signing the post, which is the occasion for Thursday's affair.

"But that doesn't mean I'm retiring," insisted the 70-year-old Commerce native, who has lived here since 1907.

"I'm getting out of this job so I can devote myself to voluntary work of various kinds."

One might expect that Dr. Russell would be used, or at least resigned, to honors by this time, he has received so many of them. The list reads like the distinguished awards roster for an entire faculty.

It is not of the kudos heaped upon him, though, that this grizzled man with the gruff exterior and the great heart wants to discourse. He would rather talk about the need for purpose

and principles to live by, or the advantages of being in harmony with nature.

"It's too bad in this day and time that so many people have lost track of principles," he said. "We'll become a socialistic country unless people wake up to the necessity of a worthwhile purpose.

"Chasing the buck isn't one."

For all his chiding, people are Dr. Russell's deepest interest.

TRIP DISAPPOINTING

"I took a European trip in 1955, and it was a sad disappointment," he recalled. "I didn't speak any foreign languages, so I couldn't get close to the people over there and really find out about their way of life.

"I'd never go again without learning French or German and then traveling everywhere by car, so I could stop anywhere I wanted to and talk with the people."

Among the doctor's closest friends were the late Amon G. Carter Sr. and Sid Richardson, multimillionaire Fort Worth oil man who died in 1959.

It was Dr. Russell, in fact, who found Richardson's body in bed at his ranch home on St. Joseph's Island, where he had succumbed to a heart attack. The osteopath had flown there with him earlier in the day for a long rest.

Most of Dr. Russell's anecdotes about his two good friends are not for publi-

cation, because they involve confidences or other persons still living. But the affection and esteem in which he held both are evident from his tone.

KEY TO HOME

"I carried a key to Amon Carter's home for 25 years," he said. "I was his personal physician. You see, he believed in osteopathy because my mother, who was also a practicing osteopathic physician, saved his life back in 1909.

"Amon always used to say that I was a pretty good doctor, but I'd never be as good a one as my mother was."

Nonetheless, Dr. Russell has done well enough to earn himself the title of "Mr. Osteopath," both in the state and at the national level.

He has served as president of the American Osteopathic Association, the North Texas Osteopathic Association and various affiliated bodies. He headed the committees and fund-raising drives to build the Fort Worth Osteopathic Hospital and has been chairman of its board since 1950.

Dr. Russell is married to the former Ruby Davis of Kirksville, Mo. A son, Col. Roy D. Russell, now commands a missile installation near Los Angeles. A second son died in 1941. The Russells live at 1837 Hillcrest.

Thursday night's reception is scheduled for 7 p.m. and the dinner an hour later.

Reflections

By P. R. RUSSELL, D.O.

As I step down from the position of Executive Secretary of the Texas Association of Osteopathic Physicians and Surgeons and Editor of this Journal, I am impelled to express certain thoughts and beliefs that have carried me successfully through the years. I am not unmindful of the many honors that have been bestowed upon me by this

Association during the last 40 years, nor of the honors I have received from the American Osteopathic Association, the osteopathic college and the profession at large. However, I sincerely feel that these honors and recognitions should have been bestowed on the profession and the many friends who have supported the activities of this office,

because through the years they have given me the star to which I could tie my kite.

My kite happens to be PURPOSE! Without purpose, life is meaningless. My purpose in life has been to serve mankind, provide for its health needs, and to perpetuate the basic principles of the osteopathic profession. No man can accomplish all of his goals, but I have faithfully strived to do the very best that was humanly possible for one of my ability. I quote here the closing portion of a speech by an official of the Dodge Corporation, made several years ago. It carries a message for every member of our profession and for every individual who reads it:

"INDECISION"

There is a number of us creep,
into the world to eat and sleep,
And know no reason why we're born,
but to consume the corn,
devour the cattle, flesh and fish,
and leave behind an empty dish.
And if our tombstones, when we die,
were taught to flatter and to lie,
There's nothing truer, can be said
than that he's eat all his bread,
drank up his drink, and gone to bed.

—ISAAC WATTS

In reflecting over my past years of service, I humbly submit that I have not been one of these. However, I feel that in organizational work, too many members accept the benefits of the profession with no thought or regard of the work and sacrifices made by those few with purpose who make all these benefits possible, and available to all. It is these few who have made and who are continuing to make our profession one of outstanding significance.

I ask each of you to search your soul. You will know, by your own honest evaluation, just how much you have contributed to life through your work

in our profession. To those who are fulfilling this purpose of dedication to humanity, I say, "Thank you!" To those who are not, I say, "Wake up! Work for the success of your profession. It is yours! Only through unselfish endeavors can you justify your very existence."

Again, I am not unmindful of the proven fact that when a man becomes dedicated to a purpose, he inevitably will create enemies. This is as it should be. There is a poem on the wall in Bishop Sheen's Fifth Avenue private office in New York that expresses this better than I could ever do. The poem, by Charles McKay, reads:

"You have no enemies, you say?
Alas, my friend, the boast is poor.
He who has mingled in the fray of duty
must have made foes.
If you have none,
small is the work you have done.
You've hit no traitor on the hip.
You've dashed no cup from perjured
lip.
You've never turned wrong to right.
You've been a coward in the fight!"

In closing, I pray that this profession will reach the heights that the principles of our profession deserve. Since we are a minority group, this will require unity, dedication, and unselfish devotion. Although I will no longer work in the official capacity of your executive secretary and Journal editor, I assure you, I have not retired from the profession. I shall continue my fight for the promulgation of the principles of our profession and I shall continue to serve humanity to the best of my ability, ever mindful of the fact that "three men are my friends—he that loves me, he that hates me, and he that is indifferent to me. Who loves me, teaches me tenderness; who hates me, teaches me caution; who is indifferent to me, teaches me self-reliance."

PROCLAMATION

WHEREAS, Dr. Phil R. Russell is retiring from his long and dedicated service as Executive Secretary of the Texas Association of Osteopathic Physicians and Surgeons; and

WHEREAS, he set a precedent in being the first graduate of the American School of Osteopathy to receive a diploma for a four year course; and

WHEREAS, he has resided in Fort Worth since 1907, where he had an active practice in osteopathy from 1920 to 1949; and

WHEREAS, his outstanding ability led his professional associates to confer upon him responsible positions of leadership in Osteopathy by electing him in 1923 to the House of Delegates of the American Osteopathic Association where he faithfully served for 34 years, and by electing him President of the American Osteopathic Association in 1941-42, and by electing him to the Board of Trustees of the American Osteopathic Association from 1929 until 1935, and again in 1943 until 1949; and,

WHEREAS, he became, in 1925, the first Osteopathic Physician to be appointed to the State Board of Health by a Governor of the State of Texas, and has since been appointed to positions of leadership in health affairs by four other Governors of the State of Texas; and,

WHEREAS, he has contributed unselfishly of his time and talents to many other endeavors and institutions which have been of great benefit to the citizens of the State of Texas and the City of Fort Worth, and has been the recipient of such honors as the Distinguished Service Award from the American Osteopathic Association and the Andrew Taylor Still Medallion of Honor from the American Academy of Applied Osteopathy; and,

WHEREAS, the citizens of the City of Fort Worth desire to award special tribute and honor to Dr. Phil R. Russell for his outstanding contributions to the community; NOW, THEREFORE,

I, Bayard H. Friedman, Mayor of the City of Fort Worth, do hereby proclaim June 25th, 1964 as

"DR PHIL R. RUSSELL DAY IN FORT WORTH"

and in so doing extend cordial greetings and best wishes to him for the future.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the official seal of the City of Fort Worth to be affixed this 25th day of June, 1964.

BAYARD H. FRIEDMAN

Mayor



MANY TRIBUTES . . . Dr. McCorkle, left, and Dr. Russell.

Ft. Worth Star Telegram, June 26, 1964

RECEPTION, DINNER

Dr. Russell Honored By Osteopaths

Dr. Phil R. Russell, retiring executive secretary of the Texas Association of Osteopathic Physicians and Surgeons, was honored at Hotel Texas Thursday night with a reception and dinner.

Letters of appreciation and speeches climaxed the dinner, which ended what had officially been proclaimed Phil R. Russell Day in Fort Worth.

Dr. Virginia Ellis, secretary of the state association, was mistress of ceremonies. Dr. L. G. Ballard read messages from friends.

Col. Roy D. Russell, son of the physician, also was present to pay tribute to his father. The colonel, who commands a missile base near Los Angeles, said, "I learned about . . . loyalty and integrity from my father. Everything I have, I got from him."

(Continued on Page 12)



—Star-Telegram Photo

FATHER AND SON—Dr. Phil R. Russell, retiring executive secretary of the Texas Association of Osteopathic Physicians and Surgeons, shows plaque received from that body to his son, Col. Roy D. Russell.

Ft. Worth Star Telegram, June 26, 1964

Osteopaths, Friends Honor Dr. Russell

The kind of tributes Dr. Phil got Thursday night were the kind that go to a man who inspires every response in the book—respect, esteem, gratitude and love.

Dr. Phil is Dr. Phil R. Russell, retiring executive secretary of the Texas Association of Osteopathic Physicians and Surgeons.

The trustees of the TAOP&S had a reception and dinner for him in the Junior Ballroom of Hotel Texas. There were speeches, letters of appreciation, a plaque and an official proclamation designating June 25 as Phil R. Russell Day in Fort Worth.

But most of all, there was love. It shone forth, a little shyly, in the words

(Continued on Page 12)

Letters to Dr. Phil

American Osteopathic Association

WALLACE M. PEARSON, D.O., President
Box 722, Kirksville, Missouri

Dr. Phil R. Russell
512 Bailey Street
Fort Worth, Texas 76107

June 22, 1964

Dear Phil

The dinner given by the Official family of the Texas Association of Osteopathic Physicians and Surgeons on the occasion of your retirement as Secretary of the Association is indeed a graduation affair.

Each year since your graduation from the A.S.O. in 1916, you have had a distinctive part in directing the destiny and molding the character of the Osteopathic Profession.

Through your leadership a new generation is more capable, more understanding and more determined to hang on to the right to control their own destiny and maintain a distinctive health service.

The American Osteopathic Association, whose members have had their lives enriched by the example you have presented through yourself, joins the Texas Association of Osteopathic Physicians and Surgeons in honoring you as you graduate from the service of Secretary and enter into broader opportunities to work with your colleagues and your profession.

With kindest personal regards, I am

Sincerely
WALLACE M. PEARSON, D.O.
President

WMP vk
cc Dr. True B. Eveleth
Dr. Campbell A. Ward
Dr. George J. Luibel

* * * *

KXOL RADIO *fort worth's listening leaders*

AM 1360
FM 99.5

3004 WEST LANCASTER FORT WORTH, TEXAS EDison 5-9511

Dr. Phil R. Russell
1837 Hillcrest
Fort Worth, Texas

June 24, 1964

Dear Dr. Russell:

Congratulations on being honored on his retirement by the Board of the Texas Association of Osteopathic Physicians and Surgeons! In recognition of this outstanding achievement, you will receive KXOL's "Sound Citizen" Salute several times during the day on Friday, June 26. Again, our heartiest congratulations to you!

