VF Gyland, Stephen P

A TRIBUTE TO

STEPHEN PEDER GYLAND, M.D.

(1893 - 1960)

" A gallant physician "

A contributor in depth to the hypoglycemia syndrome

(Benign idiopathic Seale Harris type low blood sugar)

Compiled by: Herman Goodman, M.D.

Mrs.Ruth Gyland skillfully edited the original manuscript of this biography. She made deletions, corrections and additions.

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STEPHEN P. GYLAND, M.D.

You know this name? You are the exceptional person. Thousands, tens of thousands - yea, hundreds of thousands - should know the name and the man behind the name. But more than the name - and more than the man - is the work --WORK. You or a member of your family, or one of your friends has nervousness, irritability, exhaustion, undue fatigue and dozens of other symptoms. Or - there is alcoholism, narcotic addiction, and undue anxiety. These symptoms alone or in various combinations are part and parcel of a complex best described as LOW BLOOD SUGAR.

STEPHEN P. GYLAND, M.D. was one of three dedicated American physicians associated with the fullest description of this complex. Himself a sick person, improperly diagnosed by doctors in the greatest medical centers of the United States - Dr. Gyland uncovered the concept of the condition. He was relieved by the proper diet and dedicated the remaining years of his all too short life in further study of hundreds of patients. Painstakingly, he and members of his devoted family, prepared statistical charts and compiled patient histories. Finally...there was a formal paper. The all powerful American Medical Association accepted the application. Dr. Gyland was scheduled to present his findings.

The year? 1957
The place? New York City
The reception?

Access to letters (other than those written to me) from Mrs. Ruth Gyland, the widow of Stephen P. Gyland, was made through the kindness of a mutual friend - Mrs. Philip Evans. Quotations pertinent to this sketch are given:

"Dr. Gyland did hard work preparing the tables on 600 cases. He showed the symptoms and habits by percentages."

"The American Medical Association would not publish the paper nor that of a colleague presented at the same meeting in New York in June of 1957. Each speaker had presented a phase of hypoglycemia."

"Neither would the Southern Medical publish Dr. Gyland's paper on Neurodermatitis (with slides) which he gave at New Orleans in 1958. Hundreds heard him and were impressed."

"Several publishers turned down Dr. Gyland's book. They claimed it was too much like Abrahamson's. But Dr. Gyland had the figures on 1400 patients whereas Abrahamson did not give any figures at all."

Dr. Gyland and his family spent one summer cataloguing 600 cases. They worked out the percentages of symptoms, previous diagnoses, etc. of those determined to have low blood sugar complex.

Gyland has one chapter of his book on alcoholism. He did not have any experience with drug addiction. Abrahamson raised that possibility in his book. Dr. Gyland hated the sight of an addict..."It would have grieved him to see so many young people throwing away their lives on the terrible stuff. It would be really wonderful if the diet for low blood sugar would help them. They certainly do not eat right."

A psychiatrist from Cincinnati, Ohio became interested in Low Blood Sugar from a letter Gyland published in the Journal of the American Medical Association in 1953. Subsequently, he found that half of his psychiatric patients had Low Blood Sugar. They recovered under the proper diet. Dr. Gyland's paper was entitled: "Relative Hypoglycemia As A Cause of Neuropsychiatric Illness".

A decade after 1957, Mrs. Gyland recalled this physician felt the efforts of correlating low blood sugar and psychiatry was a "crusade." He regretted Dr. Gyland was no longer alive to help carry on the fight.

Mrs. Gyland commented: "Isn't it a shame how many doctors refuse to recognize or treat low blood sugar. We saw people who had been to the best physicians and clinics. Still - they were desperately ill with no relief until the true nature of their condition was found and treated. They were so thankful to get well and to have remained well ever since -- although as is known, the condition can recurr."

