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Robert E. Shank Papers

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THE KANSAS MEDICAL SOCIETY

1300 TOPEKA AVENUE  
AREA CODE 913 235-2383  
TOPEKA, KANSAS 66612

OLIVER E. EBEL, EXECUTIVE DIRECTOR  
JAMES E. AGIN, EXECUTIVE ASSISTANT

May 21, 1973

Robert E. Shank, M. D.  
Department of Preventive Medicine  
Washington University School of  
Medicine  
4566 Scott Avenue  
St. Louis, Missouri 63110

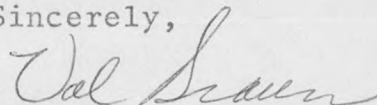
Dear Doctor Shank:

Thank you very much for calling our error to our attention.

Enclosed please find a check of \$200, representing the balance of the honorarium.

Again, many thanks for your participation in our annual meeting.

Sincerely,



(Mrs.) Val Braun  
Bookkeeper

PLEASE SEND EXPENSES & PAPERS TO:

KS MEDICAL SOCIETY  
1300 TOPEKA AVENUE  
TOPEKA, KS 66612

*114th Annual Session*

**THE KANSAS  
MEDICAL SOCIETY**

**Official Program**

**May 6-9, 1973  
Wichita, Kansas**

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**Telephone Number, Holiday Inn Plaza  
316 264-1181/614**

**Visit the Exhibits!**

**Register for Drawings!**

**Century II Civic Center**

**Hours**

**Sunday, May 6—1:00 p.m.-5:30 p.m.**

**Monday, May 7—7:30 a.m.-2:00 p.m.**

**Tuesday, May 8—8:00 a.m.-4:30 p.m.**

**A calculator will be given away at the Sports Dinner on Monday evening, May 7.**

**A calculator will be given to the lucky winner at the President's Banquet on Tuesday evening, May 8.**

**YOU MUST BE PRESENT TO WIN!**

## **WELCOME TO WICHITA**

Once again it is the privilege of the Medical Society of Sedgwick County to act as host for the annual meeting of the Kansas Medical Society. We consider this an honor, and hope that our efforts will make the members' visit a happy and congenial experience.

As the program indicates, the sportsmen will gather to contest against one another (and tell lies too) at the Robert Trent Jones designed Crestview Country Club, on May 7, 1973.

The official headquarters and site of the meetings of the House of Delegates will be the Holiday Inn Plaza. The general scientific sessions will be held in Century II, which is only a stimulating stroll away.

Drs. Gerald Nelson and Albert Michelbach have prepared a program that should provide "food for the intellect" of epicurean quality. And a morsel of Kansas grown, Kansas prepared prime rib or steak on the side, certainly, can't detract from a pleasurable interlude either.

Come join us, and during the periods of fellowship, keep the intellectual and gastric juices flowing gently as you renew old acquaintances and meet new faces.

THOMAS C. HURST, M.D.

*President*

Medical Society of Sedgwick County

## OFFICERS AND COUNCILORS

### Officers

President .....	Kenneth L. Graham, Leavenworth
Immediate Past President ..	William J. Reals, Wichita
President-Elect .....	Thomas F. Taylor, Salina
First Vice President .....	John N. Blank, Hutchinson
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Secretary .....	Phillip A. Godwin, Lawrence
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A.M.A. Alternate .....	Thomas P. Butcher, Emporia
A.M.A. Alternate .....	Herman W. Hiesterman, Quinter
Chairman of Editorial Board .....	David E. Gray, Topeka

### Councilors

District 1.....	Wayne O. Wallace, Atchison
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District 8.....	Sigurd S. Daehnke, Winfield
District 9.....	Kermit G. Wedel, Minneapolis
District 10.....	Richard M. Glover, Newton
District 11.....	Warren E. Meyer, Wichita
District 12.....	Vernon W. Filley, Pratt
District 13.....	Eugene T. Siler, Hays
District 14.....	Wendale E. McAllaster, Great Bend
District 15.....	Richard H. Hill, Meade
District 16.....	Herman W. Hiesterman, Quinter
District 17.....	Galen W. Fields, Scott City
District 18.....	Alex C. Mitchell, Lawrence



KENNETH L. GRAHAM, M.D.  
*President*  
Leavenworth



THOMAS F. TAYLOR, M.D.  
*President-Elect*  
Salina

## EXHIBITS

The exhibits, located in Century II Civic Center, will be open Sunday, 1:00 p.m. to 5:30 p.m.; Monday, 7:30 a.m. to 2:00 p.m.; and Tuesday, 8:00 a.m. to 4:30 p.m. Register at the exhibit booths for drawings to be held at the Fun Night Dinner on Monday evening and the President's Banquet on Tuesday evening.

### Booth No.

- 5 WASHINGTON NATIONAL INSURANCE CO.  
Evanston, Illinois
- 7 MISCO LEASING, INC.  
Wichita, Kansas
- 9 HOECHST PHARMACEUTICALS, INC.  
Somerville, New Jersey
- 10 G. D. SEARLE & COMPANY  
Chicago, Illinois
- 11 COCA-COLA U.S.A.  
Chicago, Illinois
- 12 MEDICAL PROTECTIVE COMPANY  
Fort Wayne, Indiana
- 14 DOCTORS DIAGNOSTIC LABORATORIES  
Minneapolis, Minnesota
- 15 MUNNS MEDICAL SUPPLY CO., INC.  
Topeka, Kansas

A COFFEE LOUNGE WILL BE OPEN IN  
THE EXHIBIT AREA THROUGHOUT THE  
CONVENTION—*Compliments of Berlin-  
Wheeler, Inc., Topeka*

### Booth No.

- 16 E. R. SQUIBB & SONS  
Princeton, New Jersey
- 17 CASUALTY INDEMNITY & EXCHANGE  
Denver, Colorado
- 18 THE COLUMBIAN SECURITIES CORPORATION  
Topeka, Kansas
- 19 HEALTH EDUCATION PROGRAMS, INC.  
Denver, Colorado
- 24 KANSAS BLUE SHIELD  
Topeka, Kansas
- 25 A. H. ROBINS COMPANY  
Richmond, Virginia
- 26 LEDERLE LABORATORIES  
Pearl River, New York
- 27 BRISTOL LABORATORIES  
Syracuse, New York

The Kansas Medical Society is grateful for  
the convention program grants received from

DUFFENS OPTICAL Co.  
Topeka, Kansas

ELI LILLY & COMPANY  
Indianapolis, Indiana

A. H. ROBINS COMPANY  
Richmond, Virginia

MERCK SHARP & DOHME  
West Point, Pennsylvania

## HOSTS FOR THE MEETING

*Wichita Physicians*

*Arranging 1973 Session*

### GENERAL CHAIRMAN

Gerald D. Nelson, M.D.

### PROGRAM COMMITTEE

Albert P. Michelbach, M.D., Co-Chairman

Charles R. Block, M.D., Co-Chairman

### SPORTS DAY

Terry L. Poling, M.D., Co-Chairman, Golfing

Richard J. Cummings, M.D., Co-Chairman,  
Golfing.