Sincerely yours,
EARLE FLETCHER
Vice President

EF/jr

(Continued on Page 24)

July, 1964

Page 7

The Etiology of Sprue Related Syndromes, Tropical Sprue, and Whipple's Disease

(A review of the literature with new proposed pathogenetic concepts.)



KENNETH DAY LANGE, B.S., D.O.

Nomenclature and Definitions

To illustrate the fast accumulation of scientific knowledge in this age, just a few years ago non-tropical sprue was defined as a disease of unknown etiology characterized by malabsorption.¹ Not only is the etiology closer to solution at this date, but the terminology is also changing. In the past, most authors have neglected to discuss the etiology of these syndromes because there was little that could be mentioned.

Celiac disease, (childhood and adult), idiopathic steatorrhea, non-tropical sprue, temperate sprue, tropical sprue, malabsorption syndrome, and gluten induced enteropathy are sometimes used interchangeably to refer to a single entity. Indubitably, the lack of a correct etiology has contributed to the confusion in nomenclature.

Ross, and most authors, feel that the majority of these patients are suffering from gluten induced enteropathy.² It is the author's contention that these syndromes, with tropical sprue and including Whipple's disease, are inter-related and in actuality probably the same disease.

Most observers agree that celiac disease in infants and children, and non-tropical sprue (idiopathic steatorrhea) in

the adult, are manifestations of the same underlying disease.^{3,35} Green⁴ states, "that if the above are not identical and related, they at least stem from the same basic defect". That a metabolic and cellular defect is present in these syndromes is well documented; however, the true etiology of these syndromes to date has not been elucidated, even with known hereditary and environmental factors. It is significant that tropical sprue has been recognized in patients residing in the temperate zone of North America and Europe.^{5,5}

The term malabsorption is non-specific since it implies any abnormality of absorption. Little is gained from this term in accurate diagnosis or treatment. Similarly, little is gained from the term idiopathic steatorrhea since it implies impaired absorption and diarrhea of fat, when in actuality the absorption of other nutrients are also impaired and there may be no diarrhea. The term sprue related syndromes is offered, as an encompassing term, to exclude tropical sprue and Whipple's disease.

The deficiency in knowledge of a correct etiology for these syndromes has arisen from the relative inaccessibility of the gastrointestinal tract, the scarcity of adequate methods of measurement of absorption, the difficulty in sampling portal blood, and the lack of appreciation of allergic factors.

Gluten Sensitivity and Glutamine

The author's proposed etiology of these syndromes is chronic allergic, toxic reaction with chronic superimposed infection. It is well known that gluten sensitivity is due to gliadin, which is composed of an amino acid, proline, and the toxic offender, glutamine, (the aminated carboxyl compounds of glutamic

acid).^{2,4} When glutamine has been deaminated through hydrolysis to glutamic acid, most authors agree it becomes harmless to those with gluten sensitivity.^{2,4}

Padykula and her co-workers⁷ have demonstrated the deficiency of the surface epithelium in nontropical sprue patients of hydrolytic enzyme capacity, along with a twofold elevation in the mean mitotic index of the intestinal epithelium. They found a variation but definite decrease in succinic dehydrogenase, esterase, acid phosphatase, and adenosine triphosphatase. In view of the decrease in hydrolytic activity, and consequently deamination of glutamine, it becomes obvious why gluten sensitivity is present in these individuals, and a hereditary factor gains more credence.

However, there are many references^{8,9,22} that state no benefit has been achieved, over even prolonged periods, by a gluten free diet. This has puzzled many authors. In these people there is possible insufficient hydrolysis of glutamine formed in the lumen of the gastrointestinal tract; also, it is exemplified by Salter¹⁰ that *E. coli* can synthesize ornithine from proline, by producing glutamic acid. Therefore, acetylation and transamination of glutamic acid, and then to glutamine, is at least theoretically possible.

The enzymatic acetylation of glutamic acid by *E. coli* has been demonstrated by Maas et al.,¹¹ and it has been demonstrated by Vogel^{12,13,14} that the synthesis of proline by *Neurospora* and *E. coli* proceed by way of glutamic acid from glutamate, and that these reactions are reversible. Since *E. coli* is a common inhabitant of the gastro-intestinal tract and there are other flora present, here are consequently other probable synthesis and enzyme interactions.

A variation in the level of possible glutamine formation in the G.I. tract or mammalian tissues, could explain the clinical picture of these diseases. The formation of glutamine in transamina-

tion-deamination is probable in mammalian tissues. Therefore, the formation of glutamine, the toxic product of gliadin, could possibly be formed endogenously by way of glutamic acid or ornithine, and chronic allergic, toxic, and inflammatory reactions may proceed in the absence of a gluten free diet.

Because there are beneficial results obtained even microscopically from gluten free diet¹⁵ even in five days, the above theory of endogenously formed glutamine would appear to be unfounded. However, it is impossible for many authors to explain the lack of uniform results and the reason for lack of response microscopically, even in three and a half years,⁸ with definite histologically proven similar cases.

If one considers this theory of endogenously formed glutamine, it can be seen why there is a variation in response to a gluten free diet. French¹⁶ has attributed cures in sprue to the oral administration of chemotherapeutic agents. Gardner¹⁷ has found no significant change in the intestinal flora of tropical sprue patients.

Histology

The main histopathological features of sprue and related syndromes are: short blunt villi, abnormal columnar epithelial cells at the luminal surface, longer dilated crypts, and cellular infiltration of the lamina propria with inflammatory cells. These findings are also present in viral systemic diseases, i.e. hepatic.³⁶ A decrease in the surface area in sprue related syndromes is definitely involved.

Butterworth,¹⁸ by application of the formula for a cylinder, found an area four times greater in the normal patient. Hartman et al.¹⁹ have stated that the microvilli of the apical cell surface will increase the surface area of the normal intestine twenty fold. They found a deficiency in size and number of microvilli in non-tropical sprue patients. This author believes the change in surface

(Continued on Page 14)

Hospital of the Month



Doctors Hospital (Osteopathic)

Loop 323 South, Tyler, Texas

The Texas Osteopathic Physicians' Journal is proud to salute Doctors Hospital in Tyler, Texas as Hospital of the Month.

Tyler's newest hospital, situated, on Loop 323 South in the city's finest residential area, was opened in June, 1963. Doctor's Hospital Osteopathic was originally scheduled to open June 15, but an auto accident in the near vicinity forced the opening date to June 3. Over 300 persons attended the official opening on June 23.

The hospital was established by Drs. William Clark, B. K. Fleming, Anton Lester and John Turner, who have since been joined by Drs. Carl List, Earl Kinzie, William Hanna, William Wagner and L. N. Sanders. The hospital is solely operated under AOA direction as an osteopathic institution and not a private facility, each full staff member having equal ownership and voice in the functions of the hospital.

The Board of Trustees is composed of the 9 staff members, with Dr. William Clark serving as president, and four lay members, to-wit: Bill Coats, Tyler District Attorney, Baker Lucas, realtor, Clyde Elliott, Jr., Canton attorney, and Robert McGuffey, Frankston businessman.

This 29-bed hospital is equipped with modern facilities, consisting of piped-in oxygen and suction to each room and an inter-com system from patients' room to nurses' desk, thereby eliminating the necessity for nurses to run up and down the halls needlessly. There is a complete laboratory, surgery, x-ray, delivery room, nursery and complete and modern in-patient care.

Earl Lock, office manager, is assisted by 29 employees. Expansion plans are being discussed which will nearly double present facilities.

The City of Tyler and surrounding areas offer excellent practice opportunities for qualified physicians.

DOCTOR NEEDED

We have 34 bed modern, well equipped hospital available to suitable physician. Doctor must operate hospital. A wonderful opportunity for the right man. Contact either Cecil Shults or W. E. Tyler, Rising Star, Texas.

Serving the Needs of the Medical Profession:

BUILDING :- FINANCING :- LEASING

CLINICAL DEVELOPMENT CO.

P. O. Box 561 :- BU 3-2881
FORT WORTH, TEXAS 76101

Dear Doctor:

Would you like to own your clinic on a tax sheltered basis? We can help you do just that by the proven business principle of purchase-leaseback. At the end of the lease period the clinic can be yours and with substantial tax savings.

Some advantages for doctor's to lease:

1. The capital freed by a lease arrangement can be used for more profitable investments. The freeing of working capital can enable a doctor to pay off existing debts.
2. Leasing makes available modern property and equipment that might not be feasible to obtain or maintain otherwise.
3. You have possession of real estate without any capital investment. (Why own a cow when milk is so cheap. All you really need is the milk, not the cow.)
4. Leasing offers 100 percent financing.
5. Leasing offers a tax advantage not available with ownership. Your annual rental as an expense is totally deductible when computing net income for tax purposes. You can charge off your land, building and equipment as a regular operating expense.

We are in the business of building, financing and leasing clinics, pharmacies, and rest homes, for the medical profession. We can assist you with plans and all other services necessary and at a savings to you in time and money.

For a personalized program tailored to fit your needs please write or phone us stating your most convenient time for our representative to call upon you.

Sincerely Yours,

J. A. Houghton
Executive Vice President

Hospitals Should Be For All Physicians

After a proposal was made to build a hospital in Cuero with tax money from the district, a hospital survey was presented by physicians of the three hospitals in the town.

The survey of Drs. C. R. and R. L. Stratton, who own the Stratton Hospital, was published in the *Cuero Record*. The osteopathic physicians pointed out that the hospital should be for all physicians and not be promoted for the sole use of and benefit of a single branch of medicine, or for an organized physicians' group or a designated few members of such a group.

Drs. Stratton also stated that any public health facility must be planned, built and administered with only one group in mind—the citizens of the community.

"If a hospital district is sought by a public willing to tax itself, then this public will want an institution in which it can have absolute free choice of physician at all times," they maintained.

OPPORTUNITIES

Prime general practice locations in Grand Prairie and Arlington, Texas. Rapid growing area with a combined population of 100,000. 16 miles from Dallas and Fort Worth. 65 bed intern and resident training approved hospital. Located in the heart of the largest developing industrial area in the United States. Contact Harriett M. Stewart, D.O., Administrator, Mid-Cities Memorial Hospital, 2733 Sherman Road, Grand Prairie, Texas.

RECEPTION, DINNER

(Continued from Page 6)

Amon Carter Jr. described his late father's friendship with Dr. Russell and his own memories of the doctor's visits to his boyhood home.

Dr. J. Warren McCorkle, president of the association, presented the doctor with a commemorative plaque.

FRIENDS HONOR DR. RUSSELL

(Continued from Page 6)

of Dr. Virginia Ellis, who was mistress of ceremonies for the occasion.

It appeared as quiet, cordial affection in the messages from numerous friends and colleagues, read by Dr. L. G. Ballard.

Above all, love filled the banquet room and touched all present when the old physician's son, Col. Roy D. Russell, spoke of what his father had given him.


