PANHANDLE HEALTH

A QUARTERLY PUBLICATION OF THE POTTER-RANDALL COUNTY MEDICAL SOCIETY

FALL 2013 | VOL 23 | NO. 4

Pioneer Doctors of the Panhandle

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1. Insurance Information Institute. "Changes in Your Life Can Mean Changes in Your Insurance, Says the I.I.I.," Press Release, January 22, 2007.

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Editor's Message

by E.F. Luckstead, M.D.

I am pleased to invite you to read the fall edition of *Panhandle Health* with Dr. Steve Urban serving as the guest editor. The lead article by Dr. Urban provides a colorful collection of western lore and collective thought from the early towns and regional culture of physicians and the people in the Texas Panhandle. Historical anecdotes, in our guest editor's witty prose, provide us a medical legacy of iconic physicians and individual communities in the early Texas Panhandle!

The history of early medical care, with its crisis and challenges, is provided by family members, associates and colleagues from communities surrounding Amarillo in the Texas Panhandle. Dr. Urban's lead article shares his own family members' and relatives' recall and historical reflection of their family medical care. Young, older and retired physicians generously shared past medical and personal histories with Dr. Urban. Family members, old friends and associates also have provided their information for this history of the Texas Panhandle.

The communities of Borger, Canadian, Canyon, Childress, Pampa, Panhandle and Perryton are highlighted regarding their earlier years of medical care. Dr. Urban has demonstrated excellent stewardship as the guest editor with his historic collection of physician icons, emphasizing their role in the medical care in these Texas Panhandle communities and towns. The article about young Childress physician(s) provides an excellent example of how one medical legacy from the physician community influenced their eventual return home to practice. I hope that all our *Panhandle Health* readers will enjoy their opportunity to relive these Texas Panhandle medical legacies!

Our Next Issue Of
Panhandle Health
Features:
Surgery

Be A Part Of The Circle

Gold Level

Amarillo National Bank
Baptist Community Services
Caprock Home Health Services
Duncan & Boyd Jewelers
Neely, Craig & Walton Insurance Agency
Texas Medical Association Insurance Trust
Texas Medical Liability Trust

Silver Level

Brown and Fortunato Law Firm
First Bank Southwest
Happy State Bank

Bronze Level

The Cottages at Quail Creek
Northwest Texas Healthcare System

Be a part of the circle. In 2006, Potter Randall County Medical Society introduced the Circle of Friends, a program designed with the business of medicine in mind. Members of the Circle of Friends are companies that pay an annual fee to participate in Medical Society events. Their financial commitment allows PRCMS to provide quality programs throughout the year, such as the Annual Meeting, Doctors Day, Resident Reception, Family Fall Festival, Retired Physicians Lunch and Women in Medicine. In return, these companies are invited to attend these events and discuss with the physicians the benefits that their companies offer a physicians practice.

We are grateful for the support of these organizations and anticipate another great year of serving the needs of our members. The purpose for Circle of Friends is to provide a valuable base of resources to assist the physician in the business of medicine so their practice of medicine can improve.

This program has proven to be a valuable resource of services such as liability insurance, accounting, banking and much more. This year, we hope to expand the Circle to include services the physician may use in his or her personal life. Through this program, we can invite businesses serving physicians to support the Society and increase their visibility among its members. Corporate support contributes to the Society's ability to advocate and care for physicians and patients in Potter and Randall Counties.

The Medical Society thanks all of its supporters as it offers new opportunities to its membership.If your business is interested in being a part of our Circle of Friends, please contact Cindy Barnard at 355-6854 or e-mail prcms@suddenlinkmail.com

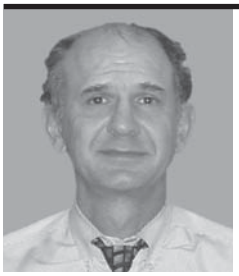
Executive Director's Message

by Cindy Barnard

In 2012, we published an extremely popular edition of *Panhandle Health* entitled "Pioneer Doctors of the Panhandle". That issue focused on Amarillo specialists. In our current issue, our Guest Editor, Dr. Steve Urban, has chosen to honor the pioneer practitioners of the Panhandle's outlying communities of the 50's through the 80's—Pampa, Canadian, Borger, Perryton, etc. These doctors were an integral part of their communities, serving not only their myriad patients in every imaginable medical capacity but also holding positions on various civic, community, church, and philanthropic boards. Most of these physicians were family practitioners which necessitated keeping up with developments in diagnosis and treatments of virtually every human disease, presenting a special challenge to stay current. These physicians saw their patients in the full context of the small communities in which they both lived. For example, the patient was the patient as well as the teacher of the doctor's children, and the doctor was the doctor as well as the coach of her children's baseball team. Of course, the approach to rural medicine ultimately rested on the time-honored "Four A's of Medical Practice": available, affordable, affable, and able! Today, 21 of Texas' 254 counties have no doctor at all, so rural doctors are still tremendously important. People living in remote areas of West Texas can still be over 100 miles from a doctor. When asked what he would do if one of his workers broke an arm, a Panhandle rancher replied, "Call a vet." Even though we are now in the 21st century, not much has changed for the true country doctor.

We are planning a "Legislative Update" in October given by TMA President, Dr. Stephen Brotherton from Ft. Worth. Physicians who attend can earn CME hours. Watch your mail for the invitation.

The cover of our magazine is by R. Kim Poarch, entitled "Prize of the Hunt". Kim entered the picture framing business in 1975 and began painting full time in 1996. He prefers to paint on location and has painted in Alaska, Canada, Colorado, New Mexico, and Wyoming. His favorite place to paint is the Palo Duro Canyon, near his home. His work can be found in collections throughout Texas, New Mexico, Colorado, and New Jersey. Kim currently owns "Gallery at the Palace" in Canyon, Texas.



Guest Editorial:

Early Medical History of the Texas Panhandle

by Steve Urban, M.D.

Texas panhandle in the late 1800's

In 1874, the transcontinental railroad spanned America, Andrew Carnegie and J.D. Rockefeller were accumulating their first millions, and P.T. Barnum presented the "Greatest Show on Earth" for its second record-setting year. The world was reading *War and Peace*, and the impressionists shocked Paris with a new view of form and light. At this time the settled population of the panhandle of Texas was effectively zero.

If you look at maps of this era, our region is designated as "Comanche and Kiowa hunting grounds." Occasionally, a wagon train to Santa Fe, a band of Hispanic Comancheros, or a misguided trading party would pass through, but generally this area was a trackless prairie interrupted by a few creeks and rivers and ruled by the horse warriors. Within 10 years, everything would change.

The settlement of the Texas Panhandle depended on three factors: the "pacification" of the native Americans, the westward expansion of the railroads, and the development of the barbed wire fence (patented by Joseph Glidden in 1874). The rate-limiting step (then, as now) was finding enough water to make it all work.

In 1873, the Comanches still ruled this region (for a compelling account, read S.C. Gwynne's *Empire of the Summer Moon*) (1). Then Colonel Ranald MacKenzie wreaked final defeat on the Comanches, using the same approach that his boss, Gen William Tecumseh Sherman, had used to "pacify" Georgia. Whereas previous generals had captured Comanche ponies, only to have them liberated (usually that same night) by their "Indian" owners, MacKenzie had them all shot. He pursued the camps (i.e. women and children) mercilessly. In May of 1875 even the proud Quanah Parker surrendered and retired to the reservation at Ft. Sill, Oklahoma.

Soon after the victory of the 4th cavalry, cattlemen moved into our area—initially "free-range" owners like Charles Goodnight (1876), later settled landowners whose cattle were constrained by the new barbed wire. Right behind them snaked the railroads—the high plains first supplied by the Santa Fe (originally, the Atchison, Topeka, and Santa Fe) through southern Kansas. Its terminus at Dodge City in 1872 created the archetypical cowtown; subsequent extension to Pueblo in 1876, Albuquerque in 1880, and final linkage with the Southern Pacific at Deming, NM in 1881 connected wheat, cattle and buffalo lands in the central plains to markets on the east and west coast. Then came the Ft. Worth and Denver, whose progress across the panhandle in 1887 gave rise to Clarendon, Texline and (most importantly) Amarillo.

Finally: the water

First the few rivers and creeks, marked by rudimentary forts—e.g. Bent's Fort (also styled Fort Adobe, later Adobe Walls) and Fort Elliott on the Canadian. In their wake, villages such as Old Tascosa (1876) and Old Mobeetie (1878) struggled into being. Then came hand-dug wells on the flatland; finally machine dug wells with the necessary windmills. At last, settled civilization—mostly rural and scattered, to be sure– had arrived.

Early panhandle medicine

Of course, medical care in the late 1800s was rudimentary at best. Most doctors had no formal training and no scientific background at

all. They learned via the apprenticeship method, much as did an artisan or tradesman. Many of the so-called "doctors" in the west were half-trained rapscallions or alcoholics on the run. In newspapers of the time you will find "announcements" (advertising was prohibited by the AMA!) boasting of local doctors' graduation from respected universities and medical schools, to distinguish them from practitioners with only "trade-school" diplomas.

The dearth of qualified doctors was a significant drawback to settlement of the Panhandle in the early days. Dr. Tom Hale has shared with me an account by his great-grandmother Mrs. W.B. Wright, who settled near "Fort" Bugbee on the Canadian River in 1877. Ms. Wright was the first Anglo woman to homestead in Hutchinson County. When she became pregnant with her first child, the nearest doctor was in Dodge City; so the Wrights hired her brother, a physician from Missouri, to stay at their home through the lying-in. Later, the owner of a large cattle operation nearby offered the astounding retainer of $100/week for Dr. Wright to stay until HIS baby had been safely delivered.

Ochiltree County: case in point

Much of the history that follows comes from Ochiltree County (county seat: Perryton), where my Urbanside forebears settled in 1888 and my maternal Hummer-side forebears settled in 1905. Every county has its own story—undoubtedly of more ancient provenance than ours—but I know Ochiltree County's story best and, after all, I AM the guest editor!

My great-grandfather Wiliam L. Coppock homesteaded in Ochiltree County in 1888 but returned to Tennessee with his family several years later. Having to dig a water well 250 feet deep with pick, shovel and windlass was only part of the problem. The family considered the lack of ready medical care an important factor. The nearest physician at this time was in Liberal, Kansas, 50 miles away by horseback across a wagon-trail through the prairie. An excerpt from the memoirs of Walter Stollings (related by marriage to the Hummer clan) elucidates the problem:

"One evening, Walter was playing a game called dare base, and ran into the barbed wire guy line of a windmill; his face was ripped open from mouth to ear and he was in a bad way for a while. Soon a fine pioneer woman who knew how to meet the occasion came on the scene. Her name was Mrs. Beagle; she asked that the boy be held by force while she took an ordinary needle and silk thread and sewed a pretty stitch. Today the scar appears to be the work of a competent surgeon (2).

Early practitioners in Ochiltree County included Dr. Alfred Ahlman, who in 1906 opened a sanitorium; the doctor and his family lived downstairs and the patients occupied the second floor. Dr. William Pearson graduated from Vanderbilt in 1883 but came to the dry panhandle of Texas "for his health" (this usually meant that he had tuberculosis) and never practiced. Dr J.T. Guthrie was a well-loved practitioner but died in the 1918 influenza pandemic while tending to his patients.

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Perhaps the most colorful early practitioner in Ochiltree County was Dr W.J. Brewer, who was Dr. Guthrie's brother-in-law. He came to Old Ochiltree in 1908 (11 years before Perryton was founded) and practiced in Ochiltree County for 30 years. His obituary proudly mentions his training at Barnes Medical College and his "post-graduate work" at Tulane and Chicago Polyclinic. A newspaper announcement from May 1916 bragged that Dr. Brewer, "one of our leading physicians and surgeons" was attending a refresher course in Chicago. The Ochiltree Herald commended him "for his progressiveness and desire to be at all times at the top of his profession."(3)

That Dr. Brewer may have had other desires came out in October of 1916, when Dr. Brewer and County Judge Cap Correll shot it out in a duel in the "usually quiet little city of Ochiltree" over "difficulties of a delicate nature which have existed between the two men for some time."(4) Early 20th century journalistic diction must be quoted to be fully enjoyed:

"[Ochiltree] was thrown onto a state of intense excitement last Saturday just as dusk was gathering, by the sound of several shots fired in quick succession in the region of the drug store, and a pall of sadness surrounded the scene where two of our prominent business men had just engaged in a duel with automatic pistols, each one receiving a severe wound, but neither being fatally shot."