Harold S. Bowman, M.D., Chairman, Shooting

### REGISTER FOR DRAWINGS

### VISIT THE EXHIBITS

A COFFEE LOUNGE WILL BE OPEN IN  
THE EXHIBIT AREA THROUGHOUT THE  
CONVENTION

## SUNDAY, MAY 6, 1973

12:00 KANSAS ALLERGY SOCIETY  
The Regal Inn

1:00 REGISTRATION—TICKETS—INFORMATION  
Kiva Level, Holiday Inn Plaza

HOUSE OF DELEGATES  
Gold Room, Kiva Level  
Holiday Inn Plaza

*Clair C. Conard, M.D., Dodge City  
Speaker*

*M. Robert Knapp, M.D., Wichita  
Vice Speaker*

1:00 KANSAS FOUNDATION FOR MEDICAL CARE,  
CORPORATE MEMBERS  
Gold Room, Kiva Level

2:00 KANSAS FOUNDATION FOR MEDICAL CARE,  
BOARD OF DIRECTORS  
Gallery Room

2:15 REGISTRATION OF DELEGATES

3:00 FIRST SESSION



*Newton Graber and the Inner Scene Combo  
(Sports Banquet).*



**MONDAY, MAY 7, 1973**

*Holiday Inn Plaza*

**MORNING**

- 7:30 **Specialty Societies—Breakfast and Business Meetings**  
**Kansas Obstetrical Society**  
Holiday Inn Restaurant  
**Kansas Section on Ophthalmology**  
Holiday Inn Restaurant
- 7:30 REGISTRATION—TICKETS—INFORMATION  
Kiva Level, Holiday Inn Plaza
- 8:00 REFERENCE COMMITTEE A  
Palm Room, 25th Floor  
REFERENCE COMMITTEE B  
Terrace Room, 25th Floor

**SPORTS DAY**

**KANSAS MEDICAL SOCIETY GOLF,  
SKEET AND TRAP ASSOCIATION**

*Terry L. Poling, M.D., Wichita, President*

- 10:30 GOLFING—Crestview Country Club  
1:00 SHOOTING—Ark Valley Gun Club

**FUN NIGHT**

- 6:00 RECEPTION  
Crestview Country Club
- 7:30 SPORTS BANQUET  
Crestview Country Club  
Newton Graber and the Inner Scene  
Combo

*Drawings for a calculator will be held at  
the dinner. You must be present to win!  
Register at the Exhibit Booths.*

**TUESDAY MORNING, MAY 8, 1973**

*Century II Civic Center*

7:30 REGISTRATION—TICKETS—INFORMATION

7:30 Past Presidents' Breakfast  
Terrace Room, Holiday Inn Plaza

**THE AMERICAN DIET**

**FIRST GENERAL SESSION**

*Albert P. Michelbach, M.D.  
Wichita, Presiding*

8:50 WELCOME

*Thomas C. Hurst, M.D., President  
Medical Society of Sedgwick County*

RESPONSE

*Kenneth L. Graham, M.D., President  
Kansas Medical Society*

9:00 NUTRITIONAL STATUS OF U. S. CHILDREN  
1968-1970

*George Owen, M.D.  
Children's Hospital, Columbus*

9:45 PEDIATRIC DIET AS A RISK FACTOR FOR  
CORONARY ARTERY DISEASE

*James J. Nora, M.D.  
Director, Pediatric Cardiology  
University of Denver*

10:30 INTERMISSION TO VIEW EXHIBITS

10:50 THE AMERICAN DIET—SOME MEDICAL IM-  
PLICATIONS

*Robert E. Shank, M.D.  
Preventive Medicine and  
Public Health  
Washington University*

11:30 FILM

INFANT NUTRITION

FEEDING THE INFANT—BUILDING THE MAN

## TUESDAY AFTERNOON

### NOON

12:30 KANSAS CORONERS ASSOCIATION LUNCHEON  
Pool Side, Regal Inn

12:45 GENERAL LUNCHEON  
Gold Room, Holiday Inn Plaza  
*Gerald D. Nelson, M.D.*  
*Wichita, presiding*  
PROGRESS AND PLANNING FOR EXPANDED  
HEALTH EDUCATION IN KANSAS  
*William O. Rieke, M.D.*  
*Vice-Chancellor, Health Affairs*  
*University of Kansas School of Medicine*

1:45 AN UPDATE ON DEVELOPMENT OF THE  
WICHITA STATE UNIVERSITY BRANCH  
OF KUMC  
*D. Cramer Reed, M.D.*  
*Dean, College of Allied Professions*  
*Wichita State University*

### AFTERNOON

*Century II Civic Center*

### SECOND GENERAL SESSION

*Charles R. Block, M.D.*  
*Wichita, presiding*

2:30 DIET—HOW IMPORTANT A RISK FACTOR  
FOR CORONARY ARTERY DISEASE  
*Robert E. Shank, M.D.*  
*Preventive Medicine and Public Health*  
*Washington University*

3:15 HYPERALIMENTATION OF THE DEBILITATED  
PATIENT  
*Stanley J. Dudrick, M.D.*  
*Department of Surgery*  
*University of Texas*



*The Voices of Choral Arts, HEAR! HEAR! at the President's Banquet.*

## TUESDAY EVENING

*Crestview Country Club*

ANNUAL PRESIDENT'S BANQUET  
KANSAS MEDICAL SOCIETY

5:30 RECEPTION FOR PHYSICIANS AND WIVES  
*Sponsored by K.U. Medical  
Alumni Association*

7:00 DINNER  
*Kenneth L. Graham, M.D.,  
Leavenworth, presiding*

INVOCATION

INTRODUCTION OF GUESTS

OATH OF OFFICE TO INCOMING PRESIDENT

"HEAR! HEAR!" THE VOICES OF CHORAL  
ARTS  
*Directed by Edla Hilts*

*A calculator will be given away at the  
banquet. You must be present to win!*

*Register at the Exhibit Booths.*

## WEDNESDAY

MAY 9, 1973

*Holiday Inn Plaza*

8:00 REGISTRATION—INFORMATION  
Kiva Level

8:30 HOUSE OF DELEGATES—SECOND SESSION  
Gold Room, Kiva Level

1:00 LUNCHEON FOR THE COUNCIL  
Palm Room, 25th Floor



115th Annual Session

Topeka, Kansas

May 5-8, 1974

**OFFICERS OF THE WOMAN'S  
AUXILIARY TO THE  
KANSAS MEDICAL SOCIETY  
1973-1974**

President ..... Mrs. Lucien R. Pyle, Topeka  
 President-Elect ..... Mrs. Warren E. Meyer, Wichita  
 1st Vice-President ..... Mrs. Emerson Yoder, Denton  
 2nd Vice-President .. Mrs. Clair Cavanaugh, Great Bend  
 Recording Secretary . Mrs. Phillip A. Godwin, Lawrence  
 Treasurer ..... Mrs. William R. Allen, Kansas City  
 Corresponding Secretary Mrs. Robert P. Woods, Topeka  
 Historian ..... Mrs. Virgil E. Brown, Sabetha  
 Parliamentarian ..... Mrs. Ernest G. Neighbor  
 Shawnee Mission

---

**HOSTESSES**

Woman's Auxiliary to the Medical Society  
 of Sedgwick County, Wichita, Kansas

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**THE KANSAS MEDICAL SOCIETY  
COMMITTEE ON AUXILIARY**

Kenneth L. Graham, M.D., Chairman ..... Leavenworth  
 William R. Allen, M.D. .... Kansas City  
 Clair Cavanaugh, M.D. .... Great Bend  
 Phillip A. Godwin, M.D. .... Lawrence  
 Warren E. Meyer, M.D. .... Wichita  
 Lucien R. Pyle, M.D. .... Topeka  
 Emerson D. Yoder, M.D. .... Denton