"Loyalty and integrity are the only sentiments I've expected from the men I've commanded, and the only ones I've been able to give them," said the colonel, commander of a missile base near Los Angeles.

"I learned about them from my father. Everything I have, I got from him."

He stepped down from the rostrum, bent and kissed his father's cheek. Both men had tears in their eyes. So did most of the 40 others present.

Defibrillator Backed

The Fort Worth Osteopathic Hospital is richer by \$1,720, the gift of the hospital's Guild. The check was presented by Mrs. T. Y. Lewis, president, to Thomas G. Leach, administrator at the hospital. Money is for purchase of a defibrillator and pacemaker, electronic shock machines used to stimulate heart action in cases of cardiac arrest.



Regained: *an interest
in her surroundings,
a feeling of well-being*

DEXAMYL[®] brand of dextro-
amphetamine sulfate and amobarbital
**helps relieve symptoms
of mild depression
within the hour**

Each Tablet contains 5 mg. of Dexedrine[®] (brand of dextroamphetamine sulfate) and ½ gr. of amobarbital, derivative of barbituric acid [Warning, may be habit forming]. Each Spansule[®] sustained release capsule No. 1 contains 10 mg. of Dexedrine (brand of dextroamphetamine sulfate) and 1 gr. of amobarbital [Warning, may be habit forming]. Each 'Spansule' capsule No. 2 contains 15 mg. of Dexedrine (brand of dextroamphetamine sulfate) and 1½ gr. of amobarbital [Warning, may be habit forming]. The active ingredients of the 'Spansule' capsule are so prepared that a therapeutic dose is released promptly and the remaining medication, released gradually and without interruption, sustains the effect for 10 to 12 hours.

INDICATIONS: (1) For mood elevation in depressive states; (2) for control of appetite in overweight.

USUAL DOSAGES: One 'Dexamyl' Tablet 2 or 3 times daily—in depressive states, at mealtimes; in overweight, 30 to 60 minutes before meals. One 'Dexamyl' Spansule capsule taken in the morning for 10- to 12-hour effect.

SIDE EFFECTS: Insomnia, excitability and increased motor activity are infrequent and ordinarily mild.

CAUTIONS: Use with caution in patients hypersensitive to sympathomimetics or barbiturates and in coronary or cardiovascular disease or severe hypertension. Excessive use of the amphetamines by unstable individuals may result in a psychological dependence; in these rare instances withdrawal of medication is recommended. It is generally recognized that in pregnant patients all medications should be used cautiously, especially in the first trimester.

SUPPLIED: Tablets, in bottles of 100; 'Spansule' capsules No. 1 (1 dot on capsule) and No. 2 (2 dots on capsule), in bottles of 50.

Prescribing information Jan. 1963

SK Smith Kline & French Laboratories

ETIOLOGY

(Continued from Page 9)

area is probably a protective biological reaction produced as a result of chronic allergic insults and superimposed infection.

The small intestinal epithelium has a high rate of metabolic activity, protein synthesis, and renewal of cells.²⁰ Since protein synthesis is occurring in these cells, it is further speculated that glutamine formulation could be occurring; however, it is conceded that little is known about the transformation of glutamine and glutamic acid in mammalian tissues.¹⁰ The mean mitotic index of the complete intestinal epithelium has been calculated at a two fold elevation in non-tropical sprue patients.⁷

This resultant desquamation increases and may contribute to increased fecal fat and the fallacy that fat excreted plus fat absorbed is equal to fat oral intake. The evidence for endogenous lipid has been done by Culver.²¹ The survival time of human columnar epithelium is not known. Colchicine stops mitosis of the intestinal epithelium in the metaphase, folic acid antagonists act slower in reacting, but gastrointestinal allergy will produce symptoms which correspond with the clinical manifestations.

Metabolic Fate of Folic Acid & Glutamine

There is abundant evidence that folic acid is concerned in the metabolism of the one carbon fragment;¹⁰ therefore, there is a decrease theoretically of decarboxylation and oxidative demethylation of protein to CO_2 .¹⁰ If this is true, glutamine should be found in excess in the blood of gluten sensitive individuals, and a relationship between folic acid and glutamine is established.

Frazer²⁴ reports that Van de Kamer has found an excess glutamine blood level in these people. Since there is an excess of glutamine in the blood in these conditions, it would be expedient to determine the fate of this amino acid

in metabolism of the body. That this amino acid is involved in important metabolic cycles does not seem to have been considered. Glutamine enters into the Krebs urea synthesis and succinate glycine cycles.

Since there is an increase in glutamine, there is probably a relative decrease in alpha ketoglutaric acid, and, therefore, succinic acid. Succinic acid is involved in the above three cycles; therefore, the formation of urea, porphyrin, and the final common pathway of metabolism is affected.¹⁰ Also, as there is increased glutamine, there must be a relative decrease combination with keto acids for transamination-deamination.

Since folic acid and B_{12} are involved in tyrosine metabolism, a decrease of folio acid should result in the biogenesis of epinephrine being decreased. Since phenylalanine is involved in the biogenesis of epinephrine, is an essential amino acid, and there is a decrease in protein metabolism with a protein losing enteropathy present, there must be an increase in allergic phenomena in these patients.

As folic acid is indispensable for the synthesis of desoxyribonucleic acid, and a constituent of the nuclei of all cells, its importance and interactions are also indispensable. In view of the interactions and functions of folic acid, it is not surprising that there is dramatic improvement in these syndromes, with the exception of Whipple's disease, in 24 hours.

Tropical Sprue

It is significant that cases of the sprue related syndrome with macrocytic anemia will have a reversible histological condition.⁸ The similarity to tropical sprue is inferred. Possibly, the acuteness of the disease and lack of chronicity of glutamine sensitivity is involved. The formula of folic acid contains glutamic acid in its molecule; therefore, with increase in blood glutamine possibly present, there may be a decrease in folic acid.

Possibly, tropical sprue develops by a

deficiency in folic acid leading to acute sensitivity to glutamine—which leads to allergic reactions—which leads to superimposed infection—which results in the histological pattern. Since a glutamine sensitivity and blood level elevation may be present in tropical sprue with resultant decrease formation of Coenzyme I and II and a decrease in folic acid, possibly treatment with folic acid results in increased formation of Coenzyme I and II, with increase in glutamine breakdown, and, therefore, disappearance of glutamine sensitivity and clinical symptoms.

Tropical sprue and the sprue related syndromes show a megaloblastic macrocytic anemia early because of the above factors, while in chronic cases the possibility of involvement of the succinate-glycine cycle and decreased porphyrin production result in microcytic anemia.

Folic acid in food is present as conjugates and broken down by conjugates, which may be decreased by decreased protein metabolism or enzyme inactivation or destruction. The increase in fresh deep green leafy vegetables and fresh foods available in the tropics could account for an increased supply of the conjugates of folic acid, especially the Bc conjugate. It is significant that the Bc conjugate contains seven glutamic acid molecules to only one in folic acid, and that folic acid is ineffective orally.

Since folic acid plus Bc conjugate had no effect on pernicious anemia patients while the addition of liver produced a benefit, it was assumed that citrovorum factor or the folic acid in the liver produced a benefit,³⁰ and the result, when the above plus a Bc inhibitor also was beneficial, confirmed this finding.³⁰ Possibly, this should be viewed as a biological competition of the Bc conjugate and folic acid, and current concepts of macrocytic anemia should be reviewed.

Folic acid as previously mentioned is indispensable for cell nuclei,³⁰ and the lack of cell nuclei of the intestinal epithelium probably arises from this source. Since folic acid stimulates the growth

of certain microorganisms³⁰ of the intestine and intestinal microorganisms are known to produce and utilize folic acid,³⁷ therapy with this agent results in clinical improvement and the tendency of the G. I. tract to return to normal.³⁷ Therefore, it is proposed that glutamine sensitivity ceases at the same time due to the above factors, along with the intestinal evidence.

Allergy

An allergy is incriminated in these conditions. Proof of this statement is provided by Berger, (as mentioned by Frazer),²⁴ that fixation of complement after gliaden feeding in celiac children does not occur in normal children. The thought of allergy in the sprue related syndromes, tropical sprue, and Whipple's disease, has been sadly neglected. That villous regeneration is apparent in tropical sprue patients with folic acid and B-12 only confirms that treatment

-SYRPALTA-



A palatable vehicle containing natural fruit extractives, synthetic flavors and certified color. **Makes unpleasant tasting drugs taste better.**

Samples on request.

EMERSON LABORATORIES
P. O. Box 1449
Dallas, Texas

has produced a beneficial result and not necessarily a cure.

Although there is a similar histological pattern in tropical sprue and the sprue related syndromes, many authors consider tropical sprue to be etiologically distinct.²⁴ Frazer²⁴ concludes that maintenance of steatorrhea in tropical sprue is caused by the intestinal flora. This is in accord with the endogenous production of glutamine and resultant allergic reactions of this paper.

It is well known that chronic irritation and inflammation is responsible for cell proliferation. Also, allergic reactions will cause cell proliferation resulting from chronic irritation and inflammation, i. e., polyp of the nasal mucous membrane. It is also well known that allergic insults can alter the function of involved areas with resultant superimposed infection, i. e., chronic sinusitis.

Because the intestinal epithelium desquamates, I should like to propose that allergy is responsible for the two fold increase in cell mitosis. Therefore, it is proposed that a chronic allergic condition caused by glutamine exogenously delivered or endogenously produced, with folic acid as instigator, results in the sprue related syndromes.

Reason For the X-Ray Pattern

Since there is an increase in glutamine in the blood of glutamine sensitive patients, there must be either a decrease in protein catabolism or a formation of this amino acid in excess. Because the former is more likely, the circulation of this potent substance would probably act to reduce enzyme systems and promote the development of allergic reactions.

In allergy it is well known that histamine and acetylcholine have identical actions; therefore, early in these syndromes there is an increase in motility based on allergic insults at the intestinal level, while later it is the cellular response that produces the typical deficiency pattern. In other words, there is decreased available energy which can

be transformed into mechanical movement energy, as a result of inefficient energy production and enzyme systems. This follows from the law of conservation of energy and the laws of thermodynamics.

Periodic Acid Schiff Staining

It has been known that the PAS stain reaction is present in tissues due to an aldehyde or ketone radicle being present.²⁵ Also, it has been found that galactose and acetylgalactosamine are responsible for the carbohydrate portion of this staining material.³³ Since galactose has the best absorption of the monosaccharides, this is not surprising. Further, Idiopathic Galactosemia is a congenital disorder characterized by an enzyme defect, which prevents breakdown of galactose 1-phosphate.³²

With a decrease in hexose monophosphate oxidative pathway in sprue related syndromes, Whipple's disease, and tropical sprue, one would expect an increase in galactose 1-phosphate, and the above becomes important for consideration. As mentioned previously, there may be an increase in keto acids also available. Glutamine could chemically act like other amino acids and form ring compounds, diketopiperazines, simply by heat and the loss of two molecules of water.