No detail was omitted in the account; modern HPIPA compliance officials must shudder to read these facts:

"Dr. Brewer was leaning up against his car, writing a prescription for Bogus Wilbanks…when Judge Correll walked up on the sidewalk…and opened fire on Brewer, who immediately drew a gun and began shooting at Correll. About nine shots were exchanged, only two taking effect, one from each gun."

Certain details might seem excessive in today's Globe News. We learn that the Judge was struck "in the abdomen, the ball severing the intestines in two places and lodging in the hip" and that he was taken to Liberal Kansas "in Ed Forbes' Oldsmobile." Somewhat cryptically (but perhaps germane to the delicate matter), were are told that Dr. Brewer has "a wife and two daughters" and that "Judge Correll is 35 years old and was married to Miss Carrie Whippo only last June." Eat your heart out, Lance Lahnert!

Shooting a judge must not have been severely frowned upon in those days—or else they really needed a doctor!—since Dr. Brewer moved with the rest of the town in 1919. The town of Ochiltree hoisted up its skirts and moved 7 miles north to the side of the new Santa Fe spur. There Dr. Brewer continued to practice through the 1930's; he experienced a surprisingly peaceful demise in 1953.

Modern medicine

In 1930, a new hospital was built by Drs. Budd and May in the growing town of Perryton. The proud announcement mentions $10,000 of equipment, 12 private rooms, one large public ward, and a fluoroscope! In those days serum chemistries were not widely available (just urinalyses and CBCs) and of course the radioimmunoassay had not been developed. The hospital was proud of its "Jones metabolic apparatus" for measuring basal metabolic rate for the diagnosis of hypothyroidism!

A lot has changed since those early days. The Flexner report (1910) transformed medical education. By the 1940s and 50s, doctors were trained at Baylor and UTMB (rather than in proprietary schools). Residencies were more likely accomplished in a hospital than in a saloon. Quantitative chemistries, then the radioimmunoassay, then CT and MRI scans moved us toward diagnostic certainty. Were doctors better diagnosticians in those days? Probably not. Were they more revered and respected? Probably. They carried the torch of healing to the bedside, even if their therapeutic armamentarium was weak. They brought care and empathy with them. Nowadays we're too busy to sit and ponder—we've got to pay off those scanners and get the patient out of the hospital before the discharge planner comes around! When we read the old accounts, though, we sometimes wonder: how much has been gained and how much lost, in the advance toward our modern technological medicine?

References

(1) Gwynne SC. *Empire of the Summer Moon.* Scribner, New York 2011.

(2) Whippo SP, ed. *Wheatheart of the Plains: An Early History of Ochiltree County.* Ochiltree County Historical Survey Committee, 1969.

(3) Ochiltree News. May 26, 1916. The Ochiltree News succeeded the earlier Eagle-Investigator. Perhaps the querulous tone of the Eagle led to its demise. On May 18, 1910 it scolded: "The friends of the Investigator will please hand us in news items while they are fresh. We prefer not to publish a birth after a child is weaned, a marriage after the honeymoon, or the death of a man after his widow has married again!"

(4) Ochiltree News. October 6, 1916.

Thanks to Odie Dear, Rena Gay Richardson, and Stacy Brown at the Museum of the Plains in Perryton TX for assisting my research of early Ochiltree County medicine.

Pampa's Dr. Raymond Hampton

by Moss Hampton, M.D.

Raymond Hampton, M.D.

"Are you related to **THE** Dr. Hampton?" I can't tell you how many times I've been asked that question. Sometimes it would be from patients or one of their family members. Sometimes it would be from relative strangers when they found out that I grew up in Pampa. But, it was always followed by a story or a comment about how my father had taken care of his/her mother or delivered his/her sister or operated on his/her grandfather and what a wonderful doctor they thought my dad was. He seemed to have taken care of everyone in Pampa! Where do I begin to tell his story?

The community of Pampa started as a railroad station house for the Southern Kansas Railroad in 1887 on land owned by the Francklyn Land and Cattle Company (later the White Deer Land Co.). In April 1902, a plat for the town site was approved by people living there. It was incorporated in 1912 and by the 1920's was noted for its wheat fields, cattle ranches, and oil wells.

The medical community in Pampa began in 1902 with the arrival of Dr. V.E. von Brunow. He first practiced out of his home and later out of the back of a drug store. Dr. von Brunow is also reported to be the first person to own an automobile in Pampa. He worked there for 38 years. Another early Pampa physician, Dr. Walter Purviance, had a significant impact on the local medical community. He began practicing in Pampa in 1920 after serving in World War I and practiced there for over 35 years. He was a real estate developer, was mayor for two terms, and was involved in many civic projects. More physicians came to town in the 1930's and early 1940's as Pampa continued to grow and prosper. The first hospital, the Pampa Jarrett Hospital, opened in 1926. It was an 18 bed hospital and operated until 1950. In 1930, the Worley Hospital opened with 48 beds and operated until 1975. Highland General Hospital was built in 1950 and was initially a 90 bed facility. In 1957 it was expanded to 126 beds to serve the growing population. It was in service until 1981 when the current hospital facility was built.

My father, Ray Hampton, was born in Vernon, Texas. His father owned a plumbing shop and his mother was a school teacher. He had one younger brother. His early days in Vernon were colored by the events of the Great Depression, and while he and his family fared better than most, it left a lasting impression on him. He graduated from high school at age 16 and graduated from the University of Texas at age 18. He completed medical school at the University of Texas Medical Branch in Galveston in three years, and received his MD degree when he was 21 years old. He completed a one year rotating internship in Oklahoma City and had hoped to do a surgical residency in San Antonio. After a partial year doing another rotating internship in San Antonio, he decided to enter private practice. One of his medical school classmates, Dr. Julian Key, was practicing in Pampa at the time and encouraged him to come to Pampa. At that time there were about 10 physicians in town. He came to Pampa in the fall of 1949 and asked Dr. Frank Kelly for a job with the Kelly Clinic. He was hired immediately and began his career as a general practitioner that lasted for 51 years.

In late 1950 he was recalled into the Navy as part of the Korean Conflict and spent almost two years in the service.

| *continued on page 12*

During that time, he met and married Harriet McPhail. They returned to Pampa on Thanksgiving Day, 1952 and have lived there ever since. On his return in 1952, he started the Medical and Surgical Clinic with Dr. Charles Ashby, Dr. Phil Gates, and Dr. Dick Bonner. The clinic was in operation until January, 2000 when he retired.

When you talk with my father about the practice of medicine in those days (1950's and 1960's), he will tell you that they were just doing the best they could with the few tools that they had available to them. During those years in Pampa, all the physicians in town were general practitioners. But, these physicians "did it all"! My father delivered babies for about 30 years. He performed a variety of surgical procedures including cholecystectomies, appendectomies, tonsillectomies and hysterectomies until shortly before he retired. He introduced several orthopedic procedures to the hospital when he first came to town. In fact, my youngest brother who is an orthopedic surgeon in Pampa was "amazed" at the procedures he was routinely doing. At times they had to do "heroic" things. The story my father tells of performing a partial pneumonectomy with Dr. Ashby on a man who otherwise would have died was thrilling and unbelievable in today's world. There was no board certified anesthesiologist, no pulmonologist or intensivist, no ICU, no telemetry or ventilator, just "regular" doctors and nurses doing the best they could to care for their patients.

Other aspects of medicine were also different in those days. There were fewer medications, especially antibiotics. There was much less technology and they often had to improvise. There were no disposable instruments, no cell phones, no computers. Of course, malpractice cases were uncommon and Medicare and Medicaid had not yet been instituted. As he often says, everything was much simpler then.

When asked why he went into medicine, my father will tell you that his mother wanted one of her sons to be a doctor and the other to be a preacher. He knew he wasn't cut out to be a preacher! Medicine was his life, and he liked Pampa because he felt he could practice the full spectrum of his profession there. He worked long hours and the telephone rang frequently at our house! I listened to enough conversations to know that, when I heard "she's 8 centimeters", it meant he needed to hurry up and get to the hospital. That was long before I knew the obstetrical significance of the comment. He always seemed to be "on call". He often said that the best thing that happened in Pampa was when the hospital hired a full time emergency room physician.

He also worked hard to stay current. I can still see him sitting in his favorite chair reading the *New England Journal of Medicine* every night after dinner. In 1969, he closed his practice for 6 weeks and went to Harvard for a review course so that he could become one of the first board certified physicians in Pampa. He always carried himself in a professional manner, wearing a coat and tie to the office and the hospital Monday through Friday until the day he retired. In the operating room he was "all business". There was no casual conversation as he expected everyone to be paying attention to the operation. For those who worked with him regularly in the OR, he was always a teacher. He would be teaching you something about the operation, teaching you to tie knots, or teaching you how to be a good assistant.

At home, he was always there when you needed him. He was supportive of anything I wanted to do, and he always expected me to do my best. While he never forced medicine on me, he would often ask if I wanted to go with him. I can remember going on house calls with him when I was young. As a medical student, I was often included in deliveries and surgeries when I was home on break from medical school. When I returned to practice in Pampa in 1986, he was there again whenever I needed his advice about a problem or whenever I needed an assistant in a difficult case. He would give me his opinion when asked and make "suggestions" about how I might think about a problem. That being said, it didn't take me long to figure out who the "real" Dr. Hampton was. His patients were extremely loyal. If I were seeing one of his long-time patients, they always wanted his opinion because he was "their doctor". Of course, his patients would also tell me stories about bringing him pies, cakes, or fresh vegetables with the implication that if I ever became as good as he was, I might reap those benefits as well!

In addition to his professional responsibilities, he was involved with his community and with organized medicine. He served on the Pampa School Board for 12 years and later on the Pampa Library Board for 18 years. He was active in the Texas Medical Association, the Panhandle District Medical Society, and the Top of Texas Medical Society. He served on the TMA Board of Counselors for 15 years. He was an avid golfer and loved snow skiing as well as traveling. He retired in January, 2000 and has enjoyed his retirement. His interest in medicine is still there, but he admits he couldn't have kept up with all of the new technology we use in medicine today.

I am very proud of my father, Ray Hampton M.D., and the things that he accomplished while practicing medicine for 51 years in Pampa. In my mind he is the epitome of a "real doctor". I enjoy listening to the stories people tell me about how my father did something special for them or their family. I was very touched when a high school classmate recently told me that my father saved his father's life when he had been severely injured. My father has been my mentor, role model and the person I have most admired (along with my mother!) for my entire life. He taught me much about the art and practice of medicine, and for that I am forever grateful.

In Memory

Dr. Thomas C. Neese

Cardiologist,
died on July 11, 2013
at the age of 75.
He was a member
of the Potter-Randall
County Medical Society
for 41 years.

Dr. James E. Hamous
Board certified in Anatomic and Clinical Pathology. Completed Medical School at The University of Nebraska and completed Residency at The University of Iowa. Professional interests include Gastrointestinal Pathology and Hematopathology.

Dr. Robert M. Todd
Board certified in Anatomic and Clinical Pathology. Completed Medical School at The University of Texas and completed Residency at The University of New Mexico.

Dr. James M. Hurly
Board certified in Anatomic and Clinical Pathology. Fellowship trained in Surgical Pathology at The University of Missouri with professional interests in the fields of Gastrointestinal Pathology and Hepatic Pathology.

Dr. Andrew C. Hoot
Board certified in Anatomic and Clinical Pathology. Trained in Internal Medicine and General Surgery prior to completing a Fellowship as a Pediatric Pathologist at the Children's Hospital of Philadelphia.

Dr. Michael D. Sennett
Board certified in Hematopathology, as well as Anatomic and Clinical Pathology. Fellowship trained in Hematopathology at The University of New Mexico.