**WOMAN'S AUXILIARY TO THE  
KANSAS MEDICAL SOCIETY**

May 6-9, 1973, Wichita

***Sunday, May 6***

**1:00-4:00** REGISTRATION, Fountain Area,  
 Holiday Inn Plaza  
 HOSPITALITY ROOM, Drawing Room,  
 Holiday Inn Plaza

**Evening DINNER**, Christian Medical Society

***Monday, May 7***

**7:45-4:00** REGISTRATION, Fountain Area,  
 Holiday Inn Plaza

**8:30-11:30** BREAKFAST AND SCIENTIFIC SESSION  
 Riviera Room, Holiday Inn Plaza  
*Reconstructive Surgery,  
 Dr. Tom Kendall  
 Medicine Man to Modern Medicine,  
 Blackbear Bosin*

**12:00** SOCIAL HOUR AND LUNCHEON, Kings Ter-  
 race, Regal Inn

**2:30-5:00** HOSPITALITY ROOM, Drawing Room,  
 Holiday Inn Plaza

**3:30** PRE-CONVENTION BOARD OF DIRECTORS  
 MEETING, Gallery Room, Holiday Inn  
 Plaza

**6:00** FUN NIGHT—RECEPTION AND DINNER  
 Crestview Country Club  
*Newton Graber Combo*

***Tuesday, May 8***

- 7:45-4:00 REGISTRATION, Fountain Area,  
Holiday Inn Plaza
- 8:00-12:30 BREAKFAST AND GENERAL SESSION  
Riviera Room, Holiday Inn Plaza
- 1:00 BROWN BAG LUNCH AND CONCERT  
Kiva Area (outside), Holiday Inn  
Plaza
- 2:30-5:00 HOSPITALITY ROOM, Drawing Room,  
Holiday Inn Plaza
- 5:30 K.U. MEDICAL ALUMNI RECEPTION  
Crestview Country Club
- 7:00 PRESIDENT'S BANQUET—KANSAS MEDICAL  
SOCIETY, Crestview Country Club  
*Entertainment:*  
*The Voices of Choral Arts*

***Wednesday, May 9***

- 8:30-10:00 REGISTRATION, Fountain Area,  
Holiday Inn Plaza
- 9:00 BREAKFAST  
Gallery Room, Holiday Inn Plaza
- 9:45 POST-CONVENTION BOARD OF DIRECTORS  
MEETING, Gallery Room, Holiday  
Inn Plaza
- 10:30-2:00 HOSPITALITY ROOM, Drawing Room,  
Holiday Inn Plaza

May 19, 1973

Mrs. Val Braun  
Managing Editor  
The Journal of the Kansas Medical Society  
1300 Topeka Avenue  
Topeka, Kansas 66612

Dear Mrs. Braun:

Thank you very much for your letter of May 17 and the enclosed check.

There may have been a misunderstanding about the honorarium. This had previously been set at \$400. Enclosed is a copy of a recent letter from Dr. Gerald Nelson so indicating. If this presents a problem to the Society of any kind, I shall understand. However, the trip to Wichita took two days out of a busy schedule and some hours of preparation.

I thoroughly enjoyed my visit to Wichita and becoming acquainted with a number of devoted and capable physicians there.

Sincerely,

Robert E. Shank, M. D.

Enc

## Information for Authors

### Manuscript Preparation

Manuscripts must be typewritten, double spaced, leaving wide margins. Submit the original, plus one copy if possible.

*Titles* should be short, specific, and amenable to indexing. A subtitle is frequently used to keep the main title short.

*Summary:* All manuscripts should include a short abstract which is a factual (not descriptive) summary of the work.

*Author Responsibility:* The author is responsible for all statements made in his work, including changes made by the copy editor. Manuscripts are received with the explicit understanding that they are not simultaneously under consideration by any other publication. Publication elsewhere will be subsequently authorized at the discretion of the Editor.

*Galley Proof:* To make extensive changes in the article after the text has been set in type may require an additional cost which exceeds the original. The galley proof is for correction of ERRORS, and a rewriting of the article should be done on the original copy BEFORE it is submitted for publication.

*Drugs* should be called by their generic names; the trade names can be added in parentheses if they are considered important. All *units of measure* must be given in the metric system.

### References

Bibliographic references should not exceed 20 in number, documenting key publications. Personal communications and unpublished data should not be included. References should be arranged according to the order of citation, and not alphabetically. All references must be numbered consecutively and all must be cited in the text. Use the style of the AMA publications, giving: name of author, title of article, name of periodical, volume, pages, year.

### Illustrations

All material which cannot be set in type, such as photographs, line drawings, graphs, charts, tracings (for preparation of tables, see below) must be mounted on white cardboard. All must be identified on the back as to figure number, author's name, and an arrow indicating top. Legends should be typed double spaced on a separate sheet of paper, limited to a maximum of 30 words.

*Drawings and graphs* should be done professionally in India ink on illustration board or high grade white drawing paper.

*Photographic* material should be submitted in duplicate as high-contrast, glossy prints. Color illustrations will be accepted for publication only if the author assumes the cost.

THE JOURNAL will assume the cost of B/W engravings and cuts up to \$35 (or 5 cuts). Engraving cost for illustrations in excess of \$35 will be billed to the author.

### Tables

Because tables are set by hand, their cost is comparable to illustrations. A reasonable number of tables are allowed without cost to the author.

Tables should be self-explanatory and should supplement, not duplicate, the text. Since the purpose of a table is to compare or classify related items, the data must be logically and clearly organized. The relationship and comparison are established by the correct choice of column heads (captions of vertical columns) and stubs (left entries in horizontal listings).

Each table should be typed double spaced, including all headings, on separate sheets of lettersize paper. Oversize paper should not be used. Instead, repeat heads and stubs on a second sheet for tables requiring extra width. Number tables consecutively. Each table must have a title.

### Reprints

A reprint order form with a table covering cost will be sent with the galley proof to each contributor. Since the JOURNAL has no way to provide for reprints, they must be ordered by the author and purchased directly from the printer.

EDITORIAL BOARD

DAVID E. GRAY, M.D., EDITOR

ORVILLE R. CLARK, M.D.  
 RICHARD GREER, M.D.  
 DONALD R. PIERCE, M.D.  
 JOHN A. SEGERSON, M.D.

THE JOURNAL OF THE KANSAS MEDICAL SOCIETY

1300 TOPEKA AVENUE  
 TOPEKA, KANSAS 66612

VAL BRAUN  
 MANAGING EDITOR  
 OLIVER EBEL  
 BUSINESS MANAGER

May 17, 1973

Robert E. Shank, M. D.  
 Dept. of Preventive Medicine  
 Washington University School  
 Of Medicine  
 4566 Scott Avenue  
 St. Louis, Missouri 63110

Dear Doctor Shank:

Enclosed please find a check covering your travel expenses to Wichita and the honorarium for one day.

Concerning the papers for the Journal, perhaps a synopsis on each talk would cover the subject matter sufficiently. The Editorial Board authorizes the use of up to five illustrations or tables for each paper. If your presentation was heavily punctuated by illustrations (slides), to use only five of these would probably render the paper meaningless.

We would appreciate receiving the synopses and will present these to the Board for their review.

Thanking you for appearing at our annual meeting, and looking forward to hearing from you again, I am

Sincerely,

*Val Braun*

(Mrs.) Val Braun  
 Managing Editor

*Travel expenses \$95.21  
 Dr. Meloni's attached letter  
 says \$400 plus expenses*



PLASTIC AND RECONSTRUCTIVE SURGERY, P.A.