The Ohio psychiatrist mentioned to Mrs. Gyland that another psychiatrist in California recognized 70 patients with low blood sugar in less than one year. And in Hawaii, still another psychiatrist was presenting a paper on his studies of schizophrenia due to low blood sugar.

Mrs. Gyland wrote that the doctor from Ohio gave credit to Dr. Gyland in his reports for starting him looking for patients with functional hypoglycemia -- again referring to the letter to the JAMA dated July 18, 1953.

The two families met in North Carolina. The general practitioner (turned specialist in an unplowed field) and the psychiatrist from Cincinnati had several absorbing days discussing the illness of low blood sugar and the recoveries.

In her letter to Mrs. Evans of September 6, 1967, Mrs. Gyland gives these thoughts:

"Dr. Gyland graduated from the University of Pennsylvania in 1924. We newlyweds moved to Florida after his one year's internship. The Doctor was a dedicated, hard working General Practitioner for many years. But in 1949, he had an almost complete breakdown. We went from specialist to specialist for three years before he discovered his trouble...then,later he found the answer. After that he specialized in the illness of low blood sugar for seven years. I helped in the office. It was thrilling for me to see such ill people become well and stay well. Alcoholics of thirty years' standing became well, never wanting a drink. It was surely an answer to the prayers of the Gylands and to others."

Returning to the AMA meeting of June, 1957, she states:

"Dr. Gyland and his friend were on the program. The AMA would not publish their talks. Despite this fact, the doctors attending this meeting flocked around Dr. Gyland 'three deep' after his talk, trying to find out more about low blood sugar."

Later at the expense of the Gylands, the paper was printed and the prints sent to those asking for it.

Mrs. Gyland continues: "It is a disgrace that the findings of Seale Harris have been kept 'under wraps' for so long. Dr. E.M. Abrahamson did a wonderful thing when he published his book, "Body, Mind and Sugar". It is in its 19th or 20th printing.

Mrs. Gyland wrote: "The interest and awareness of the psychiatrist from Cincinnati to low blood sugar had been aroused by a letter Dr. Gyland published in the Journal of the American Medical Association -- 1953."

The Ohio doctor and his family drove to North Carolina where the Gylands were on vacation. The psychiatrist told Mrs. Gyland: "I'd have gone anywhere in the world to meet Dr. Gyland. I'd never have known there was a condition such as low blood sugar if it hadn't been for his letter in the JAMA." He told Mrs. Gyland that about half of his psychiatric patients were on the low blood sugar diet and recovered; whereas, some had 100 electric shocks previously with no results.

In a letter of October 13, 1967, Mrs. Gyland gives a small insight of her husband. She refers to Dr. William S. Middleton:

"He was at one time a professor at Wisconsin. Dr. Gyland was there for his first two years of medical school. He then went to the University of Pennsylvania as Wisconsin did not give the third and fourth years of the course. That was in 1922. Some years later, Dr. Middleton was head of Veterans Medicine at Washington, D.C. In one letter to Dr. Middleton, Dr. Gyland reported results secured with a retired Air Force Major of Tampa, Florida. 'The blood sugar test was made at MacDill Field as requested by me. The result was 'normal' there. The Major telephoned, saying he was discouraged and saw no reason for returning to my office. Mrs. Gyland was given the results and she told him her husband would consider the tests far from normal. The Major suffered from rheumatoid arthritis terribly and had been in a U.S. Government Hospital in England for six months. He had been told he would not get any better - would only become worse - and would become so bad, in fact, that he would have to be lifted in and out of a wheelchair."

Dr. Gyland continued in his letter: "The Major was ready to 'blow his brains out' when he returned to the office. However, on the proper diet and medication, his recovery was unbelievable and he was extremely happy to get about completely well although he did have twinges of rheumatism in damp weather. The Major was able to work again, at a $10,000 job and loved it."

Dr. Gyland relates in the letter to Dr. Middleton that:

"Suddenly I had terrible arthritis develop in my hands and feet. I had to give up golf and lift my legs manually out of my car. These signs left me when I was on proper treatment."