Dr. Daniel L. Schneider
Board certified in Hematopathology, as well as Anatomic and Clinical Pathology. Fellowship trained in Hematopathology and Surgical Pathology at The University of Texas Health Science Center in San Antonio.

Dr. Ruba A. Halloush
Board Certified in Cytopathology, as well as Anatomic and Clinical Pathology. Fellowship trained in Cytopathology and Surgical Pathology at The Methodist Hospital in Houston, Texas, with professional interests in Cytopathology and Endocrinology.

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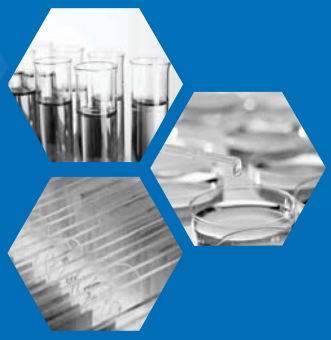

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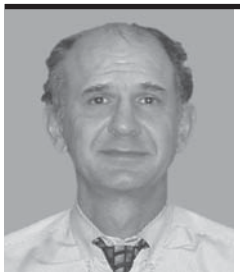
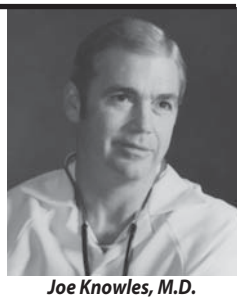


Borger's Dr. Joe Knowles

by Steve Urban, M.D.



Joe Knowles, M.D.

When I decided to write about one of Borger's iconic practitioners, I wasn't sure where to turn. Borger's history is replete with colorful characters, both doctors and lay people, but who should be singled out? I sought the advice of respected Amarillo practitioners Dr. Tom Johnson and Dr. Taylor Carlisle (both Borger products), and each directed me to Joe Knowles as the consummate small-town practitioner. Joe now lives with his wife Sue just off the golf course at LaPaloma. Despite his 84 years, Joe possesses a great memory and a sharp wit. He can look back on the changes that have befallen medicine in the last 60 years with a sense of accomplishment in the care he delivered but also with a sense of nostalgia about what has been lost in the transformation to technological, subspecialty-centered medicine. An interview with Joe and wife Sue on an eminently golf-worthy day provides the basis for this article.

Early history of Hutchinson County

The early history of Borger and Hutchinson County diverges from most other areas of the Panhandle. First of all, the Canadian River served as a conduit for many explorers and wagon trains through Comanche country; so Hutchinson County's history starts early. A major wagon caravan bound for Santa Fe, NM came through in 1840; a few years later the famous exploring/surveying party of Randolph Marcy braved the Comanches. A small trading post was established in 1843 to trade with the Indian population. Known as Bent's Fort or Ft Adobe, it was soon abandoned when the Comanches found out what it was really like to trade with the white man. The site (Adobe Walls) hosted its first battle (Kit Carson vs the Indians) in 1864 and then the more important 2nd battle of Adobe Walls (Billy Dixon vs Quanah Parker, medicine man Isa-tai and their warriors) in 1874.

As was the common pattern, buffalo hunters and open range ranches followed the "pacification" of the Comanches, but railroads did not penetrate the dry prairie. In 1890, there were only 58 residents (including Mr. and Mrs. Billy Dixon) in the whole county. Everything changed in the 1920s, when oil gushed forth, with natural gas spewing soon behind. Stinnett, Phillips (originally Whittenburg) and Borger were all incorporated in 1926; Borger burgeoned most dramatically and became the classic oil "boom town". It was said that 30-40,000 inhabitants swarmed the unpaved streets of Borger by 1928, although most lived in tents, shanties, or in the backs of trucks. The Phillips Petroleum company bought its first refinery there. The J.M. Huber Company came along thereafter, and Borger developed into a national hub for oil and natural gas processing and transport.

Stories of the tempestuous and colorful early days of Borger are too many to tell, but apparently crime was rampant. A 1928 news story recounts 40 arrests a day; the jail was said to be swarming with "bootleggers, gamblers, highjackers, prostitutes, pimps and other undesirables." Newspaper reports chronicle characters such as "Toughey" Williams, Bill "Tangle Eyes" Moss, and the "notorious bootlegger, bank robber and murderer" Shine Popejoy, who was shot and killed while trying to escape from the county jail. In 1929, after the district attorney and another citizen were murdered, the governor declared martial law; it took the National Guard to restore any semblance of peace!

In 1929 Dr. L. M. Draper, a Duke University and University of Maryland medical school graduate, entered this pandemonium. He set up his practice and brought the first X-ray machine to Hutchinson County. Joe Knowles directed me to Dr. Draper's memoirs. Like most practitioners of this era, he did everything on the spot; transferring patients to Amarillo across poor roads in those days was not much of an option. Dr. Draper delivered babies in tents and in the backs of pickup trucks; he sewed up wounds as best he

could. Dr. Draper treated Pretty Boy Floyd on one occasion; fortunately for him (but perhaps not for some others) the famous gangster recovered.

Joe Knowles: the early years

Joe grew up on a small farm near Burnet, Texas in the height of the depression. As with most children of this era (Joe was born in 1929), he was greatly affected by the privations of the time. Although his father had a UT education, commodity prices were terrible and city jobs were scarce. Joe recalls that the family had no automobile and sometimes only "food till the middle of next week." Fortunately, Joe's father secured a job with the agricultural extension service, and the family moved to the Bryan/College Station area. Joe worked his way through Texas A&M and in 1949 matriculated at the largest medical school in Texas at the time, UT Medical Branch in Galveston.

Medical school and further training

Joe Knowles had to work his way through medical school as well. A summer job provided the $300 needed to purchase a microscope for his freshman year. Joe remembers many hours working as an orderly at St. Mary's Hospital; he had to sell blood for $15 a pint for spending money. A vivid memory was of classmate Herman Barnett, the first African-American medical student in the state. Although Jim Crow laws were still in effect, the UTMB students supported their classmate. Joe recalls one instance (after graduation) at a TMA meeting, where a restaurant owner refused to serve Herman in the main dining room. The TMA members arose to a man and left with their colleague.

Dr. Knowles did his junior ob/gyn clerkship at Bexar County Hospital in San Antonio. He remembers the wise advice of a faculty member: "Pay attention to the L&D nurses—they know more than you do" and "the best obstetrician is often the one who can sit on his hands the longest." Joe says that the most important admonition was "Remember, none of you walk on water"—i.e. practice humility. In those early days of fetal monitoring, the optimum primary C-section rate was felt to be 5%! Joe delivered over 1400 babies in his training, and between 7000 and 8000 in Borger, without an obstetrical death.

Joe completed his internship at Brooke Army Hospital, where he performed his first CPR—done via emergency intercostal incision and open cardiac massage. The young soldier survived! Pioneer cardiac surgeon Dr. Arthur Blalock visited Brooke and demonstrated in the operating amphitheater his newly developed mitral commissurotomy, done through a purse-string opening in the left atrium, with finger-fracture of the mitral valve. To operate on the beating heart seemed like a miracle to observers young and old.

After internship, Dr. Knowles "owed Uncle Sam" two more years of service and in 1954 moved to the hospital at the Amarillo Air Force base. It's easy to forget what a huge operation the AAFB was before Lyndon Johnson shut the whole thing down. As many as 32,000 soldiers, instructors, and employees swarmed the east Amarillo facility. Although most of the doctors resided "in town", Joe lived in a duplex on site. All specialties might rotate as "medical officer of the day" in the emergency room, but Captain Knowles was on first call for obstetric or general surgical cases. In a sense, Joe's 2 years at the base were like a residency in surgery and ob. Dr. Knowles' colleagues and mentors at the 140-bed AAFB Hospital were skilled practitioners from across the country. Joe honed his surgical skills with a Tulane-trained surgeon, and pediatrics with a Philadelphia-trained academician (also paying off his medical education.) Joe's ob/gyn colleague was an excellent senior attending named Dr. Cliff Matthews; together they delivered 140 babies a month. Town consultants included Dr. Earley B. Lokey and Dr. George Wyatt. If his C-section rate exceeded 5%, Joe had to explain each case to the formidable Dr. Lokey! Captain Knowles' astounding salary of $400/month, however, provided some consolation.

Thirty years in Borger, Texas

In 1956, Joe Knowles moved to Borger and began his 30 year love affair with the city and its citizens. His senior partner, Dr. Clarence Brinley, died unexpectedly after 2 years; fortunately, Dr. Knowles' UTMB classmate Dr. Jim Wheeler moved from Dumas to join the practice. Soon Dr. Bob Holmes joined them in Borger. Fees were miniscule in those days. An office visit cost the patient $4, an appendectomy $150, a C-section $250. Total obstetric care from (soon after) conception through post natal discharge was $150 for a primipara, $125 for a multip. In 1956, Dr. Knowles' malpractice insurance cost $25/year!

Small town hospitals were going concerns in those days. Joe recalls the 125 bed North Plains Hospital with its staff of 16 general practitioners, a pathologist, a radiologist, and even an ophthalmologist. A few years later, an anesthesiologist joined the staff. There were no general surgeons or ob/gyn

| *continued on page 16*

practitioners, however, because the generalists performed these tasks. Dr. Knowles estimates that "99% of the work was done locally." Closed fractures, C sections, and open cholecystectomies presented no problems. Prostatectomies, mastectomies, thyroid surgery, neurosurgical procedures, open orthopedics, and (later) CABGs were referred to Amarillo. Pediatric cardiac surgery went to Oklahoma City or Houston. In those days, however, acute MIs were managed locally; emergency intervention was unknown until the late 1980s.

Dr. Knowles crossed paths with many pioneer Borger practitioners. Drs Larry and Arthur Hansen started a clinic and continued in practice until the 1960's. Brothers W.G. and M.M. Stevens were quality doctors. Dr. Hugh Pennal, one of Amarillo's pioneer psychiatrists, practiced in Borger for a few years before going back to complete his psychiatry training. In addition to his partners, Dr. Knowles admired colleagues Paul Powell and Rex Prewitt. Dr. Powell was a gifted technician in the OR and a thoughtful diagnostician. Joe says that Dr. Powell "never did anything just to make money" (things must have been different in those days!). Dr. Prewitt was serious and committed. Everybody took indigent call on a rotating basis and nobody complained. "It was our duty," says Dr. Knowles.

Looking back

Medical practice was different in the 50s and 60s, but not always in ways you would expect. You couldn't get a CABG in Amarillo until Henry Martinez came along, but a woman could sneak off to Dalhart for an abortion. Sulfa drugs, penicillin, and streptomycin were the only antibiotics, and corticosteroids had just come on the scene. Only 6 of Joe's 162 classmates at UTMB were women; now women make up more than half of most medical school classes. Dr. Knowles lists these as the biggest changes that he saw in his nearly 30 years of practice in Borger: subspecialization, government interference in the practice of medicine, and complex documentation and billing procedures. Organized medicine was more important to the Panhandle medical community in those days; attendance at the Top of Texas Medical Society (Borger, Pampa, Perryton, Spearman, Canadian and Shamrock) would often number 50 or 60. One hundred to a hundred and fifty would gather for the annual Panhandle District Medical Society meetings.

Joe Knowles made a huge impact on the lives of tens of thousands of Borger patients over the years. He was well-trained, skilled, and thoughtful. Joe Knowles cared for his patients. If highly-trained practitioners like Tom Johnson and Taylor Carlisle attest to Dr. Knowles' expertise and compassion—well, that is enough for me. Joe shepherded generations of children through the Hutchinson County school system. He could make a diagnosis from the history and physical exam; he could distinguish organic from functional disease, and could treat both. Generations of patients in Borger have benefitted from his advice, and I personally have profited from his insights. Let us hope that future physicians of Hutchinson County will combine Dr. Joe Knowles' diligence, skill, and compassion.