GERALD D. NELSON, M.D. F.A.C.S.

TOMMY E. KENDALL, M.D. F.A.C.S.

925 N. EMPORIA—SUITE B  
WICHITA, KANSAS 67214  
TELEPHONE 262-3495

May 9, 1973

Robert E. Shank, M.D.  
Department of Preventive Medicine  
and Public Health  
Washington University School of  
Medicine  
St. Louis, Missouri 63110

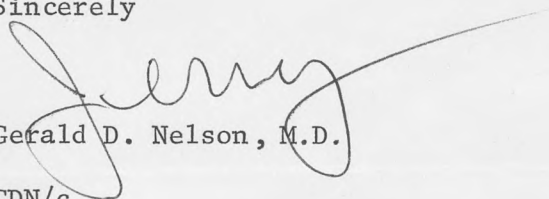
Dear Doctor Shank

I want to thank you for participating in our State Meeting and we hope that we can be fortunate again sometime to have you in Wichita. If there is, in the future, any way that we might assist you, please do not hesitate to contact us.

We would like to ask that you forward your expenses to the enclosed address and we will return to you an honorarium of \$400.00 plus your expenses.

I hope that we have an occasion to meet again some time.

Sincerely



Gerald D. Nelson, M.D.

GDN/c

Enc-1

PLEASE SEND EXPENSES & PAPERS TO:

KS MEDICAL SOCIETY  
1300 TOPEKA AVE  
TOPEKA, KS 66612

May 10, 1973

Mr. James E. Agin  
Executive Assistant  
The Kansas Medical Society  
1300 Topeka Avenue  
Topeka, Kansas 66612

Dear Mr. Agin:

As a participant in the program of The Kansas Medical Society meeting in Wichita on May 8, I was asked to send a list of travel expenses incurred. This is attached.

Also requested were copies of manuscripts for the two talks. These were not prepared in full and would be very lengthy if fully written out, since the talks were 45 minutes in length. Moreover, my tables and figures were used as slides taken from a variety of publications. If a synopsis of each talk would be useful, this could be prepared without too much difficulty. Please let me know what is desired.

I enjoyed my visit to Wichita and meeting with many of your society members.

Very sincerely yours,

Robert E. Shank, M. D.

Enc

5/10/73

REPORT OF TRAVEL EXPENSE

Submitted by: Dr. Robert E. Shank  
Department of Preventive Medicine  
Washington University School of Medicine  
4566 Scott Avenue  
St. Louis, Missouri 63110

Purpose of Trip: To present talks on The American Diet - Some  
Medical Implications and Diet - How Important  
a Risk Factor for Coronary Artery Disease?

at The Kansas Medical Society, Wichita, Kansas,  
on May 9, 1973

Round-trip - Air travel - St. Louis to Wichita	\$79.11
Meals	6.50
Miscellaneous -	
Taxi - Holiday Inn to Wichita Airport	3.60
Parking - St. Louis Airport	<u>6.00</u>
Total	\$95.21

REPORT OF TRAVEL EXPENSE

5/10/73

Submitted by: Dr. Robert E. Shank  
Department of Preventive Medicine  
Washington University School of Medicine  
4566 Scott Avenue  
St. Louis, Missouri 63110

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Medical Implications and Diet - How Important  
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Parking - St. Louis Airport	<u>6.00</u>
Total	\$95.21

## THE AMERICAN DIET - SOME MEDICAL IMPLICATIONS

Traditionally and currently we as physicians are required to have some knowledge of the dietary practices of our patients and must advise modifications and changes of these for purposes of therapy or planning for health and avoidance of disease. The effectiveness of some of these efforts, particularly in therapy, are well established and rewarding both for the physician and the patient. Examples which might be cited are the use of salt restriction in caring for the patient with cardiac decompensation, the manipulation of diet for the diabetic, and the avoidance of certain foods as in treating gluten sensitive enteropathy, gout or lactose deficiency. Equally productive is the time and effort spent in guiding the young mother in the feeding of her infant and young child. Our successes and contributions are far from uniform and not nearly so reassuring in other therapeutic undertakings such as in the prescription of diets for the purpose of effecting weight loss in the obese.

In truth it is probably correct to state that most physicians are much more adept and secure in the prescription and management of drugs than in providing dietary or nutritional advice for their patients. There are obvious reasons for this. We are more frequently involved in prescribing drugs than diets. Moreover, the drugs provided are likely to have effects on specific symptoms or manifestations of illness or disease, a fact which makes assessment of therapy relatively immediate for both physician and his patient. Among the medications prescribed most frequently, however, are minerals and vitamins - nutrients provided in some



quantity in the diets of all of us. The prescription of these may be on the basis of specific therapy, such as the use of iron for treatment of iron deficiency anemia or of vitamin B<sub>12</sub> or folic acid following diagnosis of megaloblastic anemia. But even more commonly the justification is provision of vitamins and minerals as supplements to diets, which the physician believes to be lacking in certain nutrients or otherwise inappropriate, but about which he has little information or appraisal. In this way we support and extend the widely held beliefs of our patients of unrealistic health benefits to be derived from single nutrients or combinations of them taken in relatively large amounts. How large and widespread this belief is is attested to by ever growing sales of over-the-counter (i.e. non-prescription) preparations of vitamins and minerals. Gross sales of these products now exceed \$300,000,000 annually.

Implied, however, is a high level of interest on the part of the American public in the potential health advantages to be achieved by attention to foods and diet in general. The physician must be alert to these interests and guide his patients appropriately.

COMMITTEE STATEMENT\*

American Academy of Pediatrics

"THE TEN-STATE NUTRITION SURVEY - A PEDIATRIC PERSPECTIVE"

**HISTORICAL**

In 1967 the 90th Congress of the United States attached an amendment to the Partnership for Health Act requiring the Secretary of the Department of Health, Education and Welfare to undertake a survey of "the incidence and location of serious hunger and malnutrition - in the United States." In response to the legislative mandate the Ten-State Nutrition Survey was conducted during the years 1968 through 1970. The sample was selected from urban and rural families living in the following ten states: New York, Massachusetts, Michigan, California, Washington, Kentucky, West Virginia, Louisiana, Texas and South Carolina.

The families selected were those living in some of the census enumeration districts that made up the lowest economic quartiles of their

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\*Prepared by a special Committee of the Academy, appointed by the Executive Board, to review the data from the Ten-State Nutrition Survey - Contract No. HSM 21-71-526 USPHS.

The Committee wishes to express its warm thanks to Dr. Milton Z. Nichaman, Director, Nutrition Program, Center for Disease Control (CDC), Atlanta, Georgia, and his staff for their generous cooperation and assistance in making the survey data available to the Committee.

Much of the data upon which this statement is based appears in Ten-State Nutrition Survey, 1968-1970, DHEW, Publication No. (HSM) 72-8132, July, 1972.

respective states at the time of the 1960 census. During the eight years after the 1960 census the social and economic characteristics found in some of the individual enumeration districts had changed, so that there was a significant number of families in the surveys with incomes well above the lowest income quartile. Thus it was possible in analyzing results to make some comparisons on an economic basis.

Thirty thousand families were identified in the selection process; 23,846 of these participated in the Survey. Data regarding more than 80,000 individuals were obtained through interviews and 40,847 of these individuals were examined.

The Survey included the following: extensive demographic information on each of the participating families; information regarding food utilization of the family; a twenty-four hour dietary recall for infants up to 36 months of age, children ten to sixteen years of age, pregnant and lactating women, and individuals over 60 years of age. In addition, physical examinations, dental examinations, and biochemical and anthropometric evaluations were performed on most of the individuals selected for examination.