Mrs. Gyland, writing to Mrs. Evans, said:

"It's wonderful that you can help alcoholics with your program. There is a doctor with the St. Petersburg (Pinellas County) Health Department who tested about 100 AA members about a year ago (1966) and put them on the low sugar diet with good results. This doctor said he worked in Canada with Banting and Best as a young man when insulin was first introduced. We, who have seen our loved ones 'pass out' from too much insulin - either from outside or self-produced - know what a living hell it is to have this hanging over our heads."

Mention is made in letters from Mrs. Gyland to Mrs. Evans of visits to Dr. Abrahamson in New York City...to his Sutton Place residence. That was in 1953. The Gylands were very glad to meet him. Mrs. Gyland writes: "I feel he has done a noble deed for humanity in writing his book, " Body, Mind and Sugar" . "

Mrs. Gyland writes to me under date of February 25, 1970:

"My late husband enjoyed golf and bridge and poker. He took his son fishing in the Gulf of Mexico. They had good visits there. Dr. Gyland was an expert on Robert's Rules of Order, although modest and self-effacing. His nickname in school was "Happy". His point of view was optimistic."

She continued: "When the doctor went to the American Cyanamid Company plant at Brewster, Florida in October 1929, he insisted on delivering the colored babies. They had formerly been delivered by midwives. He was paid no more for this, but felt that they were entitled to equal care (40 years ahead of his time...)."

On December 1, 1967 Mrs. Gyland writes to Mrs. Evans and mentions Dr. Walter Alvarez. It is well publicized that Dr. Alvarez wrote he never saw a patient with low blood sugar (other than the condition associated with tumors of the pancreas).

Mrs. Gyland says: "My husband made a special trip to Birmingham to thank Seale Harris for saving his life. Abrahamson also considered him truly great. He said the AMA gave Seale Harris a gold medal for his discovery and they have given only 10 in 100 years.

"We saw many people with low blood sugar who have been to leading clinics and were still very ill. These clinics had not found or even looked for that condition.Yet, we saw these people become well. One national clinic nearly killed my husband. He was following its advice in drinking to relieve his spells of tachycardia (rapid heart) - some of his spells lasting six hours at a time. Dr. Gyland also told the clinic about his headaches - real severe headaches. These were called 'tension headaches'. He was told to give up much of his work, which he did. If we had known what Seale Harris knew, Dr. Gyland could have been spared years of suffering and been able to help so many others."

"I'm sure", continues Mrs. Gyland, "lots of people thought Dr. Gyland was an alcoholic, as half a can of beer would make him stagger and 'pass out'."

"I was so thankful he had those seven years after his recovery to do all the good he did, and no one could have understood the condition of low blood sugar better than he. Among other things, he urged people to return to their church."

A big article was published recently about depression. We saw it often and saw people recover. One man told his wife: 'Honey, you are putting on an act.' She said it was no act, that she felt great -- on the diet and therapy for low blood sugar.

Mrs. Gyland repeatedly mentions in her letters over half a decade the failure of recognition her husband and his work received from the medical profession and from medical societies.

Here are several pertinent quotations from several radio talks dating back to 1965 and 1966:

"The subject of low blood sugar occupied this radio program for decades. Only recently through a series of happy accidents, facts of great importance were exposed in our continued struggle for health. Unfortunately, low blood

sugar, as we understand it, does NOT exist according to a number of physicians who have the eye and ear of millions of you. BUT the condition does exist. It does not kill - but it makes life miserable for many - so miserable that many victims would prefer death."