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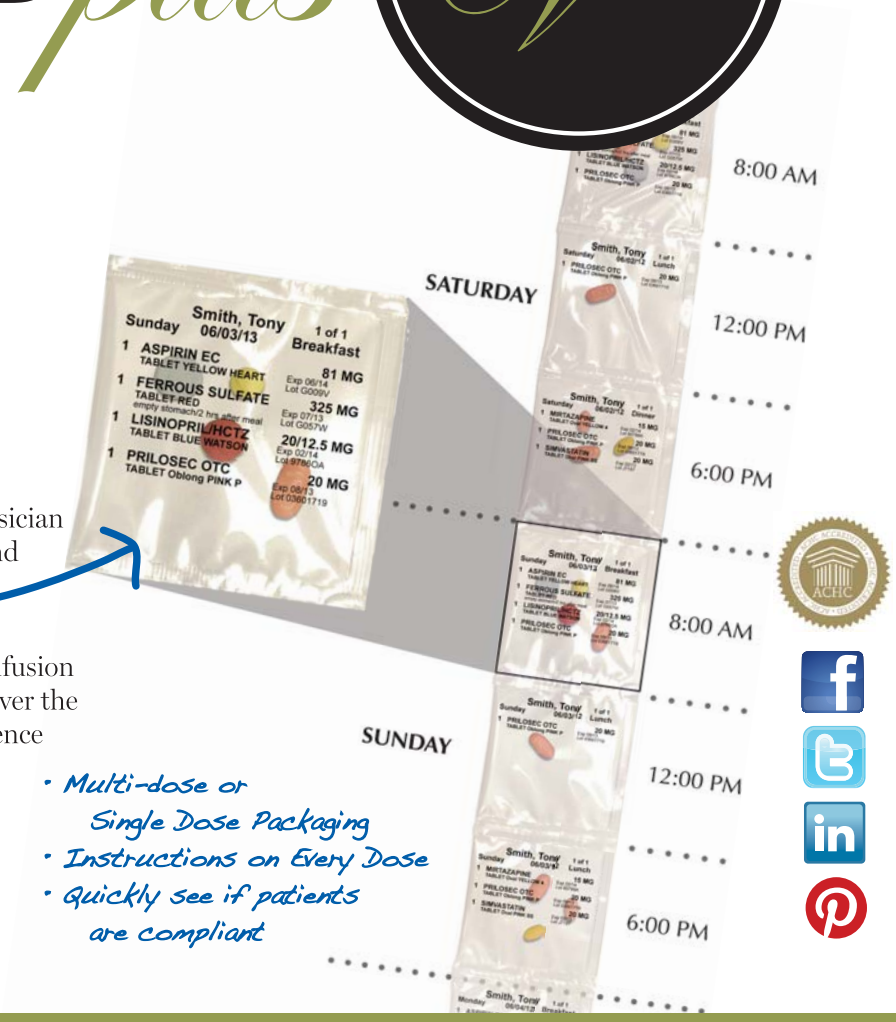

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CONVENIENT DRIVE-UP & DELIVERY

Dr. Snyder and Dr. Rush: Canadian Pioneers

by Nona Dale Snyder Fulton, M.D. (Retired)

"But, it's so tiny!" These words epitomize the reaction of former patients of our grandfather, Dr. E. H. Snyder (Dr. Snyder), and our father, Dr. Rush A. Snyder (Dr. Rush), upon entering the waiting room of the Snyder Clinic at the top of Main Street, across from the Hemphill County Courthouse in Canadian, Texas. Despite the fact that the entire office building could fit inside the waiting area of most current Amarillo physicians' offices, 50 to 60 patients were seen each day from the early 1900s until the doors closed on April 30, 1985.

In contrast to the row of secretaries seated in front of impersonal computers in present day waiting areas, a single receptionist greeted each patient, usually by name. Records were kept on 5" x 7" cards housed in two fireproof, two-drawer filing cabinets by her desk, with short pertinent notations made by the physician at time of each visit.

Appointments were not made. Patients were generally seen on a first come, first served basis, unless an emergency pre-empted the order of arrival. Patients were understanding of these delays, as they knew that someday a member of their own family might be that person injured on an oil rig, on the ranch, at the rodeo grounds, or in an automobile accident. And, little babies had no compunction about making their arrival in the midst of a busy afternoon!

Obstetrics played a very important role in the life of both Dr. Snyder and Dr. Rush, and together they delivered generations of babies in Canadian and the surrounding communities. General practice included not only care of patients of all ages, but also complete obstetrical care. When our family returned to Canadian from a stint with the U. S. Army in Herzogenaurach, Germany (near Nürnberg) in 1948, the complete package of pre-natal care, delivery, and post-natal care was $50.00 (At that time office visits were $2.00, though later increasing incrementally to $3.00, $5.00. and $10.00). Indeed, Dad's little black book of anticipated dates of deliveries structured our personal family life. Ultrasound and other technological advances were unknown, but the nurses at the hospital were very adept in knowing when it was time to call Dr. Rush! Of course, there were no smart phones or answering services, but we always let the telephone operator and the hospital know where we could be located. Yes, a live person manned the switchboard at the telephone office, and she always remembered where Dr. Rush had just made a house call!

Although complicated injuries were referred to specialists in Amarillo (100 miles away), simple fractures were treated on the spot. A small 8' x 8' lead lined room at the back of the office housed an old Picker X-ray machine, and the X-rays were developed by hand with the wet method (Quite a contrast to the digital imagery of today!) Casts were applied and later removed in the adjacent treatment room. Unlike the brown paneled walls of the remainder of the office, the treatment room was painted white and housed a barber-type chair and scales similar to those immortalized on the Saturday Evening Post cover by Norman Rockwell. Indeed, after having had that shot in the rear, each child could anticipate the reward of choosing a cloth-handled sucker from the big jar (sugar allowed, but no stick handles to injure a child running out of the office!).

Blood samples for more complicated analysis were mailed to outlying laboratories, but the physician performed routine CBCs and urinalyses in the small workspace by the back door. Disposable needles and plastic syringes had not made their appearance during the early years of practice, and one of the responsibilities of the receptionist was to clean and sterilize the glass syringes and metal needles. Any burrs detected at the tip of a needle (by using a cotton ball!) were carefully filed down on a flint bar before the needles were placed in the small sterilizer.

Collection agencies were not a factor. Having made house calls to the majority of his patients, Dr. Rush knew their economic circumstances. Certain checks needed to be taken to the bank two blocks down Main Street as soon as the doors opened! By the same token, he also knew that the regular $5.00 monthly payment made by struggling families was the most they could afford. Civic responsibilities were

embraced despite the heavy practice load. Our father came home at noon for our main family meal—except on Tuesdays, when he faithfully attended the weekly meeting of the Canadian Rotary Club across the street in the basement of the W.C.T.U. (Women's Christian Temperance Union) building. Dr. Rush also served as President of the Board of the Canadian Independent School District and was a dedicated member of the board of the First National Bank. Every August he spent an afternoon giving physicals for aspiring athletes, for which he received a reserved seat at the football games.

Until the early 1950's Canadian was a big railroad town, and both our grandfather and our father served as doctors for the Santa Fe employees. Many evenings, our family would drive down to the train station at the foot of Main Street so we could wave to the engineers, conductors, brakemen, and porters as passengers boarded the San Francisco Chief. Our father was a member of the Top of Texas Medical Society and, often accompanied by our mother Rachel, drove to the monthly meetings, where he had an opportunity to socialize with fellow physicians.

Although vacations were few and far between, our parents enjoyed playing bridge and visiting with friends. Our father was one of the original "catalog junkies," and we never knew what the mailman might bring! Prior to attending medical school, Dad had received his degree as a mechanical engineer, and he never lost his yen for gadgets or cars. Indeed, patients always knew where Dr. Rush was when they spotted his car. Privacy was not an option in a small town!

Though my two brothers, Rush A. Snyder, Jr., M.D. and Edward H. Snyder, M.D., and I moved away and became medical specialists, the lives of our grandfather and father made an indelible impression on us as we cared for patients. Yes, the office was "tiny", but the impact of these two general practitioners was immense.

Note: Items from the Snyder Clinic can be seen at the Canadian River Valley Pioneer Museum in Canadian, Texas.

"Doctor Roy": Perryton's Roy Sanford

Roy Sanford, M.D.

by Scott Sanford M.D., Steve Sanford M.D., Sally Sanford and Steve Urban M.D.

Roy Sanford was Perryton's "native son" and carried the advantages as well as the burdens of this designation through almost thirty years of medical care. After a traumatic childhood and an outstanding academic career, he returned home to practice medicine at the surprisingly young age of 24. He brought modern postwar medical standards to Perryton. Roy Sanford's medical career was cut short by health problems, leading to his retirement in 1974. Those he left behind remember his intellect, his commitment to his patients, and his community service. He helped establish in Perryton the tradition of a longstanding stable medical community; four doctors in Perryton today have practiced there for over 25 years. Finally, he inspired his two sons, Dr. Scott Sanford and Dr. Steve Sanford, to follow his lead as primary care physicians.

Medical practice in Perryton during the interwar years.

For the earliest medical history of Perryton, see the introductory article to this issue. The colorful Dr. Brewer survived his 1916 shootout and practiced in the new town of Perryton until the 1930s. Others besides county judge Cap Correll may have had conflicts with Dr. Brewer, as he had a series of partners and associates through the years. Famous Ochiltree County practitioners in the 1930s and 40s were Drs. May and Budd, who were later joined by Dr. G. L. Kengle. During the "dust bowl" the prosperity that had made Ochiltree County one of the largest wheat-producing counties in the nation suddenly withered. The 1930s were long, dry, dusty, and poor. Finally in 1938 the rains returned. After World War II, America was the world's bread basket; prices and productivity returned, and Perryton again became a prosperous community.

Roy Sanford: the younger days.

Roy Sanford was born in Topeka Kansas in 1918. His childhood before moving to Perryton was a troubled one. His mother suffered from psychiatric problems (Steve suspects bipolar disorder), and his parents were divorced when Roy was only two years old. Not only was divorce a stigma in those days, but Roy and his older brother Herbert were "passed around" from relative to relative. Eventually,

Roy's father H.C. remarried (happily this time to Virginia) and reunited his family in Perryton. H.C. was a certified pharmacist and busy small-town entrepreneur who purchased the Corner Drug Store on Perryton's main street and brought his talented son back to Perryton, partly to further his business interests.

As a student in Perryton, Roy Sanford's personality and intellectual gifts began to carry him forward. He graduated from Perryton High School in 1934. Although undersized, he went out for the football team; in later years, Roy felt that football trauma may have contributed to the arthritis and back troubles that so plagued his middle and later years. He entered college at age 16! One spring break he came home for a visit and met future wife Queenie, who was working for H.C. at the Corner Drug store; they remained married for over 50 years. Roy rocketed through the University of Oklahoma, receiving an undergraduate degree in medicine and a medical school diploma by 1941. In those days, because of the heightened need for physicians occasioned by World War II, you could get a medical degree in only 3 years. Roy completed a rotating internship at the highly-regarded Colorado General Hospital, intending to pursue an internal medicine residency.

Why Roy did not go on for further training is unclear. Instead of applying for residency in medicine, Roy returned to his home town of Perryton to take up general practice. It may have been because of the dire shortage of small town doctors (many had joined the armed forces). Roy's older brother Herbert had started a practice in Perryton and may have needed backup. Or it may have been due to pressure from Roy's father H.C., who had big plans for his son. By 1945 H.C. and Roy had partnered to build Sanford Hospital (today's Ragsdale Building). H.C. moved his pharmacy into the new building. In the 1960's they designed and built the Senior Village nursing home.

The Sanford Hospital served the needs of the Perryton community until a new hospital (which Roy was

| *continued on page 22*

also instrumental in designing) was built in 1967. The surgery suite and a few inpatient rooms occupied the 3rd floor of the Sanford Hospital; most of the inpatient rooms were on the second floor. The ground floor housed H.C.'s pharmacy, the doctors' offices, waiting room and medical laboratory; a cafeteria was in the basement. Brother Herbert had inherited his mother's emotional problems and suffered from alcoholism; he soon moved away and eventually committed suicide. Roy stayed and flourished, becoming Perryton's iconic practitioner for nearly three decades.