Since these patients are so dehydrated, the formation of glutamine anhydride seems possible. The resultant compound would be a butyl keto compound with two positive charges. It is speculated that this compound intercellularly would tend to displace potassium, combine with chloride, and give the PAS stain reaction, in combination with galactose. Since these ring compounds are partially hydrolyzed with dilute acids, a folk remedy²⁶ may produce benefit in these patients. PAS staining of tissue is not in abundance in body tissues. It is present in these syndromes and in other conditions, which are generally classified as degenerative or non-infective inflammatory.

Some of these diseases are cholesterosis of the gall bladder, alopecia mucinata, mucoid degeneration of the appendix, Gaucher's disease, Berylliosis, Tuberculosis, and Sarcoidosis. One thing that most of these diseases have in common is fat. Perhaps antibiotics would be of benefit in all of these conditions and examination under an electron microscope would be of value.

Whipple's Disease

Because the histopathological findings of Whipple's disease are similar to the sprue related syndromes, it is proposed that it is an extreme form of the sprue related syndromes. Butterworth¹⁸ has found marked distention of the lymphatics and edema in every specimen of tropical sprue patients; also, an abundance of eosinophils in the lamina propria of the intestine despite any definite allergy or parasites¹⁸ present. Chronic alteration of localized intestinal function could lead to superimposed infection with explanation of the apparent reversibility of Whipple's disease.

Whipple's disease may be a primary early disease of low response, in the production of dramatic symptomatology, as contrasted to tropical sprue, and due to a chronic glutamine toxicity and immunity factors. To relate the onset of Whipple's disease in later life, may be similar to relating the onset of emphysema to later life, simply because of the presence of debilitating symptomatology at this time. Naturally there must be preceeding instigation.

Whipple's disease is obviously irre-

versible in its later stages; similar to other generalized pathological states of long duration affecting the entire body.²⁸ The incrimination of rickettsial or virus infiltration has long been suspected.²⁷ That some authors have found antibiotics to produce dramatic improvement in sprue,¹⁶ and others in Whipple's disease,²⁸ while some have found that steroids alone²⁹ in Whipple's disease are of no benefit, demonstrates infection is present.

Since the histological picture of normal microvilli and epithelium is present in Whipple's disease,²⁷ there would appear to be good evidence against this hypothesis, and against a relation to the sprue related syndromes. But, the presence of PAS staining material in both of these diseases could show a cellular systemic response to glutamine sensitivity, which is common to all of these syndromes. As there is possible selective absorption of unsaturated and long chain fatty acids in the sprue related syndromes,²⁴ and these are transported mainly by the lymphatics, the possibility of a chronic condition resulting in mechanical blockage, as in Whipple's disease, is entertained.

Since peripheral lymph nodes contain characteristic PAS positive foam cells, this material could be formed by extraction from the blood levels and (or) spread by the lymphatics. Since lymphoid tissue arising from, or in close association with, the epithelium of the gut may play a special role in immunogenesis,³⁴ and since with final blockage of gut lymph nodes in Whipple's disease this

X-Ray Equipment & Supplies

X-RAY SALES & SERVICE CO.

2800 THANNISCH ST.

C. A. McGEE

FORT WORTH, TEXAS

effect will be decreased, it is easy to realize how superimposed infection can occur, along with increased collagenous reactions late in Whipple's disease.

It will be shown later that the metabolism of these long chain fatty acids are decreased with resultant accumulation. The epithelium in Whipple's disease could demonstrate an adequate localized antibody formation as a result of the chronicity of the disease, and therefore, appear normal.

Biochemistry of Sprue Related Syndromes, Tropical Sprue, and Whipple's Disease

It is time to turn our attention away from the intestine in these disorders, for the weakness of these patients may not merely be due to ineffective absorption. It is postulated that the deficiencies of enzymes that are found in the intestine are also present throughout the body in these syndromes, and, therefore, a muscle or liver biopsy is indicated for histochemical analysis and confirmation.

Rudolf Virchow wrote in 1855, "All diseases can be reduced to disturbances of the aberrant composition and structure of the molecules of the cell and hence to physically and chemically detectable changes as expressed by aberrant function." As previously discussed, there is an elevated blood level of glutamine and decreased protein catabolism presumably present in all these syndromes.

The energy for protein metabolism being derived from carbohydrate,¹⁰ there is possibly a decrease in available phosphatase⁽⁴⁾ and phosphate,²³ there should be a relatively depressed carbohydrate metabolism. Thus, there will be a decrease in pyruvate, and pyruvic acid, and, therefore, a relative decrease in the tricarboxylic acid cycle and energy interactions. Thus the weakness of these patients can be explained. Assuming there is a decrease in available ATP in cells due both to a lack of phosphate donors and (or) available phosphate, and the toxic effect of glutamine, there

will be a further decrease in energy reactions.

Therefore, there is a defective utilization of monosaccharides by glycolysis and hexose monophosphate oxidative pathway; because of decreased production of enzymes, (possibly phosphoglucomutase), because these enzyme proteins are decreased due to relative decrease in protein synthesis due to deficient energy available, since the energy for this is supplied from carbohydrates and (or) fat oxidation.⁽¹⁰⁾

Also, these enzymes may be decreased because of the direct toxic action of glutamine and (or) the lack of phosphate groups. The lack of phosphate groups (relative) could occur due to a breakdown of organic phosphate compounds, owing to the interruption of enzyme systems,³⁸ and (or) decreased vitamin D with overactivity of the parathyroid and final increased excretion and hypoparathyroidism. Probably a combination of the above is occurring.

In these syndromes pathways available for lipogenesis and oxidation of fat are interrupted, and it is little wonder that catabolism has to proceed at an increased rate-concomitant with a decreased absorption. With an increase in energy demands, due to inefficient means of supplying energy, I believe I can demonstrate that there is more than inefficient absorption involved. In these syndromes and particularly Whipple's disease, there is a decrease in desperately needed lipogenesis due to: 1. defective utilization of the hexose monophosphate oxidative pathway due to reasons previously shown, 2. A decrease in this pathway results in a relative decrease in pyruvate, which also results in a decrease in acetyl CoA.

Since the sources of acetyl CoA are derived from protein, carbohydrate, and fat metabolism, and there is a relative decrease in carbohydrate metabolism (which supplies energy for fat and protein metabolism), it can be realized that the formation of acetyl CoA is limited.

Since the most efficient area for lipogenesis is in the cytoplasm³¹ and this requires: DPNH, (which is obtained by hexose monophosphate oxidation), citrate or isocitrate reductants,³¹ (which are relatively decreased by decrease in succinate and Krebs cycle activity), there is a relative decrease in lipogenesis.

Also oxidation of fatty acids, and utilization of this energy, can not occur efficiently if one accepts the fact that mitochondria are dependent on FAD and the cytochrome system,³¹ which must be relatively decreased due to a relative decrease in the succinate-glycine cycle and porphyrin metabolism early in these diseases. Since the oxidation of fatty acids to acetyl CoA is tremendously accelerated in the face of a limited supply,³¹ and since acetyl CoA is the primary fuel of the Krebs acid cycle, it should be understandable that these patients, at times, haven't enough energy to absorb nutrients or any other essential function. Although acetyl CoA can be produced in all tissues, it is the liver which increases enormously the rate of production,³¹ which results in eventual fatty liver due to increased mobilization of depot lipid.³¹

An increase in acetylcholine action being available (by increase in allergic activity and histamine available), there could be an increased muscular activity resulting in available ATP being depleted further for glycolysis and creatine phosphate. In this way lactic acid may be produced to compensate for decreased pyruvate production, and heat production (which is possibly decreased

by decreased enzyme interactions) can be maintained.

If this is true, the increase in muscular activity with decreased available energy would result in stress reactions, increased adrenal response, and final insufficiency which was previously unexplainable. It was shown previously in this paper that the biosynthesis of epinephrine and norepinephrine is involved with folic acid metabolism, and it will be shown that this biosynthesis is further affected.

Ethanolamine phosphoric acid levels have been found in excess in the urine of celiac patients.⁴ It has been mentioned previously that there is a decrease in lipogenesis and that folic acid and B12 are involved in the metabolism of labile methyl groups. With these facts in mind, it becomes probable that metabolic pathway in transmethylation is affected, for ethanolamine is involved directly in this pathway and is a degradation product of phospholipids. It would be of interest to see if ethanolamine urine levels decrease in the sprue related syndromes and Whipple's disease, since with a decrease in transmethylation there will be a decrease in lipotropic activity, increased amount of liver fat, and decreased phospholipid biosynthesis which occurs chiefly in the liver. Because there is bacterial synthesis of methyl groups in the intestine, antibiotics would cause a decrease in this needed activity.

Since cerebrosides contain a fatty acid, sugar, and base sphingosine, and there is a decrease in fatty acid metabolism and absorption of fats with a decrease in carbohydrate metabolism and the for-

NOTICE

Houston, Texas physician retiring—Good location in clinic building with laboratory and x-ray facilities. Rent reasonable—can keep established practice. Good for specialist or general practice. Address inquiries to Texas Osteopathic Physicians Journal, Box 101, 512 Bailey Avenue, Fort Worth, Texas.

mation of cerebrosides are interrelated with the biosynthesis of phospholipid,³¹ there must be a decreased production of these compounds which are found only in nervous tissue. Also, considering serotonin's action as a possible neurohormone, and contrary action to acetylcholine type compounds, it is not surprising that these patients have neurosis and psychosis.

Since cholesterol is synthesized from and composed of 12 carbon atoms from acetate radicles and 15 carbon atoms from methyl groups,³¹ and this paper has established that there is a decrease in pyruvate (or acetate) and methyl groups, one would expect a decreased cholesterol production. Coenzyme A, which may be decreased as previously demonstrated, is involved in cholesterol synthesis to form mevalonic acid, the most efficient precursor.³¹ Liver cholesterol esterase, (and pancreas), is very important for action on its substrate.

If there is a decrease in metabolism,

there will be a decreased formation of this compound with decreased breakdown of cholesterol esters. Further, these esters are composed of mostly highly unsaturated fatty acids,³¹ (which are possibly selectively absorbed in these diseases), and if there is a decrease in reabsorption of bile salts, there could result a cholesterolosis of the intestine.

Further, the release of cholesterol to the blood by the liver is interrelated in lipoprotein synthesis of the liver, and phospholipids enter into this mechanism.³¹ Therefore, there results a decrease in cholesterol in the blood. It is not unusual to have a low normal or low serum cholesterol in the sprue related syndromes, and Chears²⁸ reported low cholesterols in 11 of his 12 patients.

Because the amount of androgens formed in the adrenals and gonads are a product of competitive metabolic actions,³¹ the biosynthesis of steroid hormones from cholesterol would decrease with the addition of increased demands of an abnormal state. Also, since acetate can be incorporated into adrenocortical steroids,³¹ a decrease in pyruvate becomes important for biosynthesis, and abnormal Vitamin C activity is explained. Many authors have regarded porphyrinuria to be present in endemic pellegra, but the only connection proved is when liver damage is demonstrable.

It has been presented that excessive porphyrin and porphobilinogen excretion in the urine and bile is associated with a progressive decline in the concentration of catalase in the liver.³⁹ Porphyrin metabolism is very complex. Since alcohol has been incriminated frequently in patients with hepatic porphyrinuria, patients with these syndromes may also be affected by alcohol.

