

than a simple stress response. This should not be surprising given the nature of the presumed pathological process—obstruction of the common or cystic duct by calculi with visceral distention. That signs of actual inflammation were not uniformly present on pathological examination supports this notion.

This study involved a relatively young adult population, and therefore, it is not immediately obvious that the conclusions derived are applicable to other populations of patients. Three groups in particular come to mind: those aged over 60 years; those aged under 18 years; and diabetics. Over the years, there have been a number of reviews, discussions, and series with respect to cholecystitis in each of these populations, though I was unable to find any dealing specifically with the association of fever and leukocytosis. When these particular details do appear, the association between fever and leukocytosis in cholecystitis is weak. For example, in MacMillian's⁶ 1974 study involving 24 children and adolescents, no mention is made of fever or leukocytosis as a useful variable. In Holcomb's⁷ 1970 study involving 100 children and adolescents, although the variables are mentioned, only one patient with fever is specifically identified and no differential leukocyte counts are provided. Other studies of cholecystitis in diabetic or elderly patients either fail to focus on the issue of fever and leukocytosis upon presentation or to comment that the incidence is surprisingly low.⁸⁻¹⁰

As a final comment, it is important to emphasize that the introduction of DISIDA scans in the last several years has altered our diagnostic approach significantly. It is quite likely that the emphasis upon fever and leukocytosis, which one finds in general references and in the notions of clinicians,

is a reflection of earlier experience in which the natural progression of the disorder was more commonly seen.

*Cornelius Cooper, MD, Director
Emergency Medical Service
North Central Bronx Hospital/
Montefiore Hospital
Bronx, New York*

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RECOGNIZING THE NUTRITION PROFESSIONAL

To the Editor:

Within the past decade, there has been a surge of interest in nutrition, and the number of people offering nutrition advice is overwhelming.

As a registered, licensed dietitian employed in a community health setting, all too often I hear clients make statements regarding dietary infor-

mation that was given by health care professionals, self-styled nutritionists, or well-meaning friends. Some of the repeated nutrition information was totally incorrect to begin with, or misconstrued, to say the least.

The following are examples of abbreviated diet instructions:

Diabetic: "Just don't eat too many starchy foods."

Anemic: "Eat lots of beets."

Prenatal: "Don't eat salty foods."

Hyperlipidemic: "Don't eat red meat."

These types of instructions are not considerate of lifestyle, and are often not based on individual physiologic needs. Frequently, patients will not adhere to these recommendations long enough to alter their nutritional status.

The natural-organic-megavitamin craze has had notable impact on raising the health consciousness of many Americans and perhaps has had an effect on the health of consumers, whether real or placebo. However, consumers of such products should be informed of what they are actually getting and should be educated on alternative, wholesome sources of nutrients.

Health care providers have an obligation to the public to evaluate and disseminate sound nutritional advice based on scientific principles. They should recognize when to refer clients to registered or licensed dietitians, or to professionally trained nutritionists who are skilled in providing individualized diet counseling.

The title registered or licensed dietitian refers to persons who have completed a prescribed course of study and have earned bachelors, masters, or doctoral degrees, have completed additional training in nutrition, and have passed an exami-

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nation, all of which must be approved by the American Dietetic Association. They are most often employed in hospitals or in academic settings.

The title nutritionist may also be used by professionals with the same credentials, but they are usually employed in an outpatient or community health center. The term *nutritionist*, however, may be used by anyone who claims to be knowledgeable in nutrition. Throughout the United States, efforts are under way to achieve licensure for all dietitians and to restrict the use of the title "nutritionist" to persons with credentials recognized by the American Dietetic Association. Sixteen states have already enacted licensing laws, and more are expected to follow.

Dietitians and nutritionists with recognized credentials may be contacted through hospitals, public health departments, federal nutrition programs, or accredited colleges and universities. Dietitians in private practice are listed in telephone directories.

*Laurita M. Burley, MS, RD, LD
Morehouse School of Medicine
Family Practice Residency Program
Atlanta*

A TRIBUTE TO A GREAT TEACHER

To the Editor:

Only a few human beings are able to etch their names into history. One of these is Claude Organ. Dr. Organ has silently forged his way through this dichotomous system using his God-given brilliance and knowledge of human nature. His ability as a surgeon and teacher is unsurpassed. I know this because my chief residency years were spent with him.

Dr. Organ has experienced enormous success undoubtedly because of

his remarkable attention to detail. He often speaks of the yardstick that separates the good doctor from the great doctor as being the attention paid to detail. Mastery of that trait has allowed him to not only master the art and science of surgery, but also to develop sensitivity and compassionate understanding for fellow colleagues and students of medicine.

He deserves respect for his role as a family man of the highest order. To date, all seven of his children have completed or are attending some of the nation's most prestigious institutions. His lovely wife, Bettye, deserves much credit for his achievements. The necessary nurturing and maintenance of a strong family unit was not accidental, and Bettye Organ is to be thanked for that. Her love and dedication, not to mention her patience, have become an inextricable element in the armor of this great warrior.

I had the rare opportunity to train in his program when he chaired the Creighton University Department of Surgery. His record there was truly remarkable, and his dedication to academic excellence will always be appreciated.

Dr. Organ has a manner that allows for order and efficiency in running a residency program. This may explain the high percentage of successful board diplomates who completed surgical training under his tutelage.

He often challenged me by saying that I had a long journey before I could successfully meet the standards of the American Board. This served to decrease my arrogance and almost reversed my bad habit of giving quick-draw answers to important clinical questions. I never felt that Dr. Organ believed I could not successfully pass the examinations, but he needed to be sure. Some of my bad habits and ideas were replaced by hard work and achievement while training under

him. Unless a surgeon is well disciplined, he may be considered dangerous. A quick draw may cause harm to those he intended to help.

"You cannot teach common sense" is one of Dr. Organ's favorite expressions. Good surgical judgment, however, can come with practice and the acquisition of self-discipline. In some instances, while working with me, he may have added, "or teach someone to hammer a nail properly." Frequently, Dr. Organ asked whether I was standing on the wrong side of the table, or if I really felt I could place a suture backwards. The answers are, "I was," and "I did." Sometimes, to my chagrin, he removed his gown and gloves and left the operative field shaking his head in bewilderment.

I have often wondered whether his frequent business trips and speaking engagements away from the residency program were arranged to preserve his sanity. Of course, I speak of this jokingly, since I have always been aware of the demand for his expertise around the country.

There is a breed of men and women among us who are special, and should receive credit and recognition in life. Dr. Claude Organ has truly climbed the ladder of greatness and should be lauded openly. Now completing an unprecedented term as the first black chairman of the American Board of Surgery, he may be found at the University of Oklahoma as professor and teacher.

I personally owe a debt of gratitude to this man for his friendship. Each of us should obtain for our libraries his recent book, *A Century of Black Surgeons*. It is full of wisdom, and can show us clearly that we are merely following in the deeply etched footsteps of the great ones.

*George E. Griffin MD, FACS
Houston, Texas*