30 years of medicine in Perryton

An important characteristic of medicine in Perryton has been a stable group of practitioners who have committed their careers to small town practice. Roy Sanford and Dr. G.L. Kengle helped carry on the tradition of Drs. Brewer, May and Budd. Roy had begun practice with Dr. Kengle, but they had split up by 1945. Roy recruited residency-trained surgeon Dr. Bluford Johnson in the early 1950s. Dr. Johnson performed hysterectomies, cholecystectomies, and even bowel resections in the new hospital. Steve recalls that Bluford developed a mild resting tremor, which gave pause to some patients. However, when Dr. Johnson had a scalpel in his hand, the tremor abated, and his incisions were straight and true.

"Dr. Roy" later recruited Drs. Ansel McDowell, Gene Waide, and Claude Betty to join his clinic. Forty-five years later, Dr. Betty still practices in Perryton and remembers Dr. Roy's "brilliant mind" and his community service. Dr. Betty, Dr. Rick Siewert, Dr. Tripps Childers, and Dr. Rex Mann have each served the patients in Perryton for over 25 years. Dr. Jenny McGaughy has joined them after completing a family medicine residency and an extra year of obstetric training. Few small towns in the Panhandle can boast of such continuity of care.

"Doctor Roy": more than a doctor

Scott and Steve, as retired internists, have particular insight into the life of a small-town doctor. The main thing they recall is how hard Roy had to work. He had a full office practice, and tended to emergencies as well as hospital and nursing home patients before and after office hours. Vacations were infrequent in the early days. Roy also worked hard to keep up with medical advances. Both sons recall their father going to Continuing Medical Education courses in Boston; in the evenings he would "relax" with the *New England Journal of Medicine*. Sometimes the boys would accompany him on hospital rounds, but he rarely discussed medical issues at the dinner table. The family enjoyed Sunday lunch at the Sanford Hospital cafeteria after church every week. Somehow Doctor Roy managed to make time for being a father. Scott remembers later family vacations to Colorado or Disneyland, and Sally recalls trips to the Ford plant in Detroit or concert-going in Chicago. Steve remembers that Roy took time to teach him golf (no football!). Although encouraged to value education, neither son felt pressured to enter the medical profession.

Sally's memories of her father shed light on his remarkable range of interests and his astounding energy in getting it all done. She remembers him as a "renaissance man" who was curious about a whole range of

topics—from religion (although a staunch Methodist, he was curious about Eastern religion and loved William James' *The Varieties of Religious Experience*) to art and music. He was a vivid storyteller. As a game, he would ask Sally for a random image (i.e. a cigarette butt lying on the ground) and then entertain her with an entire "short story" based on that small kernel. He was an assiduous reader. Steve recalls that his father read the entire 11 volume *Story of Civilization* by Will and Ariel Durant. Like many small-town bibliophiles (Ralph Randel of Panhandle comes to mind), Roy participated in a Great Books club, working his way through Mortimer Adler's *Great Books of the Western World*. Sally remembers him as always kind and empathetic, never angry or resentful. She says that he "answered hardship with kindness" and that he "championed the person he was with" regardless of their social or financial status. He never complained about his superhuman work schedule; Sally says that he "willingly served."

Despite a heavy burden on medical practice, "Dr. Roy" found time for community as well as family involvement, serving both on the school board and the board at the United Methodist Church. He made time for hunting, fishing and golf; he sang and played string bass in an award-winning men's quartet (led by funeral director Alton Boxwell, they were "The Four Hearsemen"). Queenie enjoyed reading nearly as much as did Dr. Roy, but she had to cut her education short after 2 years at the University of Oklahoma. She devoted her life to family and church work and in later years to taking care of Roy as his health declined.

Later years and retirement

Roy Sanford's medical practice was cut short by health issues. Despite his still-remembered stature in Perryton, he practiced there only 30 years. He was beset by osteoarthritis of the knees and degenerative back problems. Steve estimates that Roy had 8-10 spine operations in a vain attempt to relieve the pain; Sally says that he had 25 surgeries in all, including a coronary artery bypass. In the early 1970's he turned his practice over to his younger associates and enrolled in a radiation oncology residency at Baylor in Houston. Roy hoped that a more sedentary life would decrease his chronic pain, but the pain continued; he returned briefly but unsuccessfully to Perryton. The operations didn't work, and "Dr. Roy" had to call it quits in 1974 at age 56.

The specter of chronic pain continued to torment Roy Sanford in early retirement. He and Queenie retired to Colorado Springs, where Sally and her family, as well as several medical school buddies, lived. Further surgeries were to no avail, but eventually his doctors found a successful pain regimen, and Roy became comfortable enough to travel. Finally, Roy and Queenie moved to Sun Lakes, Arizona. His health was frail (as often happened after multiple surgeries in those days, he had developed "post-transfusion hepatitis"—i.e. hepatitis C) but at least his back was more comfortable. Queenie spent her life caring for Roy until his death in 1993.

Roy Sanford served as an inspiration for two sons, Scott and Steve, as well as daughter Sally. Both sons became internists. Scott attended Davidson College, then Baylor College of Medicine, and completed his medicine residency at the prestigious University of Colorado (where Roy had done his internship). Scott served on the senior staff at the Scott and White Clinic for 3 years before moving to Odessa, where he practiced for the next 32 years. He has recently retired to Kerrville. Sally graduated from Colorado College and worked for many years as a non-traditional healer; she always felt that her father gave her his full support, even though her practice was based on alternative concepts. She now lives and works in California. Younger son Steve attended SMU, then Baylor College of Medicine. Steve did a residency in medicine at Baylor in Houston and joined the faculty in the department of community medicine until 1985, when he and his family moved to Cleveland, OH. For many years, Steve ran the 6000-member employee health service at the University Hospitals of Cleveland. He continued full time occupational medicine practice in the Cleveland area until his retirement in 2010. After careers of service, all three children look to Roy Sanford as a role model and mentor. But Steve also saw the toll that full-time small town medicine took on his "workaholic" father and sought a practice that allowed him evenings and weekends to spend with his family.

In short, Roy Sanford enjoyed the perquisites but bore the responsibilities of being Perryton's favored son. He returned to his home town at age 24 and established a standard-of-care practice there for 30 years, until the rigors of his work schedule and the erosion of time wrecked his health. He helped bring the scientific advances of post-WWII medicine to small town Perryton and helped populate the town with a series of dedicated practitioners that extends to this day. Claude Betty and (the now deceased) Gene Waide learned medicine at his feet, then passed the torch to committed physicians Rick Siewert, Tripps Childers, and Rex Mann. They have provided the example for Jenny McGaughy and future primary care physicians to follow. Who among us can claim a greater legacy?


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"Dr. Jack" Fox and "Dr. Mike" Henderson: Spanning 50 Years of Medicine in Childress

by Amy Kindle and John Henderson

DR. JACK FOX

Jack Fox had some big shoes to fill. His father, Dr. Grover Fox, was a beloved family doctor in Childress County for 50 years.

When Jack graduated from Childress High School in 1934, he enrolled in premed at Texas Tech, then medical school at UTMB Galveston. In 1942 he was licensed by the Texas Board of Medical Examiners and entered a surgical residency at the Cleveland Clinic. World War II interrupted his residency, so he joined the Navy and was sent to the European Theater and later to Japan. After the war he completed his residency as Chief Resident and became board certified in Pathology and General Surgery; he was named a Fellow of the American College of Surgeons in 1953. After teaching anatomy & physiology at UT Medical School for a few years, Dr. Fox moved his family home and joined his father's practice where he soon became known as "Dr. Jack."

Even though he was a board certified general surgeon, he treated everyone in town anytime they were sick. It didn't matter what the problem was, Dr. Jack knew the answer. And if he wasn't sure he found a colleague who could help. That's the way things work in rural communities. And it wasn't uncommon for his bill to be paid with something other than money – chickens, livestock, vegetables and home-baked desserts often became currency.

Dr. Jack eventually replaced his father as the beloved family doctor of the community. He also emerged as a community leader, particularly as a visionary for the medical needs of Childress. He mentored numerous students to become nurses, laboratory technicians, radiology technicians and other healthcare professionals. The young people he encouraged helped staff Fox Clinic and the local hospital for many years.

THE CRISIS:

By 1970 Childress had a newly constructed hospital sitting on a hill at the western edge of town. The building was beautiful, modern and held everything needed to provide medical care for this community of 9,000 residents. Childress County commissioners had won a hard fought battle to create a hospital district, pass a bond election and build a facility to meet community needs for years to come.

But doctors were scarce. Dr. Fox, Dr. Robert Butler and Dr. Jacobus Westenburg, the only other doctors in town, couldn't continue to take care of everyone. And none of them could be considered young. During the next few years, other doctors came to town but didn't stay.

So the man everyone called "Dr. Jack" got busy. Working with the hospital district board of trustees, he went to New York City to meet a young surgeon looking for an opportunity. In 1974, Dr. Honorato Olay moved to Childress and joined the staff at Fox Clinic and Childress General Hospital. Things were better, but not good enough. And Dr. Butler had retired!

Enter the self-appointed Medical Action Crisis Committee, a group that recognized the need for additional, younger doctors. The committee included several graduates of Childress High School who had moved away, completed their education and returned to Childress because they wanted to live and raise their families in the small-town, nurturing environment of their youth. Funds were raised to purchase the vacated Butler Clinic and to furnish it with new equipment. Then the clinic was given to the hospital district for use as a recruiting tool. The crisis committee and the hospital district teamed up to find a solution.

DR. MIKE HENDERSON

During the same period, another Childress native, Dr. Mike Henderson, was completing his family practice residency at John Peter Smith Hospital in Fort Worth. After high school graduation Mike had entered Southwestern Oklahoma State University and earned a BS in Pharmacy. But, inspired by his

early mentors, Dr. H. R. Stevenson of Memphis, Dr. Walter Brooks of Quanah and Dr. Jack Fox, he entered medical school at the University of Texas Houston. After completing post graduate work in Ft. Worth, Dr. Henderson chose to return to his home town and become a country doctor. He moved his young family home to Childress to open a rural practice.

Assisted by the hospital district, Family Clinic was opened in 1978, in the building purchased by the Medical Action Crisis Committee.

Dr. Henderson has watched families created, protégés launch a career, dried millions of tears, provided hope when there wasn't any and given advice to thousands of people of all ages during the past 35 years. He has delivered more than 2300 babies—that's comparable to the population of many small Texas towns—and now delivers second and third generation babies.

Family members, colleagues, friends, co-workers and his patients–especially his patients–all agree that it takes more than a medical degree to be a successful physician. Those same people will tell you that what it really takes is true dedication, faith in God and a compassionate, loving heart. Those are the attributes of Childress' "Dr. Mike."

CHILDRESS' MEDICAL COMMUNITY

Like "Dr. Jack" before him, "Dr. Mike" helped bridge the gap in medical care in Childress. In 1979 Dr. W. D. Green, a medical school colleague, joined Family Clinic. And in 1980 they were joined by Dr. Jeff Jones, another colleague. Thanks to the hospital district and the Medical Action Crisis Committee, space was available and ready to be used.

For 32 years physicians at both clinics have worked together to ensure the citizens of Childress had access to quality healthcare. They laid the foundation for the current medical community, always guided by the philosophy that cooperation, not competition, gets the job done.

In April 2004 all Childress physicians moved into the current Fox Rural Health Clinic, named in honor of the beloved family doctors of years past. Other doctors have moved in, then out of Childress. But for the doctors who remain, it is their common desire to provide high quality care for neighbors and friends that keeps the local medical community strong. They exhibit enduring commitment to the community and to their profession.

PAYING IT FORWARD

Drs. Olay, Henderson and Green are now the mentors, guiding and teaching younger physicians. Through the years, Childress physicians have mentored numerous medical students during clinical rotations at Fox Rural Health Clinic. Four of those students -- Dr. Craig Darter, Dr. David Caldwell, Dr. Dondi Ridens and Dr. Dustin Pratt – now practice alongside them at Fox Clinic. And Dr. Steve Carter practices Emergency Medicine in the CRMC emergency room.

And finally, in December of 2007, more than thirty years after "Dr. Jack" took over the reins, the Childress hospital retired the original bonded indebtedness. Today it remains debt-free!