During the formative portion of the Ten-State Nutrition Survey, the Committee on Nutrition of the Academy of Pediatrics assisted in program design and selection of biochemical standards. For the past two years another committee of the Academy has been reviewing the voluminous data accumulated during

the Survey. The summary analysis which follows has been prepared by this committee and concerns those portions of the data which pertain to 22,000 children less than 17 years of age. Detailed review of the findings of the Survey will form the basis of additional reports to be published in the future.

**INTERPRETATION**

The goal of the Survey was to ascertain the extent of malnutrition in a sample population, and this was done. The nature of the sample, however, precludes estimating the nutritional status of any other population segment in the United States. Comparisons of various populations within the sample defined by ethnic, geographical, educational and economic variables permitted the identification of certain groups of children which were at particular risk to varying hazards of malnutrition. Although this massive Survey revealed much about the nutritional status of Americans, it also made clear that considerable research is needed in the development of useful methods and standards for evaluation of the nutritional status of children.

**Dietary Intake**

The Survey data demonstrated that the diets during early childhood and adolescence varied with geographic locale, economic status and race or ethnicity. The energy (caloric) value of the diets and the intakes of all nutrients studied were lowest for blacks and Mexican-Americans living in the southern states. The nutri-

tional quality of the diets, as calculated from dietary recall data and expressed as the amount of nutrients per 1000 kilocalories, showed surprisingly little variation in relation to family income or race, except as noted below for vitamin A. Variations in vitamin A intakes reflected the influence of both locale and ethnicity on diets apart from total energy intakes. Although the diets of low income families did not differ in the concentration of essential nutrients from those of middle income groups, the availability of calories, i.e. the amount of food available, was directly related to family income. The total food intake of children in low income families was limited and this was reflected in growth performance.

Of particular interest to the pediatrician was the dietary intake data for subjects less than 36 months of age and for children ten to sixteen years of age. In all age groups iron was the one nutrient for which mean intakes were uniformly below accepted dietary standards. These data were compatible with the prevalence of iron deficiency found in the population studied. As suggested above, average dietary intakes of iron per 1000 kilocalories were essentially the same regardless of economic status. Thus the diets of persons in very low income families contained on the average as much iron per 1000 kilocalories as did those of individuals in higher income families. The high prevalence of iron deficiency in adolescent boys from low income families in contrast to the very low prevalence for adolescent boys of higher income families appeared to result from restricted food consumption and not from a diet of poor quality.

It was of considerable interest to find that the mean energy intake and the mean dietary iron intake of adolescent girls varied little in relation to family income. This was in striking contrast to the findings for boys 13 to 16 years of age, whose energy

and iron intakes increased directly with family income.

There were distinct differences in the nutrient intakes of pregnant women which were related to family income level. For example, the mean energy and protein intakes (1506 kcal and 60 gm/day, respectively) of low income black pregnant women were about 30 percent below those of pregnant white women of higher income (2127 kcal. and 89 gm. protein/day). On the average pregnant women in all economic and ethnic groups had insufficient dietary iron.

#### Plasma Vitamin A Levels

There was a general increase in plasma vitamin A concentrations with increasing age. In those states with the highest income levels (California, Massachusetts, Michigan, New York and Washington), mean values showed a progressive increase from about 35  $\mu\text{gm}/100$  ml. at one year of age to about 60  $\mu\text{gm}/100$  ml. for persons 45-59 yrs. of age. In the remaining five states representing the lowest economic level of the sample, the mean vitamin A levels for all age groups were generally lower. However, the change with age was present and followed a pattern similar to that noted for persons of higher income. Thus it appeared that slightly higher levels of plasma vitamin A were associated with higher family incomes.

A second major finding was that Mexican-Americans living in several southern states had lower levels of plasma vitamin A than did the black or white populations. The mean values at all ages were lower, approximating 20  $\mu\text{gm}/100$  ml. until adolescence, then rising to 30-35  $\mu\text{gm}/100$  ml. at age 45 and above. The slight increase in mean vitamin A values with increasing income seen in all groups was more pronounced in this population of Mexican-Americans.

From the age of one year through adolescence 50 percent of the

Mexican-American children living in the southern states had plasma vitamin A values below 20  $\mu\text{gm}/100$  ml. This was in marked contrast to the Spanish-American population living in New York and California in which less than 10 percent of the children had plasma vitamin A levels below 20  $\mu\text{gm}/100$  ml.

#### Serum Ascorbate Levels

The vast majority of children studied in this Survey had serum levels of vitamin C (ascorbate) above 0.2 mg/100 ml. In those five states with higher mean family incomes less than two percent of the children had values below 0.2 mg/100 ml. In the other states in which mean family incomes of the sample population were distinctly lower, the percent of children with values below 0.2 mg/100 ml. approached ten. It was not possible to identify ethnic or economic factors associated with the observed differences in mean serum ascorbate levels. Of interest was the finding that females tended to have higher levels than males. There was an apparent relation between vitamin C levels in serum and reported dietary intakes of the vitamin, a relation unique for this nutrient in that it alone was independent of energy intake.

#### Homoglobin and Iron Deficiency

Iron nutrition of children was evaluated in the Ten-State Nutrition Survey by determining hemoglobin levels. In those individuals found to have hemoglobin concentrations below selected values, determinations of serum iron and iron-binding capacity were performed to document the extent of iron deficiency. The available evidence suggested that essentially all anemia found in the Survey was due to iron deficiency.

Of particular importance was the demonstration of a high prevalence of iron deficiency in boys and girls of all ages, including infancy, childhood and adolescence. For example,

70 percent of black pre-school children living in the South and 30 percent of white pre-school children in the North had hemoglobin concentrations below 12.0 gm/100 ml. There were distinct ethnic differences in the distribution of hemoglobin values for pediatric subjects of both sexes and of all ages. Black children had the highest percentage of low hemoglobin values. There was less risk of iron deficiency in the Mexican-American children living in southern and western states than in Spanish-American children living in northern states.

The influence of family economic level on the extent of iron deficiency in adolescence was of particular interest. A limited segment of the data was analyzed in considerable detail and demonstrated this influence. The prevalence of iron deficiency in adolescent males in this sample was inversely related to family income. Adolescent males from low income families had a higher prevalence of iron deficiency than did adolescent females of similar economic status. Adolescent males in higher income families had a low frequency of iron deficiency. In striking contrast, the extent of iron deficiency among adolescent females bore no relation to family income. These findings were consistent with the iron intake data mentioned above.

#### Growth and Economic Status

As might be expected, a greater per capita income was associated with greater stature, greater body weight, a greater thickness of subcutaneous fat, advanced skeletal development, advanced dental development, earlier maturation and earlier attainment of maximum stature. The data showed that these differences were in large part established by the first year of life and were consistent thereafter. The data from the Ten-State Nutrition Survey provided a clear indication of the magnitude of the economic im-

pact on dimensional, skeletal, dental and sexual development.

#### Growth and Ethnicity

Both on an absolute basis, and when corrected for income level, black boys and girls in comparison to white and Spanish-American children, tended to have skeletal advancement (ossification), dental advancement (age at permanent teeth eruption) and earlier maturation and had some tendency towards greater body size, notwithstanding lesser body fat through adolescence. Black boys and girls evidenced a greater skeletal mass, both on a group basis and on an income-corrected basis. Therefore, genetic factors outweighed economic factors in explaining differences in skeletal and dental development. These findings suggest the need for different standards for black and white children when assessing nutritional status during growth.