Possibly there is a type of hepatic porphyrin involvement without photosensitivity, or porphyrinuria. The symptoms of late Whipple's disease certainly parallel those of this disease. Since England³³ found a patient with a pellagroid rash and Whipple's disease to have a rash reappear 48 hours after stopping ACTH,

WANTED

2 or 3 ambitious, mature D.O.'s to locate in varied industries area. . . . Will assist in establishing practice . . . full staff privileges in hospital. . . . Can purchase into profit corporation if desired.

GARLAND GENERAL HOSPITAL

1415 Forest Lane
Garland, Texas

DR. C. J. MARTIN
Call Collect Br. 6-7148

In spite of treatment with nicotinic acid, she mentioned the possibility of porphyrin formation in the intestine with absorption and no porphyrinuria.

Since nicotinamide is closely similar to glutamine in substituted groups it may show a biological antagonism similar to pyrithiamine and thiamine, with thiazole and pyridine rings, the actual spatial relationships in the molecule should be investigated. If this is true, there may be times when these patients are flushed without taking nicotinic acid due to glutamic acid.

Also, this could explain why glutamine is not being broken down since nicotinic amide is the functional group of DPN and TPN, which are necessary for dehydrogenating lactose and glutamic acid. Since lactose has been incriminated in PAS staining of tissue, and since galactosemic red blood cells with galactose result in a decrease in oxygen uptake,³² these patients may have a further decrease in cellular reactivity of respiration, (previously possibly embarrassed with relative decreased cytochrome and (or) flavin enzymes). This would result in the metabolic imbalance seen in these patients.

Experimental Studies

It has been investigated and found⁴⁰ that there is incomplete utilization of serine, in patients with celiac disease and sprue, and conversion of glycine absorbed into serine. If you consider that glycine is utilized and mobilized at the rate of 9 mg. per hour per kilo of body weight, and that serine can be channeled

into pyruvate, these findings are not surprising. This more or less proves the increased demand for pyruvate and involvement of the metabolic pathway of transmethylation as previously discussed.

Haverback and Kowlessar, et. al., (as mentioned by Rubin⁴⁴), have found increased urinary excretion of 5-HIAA in celiac disease. Since tyroptophan has a metabolic pathway to form nicotinic acid, serotonin, and stimulate DPN and TPN synthesis, an excess of 5-HIAA is probably produced by these methods. Since peroxidase is necessary to form nicotinic acid, this excess 5-HIAA may arise from the other pathways.

If there is a need for DPN and TPN synthesis, this could account for this action. Evidence against the deficiency of DPN and TPN in Whipple's disease has been presented by Hollenberg,²⁷ who found these and other enzymes to be in normal amounts. His chemical analysis was performed on the luminal border of the mucosal epithelial cells of the duodenum, but it should be mentioned that the cells of the intestine have a high aerobic glycolysis,³⁸ and, therefore, differ from most tissue cells in interactions for energy.

Discussion

It must be remembered that these sequences of events are dependent on glutamine sensitivity and probable sporadic blood levels. Most authors are hesitant to relate the sprue related syndromes and Whipple's disease due to histological and histochemical differ-

Mattern X-Ray Equipment and X-Ray Supplies

Diathermy and Galvanic Machines—Ultra Violet and Infra Red Lamps
Beck-Lee Cardio Graphic and Cardio-Mite Machines

SOUTHWEST & JOHNSON X-RAY CO.

1903 Anson Road

P. O. 35064

Dallas, Texas

Phones: ME 1-5164 and Night LA 8-6834

ences, but conversely, there are similarities that should not be neglected.

It is probable that the chronicity and various degrees of involvement in Whipple's disease are responsible for confusion. Thus, a gluten free diet should not be expected to help Whipple's disease after the appearance of collagenous like symptoms and damage. Since hydroxyproline, a collagen like protein, has been found to be present in human blood plasma,⁴¹ and since the Krebs cycle is possibly decreased, this substance would be in eventual excess with resultant collagenous symptoms.

Also, since the polysaccharides of joints involve galactose, and actylgalactoseamine is a precursor of hyaluronidase-protein,⁴² involvement of rheumatic joint type symptoms may result. Evidence for the chronicity of gluten sensitivity resulting in microcytic anemia vs. acuteness resulting in macrocytic anemia has been presented.⁴³

In the sprue related syndromes, the chronicity and greater cellular metabolic alternations may be a factor, as previously described, which prevents a fast cure. The above factors plus involvement of autoimmunity are probably involved in Whipple's disease. But, the presence of intact epithelium with glutamine sensitivity shows the effect of glutamine to be probably not intestinal.

The possibility of variants of these syndromes appearing, due to primary infection, lack of glutamine sensitivity, and the failure to develop early magaloblastic anemia, should be investigated. The investigation of respiratory mucous flocculating barium, and the elevation of glutamine blood levels in all these diseases should be done. The possibility of the described biochemical alterations occurring in other severe diseases, resulting in chronic catabolism, should be studied.

Perhaps, tropical sprue, Whipple's disease, and the sprue related syndromes could be designated acute, subacute, and chronic, if further proof of their relationships is obtained by labora-

tory evidence. In this case they could be called energy deficient diseases of metabolism. The investigation and clarification of these diseases requires the combined talents of a pathologist, histologist, biochemist, physiologist, and internist, and is obviously far from the author's field of general practice.

Therefore, if scientific blasphemy has been committed, your indulgence is desired. Since the author is an osteopathic physician, has no laboratory, and is denied the facilities of a local state medical university, further investigation is impossible. Obviously the proof or disproof of the above hypothesis and theories must come from those who have the above facilities, but it is hoped that a cure is closer, since the author is sensitive to glutamine.

Treatment

The acetate radicle being of importance in many body functions, short chain fatty acids are possibly not selectively absorbed, and there is a probable relative decrease in available pyruvate present; the utilization of dilute vinegar could be beneficial to maintain adequate pyruvate (by reduction). Anabolics, antiallergics, and antibiotics are indicated.

ACTH is necessary for its action on: the replacement of potassium intracellularly resulting in increased absorption of carbohydrates by the gastrointestinal tract, protein catabolism, inhibitory effect on pericardial, pleural and peritoneal adhesions, effect on muscle weakness and stress, and other interactions in these diseases. Elixer glycerophosphates (Lilly No. 99) is indicated since it appears to stimulate intracellular esterification of fatty acids and permits its further transit in the chyle, and supplies phosphate groups.

Acknowledgments:

I am indebted to J. F. Depetris, D.O., F.A.C.O.I., for his reference file on the above diseases, and to C. L. Bamford D.O., pathologist at East Town Hos-

pital, Dallas, Texas, for his discussions on the above diseases. I am also indebted to the greatest Physician: the Maker of the human body.

REFERENCES:

- Kelly, M.L., and Terry, R., Clinical and histological observations in fatal non-tropical sprue. *Am. J. Med.*, 25: 460, 1958.
- Ross, J. R., and Nugent, F. W., Gluten induced enteropathy. *Med. Clinics of N. Am.*, Vol. 47, No. 2, Pg. 417-18, W. B. Saunders Co., Phila. & London, March 1963.
- Green, P. A., and Wollaeger, E. E., The clinical behavior of sprue in the United States. *Gastroenterology*, 30: 399, 1960.
- Green, P. A., Malabsorption syndromes of enteric origin. *Gastroenterology* 36: 102-3, 1959.
- Cooke, W. T., Penny, A. L. P., and Hawkins, C. F., Symptoms, signs, and diagnostic features of idiopathic steatorrhea. *Quart J. Med.*, 22: 59, 1953.
- Hanes, F. M., and McBryde, A. Identity of sprue, nontropical sprue, and celiac disease. *Arch. Int. Med.*, 58: 1, 1936.
- Padykula, H. A., Strauss, E. W., Ladman, A. J., and Gardner, F. H. A morphologic and histochemical analysis of the human jejunal epithelium in nontropical sprue. *Gastroenterology*, 40: 763, 1961.
- Shiner, M., and Doniach, I. Histopathologic studies in steatorrhea. *Gastroenterology*, 38: 439, 1960. (See No. 29)
- Gross, J. B., et. al. Whipple's disease; report of four cases, including two in brothers, with observations on pathologic physiology, diagnosis and treatment. *Gastroenterology*, 36: 90, 1959.
- Salter, J. M. Protein Metabolism. *Diseases of Metabolism*, Edited by G. G. Duncan, pgs. 1-55, Fourth Edition, W. B. Saunders Co. Phila. & London, 1959.
- Maas, W. K., Novelli, G. D. and Lipmann, F. *Proc. Nat. A. Cad. Sci.*, 39: 1004, 1953.
- Abelson, P. H. and Vogel, J. J., *Biol Chem.* 213: 355, 1955.
- Vogel, H. J. and Bonner, D.M., *Proc. Nat. Acad. Sc.* 40: 688, 1954.
- Scher, W. I. and Vogel, H. J., *Bacteriol. Proc.*, p. 123, 1955.
- Hartman, R. S., Butterworth, C. E., Hartman, R. E., Crosby, W. H. and Shirai, A. An electron microscopic investigation of the jejunal epithelium in sprue. *Gastroenterology*, 38, 514, 1960.
- French, J. M., Gaddie, R. and Smith, N. M. Tropical sprue; a study of seven cases and their response to combined chemotherapy. *Quart. J. Med.*, 25: 333, 1956.
- Nadel, H. and Gardner, F. H. Bacteriological Assay of small bowel secretion in tropical sprue. *Am J. Trop. Med.*, 5: 686, 1956.
- Butterworth, C. E. and Perez-Santiago, E. Jejunal biopsies in Sprue. *Ann. Int. Med.*, 48: 23, 1958.
- Hartman, R. S. Butterworth, C. E., Hartman, R. E., Crosby, W. H., and Shirai, A. An electron microscopic investigation of the jejunal epithelium in sprue. *Gastroenterology*, 38: 506, 1960.
- Leblond, C. P. and Walker, B. E. Renewal of cell populations. *Physiol. Rev.*, 36: 255, 1956.
- Mass. General Hospital. Case 328; Sprue syndrome. *Am. Pract. & Digest Treat.*, 6: 1525, 1955.
- Green, P. A. & Wollanger, E. Malabsorption syndromes of enteric origin. *Gastroenterology*, 38: 413, 1960.
- Comfort, M. W. and Wollaeger, E. E. Nontropical sprue; Pathologic physiology, diagnosis, and therapy. *A.M.A. Arch Int. Med.*, 98: 809, 1956.
- Frazer, A. C. Pathogenetic concepts of the malabsorption syndrome. *Gastroenterology*, 38: 389-392, 1960.
- Personal communication, Dr. C. L. Bamford.
- Jarvis, D. C. In *Folk Medicine*, Fawcett Publications, Inc. Greenwich, Conn. 1962.
- Hollenberg, M. Whipple's disease. *Am. J. Med.*, 32: 458, 1962.
- Chears, W. Crockett, Jr., Hargrove, M. D., Jr., Verner, J. V., Smith, A. G., and Ruffin, J. M. Whipple's disease; A review of twelve patients from one series. *Am. J. Med.* 30: 226, 1961.
- Gross, J. B. Wollaeger, E. E., Sauer, W. G. Huizenga, K. A. Dahlin, D. C., and Power, M. H. Whipple's disease; report of four cases, including two in brothers, with observations on pathologic physiology, diagnosis and treatment. *Gastroenterology*, 36, 65, 1959.
- Best, C. H., and Taylor, N. B. In *The Physiological Basis of Medical Practice*, pgs. 86-91, Wilkins & Wilkins Co., Baltimore, 1955.
- Gurin, S. In *Diseases of Metabolism*, edited by G. G. Duncan, pgs. 149-185. W. B. Saunders Co., Phila. & London, 1959.
- Wagner, R. In *Diseases of Metabolism*, edited by G. G. Duncan, pg. 640. W. B. Saunders Co. Phila & London, 1959.
- England, M. T., French, J. M., and Rawson, A. B. Antibiotic control of diarrhea in Whipple's disease; a six year follow-up of a patient diagnosed by jejunal biopsy. *Gastroenterology*, 39: 230, 1960.
- Good, R. A., Finstad, J., and Gabrielson, A. E. The thymus in developmental immunobiology. *World Wide Abstracts of General Medicine*, March, 1964.
- Rubin, C. E., Brandborg, L. L., Phelps, P. C., and Taylor, H. C., Jr.; Studies of celiac disease; the apparent identical and specific nature of the duodenal and proximal jejunal lesion in celiac disease and idiopathic sprue. *Gastroenterology*, 38: 46, 1960.
- Conrad, M. E.; Astaldi, G.; and Hartman, R. S. A report presented to the American College of Physicians at Atlantic City, Medical World News, pg. 162. May 8, 1964.
- Spies, T. D.; Hillman, R. W.; Cohlan, S. Q.; Kramer, B.; and Kanof, A. In *Diseases of Metabolism*, edited by G. G. Duncan, pgs. 441-448. W. B. Saunders Co., Phila. & London, 1959.
- Levine, R. In *Diseases of Metabolism*, edited by G. G. Duncan, pgs. 66-148. W. B. Saunders Co., Phila. & London, 1959.
- Watson, C. J. In *Diseases of Metabolism*, edited by G. G. Duncan, pg. 708. W. B. Saunders Co., Phila & London, 1959.
- Butterworth, C. E. Jr.; Santini, R.; Santini, R., Jr.; and Prez-Santiago, E. Absorption of glycine and its conversion to serine in patients with sprue. *J. Clin. Invest.*, 37: 20, 1958.
- Gabriel, D. and Gasic, T. In *Proceedings of the Society for Experimental Biology and Medicine* for December, 1963; volume 114 pg. 660.
- Schubert, M., and Hamerman, D. The functioning of the diffuse macromolecules of joints. *Bulletin on Rheumatic Diseases*, edited by J. J. Bunim, pg. 345. May, 1964.
- French, J. M., and Hawkins, C. F. The gluten free diet in idiopathic steatorrhea. *Med. Cl. of N. A.*, Pg. 1585. W. B. Saunders Co., Phila. & London, November 1957.
- Rubin, C. E.; Brandborg, L. L.; Phelps, P. C.; and Taylor, H. C., Jr.; Murray, C. V.; Stemler, R.; Howry, C.; and Wolviter, W. Studies of celiac disease; the apparent identical and specific nature of the duodenal and proximal jejunal lesion in celiac disease and idiopathic sprue. *Gastroenterology*, 38: 530, 1960.