Rural communities across the panhandle, the state and the nation struggle to provide access to health care. The trend toward medical specialization has compounded rural challenges. It's never just a single reason that enables one medical community to thrive while another falters, but the sustaining value of family practice physicians who work hard to meet the need can't be overstated in the Childress story. The hospital, the physicians and the community will continue working to provide quality health care in an isolated region of Texas – and all parties believe the best days are still ahead.

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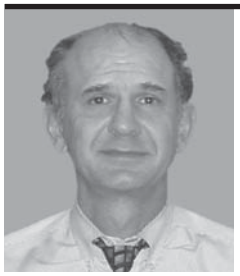

John Prendergast, DO: Panhandle's "Dr. Jack"

by Steve Urban, M.D.

John Prendergast, D.O.

Most communities in our area remember an iconic doctor, almost always a general practitioner or family physician, who lives in the collective memory long after retirement. For Panhandle, TX that trailblazing physician was John Prendergast, D.O. (known to everybody young and old as "Dr. Jack"), who delivered care to the town from 1952 to 1985. When I came to Amarillo in 1981, my partners told me to expect referrals from Dr. Jack and to anticipate that the patients would always be thoughtfully evaluated. He would know their personal history by memory: "When Dr. Jack says they're sick, they're SICK; it's your job to find out why!" When *Panhandle Health* decided to honor practitioners from the surrounding area, I knew that I wanted to write about Jack Prendergast. Fortunately, his widow Phyllis still lives in Panhandle, has an excellent memory and an excellent scrapbook, and agreed to be interviewed for this article. Dr. Jack's life was full and eventful; he had the health and well-being of the citizens of Panhandle in his hands for 33 years. The purpose of this article is to recount that history for the readers of our journal.

Early medicine in Panhandle Texas

Panhandle was founded in 1887 as the county seat of newly-formed Carson County. It soon became the terminus of the Southern Kansas Panhandle Railway (an offshoot of the Atchison, Topeka, and Santa Fe) but because the larger mainline Ft. Worth & Denver Railroad bypassed it, Panhandle lost out to Amarillo as a cattle shipping center. Ranching and harvesting buffalo bones left from the 1870's for fertilizer were early "industries." By 1900 the population was about 300, and two doctors were listed on the census rolls. By 1930, on the basis of dryland wheat farming and early interest in oil and gas, the population had risen to 2,035, which is about where it is today.

A sanatorium (hospital) was constructed early on, eventually evolving into what everybody called the "Old Folks' Home." It deteriorated until it was evacuated and torn down; Panhandle patients requiring hospitalization were sent out, usually to Amarillo. An important early stalwart of the medical community was Dr. Orphus York, who practiced in

| *continued on page 30*

Panhandle from 1908 until 1956 (1). Dr York started when calls were made by horseback in any sort of weather. He purchased his first automobile in 1916 but had often to resort to his horse Tom over subsequent years because of the poor condition of the county roads. Smallpox was common in the early days, and victims were quarantined in a "pest house" as long as they were still contagious. Until his retirement at age 81, Dr York served as the Santa Fe doctor, treating everyone from migrant workers to moguls in his little office.

Dr. Paul Roberts was another pioneer practitioner. Phyllis Prendergast recalls that Dr. Roberts, approaching retirement in the early 1950's, had engaged a young physician (Dr. Hessey) as an associate. Soon thereafter, Dr. Hessey was killed in an auto accident after transporting a patient to Amarillo. Dr. Roberts continued in solo practice a few years before retiring; by then, Dr. Jack had come to town.

John Leo Prendergast

The future Dr. Jack was born near Ainsworth NE in 1920. Jack's upbringing was hard, as his family was abandoned by his father and everybody had to work to keep food on the table. Despite this, Jack was able to excel in school, where he met and courted Phyllis. They were married in 1942 and remained married for 57 years until Jack's death. They had 2 sons: Jim (now an equine veterinarian) and George (who is in the oil and gas business).

Like many young men of his era, Jack served in World War II. He had taken private flying lessons and wanted to be a pilot, but when he was drafted in 1942 his depth perception was wanting, and he was assigned as a radio operator to a B-17 squadron. Phyllis remembers moving around the United States as Jack was trained for all jobs performed by the crew (e.g. gunnery), not just his primary job at the radio. Reading through his flight log with Phyllis was a fascinating experience. Jack flew with his crew from Rapid City SD to Newfoundland and then joined the 8th Air Force squadron in Glatton, England. From September 1944 to January 1945, Jack and his 9 fellow crew members flew 35 missions over Germany (and one over Metz, France). The flights in the "Flying Fortress" lasted from 7 to 10 hours, and on occasion they would fly 3 days in a row! After the European missions had been completed, Jack returned stateside until his honorable discharge after V.J. Day. Phyllis remembers her dependent's stipend of $50/month while Jack was enlisted!

After the war, the GI Bill provided $90/month for Jack to attend osteopathic school in Kansas City; despite Phyllis' additional salary, they couldn't afford an automobile and Jack had to walk to school. She recalls Jack's 36 hour shifts during his internship at the now-defunct Lamb Hospital in Denver, Colo.

Early years in Panhandle

Phyllis' uncle was a physician in Hedley and encouraged Jack to look for practice opportunities in this area. Jack and Phyllis, with two young sons, decided to move to Panhandle. From the beginning, they loved the town (larger at least than Hedley!). Following World War II, many young Panhandle families had returned to civilian life there and were engaged in businesses, farming, and ranching. Phyllis relates: "we were all starting a new phase of our lives and had much in common; so we settled in Panhandle for the next 33 years of Jack's practice." The fact that Jack was trained in osteopathic medicine caused some problems in the early days. Although now many of our valued colleagues are DOs, in those days there was a sharp divide. Osteopathic physicians could not admit patients to many hospitals (this was still the case when I came to Amarillo in 1981; we had separate DO and MD hospitals). Dr. Witt operated an osteopathic hospital in Groom (notice how many small towns had their own physicians in those days!). Jack admitted a few patients there, but the drive to Groom every day interfered with his office practice, and so he referred most of his sicker patients to Amarillo. Phyllis remembers Drs. William Klingensmith, Clay Dine, Earley Lokey, Ralph Citron, and Jan Werner as linchpin consultants. A few patients refused to see an osteopathic physician, but community leaders such as Jim and Mogie McCray and Chock and JoBeth Smith welcomed Jack with open arms; soon even the skeptics had been won over by his care and expertise.

Although obstetrics was an important part of the practice of many general practitioners in those days, Dr. Jack only delivered 4 babies during his 33 years. One woman (the wife of an airman at Amarillo Air Force Base) insisted that Jack deliver her child. When he told her that she needed to find an obstetrician at the base hospital, she just waited until she was in labor and showed up at the office. Jack rummaged up his OB pack, performed the delivery, and then rode in the ambulance with mother and child to the AAFB Hospital. They continued to come to him for private care until the family was transferred.

Small town practice

Being the sole practitioner in a small town carries its own challenges. In the early days of his practice, patients were few, but eventually Jack would see 30-40 patients a day, 5 days a week (no appointments!). The office was open until noon Saturday mornings, and Jack often saw a few patients on Sunday mornings. Phyllis estimates that he would have to go back to the office 2 evenings a week. Phyllis was office manager in the daytime and substitute nurse after office hours or when his nurse was on vacation. Patients in need of stitches would often ring the front door bell. "They would just bleed on my front porch," sighs Phyllis.

A trip to the post office or the grocery store would bring numerous medical queries. Jack often said to his wife, "Phyl, I practice more medicine at the post office than at my own office!" He seldom took an official day off, saying that the patients would just find him anyway. In those days of switchboards, the telephone operators usually knew his whereabouts and would pass the information on. Like many practitioners, after being awakened by a phone call at night, he would sleep fitfully, worrying about his patient; sometimes he would open the office after midnight and see the patient, just so he could get back to sleep.

Dr. Jack was the house physician at St Anne's Nursing Home for many years, and I recall the excellent level of care that these patients received. Public health problems included bites from stray dogs and epidemics (polio in the early days, influenza always). Phyllis remembers that Jack had to withstand pressure from the formidable Jo Randel when forced to cancel museum day because of a flu outbreak! He was chosen Panhandle's outstanding citizen in 1978, an honor he always valued.

Retirement

Jack up and retired in 1985 and never looked back. He put a notice in the Panhandle newspaper, and the townspeople respected his privacy. He loved the Panhandle Panthers and was able to attend the football games without fearing that he'd have to set a broken bone. Finally he could hunt and play golf when he wanted to. Once, on the golf course, he asked a former patient for a cigarette. "You told me to quit, and I did!" the patient exclaimed. Unfortunately, Jack himself couldn't break the cigarette habit from his Air Force days. Emphysema took his life in 1999 at the age of 79.

Dr. Jack was an essential member of the community of Panhandle from 1952 until his death in 1999. Phyllis recalls that Jack loved his work and his patients, and that he "seldom complained." Noncompliance or relapse into alcoholism might occasion a shake of the head or a reprimand. Jack knew the limits of his expertise and was never afraid to refer or to get a second opinion. He gave a very few adjustments, performed no surgery, and only delivered babies in an emergency–but he could listen, could hear the unstated as well as the overt complaint, and could give advice as authoritatively as he could write a prescription. When delivering medical care, he provided care as well as medicine. Even now when a citizen of Panhandle tells me about an important turning point for the betterment of their health, they often remark "And then Dr. Jack said…"

References:

(1) Randel JE, and the Carson County Historical Survey Committee, eds. A Time to Purpose: A Chronicle of Carson County. Pioneer Publishers (1966). (I appreciate the guidance of Ms. Louise Mulkey, Dr. York's granddaughter, for helping me discover this very interesting historical document).

Forty Years of Family Practice in Canyon: Dr. George Dudley Moore

Dudley Moore, M.D.

by Gary R. Moore

My father, Dr. George Dudley Moore, practiced family medicine in Canyon for 40 years before retiring in 1991. Dad really enjoyed his practice and witnessed many changes in medicine during this time. He helped deliver countless new babies to life in the Panhandle. In Canyon you had to do just about everything, which he did. He also raised a large family and taught us how to be respectful and good citizens of our community.

Dad never did anything halfway. It was "full steam ahead" or nothing at all. Part of "The Greatest Generation," he served in the Army but did not go to combat. He lost his brother, a bomber pilot, in WWII off the coast of North Africa. His journey to his medical profession, his career, and his life in retirement are filled with stories of hard work, creativeness, devotion to family, and service, and this article strives to share some of that with you.

My father was born on November 9th, 1919 in Gorgas, Alabama, which isn't too far from Birmingham. It was a coal mining town, and they used the coal to run the generators at the Alabama Power and Light Company. His family moved around quite a bit after he was born. His father was an engineer and his mother was a homemaker, and he had one younger brother. While living in Louisville his father lost his job at the start of the Great Depression. The Depression was awful and had a terrible effect on his father. Though they were never hungry, his father lost all his self respect. He was a very academic man and once he didn't have a job he didn't have any money to do anything. It just wiped him out.

Dad soon moved to Crawfordsville, Indiana to live with his uncle who was a doctor. His parents sent him there to be cared for by his uncle until they could get their feet back on the ground. In Crawfordsville, my dad was introduced to music, which changed his life. He had volunteered to be an usher for a band concert as there was a band from Hobart, Indiana, directed by William Reveille. Dad said the con-

cert had such an impact on his life that he did not want to butt heads in a football uniform anymore. From that moment on he became involved in music, and for the next 70 years it was a major part of his life.

His uncle was also major influence on Dad's life. Uncle George was a surgeon and also very active in the community. Uncle George gave Dad some advice: "When you are ready to start a practice, make sure your community has a college -a school of higher learning- because it is a good place to live and you have nice people. And make sure you see Hereford cattle." The second thing he said was, "Remember you don't own anybody." A doctor never "owns" a patient. It's a big lesson.