#### Fatness and Obesity

From infancy through adolescence the median thickness of subcutaneous fat increased directly with income. The proportion of children defined as obese showed the same trend and this was particularly apparent in adolescent boys.

During adolescence median fat-fold thickness continued to be proportional to income level in males. However, for females the relation reversed during adolescence so that those of lower incomes were the fattest and became increasingly so in adulthood. At all ages black males were leanest, and after adolescence, black females were fattest. At least part of this (adult) black-white difference in fatness was related to income. The poorer the adult black, the more likely the male was to be thin and the female to be fat.

#### Dental Findings

With approximately 19,000 children examined, this was by far the largest survey ever conducted in this coun-

try. The criteria used to assess dental health, namely the DMF index in older children and adults and the *df* index in younger children (where *D* and *d* stand for decayed, *M* for missing, and *F* and *f* for filled) are primarily measures of caries prevalence.

Using the DMF index, white males and females from high income states tended to have slightly higher DMF values as compared with blacks or Spanish Americans, a trend repeated in low income states. The racial difference is also seen in *df* indices for the primary teeth in low and high income states, comparing white with black children.

The caries index could not be related to plasma vitamin A or serum vitamin C levels, or to serum albumin concentrations. The one significant factor was the between-meal consumption of refined carbohydrate: in adolescent children of all races the caries index progressively rose as this dietary component increased. For example, in children 10-16 yrs. of age the effect of increasing the between meal carbohydrate intake from negligible amounts to 150 gm. or more per day was to increase the DMF index from 30 to 60 percent in different ethnic groups. It is thus apparent that this effect must be considered in any attempt to assess the influence of other factors on the caries index.

When only those adolescents who consumed no refined carbohydrate between meals were considered, Spanish-Americans living in higher income areas had the lowest caries index, and whites and blacks in low income areas the highest. Considering all racial groups together family income was not related to the prevalence of caries.

#### IS THERE MALNUTRITION AMONG THE CHILDHOOD POPULATION IN THE UNITED STATES?

Accepting a definition of malnutrition as faulty or inadequate

nutrition (Webster), the data from the Ten-State Nutrition Survey were unambiguous; substantial numbers of the children examined in this large survey were indeed malnourished.

In answer to the question of whether or not there is malnutrition among American children, one might begin by evaluating the findings for these variables which can be measured with most precision and for which experience allows the most confident interpretation. At the risk of being unduly simplistic in analyzing the mass of data now available, a mere look at measures of growth and prevalence of anemia will provide partial but confident answers to the question.

Evidence of retarded growth was apparent in children from low income families. Relative to what would be expected for a well-nourished population, two times as many black and three times as many white children in families living in poverty were below the 15th percentile for accepted American standards of height. There was a progressive decrease in the prevalence of undergrown children with increasing family income. Children in certain age groups from higher income families were advanced in their height by as much

as a year over children from lower income families.

The widespread prevalence of iron deficiency anemia throughout infancy, childhood and adolescence was previously noted in this summary. That this may be an indicator of a broader spectrum of nutritional inadequacies in American children is suggested by the following observation. Boys seven through twelve years of age with high (normal) hemoglobin levels averaged three to four centimeters taller than those with low hemoglobin values.

Obesity in children and adolescents is a common nutrition-related health problem. The almost complete failure of programs to correct obesity once it is present in childhood and the potentially serious behavioral and health consequences of persisting severe obesity demand of the pediatric community a new level of concern for prevention of this condition and a recognition that obesity has in part a cultural base.

Some degree of malnutrition does indeed exist in a substantial number of the American children studied in the Survey. To a significant degree malnutrition in children appears to be a consequence of both the quality of life and the economic status of

the family. Present information should prompt the pediatrician and other physicians caring for children to become increasingly aware, informed and concerned about nutritional problems in a population of growing individuals. While it is incumbent upon the physician to treat malnutrition in his patients, it must be noted that the limited approach entailed in assuming that the physician plays the only role in relieving malnutrition is not likely to succeed. Where malnutrition emerges as a consequence of impecunity, society as a whole must be involved in amelioration.

#### **COMMITTEE TO REVIEW THE TEN-STATE NUTRITION SURVEY**

Charles U. Lowe, M.D., Chairman  
Gilbert B. Forbes, M.D.  
Stanley Garn, Ph.D.  
George M. Owen, M.D.  
Nathan J. Smith, M.D.  
William B. Weil, Jr., M.D.

#### **Consultant**

L. J. Filer, Jr., M.D.

## THE AMERICAN DIET - SOME MEDICAL IMPLICATIONS

Traditionally and currently we as physicians are required to have some knowledge of the dietary practices of our patients and must advise modifications and changes of these for purposes of therapy or planning for health and avoidance of disease. The effectiveness of some of these efforts, particularly in therapy, are well established and rewarding both for the physician and the patient. Examples which might be cited are the use of salt restriction in caring for the patient with cardiac decompensation, the manipulation of diet for the diabetic, and the avoidance of certain foods as in treating gluten sensitive enteropathy, gout or lactose deficiency. Equally productive is the time and effort spent in guiding the young mother in the feeding of her infant and young child. Our successes and contributions are far from uniform and not nearly so reassuring in other therapeutic undertakings such as in the prescription of diets for the purpose of effecting weight loss in the obese.

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Implied, however, is a high level of interest on the part of the American public in the potential health advantages to be achieved by attention to foods and diet in general. The physician must be alert to these interests and guide his patients appropriately.

May 1, 1973

Mr. James E. Agin  
Executive Assistant  
The Kansas Medical Society  
1300 Topeka Avenue  
Topeka, Kansas 66612

Dear Mr. Agin:

As Dr. Shank is out of town, I am replying to your letter of April 26th.

Dr. Shank's travel plans have been made and he is to arrive in Wichita on Monday, May 7, at 7:31 p.m. on TWA Flight #547. He plans to leave Wichita on Wednesday, May 9, at 7:30 a.m.

Thank you for making the reservation at the Holiday Inn Plaza for the nights of May 7 and 8.

If Dr. Shank has any questions when he returns, he will telephone you.

Sincerely,

(Mrs.) Dorothy C. Olenyik  
Secretary to Dr. Shank



K. L. GRAHAM, M.D., LEAVENWORTH, PRESIDENT  
T. F. TAYLOR, M.D., SALINA, PRESIDENT-ELECT  
J. N. BLANK, M.D., HUTCHINSON, FIRST VICE PRESIDENT  
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GEORGE E. BURKET, JR., M.D., AMA DELEGATE  
J. C. MITCHELL, M.D., SALINA, AMA DELEGATE

THE KANSAS MEDICAL SOCIETY

1300 TOPEKA AVENUE  
AREA CODE 913 235-2383  
TOPEKA, KANSAS 66612

OLIVER E. EBEL, EXECUTIVE DIRECTOR  
JAMES E. AGIN, EXECUTIVE ASSISTANT

April 26, 1973

Robert E. Shank M.D.  
Danforth Professor & Head of the  
Department of Preventive Medicine  
Washington University  
St. Louis, Missouri 63110

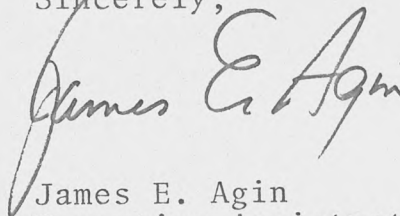
Dear Doctor Shank,

Please find enclosed your reservation confirmation for your room at the Holiday Inn Plaza in Wichita, Kansas. I have made the reservations for the nights of May 7 and May 8. I hope that this meets with your approval.