LETTERS TO DR. PHIL

(Continued from Page 7)

MRS. BAIRD'S BAKERIES, INC.

P. O. BOX 937 • FORT WORTH, TEXAS 76101

HOUSTON
LUBBOCK
VICTORIA
WACO

ABILENE
AUSTIN
DALLAS
FORT WORTH

W. HOYT BAIRD
CHAIRMAN OF THE BOARD

June 25, 1964
Dr. Phil Russell
512 Bailey
Fort Worth, Texas

Dear Phil:

I read with a good deal of interest the article about you in this morning's Star Telegram and I couldn't help thinking of the many interesting visits you and I have had together.

You always took time out from your busy schedule to sit down and discuss problems with your friends and were always ready to be helpful in every way you could.

My warmest congratulations to you for all well deserved honors and recognitions that come your way. I certainly go along with your thinking that "chasing the buck" isn't the most important thing in life.

Sincerely,

HOYT BAIRD

* * * *

F. L. MOTHERAL

512 SOUTH MAIN
FORT WORTH 1, TEXAS

June 25, 1964

Dear Dr. Russell:

After reading the paper this morning, I am reminded of the pleasant association many of us have had the privilege of sharing with you for such a long time, and the enjoyment that has come from this association.

It is gratifying in these days of fast living and loss of sight of things really worthwhile to know that we have yet in our midst, and fortunate to know one personally, such as yourself, who still stand for principles, and who stand up for the principles for which they stand.

I would want you to know that all of us in the company who have known you and had the pleasure of your personal visits here will remember your kindness and pleasantness, and your sincerity, combined with firmness of purpose.

May your retirement bring you pleasures unknown and many days of well earned leisure to spend in the manner in which you most desire to spend them.

Sincerely,

F. L. MOTHERAL

(This is a small sampling of the many letters, and other expressions of good wishes.)

Calendar of Events

August 3-6—MEMORIAL CARDIOVASCULAR FOUNDATION, Eighth Annual Convention and Post Graduate Seminar, French Lick Sheraton Hotel, French Lick, Indiana. Convention Chairman, G. F. Pease, D.O., 1001 Montgomery Street, Fort Worth, Texas 76107.

October 5-8—Specialty Group meetings, Las Vegas Convention Center, Las Vegas, Nevada:

AMERICAN OSTEOPATHIC COLLEGE OF PHYSICAL MEDICINE AND REHABILITATION, annual meeting. Program Chairman, John J. Lalli, D.O., LeRoy Hospital, 40 East 61st Street, New York 21. Secretary-Treasurer, Joseph C. Snyder, D.O., 2225 Spring Garden Street, Philadelphia, 19130.

AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY, annual meeting. Program Chairman, Anthony E. Scardino, D.O., 929 Bryant Boulevard, Kansas City 6, Missouri. Secretary-Treasurer, Daniel Koprince, D.O., 713 North Main Street, Royal Oak Michigan 48067.

AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, annual meeting. Program Chairman, Arthur E. Nichols, D.O., 980 Fulton, Denver 22, Colorado. Secretary-Treasurer, George E. Himes, D.O., Flint Osteopathic Hospital, 3921 Beecher Road, Flint, Michigan 48504.

AMERICAN OSTEOPATHIC COLLEGE OF PROCTOLOGY, annual meeting. Program Chairman, Benjamin C. Gross, D.O., 415 Cooper Street, Camden 2, New Jersey. Secretary-Treasurer, Earle F. Waters, D.O., 24 M Street, Salt Lake City, Utah 84103.

OSTEOPATHIC COLLEGE OF OPHTHALMOLOGY AND OTORHINOLARYNGOLOGY, annual meeting. Program Chairman, D. W. Streitenberger, D.O., 512 Bryant Building, Kansas City 6, Missouri. Executive Secretary-Treasurer, Arthur A. Martin, D.O., Box M, Kirksville, Missouri 63501.

AMERICAN COLLEGE OF OSTEOPATHIC INTERNISTS, annual meeting.

Executive Secretary, Stuart F. Harkness, D.O., 3820 Grand Avenue, Des Moines, Iowa 50312.

AUXILIARY TO THE AMERICAN OSTEOPATHIC ASSOCIATION, annual meeting. Recording Secretary, Mrs. E. G. Nigh, 705 South Maple Street, McPherson, Kansas 67460.

ACADEMY OF APPLIED OSTEOPATHY, annual meeting. Program Chairman, David A. Patriquin, D.O., 1374 Sherbrooke Street, West, Montreal 25, Quebec, Canada. Secretary, Margaret W. Barnes, D.O., P. O. Box 1050, Carmel, California 93921.

AMERICAN COLLEGE OF GENERAL PRACTITIONERS IN OSTEOPATHIC MEDICINE AND SURGERY, annual meeting. Program Chairman, P. O. Baker, D.O., Baker Building, Centralia, Missouri. Executive Secretary, Mr. Jack Hank, 13942 South Clark Street, Riverdale, Illinois 60627.

AMERICAN COLLEGE OF NEUROPSYCHIATRISTS, annual meeting. Program Chairman, Paul B. Harbour, D.O., Rittenhouse Claridge Apts., 18th and Walnut Streets, Philadelphia, Pennsylvania. Secretary, Sydney M. Kanev, D.O., 101 West 55th Street, New York 10019.

AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS, annual meeting. Program Chairman, Myron S. Magen, D.O., 1475 Ford Avenue, Wyandotte, Michigan. Secretary-Treasurer, Mischa F. Grossman, D.O., 3084 Federal Street, Camden, New Jersey 08105.

October 25-29—AMERICAN COLLEGE OF OSTEOPATHIC SURGEONS, annual clinical assembly with AMERICAN OSTEOPATHIC HOSPITAL ASSOCIATION, AMERICAN OSTEOPATHIC COLLEGE OF ANESTHESIOLOGISTS, AMERICAN OSTEOPATHIC COLLEGE OF RADIOLOGY, AMERICAN OSTEOPATHIC ACADEMY OF ORTHOPEDICS, AND AMERICAN COLLEGE OF OSTEOPATHIC HOSPITAL ADMINISTRATORS, American Hotel, New York City. Convention Executive, Charles L. Ballinger, D.O., Box 40, Coral Gables, Florida 33134.

American Osteopathic Association

Office of

CARL E. MORRISON, D.O.

Chairman: Council on Federal Health Programs

1757 K. Street, N.W.

Washington, D.C.

June 3, 1964

Washington News Letters

Occupational Safety. The 9th Biennial President's Conference on Occupational Safety will convene in Washington June 23-25. Nicholas S. Nicholas, D.O., industrial physician and lecturer at PCO on Industrial Hygiene will represent the AOA. The Conference theme is "Mobilizing Leadership for a Safety Breakthrough". A Conference workshop will stress the need for safety for the growing number of workers manning the health services of the Nation.

Medical Stockpile Program. Vernon J. Reagles, D. O., as a member of the Surgeon-General's Professional Advisory Committee for Emergency Health Preparedness met with the Committee in Washington, D. C. on May 25-26. The purpose of the meeting was to develop an updated Public Health Service policy with regard to the justification, content and operational logistics of the medical stockpile program.