Dad attended Baylor University. After his second year he owed the school some money so he dropped out for a year and worked on an iron ore ship on the Great Lakes where another uncle was a captain. Once day his cousin, Marty Andrews, and Dad were working on a freighter together at the Soo Locks. They had put ashore to handle the cables. As they were doing their work they had a detailed discussion about the merits of Mozart's music compared to Chopin's. As was common when the freighter put ashore, several people gathered around to watch the activities and some of the people overheard their discussion. He recalled that one man said, "you guys are 'just sailors,' aren't you?" They said, "We are sailors." The fellow said, "It is so surprising to hear you two talking with such knowledge about fine music." They delighted in telling them, (perhaps changing their perceptions about 'sailors,') that Dad was a pre-med student and Marty was a law student!

When Dad was going to med school in the 1940's he worked at Louisville General Hospital, and polio had reared its ugly head. The hospital had entire rooms filled with iron lungs. He never forgot the sound of the air compressing in those machines going "shhh…pssss…shhh…psss….." It was tough.

After finishing his surgical training in Louisville in 1950, he started looking around for a place to practice. The Presbyterian minister that married my parents had accepted a call from the church in Canyon, Texas, to be their minister. Dad asked him if there was a college and if there were Hereford cattle. He said 'yes' to both so Dad was on his way to Canyon per his uncle's guidelines.

In 1951 he started his practice in Canyon and initially went into family practice with Dr. Robert Jarrett. Despite having satisfied all the requirements to become board certified in surgery, there was a restriction in place at that time that one could not be certified if you did more than five percent general practice, which is what he wanted to do. So, he did orthopedic and general surgery, as well as family practice. He did it all and enjoyed it and had enough training to allow him to do it well.

Dad felt he had a pleasant practice. He liked his patients and his patients liked him. He enjoyed folks. He didn't just have patients. He had friends who were his patients. The people who worked for him were his friends, too. His nurses, lab techs and receptionist had the best rapport with their patients. There were six people working together at one time: a bookkeeper, receptionist, two nurses, a lab technician and my dad.

The favorite part of his practice was family practice because he got to know people. He got to know his patients very well and they got to know him. He enjoyed doing surgery, and he enjoyed OB. When he delivered a baby, he would take care of the mother and take care of the baby, and he did this for many families across the region. Before he knew it Dad could go out and see babies by the hundreds that he had delivered.

Dad made a lot of home calls while practicing in Canyon. From the standpoint of a doctor/patient relationship, it was very valuable, but from the doctor's standpoint, it was a waste of time. His practice was all about doctor/patient relationships, so he did home calls until his very last day.

Dad recalled several close calls. One was with a pregnant woman at the hospital; Dr. Bob Gross called and asked Dad to help one night. He also called the anesthetist and the inhalation therapist thinking there could be a problem. The patient "was as white as a sheet," Dad recalled, and did not have a blood pressure. To take her from the bed and get her into the operating room would have taken a lot of time that they couldn't afford so Dad just reached up and grabbed a sterile knife. He didn't have any gloves, he hadn't washed his hands, and didn't have scrubs on. He made an incision right down the middle of her belly. The baby had ruptured the uterus, which was up under the liver. It took them 2.5 minutes to get the baby out from the time Bob had hollered, "Knife!" The baby was in terrible shape, but the inhalation therapist, Sappington, was great, and went to work on her. He was "as good as any big-shot anywhere," said Dad. Meanwhile, Eddie Garner, the anesthetist, and Dad went to work on the mother. Both Mother and Baby lived that night, and my Dad saw the mother over the years and she even sent him a picture of the daughter on her graduation.

One of the strangest patients for my Dad was a prisoner from Dimmitt who was brought into his office after he had swallowed eight spoons. When they took an x-ray he could clearly see the eight spoons in his belly. Dad told the sheriff's deputy to feed him a lot of bread and bring him back tomorrow for another x-ray. They followed that procedure until he had passed all the spoons. The guards would bring a spoon in with them and hold it up saying, "He passed another one." They accounted for seven spoons. The prisoner came in one last day for his x-ray and the deputy made a mistake. He failed to stay between the prisoner and the door. "When we weren't looking,

| *continued on page 34*

the prisoner bolted." Dad heard the back door crash open. Dad, 60 years young, heard what was going on from another room and took out after him and caught him on the street. The sheriff's deputy was right behind him and, seeing what Dad was about to do said, "Please don't hurt him!" Dad had the prisoner by the hair, but turned him over to the Deputy.

In the 40 years the he practiced medicine, he saw huge changes. His practice got bigger. Doing family practice he saw 60-80 patients per day, and delivered about two babies a week or a little over a hundred a year. He did surgery between three and five times a week. He worked hard and, according to Dad, "had the best staff in the work." Certainly, in surgery, there were lots of changes over the years. They started doing laparoscopic surgery for things like tubal ligations and gall bladders.

But, the three things that made the most difference in medicine in his lifetime were antibiotics, cortisone, and the polio vaccine. In 1940-1941 you had sulfa drugs, and then later came penicillin, which was significant because you could do operations and have something to fight infection with. Before penicillin, people might die because they had peritonitis and there was nothing to treat it with. But sulfa and penicillin made a big difference. Dad said he was fortunate that he had antibiotics during his professional career in Canyon. Polio vaccines and other immunizations made a huge difference. Dad used to see polio cases all the time where the patient died. But, with polio vaccines it was a different story. Hence, there has not been an iron lung in Canyon since 1955.

After he had been practicing medicine for 40 years, he decided that it was time to retire. He had seen so many changes and lived through all of them, including malpractice insurance going from $2000 per year initially to $5000 per month by the time he retired in 1991.

In retirement Dad enrolled at WTAMU (then WTSU) and played the tuba in the concert band under the direction of friend Dr. Gary Garner. He played in the band for many years. He also formed a small group called the Fabulous Five; they would play at area events, and all donations to the group went to the band scholarship fund at WT. Over time, the 'Fab Five' raised in excess of $100,000. My father truly loved music and stayed active and involved until his death in January of 2007.

His guiding principles were as follows: If you have a job, do it: Patient care is the first priority: Cleanliness is important: Respect for the Flag is important: Friends are important: And, work is a pleasure.

I want to acknowledge Jeanne Archer as a major helper in this article. She wrote a book about my father's life and for a $20 donation to the WTAMU Band scholarship fund I will mail a copy to you. Please feel free to contact me at *grmoore74@gmail.com.*

PANHANDLE HEALTH

A Publication of the Potter-Randall County Medical Society

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by Roger Smalligan, M.D., Mohammed Al-Janabi, M.D., and Steve Urban, M.D.

Malignancy is the second most common cause of hypercalcemia, after primary hyperparathyroidism. Malignant hypercalcemia is due to bone destruction from metastatic disease 20% of the time; in 80% of cases, however, it is humorally mediated. Humoral hypercalcemia of malignancy (HHM) is usually associated with extensive, clinically-apparent disease and carries a poor prognosis, but occasionally hypercalcemia can be the presenting manifestation of malignancy, and its investigation can lead to a readily treatable diagnosis. We report a patient presenting with HHM who was found to have Hodgkin's disease (HD).

A 54 year-old white male was referred for admission from the primary care clinic because of progressive fatigue and abnormal laboratory results. The fatigue had started 3 months before, but had worsened 2 weeks prior to admission. The patient reported weight loss of about 30 lbs over this 3 month period; family and co-workers had noticed that he looked ill and pale. On review of systems he mentioned night sweats without fever and more recent development of lower limb edema. Constipation had developed, but the patient denied anorexia, dyspnea, chest pain, itching or skin rash. Past medical history revealed chronic back pain, without recent change, and was otherwise negative. He was taking no medications. Family history was negative for cancer and otherwise unremarkable. He lived in Amarillo with his wife, had finished high school, and was employed as a construction worker. He had smoked tobacco since he was a teenager, recently cutting down to less than half a pack/day. He denied recent alcohol or illicit drug use.

Physical examination revealed vital signs: BP 110/70, HR 80 and regular, RR 18, oxygen saturation 92% on room air, T 98.5F. The patient was thinly built, and looked pale, but was in no acute distress. Neck: palpable lymph nodes in the left anterior cervical triangle, left submandibular area and left supraclavicular area; the nodes were firm, non-tender, mobile but matted together, the largest being 1 cm in size. Trachea was midline, thyroid normal, no carotid bruits, normal JVP. Lungs: clear bilaterally. Heart: no murmur, gallop or rub. Abdomen: soft, nontender, nondistended, no palpable liver or spleen. Digital rectal examination: no hemorrhoids, normal sphincter tone, no masses, smooth prostate. Upper and lower extremities: loss of muscle mass, but normal joint mobility and peripheral pulses; mild ankle edema was present bilaterally. On neuro exam, the patient was alert and oriented, without focal weakness.

Initial laboratory studies: CBC: WBC 5.3, Hgb 7.1, platelet count 270,000. MCV 83, MCH 26, RDW 26, differential: N 64%, L 25%, M 9%. PT 14.5, INR 1.4, PTT 36.6. Glucose 74, Na 144, K 3.5, Cl 99, bicarbonate 34, BUN 18, creatinine 0.8, Ca 13.8 (8.5-10.2), Mg 2.0, phosphorus 4.2, total protein 6.2, albumin 2.3, AST 23, ALT 12, ALP 103, total bilirubin 0.6. FOBT: negative.

On admission, further studies were obtained: transferrin 185 (215-365), ferritin 1090 (30-300), iron 102 (48-182), TIBC 276 (261-478), folate 10 (3.4-19.4), Vitamin B12 944 (180-914), PTH 1 (12-89), 1,25, dihydroxyvitamin D 68 (15-75), 25-OH Vitamin D 13 (ideal >30), ESR 46. CT scan of chest/abdomen/pelvis revealed extensive lymphadenopathy involving the supraclavicular, axillary, retroperitoneal, and mesenteric regions, with splenomegaly.

The patient was admitted and treated for hypercalcemia with IV normal saline. He received a blood transfusion for symptomatic anemia. General surgery was consulted and performed excisional biopsy of a left supraclavicular lymph node. Pathological analysis revealed Hodgkin disease, nodular sclerosis subtype.

Discussion

Most lesions causing humoral hypercalcemia of malignancy are solid tumors and are associated with the production of parathormone-related peptide (PTHrP) by the tumor. (1) This substance, although produced by a gene on a different chromosome than parathormone, has N-terminal homology with PTH and can activate the PTH receptor in bone and kidney, leading to hypercalcemia. Since PTHrP is involved in fetal squamous differentiation (and is therefore one of the "oncofetal" peptides), squamous cell carcinomas are common causes of HHM. Any cancer can give rise to this syndrome, but squamous cell carcinomas of the lung, head and neck, cervix and skin are the most common.

Hematological malignancies are relatively rare causes of HHM. The commonest hematological cause of hypercalcemia is multiple myeloma (MM), which causes elevated calcium

| *continued on page 36*

levels approximately 30% of the time. Usually, however, the hypercalcemia of MM is associated with focal osteolytic lesions rather than HHM. Another hematological cause of hypercalcemia is Adult T-cell Leukemia-Lymphoma (ATLL). Although relatively rare in the United States, it is a common cause worldwide because of its association with the "original" retrovirus, HTLV-1, which is seen in the Caribbean, West Africa and parts of Asia. Over 50% of patients with acute ATLL present with hypercalcemia. Derepression of the PTHrP gene has been found to be the cause in some cases.

Most lymphomas causing hypercalcemia are B-cell neoplasms. Most of the reported cases involve large-cell variants, including some cases of splenic lymphomas, mantle cell lymphomas, and Burkitt's lymphomas. In these cases the hypercalcemia is due to expression by the tumor cells of the 1-hydoxylase enzyme that activates the circulating form of Vitamin D (25-OH cholecalciferol). Hence B cell lymphomas cause hypercalcemia by a Vitamin-D dependent mechanism, rather than by a parathormone or PTHrP-mediated mechanism. This is similar to the hypercalcemia seen with sarcoidosis or other granulomatous diseases, where increased 1–hydroxylase activity is also the cause.

Hodgkins disease has rarely been reported as a cause of humoral hypercalcemia of malignancy, and studies of the pathogenesis of the hypercalcemia in these few cases are rarer still. (2,3) The suppressed PTH level and the high 1,25 OH Vitamin D levels in our case suggest that aberrant activation of 1 hydroxylase is a cause in our patient, as it is in patients with other B-cell lymphomas.