Would you be so kind as to inform me of the date and time of your arrival in Wichita so that someone may meet you at the airport?

I look forward to seeing you in Wichita and if you have any questions at all, please feel free to contact me.

Sincerely,



James E. Agin  
Executive Assistant

JEA:lm1

Enc

cc: Doctor Gerald Nelson

K. L. GRAHAM, M.D., LEAVENWORTH, PRESIDENT  
T. F. TAYLOR, M.D., SALINA, PRESIDENT-ELECT  
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April 26, 1973

Robert E. Shank M.D.  
Danforth Professor & Head of the  
Department of Preventive Medicine  
Washington University  
St. Louis, Missouri 63110

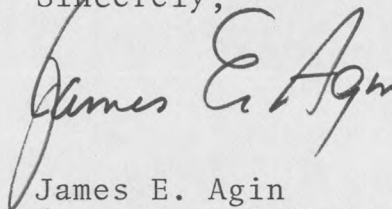
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I look forward to seeing you in Wichita and if you have any questions at all, please feel free to contact me.

Sincerely,



James E. Agin  
Executive Assistant

JEA:1m1

Enc

cc: Doctor Gerald Nelson

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JAMES E. AGIN, EXECUTIVE ASSISTANT

April 13, 1973

Robert E. Shank M.D.  
Danforth Professor & Head of the  
Department of Preventive Medicine  
Washington University  
St. Louis, Missouri 63110

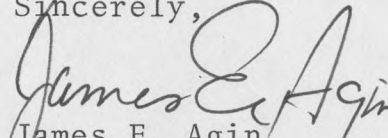
Dear Doctor Shank,

In anticipation of your presentation before the  
Kansas Medical Society at its annual meeting on May 6-9;  
I have arranged for your lodging at the Holiday Inn Plaza,  
250 West Douglas, Wichita, Kansas.

The annual meeting will be held at the above hotel  
and the scientific session will take place at the Century II  
Civic Center which is directly across the street from the  
Holiday Inn Plaza. I have reserved a single room for you for  
the nights of May 7 and May 8. If this reservation does not  
comply with your needs, please call me at the above number.

If I can be of any other service to you, please do  
not hesitate to contact me. I look forward to seeing you in  
Wichita and with best wishes, I am,

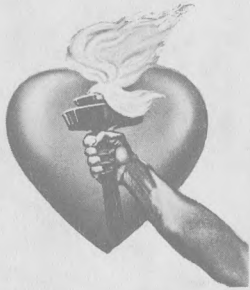
Sincerely,

  
James E. Agin  
Executive Assistant

JEA:lm1

cc: Gerald Nelson MD

*Gilbert Bond*



# Sedgwick County Heart Association

Chapter of Kansas and American Heart Associations

2100 EAST DOUGLAS • 265-4238 • WICHITA, KANSAS 67214

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GARY B. WOOD, M.D.

MRS. A. PRICE WOODARD

\*EXECUTIVE COMMITTEE MEMBER

MRS. RUBY CHRONISTER

EXECUTIVE DIRECTOR

April 2, 1973.

Robert E. Shank, M. D.,  
Danforth Professor,  
Head, Dept. of Preventive Medicine,  
Washington University-School of Medicine,  
4566 Scott Avenue,  
St. Louis, Missouri, 63110.

Dear Dr. Shank:

I am delighted that you accepted the offer to speak at the Kansas Medical Society meeting on May 8th. If you have the time, I would be happy to show you the nutrition program at our Sedgwick County Heart Association headquarters (to be featured in the next "Heart and Torch").

The following incident reveals how necessary your insights and contributions are. When the article, "Effect of Cholesterol-Lowering Diet on Mortality from Coronary Heart Disease and Other Causes", by Miettinen and others appeared in LANCET, October 21, 1972, it was shown to some of our physicians. They appeared uninterested and commented that they raised beef cattle.

Sincerely,

Virginia Toews Stucky, R. D.,  
Chairman, Nutrition Subcommittee,  
American Heart Association

VTS/os

c. c. Albert P. Michelbach, M. D.

PLASTIC AND RECONSTRUCTIVE SURGERY, P.A.

GERALD D. NELSON, M.D. F.A.C.S.

TOMMY E. KENDALL, M.D. F.A.C.S.

925 N. EMPORIA—SUITE B  
WICHITA, KANSAS 67214  
TELEPHONE 262-3495

March 5, 1973

Robert E. Shank, M.D.  
Department of Preventive Medicine  
and Public Health  
Washington University School of Medicine  
St. Louis, Missouri 63110

Dear Doctor Shank

I am sorry that I overlooked mentioning the honorarium for your coming to Wichita. We will set your honorarium at \$400.00. I realize also that this is small for the amount of work that you are investing in our meeting, however, I hope that this will be acceptable. We will cover all of your expenses First Class Airfare and the expenses which you incur here in Wichita. Again please let us know when you have made your travel arrangements and we are all looking forward to seeing you.

Sincerely

*Gerald D. Nelson, M.D.*  
Gerald D. Nelson, M.D. *Sy. C. Roberts*

GDN/c

March 14, 1973

Dr. Gerald D. Nelson  
Chairman of the Program Committee  
925 N. Emporia - Suite B  
Wichita, Kansas 67214

Dear Dr. Nelson:

As Dr. Shank is out of town today, I am forwarding to you the following items which you requested.

1. Complete Curriculum Vitae
2. Abbreviated Curriculum Vitae
3. Summaries of two presentations
4. A glossy black and white photograph

If there is anything I have omitted, please advise me at once. Thank you!

Very sincerely,

(Mrs.) Dorothy C. Olenyik  
Secretary to Dr. Shank

Enc:5

ABBREVIATED CURRICULUM VITAE

Robert E. Shank, M. D.

Danforth Professor and Head of the Department of Preventive Medicine

Chairman, Nutrition Committee, American Heart Association

Member, National Advisory Child Health and Human Development Council

Formerly Chairman, Council on Foods and Nutrition, AMA

Member, Food and Nutrition Board, National Research Council

Chairman, Nutrition Study Section, NIH

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President, American Society for  
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"Diet - How Important a Risk Factor for Coronary Artery Disease"

Robert E. Shank, M.D., Danforth Professor  
and Head of the Department of Preventive  
Medicine, Washington University, St. Louis, Mo.

New emphasis and priority is being placed in government and other agencies supporting research on efforts to prevent and reduce mortality from coronary artery disease. Currently, the most important risk factors appear to be hypertension, cigarette smoking and hypercholesterolemia. In this discussion attention will be drawn to hypercholesterolemia and hyperglyceridemia. The evidence to support the contention that these metabolic aberrations are positively related to increased risk of occurrence of myocardial infarction and to death due to coronary artery disease will be reviewed. Moreover, the typing of the hyperlipoproteinemias by the Frederickson techniques will be described as well as the implications of these for dietary intervention. Modification of the fat and cholesterol content of the diet are important in current prescriptions for prevention and treatment of this important disorder. A number of drugs have also been demonstrated to enhance the effects of the modified diet. The selective use of these will be considered.

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## Diet - How Important a Risk Factor for Coronary Artery Disease

(repeat KES)

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"The American Diet - Some Medical Implications"

Robert E. Shank, M.D., Danforth Professor  
and Head of the Department of Preventive  
Medicine, Washington University, St. Louis, Mo.