Employment of the Handicapped. Dr. Chester D. Swope was the AOA delegate at the meeting of the President's Committee on the Employment of the Handicapped on April 30-May 1 in Washington, D. C. The U.S. Vocational Rehabilitation Administration estimates 110,000 persons received rehabilitation services in the year ending June 30, 1963. VRA has training programs under which traineeship grants may be made to approved schools of medicine or osteopathy. VRA requirements for regular traineeships in physical medicine and rehabilitation provide: "The applicant shall be a graduate of an approved school of medicine, shall have completed

an internship of not less than 1 year in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association or its equivalent outside the United States, and shall have been accepted for admission to a residency training program; or the applicant shall be a graduate of a school of osteopathic medicine approved by the American Osteopathic Association, shall have completed an internship of not less than 1 year in a hospital approved by the American Osteopathic Association, and shall have been admitted to a residency training program in physical medicine and rehabilitation approved by the American Osteopathic Association."

Hill-Burton. The Hill-Burton revision and extension bill, H. R. 10041, passed the House on May 25th, in the form reported in our WNL of April 30th. The Senate Committee on Labor and Public Welfare has not yet scheduled hearings on the bill. Two other States, Arizona and Missouri, have reported osteopathic representation on State Hill-Burton advisory councils.

Medical Care, Health Status, and Family Income. In view of current program planning for eradication of poverty, The National Health Survey last month published statistics based on data collected July 1962-June 1963. The publication (PHS No. 1000, Series 10, No. 9) defines the term "physician" to include "doctors of medicine and osteopathic physicians", and the term "hospital" as "any institution meeting one of the following criteria: (1) named in the listing of hospitals in the current Guide Issues of Hospitals, the Journal

of the American Hospital Association; (2) named in the listing of hospitals in the Directories of the American Osteopathic Hospital Association; or (3) named in the annual inventory of hospitals and related facilities submitted by the States to the Division of Hospital and Medical Facilities of the Public Health Service in conjunction with the Hill-Burton program.

June 25, 1964

Aviation Medical Examiners. The Federal Aviation Agency annually publishes a List of Aviation Medical Examiners. In past years the Examiner was listed as "Dr.". This year (May 1964) for the first time he is listed as D. O. or M. D. His telephone number also is now listed, and whether he will participate in aircraft accident investigation. While most AME's are general practitioners the listing includes specialties. A number of D. O.'s are listed as surgeons, internists, ophthalmologists, and industrial physicians, 187 D.O.'s, 14 of whom are Senior Medical Examiners designated ATR (Air Transport Rating), located in 30 States are now serving as AME's. Turn page for listing.

Cigarette Smoking. Surgeon General Luther L. Terry told the House Commerce Committee during hearings this week on bills to regulate labeling and advertising of cigarettes, that DHEW is formulating amendments to the Hazardous Substances Labeling Act to enable FDA to deal with the problem. He said a National Clearinghouse on Smoking and Health is being established in the Public Health Service to, among other things, conduct and support professional activities on smoking and health for physicians and other health personnel, and to conduct and support studies to determine the influence of medical and health professionals on their patients—for example, the significance of the authority role of physicians on changing patients' smoking attitude and habits. Also included in Dr. Terry's testimony

were the following remarks: *On the strength of the unanimous judgment of my advisory committee, we have, since the release of the report, commenced on a limited scale with our current funds and staff, a variety of informational, educational and research activities. As you know, the advisory committee's report has been widely distributed to members of the congress, governors, the nation's physicians, state and territorial health officers, medical schools, dental schools, schools of public health, medical libraries, senior medical, dental and osteopathic students, voluntary health agencies, lay and scientific press, and many others. So far, we have distributed more than a quarter of a million copies of the report to medical professionals and it is a best-seller at the government printing office. To get some feedback on professional reactions to the report, we have sent questionnaires with the report to senior medical, dental and osteopathic students.*

PORTER CLINIC HOSPITAL LUBBOCK, TEXAS

G. G. PORTER, D.O.

L. J. LAUF, D.O.

J. W. AXTELL, D.O.

HARLAN O. L. WRIGHT, D.O.

F. O. HARROLD, D.O.

ALFRED A. REDWINE, D.O.

COMPLETE HOSPITAL AND CLINICAL SERVICE

An Osteopathic Institution

Paul Rand Dixon, Chairman of the Federal Trade Commission said FTC has ruled that after January 1, 1965, all cigarette packages must carry a warning that cigarette smoking is dangerous to health, and that after July 1, 1965, all cigarette advertising must so state.

Social Security. Yesterday the House Ways and Means Committee shelved the King-Anderson bill and any improvement of the Kerr-Mills program. The Committee voted to bring interns and M.D.'s under Social Security, effective January 1, 1965, to raise Social Security benefits, and to increase the taxable wage base from \$4800 to \$5400.

Radiological Society To Meet August 28-30

The Texas Osteopathic Radiological Association announces its annual seminar to be held August 28 to 30th near San Marcos, Texas.

Common radiological problems of interest to the general practitioner and occasional radiologist will be the theme of the meeting. The program will embrace topics dealing with pediatric chest diseases, congenital defects of the spine, acute abdominal diseases and diseases of the spine and hips. The speakers will be Dr. Raymond Dott of Dallas, Dr. Joe Love of Austin and Dr. Edward Yurkon of East Town Osteopathic Hospital.

For the family, horseback riding, a visit to the famous Aquarena, as well as swimming, boating, fishing, tennis, ping pong and even horseshoes.

This year, the site for the meeting will be at the Holiday Hills Resort, Wimberley, Texas. A Registration Fee of \$10.00 has tentatively been set and will be payable on registration at the meeting.

Write for reservations to Holiday Hills Resort, P. O. Box 48, Wimberley, Texas or call 2651, Wimberley.

S.O.P.A. News

(District 6)

Dr. Joseph S. Carpenter gave an educational and enjoyable talk on the progress of Osteopathy and some of the things to expect from the profession in the future at the May meeting. The film "The American Doctor", a history of osteopathy, was also shown at the meeting.

Mrs. J. S. Carpenter, Auxiliary president, and Dr. and Mrs. J. Cunningham were visitors at the meeting. Dovie Conner and Billie Pitzer, assistants to Dr. B. Sealey and Miss Buffington, Dr. R. Platt's assistant, were also visitors. We are hoping they were prospective members.

Lena Heathmann succeeds Betty Hart as secretary. Betty resigned because of other commitments.

Our president, La Rita Zgarba, spoke at the Community Hospital staff meeting and the Gulfway General Hospital staff meetings on April 21 and 28. The purpose was to inform the doctors of the purposes and plans of the Society of Osteopathic Physicians Assistants. Our doctors have been most helpful in speaking to our group and offering suggestions.

SADIE LITTLE, *Reporter*

(District 12)

The District Twelve SOPA had its regular monthly meeting June 30. The meeting was held in the Ramada Inn at Beaumont, Presiding as guest speaker was Dr. Auldine Hammond, D.O., of Beaumont, President of the district society of the TAOP&S. Dr. Hammond spoke of professional ethics. Her speech was most informative and was enjoyed by the thirteen assistants in attendance. A dinner followed Dr. Hammond's speech.

BETTY WOODALL, *Reporter*

NEWS OF THE DISTRICTS

District No. One

District I sincerely extends its sympathies to Dr. Richard Hall of Turkey, Texas, on the unexpected death of his wife.

Hospital practice tends to continue its undulation—one week loaded and the next a rest period. However, records are most important and this allows time for such completion.

District I has had some very well trained D.O.'s visiting, seeking a new or first location. **WELCOME FELLOWS.**

The Amarillo Osteopathic Hospital has a new supervisor of nurses who has proved very efficient and capable. Congratulations, Mrs. Moss.

Our only D.O. in Spearman, Don Hackley, is doing a wonderful job professionally and an especially good job in the personal relations department. Dr. Hackley is president of Spearman school board and performing a very able job. Also in Spearman, the city had a Career Day at which all businessmen and professions were represented—including Osteopathy. Good work, Don.

District I extends a special thanks to Dr. Loren Rohr, immediate past President, who served the State Association so ably. A special thanks for a job well done.

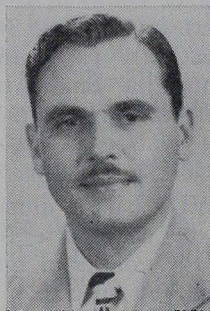
We wish a good journey this year for our new President, Dr. J. Warren McCorkle. Dr. McCorkle will be homecoming when he visits Amarillo this year, as he served his internship at Amarillo Osteopathic Hospital.

Oh yes, our most important topic of the day is rain. The clouds came and they went, but we finally are getting our RAIN. Well, this is the all or none locale—all rain or no rain.

News is a bit scarce this month. More, perhaps, next month.

LEWIS N. PITTMAN, JR., D.O.

District No. Two



WALLACE S. WILLIAMS, D.O.

Dr. Wallace S. Williams of Fort Worth has been approved by the Veterans Administration to fill a vacancy in Lubbock of Medical Officer (Rating Specialist) GS-12. He will receive one year's training for the preparation of this position beginning June 30, 1964.

Dr. Williams received his eligibility rating from the Board of U. S. Civil Service Examiners, DHEW (Department of Health Education and Welfare), Food and Drug Administration as a Medical Officer Appointment for General Practice, rates GS-12 and GS-13 on December 13, 1963.

On June 23, 1964, Mr. Bill Howard, Personnel Management Specialist, of Veterans Administration, Regional Office, 1612-20 Nineteenth Street, Lubbock, Texas, announced his approval for the vacancy.

He and Mrs. Williams will miss their many friends in Fort Worth, but they are looking forward to this new experience. Their new home address is: Route 5, Box 6, Lubbock, Texas, 79407.

District No. Eight

Dr. and Mrs. Dale Williams and family have left Corpus Christi for Co-

lumbus, Ohio, where Dr. Williams will enter a residency in Radiology.

Dr. Jack Dawkins, who will complete his internship on June 30, is making Corpus Christi his home along with his family.

Dr. Marjorie Harmon, after completing her internship on June 30, will take over for Dr. Larry Taylor in his office while he and his family take a two weeks' vacation. Dr. Harmon is then planning a vacation before she enters practice.

District VIII had a dinner meeting June 7 at the Sea Horse Inn in Port Aransas and a wonderful time was enjoyed by all. A special picnic beach party was held for the children.

Dr. and Mrs. Leland Long, Portland, have begun construction on their new home.

Dr. Richard Pullum is recovering from the measles.

District No. Ten

Our newest physician in the district, Dr. John L. McMillion, reports that his furniture has finally arrived from Ohio via Florida and points unknown. Seems as though the truck driver looked at the wrong road map or something. Anyway, John and Donna, plus the children, are now comfortably settled in Lubbock. John reports that business is picking up in a very encouraging manner. Incidentally, while his furniture was

making the rounds in the south, John was a house guest of the Wayne Ramseys.

The Ramseys and the Ray Manns recently enjoyed a very pleasant week end in Ruidosa, New Mexico, while the Ben Souders family visited the LBJ ranch.

The Emerys and children went to Lake Stamford a few weeks ago with some friends and caught a number of cat fish, including one which tipped the scales at 28 lb. Horace says if they get enough fish ahead, we will have the next District meeting at his house and have a fish fry. Best of luck on that next fishing excursion, Horace.