This case demonstrates that, although it is a rare manifestation, hypercalcemia can be seen in highly treatable cancers like Hodgkin's lymphoma. Studies of parathormone levels, Vitamin D metabolites, and PTHrP serum levels help focus the work-up. Excisional biopsy (rather than fine-needle aspiration) is usually necessary to make a definitive diagnosis. After initial medical management of the hypercalcemia, prompt institution of combination chemotherapy and/or radiation therapy after staging in these patients can be lifesaving.

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Panhandle Drug Store: Over 60 years of continuity

by Mark Land, PharmD and Callie Land, BSN

Only a handful of faces have appeared behind the counter at the Pharmacy in Panhandle, Texas over the past century, but one thing has remained the same—great unique hometown service. Whichever pharmacist owned and worked at the store, you could expect them to know your name, your family and lots of other details and history that one would only know in a small town.

Prior to 1950, Doc Ferrell ran Ferrell Pharmacy at 218 Main. The pharmacy was a full service drug store that included a soda fountain. Doc and his wife ran the pharmacy and fountain, serving the people of Panhandle for years. The actual year of the pharmacy's inception is lost in history.

In November 1975, Harry Vance, pharmacist, and wife bought the business and renamed it H & J Vance Pharmacy. Harry continued business as usual until November 1994 when he sold the pharmacy to Dick Conrad. Dick Conrad ran the business at 218 Main until 1998 when he moved the pharmacy to 201 Main Street, where it is currently located on the corner of Main Street and Highway 207. Dick had outgrown the small pharmacy area and needed more room for his expanding business. When the pharmacy moved, Dick also moved the marble bar and soda fountain where it still stands today providing sodas, cherry limes and milk shakes for the town of Panhandle. It has been a favorite to everyone over the years! After school the kids in town can be found walking to the pharmacy for a snack; it is always a nostalgic stop for people returning to Panhandle.

Since May 2008, Mark Land has been the current owner and pharmacist for the Panhandle Drug Store. Mark's family moved to Panhandle in 1978; he graduated from Panhandle High School in 1994, and from Texas Tech School of Pharmacy in 2001. He worked at the VA Hospital pharmacy for 7 years—but when the opportunity arose to return to Panhandle with his family, he looked forward to providing pharmacy services in the hometown he grew up in.

The service that you receive at this small, rural, independent pharmacy is a unique experience that differs from any large chain. Many customers have voiced that the experience they have at the Panhandle Drug Store is faster than a larger chain pharmacy. You can walk in for refills or new prescriptions and leave within 5 to 10 minutes. The service is kinder and more personal. Mark's business cards have his cell phone number so patients can contact him after hours or on weekends. When a patient gets discharged from a hospital or visits an urgent care center in the evening or on the weekend, it is not unusual for them to call because they fear having to wait 1-2 hours to get their new medications filled at a larger pharmacy in Amarillo before driving home.

Mark and his pharmacy staff have been known to make deliveries or house calls under certain circumstances. They provide consultations—teaching someone how to use their inhalers or blood sugar meters, going over medications with family members or delivering to someone who is homebound. Panhandle Drug Store delivers to customers in Groom every Wednesday. That was started by the previous owner Dick Conrad, who was a Groom native, and continues today. The Drug Store also delivers to a handful of hospice patients in the areas around Panhandle.

One other benefit to using a rural, independent pharmacy is that you can always talk to a person when calling on the phone and can walk in for prompt counseling when you have a question. Automated telephone services found at larger pharmacies and mail order companies can discourage patients who are seeking information or counseling. Many of these patients do call or come in the Drug Store to ask questions because they can talk to a person face to face regarding questions or concerns.

One negative aspect for small rural, independent pharmacies is pricing. Due to the volume, big chain pharmacies can buy their drugs at a bigger discount, giving them pricing advantages. Most independent pharmacists are aware of the pricing incentives at larger pharmacies, but small independent pharmacies do price competitively also. It is important to talk with your pharmacist regarding pricing if you currently are using a bigger chain or mail order pharmacy and are considering switching pharmacy providers. Mark is very conscientious of brand versus generic pricing for his customers and preferred products that local employer's pharmacy benefits cover at a better rate. Many times, Mark will have already called a provider and discussed changing a prescription with them before a customer picks up the prescription. Having a prescription changed to a preferred medication and/or generic can have huge financial impacts for patients.

It is important to note that many larger towns such as Amarillo have several, smaller independent pharmacies that offer the same (sometimes more) unique services. "Mom and Pop" pharmacies still exist today!! In Panhandle, however, no matter what the pharmacy is named, the personal service you receive will be outstanding. Like any small business owner—you own it, you work it, you love it and you are very proud of the service that you offer. That is what patients have been able to find for over 60 years at the Panhandle Drug Store.

by Tarek Naguib, M.D., M.B.A., F.A.C.P.

USPSTF Recommends HIV screening. Infectious Disease News (May) reported that the US Preventive Services Task Force now recommends population-wide HIV screening due to substantial benefit derived from early treatment.

Every Other Year Mammography Reduces Cancer. JAMA's Daily News Site (5/15) reported that women aged 50-74 years at high risk for breast cancer who had mammography every other year did as well as comparable women who had it annually. This does not apply to women under age 50.

Radioactive Microbes Nuke Tumor Cells. Science (4/26) reported that injecting weakened radioactive-tagged bacteria *(Listeria monocytogenes)* into blood of advanced pancreatic cancer patients has resulted in the bacteria invading the cells of the tumor and shrinking it by 64%.

Unhealthy Lifetyle Doubles Coronary Disease. ASN Kidney Daily (5/15) reported that the ten-year incidence of coronary artery disease for those with an unhealthy lifestyle, versus those with a healthy lifestyle, was 30.6 versus 12.0 per 1000. The study of 102,128 adults was published in the *Canadian Medical Association Journal.*

Hypertension Increasing among US Adults. JAMA (5/15) reflected the CDC report of statistically significant increase in self-reported hypertension and intake of antihypertensive medications. The increase was noted in almost all states.

High Lead Levels in US Children. JAMA (5/15) reported that over 500,000 US children, or 2.6%, between ages of 1 and 5 years, have higher than acceptable blood lead levels. Black children were highest affected, then whites, then Hispanics. Of note, Texas soil has increased lead levels in areas near old smelters.

New Avian Influenza A (H7N9). Infectious Disease News (May) reported new cases of (H7N9) that involves mostly adults in contrast with the old avian influenza (H5N1) that affected mainly children. The first cases were recorded in China. Thirty one died out of 130 cases, so far.

Novel Coronavirus. Infectious Disease News (May) reported another coronavirus causing severe acute respiratory illness (SARI) similar to the previously reported (SARS) in 2002. First cases were reported in Saudi Arabia.

North Korean TB. Science (4/26) reported that North Korea has one of the highest TB rates outside sub-Saharan Africa, and a burgeoning drug-resistance problem. A rare cooperation between the US and North Korea is in progress hoping to control this global infectious threat.

Dengue Highly Prevalent. JAMA (5/15) reported that 390 million people worldwide each year become infected by dengue virus, 3 times as much as was thought earlier. Of note, south Texas has seen sporadic dengue hemorrhagic fever outbreaks in the past due to the presence of the mosquito that transmits the potentially fatal virus.

New Mosquito Control Strategy. JAMA (5/15) reported that traps designed to capture Aedes mosquitos, which transmit dengue fever, were placed at 300-m intervals in 21 cities over 2 years in Brazil. Over 27,000 cases of dengue fever were prevented in Brazil during this period. The method was reported to be more effective than the conventional methods that include targeting larvae and spraying.

Texas House Rejects Medicaid Expansion. ACP Daily Digest (5/22) reported the passage of a House bill preventing the state from expanding Medicaid under the Affordable Care Act, taking away authority from the head of the state's Health and Human Services Commission to negotiate expanding Medicaid coverage with the federal government, for up to 1.5 million low-income uninsured Texans.

Five States Opt out Despite Popular Sentiment. ACP Daily Digest (5/22) reported that a new poll, out of the Joint Center for Political and Economic Studies, found that 62 percent of people in Alabama, Georgia, Louisiana, Mississippi, and South Carolina support expansion of Medicaid under the Affordable Care Act. Yet, all five of these states have opted out of expansion.

Charge Master Staying. ACPE Daily Digest (5/14), quoting The Huffington Post, reported that, despite disclosure of "wildly varying" hospital price disparities by the Centers for Medicare and Medicaid Services, the system seems "unlikely" to change any time soon. The price list is called the "charge master" and is applied to patients without health insurance.

Amarillo Helium. Science (5/3) reports that US reserves of helium, stored near Amarillo, Texas, supply 42% of US and 35% of global demand. A House bill was passed to regulate the sale of helium until it drops to a certain level, after which it will be reserved only for federal use. Helium is used to run MRI machines, manufacture optical fibers and cool samples to near absolute zero.

Amarillo Infections. The City of Amarillo Health Department (May) reported a significant decline of salmonella and shigella enteric infections in 2012 compared to the year before. The news was well received after Amarillo's prolonged flu season.

Influenza Infection (The Flu)

What is influenza infection?

Influenza is a disease that is characterized by fever, headache, congestion, cough, and muscle pains. It affects humans and other animals like birds and pigs. Many cases are mild while others are severe. Rarely, the severity may be enough to cause death.

How do I suspect influenza infection?

Influenza infection is suspected whenever there is fever, headache, congestion, cough, and muscle pains in the setting where other cases are documented and in the appropriate season (late fall through the winter). The flu season is generally preceded by that of the west Nile virus and followed by that of the RSV virus with some overlap.

How to diagnose influenza infection?

A diagnosis of a suspected case in the appropriate setting, as outlined above, could be confirmed by the rapid flu test that is performed on nasopharyngeal secretions.

What is the cause of influenza infection?

The cause of influenza infection is a virus that spreads from humans or infected animals to humans via droplet transmission. The droplets are discharged in the air when coughing or sneezing takes place. Droplets travel in the air for a distance of few to several feet. When the exposed person inhales the contaminated air, he becomes infected.

Severe cases of influenza infection

Severe debilitating pneumonia may develop because the virus has weakened the lung defenses, causing an added bacterial superinfection. Rarely, severe weakness and paralysis, called Guillain-Barre syndrome (GBS), may develop causing respiratory failure.

How do doctors treat influenza infection?

There is specific treatment for the influenza virus. Oseltamivir is an oral agent that is effective against influenza. Amantadine is an older agent that has less utility. In addition, supportive treatment is important to provide fluids and nutrients. Mechanical ventilation is used for respiratory failure in severe cases and plasma exchange is done in cases of GBS.

How can I avoid influenza infection?

Respiratory droplets carrying the virus should be avoided. Avoid exposure to persons with respiratory infection, especially in closed places like urgent care waiting rooms.

What is the difference between common cold and the flu?

Common cold usually causes milder upper respiratory symptoms like congestion, sneezing, headache, and cough. When fever and severe muscle aches develop, the likelihood becomes high that we are actually dealing with the flu.

Take the flu vaccine

The flu vaccine is mandatory for everyone beginning in October of every year. Public health authorities work on a continuous basis to predict the best vaccine combination for the season. Anyone older than 6 months should get vaccinated, especially older patients, pregnant women, and persons with chronic disease. The vaccine shot is made of killed viruses. It cannot cause the flu. However, it may cause an allergic reaction, especially to persons who are allergic to eggs or had a previous reaction to the shot. Another form of the influenza vaccine is given as a nasal spray. This has live attenuated viruses that do not cause the flu. It is reserved for healthy persons age 2 through 49 years.

Prepared by Tarek Naguib, M.D., M.B.A., F.A.C.P.

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Sources reviewed: The United States Centers for Disease Control & Prevention website

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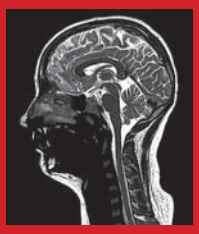

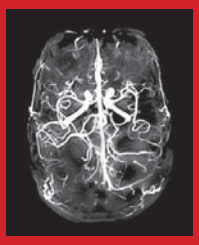

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