The American public is constantly and repeatedly exposed through news media and popular publications to alarming opinions relative to the hazards, real or imagined, of its diet and to enticing claims that certain foods or diet practices will protect its health and prevent disease. To the physician the diet of his patients is of concern in management of disease or illness and in advising for healthful living and prevention of disease. Fulfillment of these roles in informed fashion and authoritatively is not easily achieved by the conscientious practitioner.

In this presentation there will be consideration of a number of types of evidence which provide description of the nutritional adequacy or inadequacy of food practices and nutritional intakes. Included will be discussion of findings deriving from Department of Agriculture Surveys of Household Food Consumption, the National (Ten-State) Nutrition Survey of 1968-70, the National Research Council Report "Maternal Nutrition and the Course of Pregnancy", as well as pertinent reports from the clinical literature. The importance and significance of new Food and Drug Administration regulations and authorizations will be evaluated.

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New P

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February 16, 1973

Dr. Albert P. Michelbach  
Scientific Program Chairman  
2916 East Central  
Wichita, Kansas 67214

Dear Dr. Michelbach:

Your letter inviting me to participate in meetings of the Kansas Medical Society in Wichita on May 8, 1973 has been received. I am able to accept and will look forward to your meeting.

Perhaps the morning talk could be entitled - "The American Diet - Some Medical Implications". The afternoon presentation would be concerned with - "Diet - How Important A Risk Factor for Coronary Artery Disease?". It would be helpful for me to know if equipment will be available for projection of slides - either 3-1/4 x 4" or 35 mm. Also, I would like to know the time allotted for each of these talks.

As to the request that I also speak in the evening to a lay audience, this can also be done if it will be of assistance to you. A title, "Your Food and Your Heart", would be appropriate. Again, it would be helpful to know the length of the talk desired.

It will be my intent to arrive in Wichita on the evening of May 7th and depart early in the morning of May 9th.

Although I am a bit embarrassed to make the comment, the honorarium proposed of \$200 is not excessive. Three lectures and a good deal of preparation will be involved. However, you should feel totally free to set this at a level which is usual and appropriate for your Society.

I shall look forward with pleasure to meeting you and to having this opportunity to participate in the meeting of the Kansas Medical Society.

Sincerely yours,

Robert E. Shank, M. D.

PLASTIC AND RECONSTRUCTIVE SURGERY, P.A.

GERALD D. NELSON, M.D.  
TOMMY E. KENDALL, M.D.

925 N. EMPORIA—SUITE B  
WICHITA, KANSAS 67214  
TELEPHONE 262-3495

February 28, 1973

Robert E. Shank, M.D.  
Department of Preventive Medicine  
and Public Health  
Washington University School of Medicine  
St. Louis, Missouri 63110


Dear Doctor Shank

The Program Committee for the Kansas State Medical Society would like your presentation at the State Medical Meeting to be on "The American Diet - Some Medical Implications" and "Diet - How Important a Risk Factor for Coronary Artery Disease?" The times for your presentations have been tentatively set at 10:50 a.m. and 2:30 p.m. on Tuesday, May 8, 1973. The length of your presentations will each be approximately forty-five minutes. There may be additional time available for comments and questions. A tentative program schedule is enclosed with this letter. The Medical Society Meeting will be held at Century II Civic Auditorium, in downtown Wichita. We will have a room reserved in your name at the Holiday Plaza, across the street from the auditorium, headquarters for the meeting.

Before March 15th, I will need the following information:

1. Curriculum Vitae
2. Summary of your paper
3. Glossy black and white photograph, approximately 5 x 7.

At the time of your presentation on the 8th of May, I would like to have a copy of your paper for publication in the Kansas State Medical Journal if it is agreeable with you.



25% COTTON

Robert E. Shank, M.D.

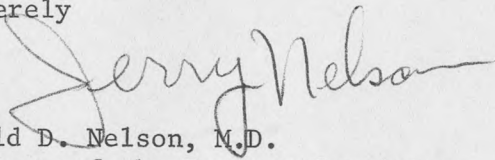
February 28, 1973

Page two

We would like to know of your travel arrangements. If you wish to file for your travel expenses prior to coming to the meeting, please notify us of the plane fare and we will forward it to you. If you would rather wait until May for that reimbursement, we will of course at that time reimburse you for all of your expenses.

If you need projection equipment other than a 2 x 2 carousel, I would appreciate knowing. I will keep in touch with you more often as the time of the meeting approaches. Any questions that you have, please do not hesitate to phone.

Sincerely



Gerald D. Nelson, M.D.  
Chairman of the Program Committee

Albert P. Michelbach, M.D., Chairman  
Charles Block, M.D.  
Scientific Program  
Kansas State Medical Society

FOX RIVER BOND

25% COTTON

TENTATIVE SCHEDULE - SCIENTIFIC MEETING

KANSAS MEDICAL SOCIETY

May 8, 1973

"THE AMERICAN DIET"

First General Session

8:50	Welcome	Thomas C. Hurst, M.D. President of Medical Society of Sedgwick County
	Response	Kenneth Graham, M.D. President of Kansas Medical Society
9:00	"Malnutritional Survey, U.S. Children"	George Owens, M.D. Childrens Hospital Columbus, Ohio
9:45	"Pediatric Diet as a Risk Factor for Coronary Artery Disease"	James J. Nora, M.D. Associate Professor of Pediatrics & Director of Pediatric Cardiology University of Denver, Denver, Colorado
10:30	Intermission to View Exhibits	
10:50	"The American Diet - Some Medical Implications"	Robert E. Shank, M.D. Department of Preventive Medicine & Public Health Washington University St. Louis, Missouri
11:30	Movie - Infant Nutrition and Feeding the Infant - Building the Man	
12:30	General Luncheon	
1:00	William Rieke, M.D. Vice Chancellor Health Affairs University of Kansas Medical Center Kansas City, Kansas	
2:30	"Diet - How Important a Risk Factor for Coronary Artery Disease?"	Robert E. Shank, M.D. Department of Preventive Medicine & Public Health Washington University St. Louis, Missouri
3:15	"Hyperalimentation of the Debilitated Patient"	Stanley J. Dudrick, M.D. Department of Surgery University of Texas Medical School Houston, Texas

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BENJAMIN M. MATASSARIN, M.D.  
ALBERT P. MICHELBACH, M.D.  
GERALD T. KENNEDY, M.D.

2916 EAST CENTRAL  
WICHITA, KANSAS 67214

February 7, 1973

Robert E. Shank, M. D.  
Professor of Community Medicine  
Washington University at St. Louis  
660 South Euclid  
St. Louis, Missouri 63110

Dear Doctor Shank:

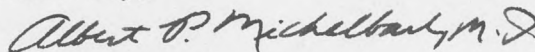
We are very happy that you will be coming to Wichita to talk to the state meeting of the Kansas Medical Society Tuesday, May 8, 1973. As previously discussed, the topic of the meeting will be "The American Diet." We find your suggestion of a lecture in the morning discussing general nutrition in America with some discussion of the obstetrical diet of interest and we will be especially looking forward to your afternoon lecture discussing the American diet as a factor in coronary artery disease to be of great interest.

Would it, perhaps, be possible for you to talk to a lay audience as well concerning this latter topic?

As mentioned before, we are very happy to pay your trip expenses, plus \$200, provided this is acceptable to you.

Again, we are looking forward with great pleasure to seeing you in May.

Sincerely,



Albert P. Michelbach, M. D.  
Scientific Program Chairman

APM/rg

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