The youngest of the district 10 "flying doctors", Roy Bobbitt, recently made his "maiden cross country" flight, going to Texarkana where he visited his mother. Not a single hitch in the whole trip, reports Roy.

Bill Castle, the friendly pathologist (all reports pathological), says he has not gone anywhere or done anything recently, but Dorothy attended a District meeting in Tulsa last month as guest of Dr. and Mrs. Keith Sutton. She reports a remarkable 'esprit de corps' among the members of that district.

The new addition to the Lubbock Osteopathic Hospital is moving along at the traditional snail's pace, but as the deadline for payment of staff fees approaches, the time seems to be passing a great deal more rapidly.

Business has been booming so far this

PROFESSIONAL LIABILITY INSURANCE

Serving the Profession Nation-Wide Since 1925

EXCLUSIVELY ENDORSED BY THE A.O.A. SINCE 1934

Experienced claims handling protects the doctor's professional reputation; broad policy provisions backed by millions in assets protect his financial position—present and future.

THE NETTLESHIP COMPANY

1210 West Fourth Street

Los Angeles, Calif. 90017

summer for everyone except Charlie Rahm, who reports a slight June slump. He reports a remarkable absence of appendicitis in his practice, and attributes it to structural integrity resulting from the regular OMT's he gives. Says he intends to write a paper on it sometime.

Drs. Mayer and Priddy went on another fishing excursion late in June, leaving their patients under the able care of certain associates during their absence.

We understand from rumors that Dr. L. J. Lauf, world champion obstetrician, plans a trip to Europe or somewhere, but at this writing we were unable to obtain any details.

The gathering of news is a bit discouraging. Everyone likes to read the news in the Journal, but no one seems to want to contribute any.

District No. Eleven

This district had its first meeting of this year in May at which Dr. M. G. Holcomb reported the activities of the State Association. On June 10 an educational program was held at the home of Dr. J. E. Holcomb where an interesting film called "Grand Rounds" was shown. I understand there is a series of these films which this district intends to see more of. It was interesting, informative, and quite entertaining.

Dr. M. G. Holcomb already has commenced with building a new wing on his hospital. The new wing will add 20 to 25 more beds to his present 25-bed capacity. This will greatly alleviate the congestion and facilitate the handling of patients. The wing is greatly needed, as the hospital is constantly full.

Dr. Calabrese attended a post-graduate course on Anesthesiology—Inhalation an Endotracheal at the Philadelphia College of Osteopathy during the last week of May.

Dr. Rene Noren spends an occasional week-end in her Ruidoso cabin, high in the Sacramento Mountains. She claims it is her second home.

M. A. CALABRESE, D. O.

District No. Twelve

This was our first meeting under the benign influence of our new district president, Dr. Auldine Hammond, who appointed all our new officers including this correspondent.

The Ladies Auxiliary of District 12, which has been unceasingly active, has earned the spotlight. We are proud to state that Mrs. Jewell Garrison is now the vice-president of the State auxiliary. Mrs. Jo Siefkes has the distinction of being the scholarship chairman at the state level.

Our state delegates, Dr. K. R. Watkins and Dr. P. D. Siefkes, presented unusually complete and interesting details of the convention concerning its achievements and future challenges.

I am sure it was gratifying not only to the delegates, but to all present, to observe the interest displayed; and the robust discussion that was elicited in the membership following this evaluation of the convention. In fact, the extent of the comments absorbed the time usually assigned to our didactic program, which was deferred until the next meeting. The deferment was received cordially by the member most affected.

J. R. RUFFLE, D.O.

District No. Fourteen

Dr. and Mrs. Ralph Moore, McAllen, were hosts for the monthly district meeting.

"Hypertension and Hypotensives" was the topic of the program. The discussion was followed by a film on the vascular problems of diabetes.

The July program will be strictly non-medical. Dr. Mable Martin, Weslaco, an authority on flowers, will present a program on flower displays, flower shows, and flower judging.

To whom it may concern: Dr. Joe and Rosalie Suderman, Pharr, announce the birth of a daughter, Nancy Ruth, on June 13. There are now six little tax deductions.

JOE SUDERMAN, D. O.

Take Advantage of Your Membership in Your State Association by
Enrolling in one or all of these Special Plans

- Up to \$1,000 Monthly Indemnity Disability Income Plan
Lifetime Accident—90 months Sickness
- Life Insurance at low, low premiums
- \$100,000 Accident Policy—Death-Dismemberment-Total Disablement

Each Plan Approved by the Texas Association of Osteopathic Physicians
and Surgeons for its members.

SID MURRAY "Pays In A Hurry"

1733 Brownlee Blvd.

Corpus Christi, Texas

FOR
MUTUAL LIFE OF NEW YORK

The answer to all your Printing problems is

PHONE NUMBER

ED 5-1481

FORT WORTH

F. L. MOTHERAL CO.

"The Good Printers & Lithographers"

512 SOUTH MAIN STREET

PROFESSIONAL CARD DIRECTORY

GEORGE E. MILLER, D.O.

WILLIAM S. WALTERS, D.O.

Pathologists

1717 North Garrett -:- TA 4-0445

DALLAS, TEXAS

BIG SAVINGS ON "RETURNED-TO-NEW" and surplus equipment. Reconditioned, refinished, guaranteed, X-RAY, examining tables, autoclaves, ultrasonics, diathermies, OR tables, OR lights, and more. Largest stock in the Southwest. WANTED, USED EQUIPMENT. TeX-RAY Co., 3305 Bryan, Dallas. (Open to the profession Wednesdays, Thursdays, 9-5. Other hours by arrangement.)

Officers of the District Associations of the TEXAS ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, INC.

DISTRICT 1

Dr. Ben W. Rodamar, Amarillo	President
Dr. Robert E. Clayton, Groom	President-Elect
Dr. J. Paul Price, Dumas	Vice President
Dr. Richard E. Wetzel, Amarillo	Secretary-Treasurer

DISTRICT 2

Dr. Ernest J. Sachse, Fort Worth	President
Dr. James R. Leach, Fort Worth	President-Elect
Dr. Charles A. Kline, Fort Worth	Vice President
Dr. Lawrence A. Wills, Fort Worth	Secretary
Dr. Bobby Gene Smith, Arlington	Treasurer

DISTRICT 3

Dr. John S. Turner, Canton	President
Dr. B. K. Fleming, Tyler	President-Elect
Dr. Robert Hamilton, Mabank	Vice President
Dr. K. E. Ross, Tyler	Secretary-Treasurer

DISTRICT 4

Dr. J. M. Shy, Stanton	President
Dr. J. D. Bone, Midland	Secretary-Treasurer

DISTRICT 5

Dr. Eugene T. Zachary, Richardson	President
Dr. Frank J. Bradley, Dallas	President-Elect
Dr. David B. Greene, Dallas	Secretary
Dr. Ronald H. Owens, Hutchins	Treasurer

DISTRICT 6

Dr. Gordon A. McClimans, Houston	President
Dr. Joseph E. Wolpmann, Houston	President-Elect
Dr. J. E. Berry, Houston	Vice President
Dr. Lester I. Tavel, Houston	Secretary
Dr. John R. Horan, Houston	Treasurer

DISTRICT 7

Dr. Richard J. Tamez, San Antonio	President
Dr. Baxter D. D. Greer, San Antonio	Vice President
Dr. W. D. Schaefer, San Antonio	Secretary-Treasurer

DISTRICT 8

Dr. M. Glen Kumm, Aransas Pass	President
Dr. Richard W. Pullum, Corpus Christi	Vice President
Dr. Dwight H. Hause, Corpus Christi	Secretary-Treasurer

DISTRICT 9

Dr. C. Duane Tisdale, Moulton	President
Dr. John C. Frederick, Schulenburg	President-Elect
Dr. H. F. Elliot, Rockport	Vice President
Dr. John H. Boyd, Louise	Secretary-Treasurer

DISTRICT 10

Dr. Max M. Stettner, Lubbock	President
Dr. William G. Castle, Lubbock	President-Elect
Dr. Richard M. Mayer, Lubbock	Secretary-Treasurer

DISTRICT 11

Dr. Daniel Leong, El Paso	President
Dr. Harvey D. Smith, El Paso	Vice President
Dr. R. C. Valdivia, El Paso	Secretary-Treasurer

DISTRICT 12

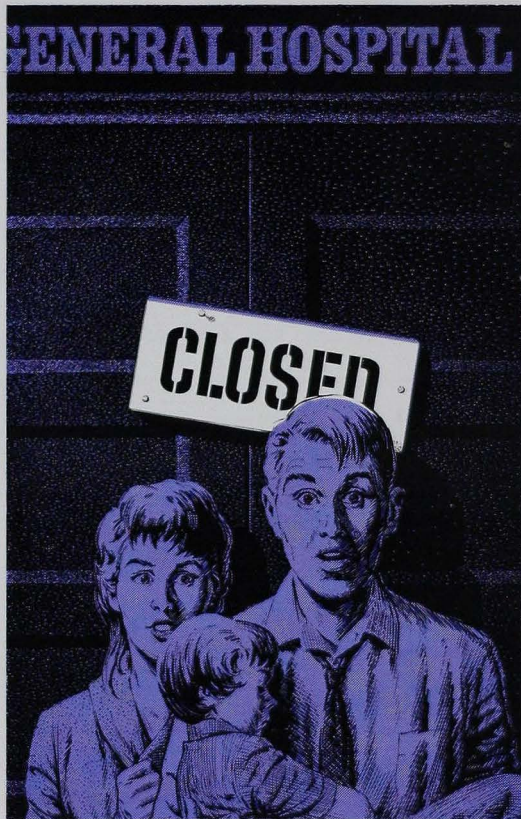
Dr. Auldine C. Hammond, Beaumont	President
Dr. Lynn F. Fite, Nederland	President-Elect
Dr. Paul D. Siefkes, Groves	Secretary-Treasurer

DISTRICT 13

Dr. Jack R. Vinson, Bonham	President
Dr. Kenneth G. White, Commerce	Vice President
Dr. R. D. Van Schoick, Leonard	Secretary
Dr. Patrick Martin, Commerce	Treasurer

DISTRICT 14

Dr. Mabel F. Martin, Weslaco	President
Dr. Ralph H. Moore, McAllen	Vice President
Dr. Joe Suderman, Pharr	Secretary-Treasurer



One reason why this is not true!

Many people take America's fine hospital-medical care — the most advanced the world has ever known — for granted.

However, to stay open, the hospital must be able to pay its bills. This depends largely on the patient being able to pay his bills. And what a tremendous role Blue Cross-Blue Shield plays in this! Last year, Blue Cross-Blue Shield of Texas paid hospitals

and doctors, for members' care, a total of more than *\$95 million dollars!*

Question: Wouldn't it be even better, if more Texans were enrolled in Blue Cross-Blue Shield?

BLUE CROSS[®]+
GROUP HOSPITAL SERVICE, INC.
BLUE SHIELD[®]
GROUP MEDICAL & SURGICAL SERVICE
OF TEXAS

MAIN AT NORTH CENTRAL EXPRESSWAY • DALLAS, TEXAS 75222