"The name of the condition is low blood sugar. The names of three men are bound with the concept of this condition. The first is Seale Harris (1870-1957). He initiated the studies leading to the current acceptance of Benign, idiopathic Seale Harris type of hypoglycemia or functional low blood sugar. His pioneer paper is entitled "Hyperinsulinism and Dysinsulinism", Journal of the American Medical Association, September 6, 1924, Volume 83, pp 729-733. The third of our honored names is: Emanuel M. Abrahamson (1897-1956). He has his name on a book entitled "Body, Mind and Sugar"--known throughout the world. Our immediate interest is Stephen P. Gyland (1893-1960). Gyland was a physician. He suffered for years. Ultimately he related the signs and symptoms as no one did before or after him. He is indeed an unsung hero of medicine. Stephen Peder Gyland was lost to English-reading investigators. He read his paper before the Section on General Practice of the American Medical Association in June 1957. The paper was NOT published in English anywhere in the world! References galore exist on this paper. But NO ONE was able to find any place of publication. A former medical student, devoting herself to medical literary research at the instigation of Dr. Herman Goodman, located Dr. Gyland's paper in Portugese published in Brazil. Another friend of the doctor, John Bernabeau, translated the Portugese into English. Another set of errors - one circumstance of failure on the part of the American Medical Association brought us into direct touch with Ruth Gyland, the widow of Stephen P. Gyland, through their son, Stephen Paul Gyland, Jr. (The AMA sent the name and address of the living son upon enquiries for the deceased father.) The kindness of Mother and Son provided us with biographical and other material. Their words were taken, studied and given to you directly or paraphrased. The joys, the sufferings, the search for help, the failures and ultimate success are yours. You decide whether this unsung hero of medicine justifies sincere admiration."

Some of the following is repetition of what has gone before. Read it anyway. Dr. Gyland suffered for twenty years with severe tension headaches. In 1949, he became totally incapacitated. He began to have blackouts. His physicians

could not account for them. He developed terrible arthritis in his hands and feet. You read how he pulled his legs from his car by his arms. He had severe tachycardia - rapid heartbeats- for several years prior to 1949. Visits to several Northern clinics developed nothing to help. The one reason given was overwork. The advice was to stop overtaxing his heart. He was told, as noted already, to give up his practice - that is, the difficult portions of his practice and to drink liquor - strong liquor - alcoholic liquor. The alcohol was to stop the rapid heart action...that was the theory. But in Dr. Gyland's situation, liquor could only do harm. The fatigue Dr. Gyland suffered was worse in the morning when he awakened than when he went to bed. Glucose tolerance tests were performed. One hour, two hour, three hour tests. In the instance of one two hour test, the glucose went to almost 280 mg per 100 cc of blood at the close of two hours. Other tests showed what the doctors said were abnormalities. The patient and his doctors decided insulin-therapy for diabetes would help. Dr. Gyland followed a regimen for diabetes for two years. There was relief, but only temporarily. After two years, Dr. Gyland was again incapacitated. He shook like a leaf. He staggered when he walked. But he was conscientious and he kept on practicing medicine.

Dr. Gyland did not foresee everything. He tried to teach his colleagues. He had aspirations. During his lifetime he failed to receive the recognition he deserved. Have a look at what Dr. Gyland wrote in 1953:

"If all physicians would read the work of Seale Harris on "Dysinsulinism and Hyperinsulinism" (JAMA, 83:729, 1924); Annals of Internal Medicine (10:514, October 1936) as well as "Body, Mind and Sugar" by Dr. Abrahamson (Henry Holt & Co., New York, 1951) thousands of persons would not have to go through what I did. During three years of severe illness I was examined by 14 specialists and three nationally known clinics before a diagnosis was made by means of a six hour Glucose Tolerance Test. Previous diagnoses had been: brain tumor, diabetes, and cerebral arteriosclerosis. But seeing the six hour curve, I found the answer in Dr. Seale Harris' diet and immediately recovered."

Another version of the facts is slightly different. "Dr. Gyland spent eleven days at an un-named clinic in the city where his son was an interne. The examining physician

did not diagnose so-called functional hypoglycemia. He said the tolerance curve was a crazy curve, and that Dr. Gyland did not have diabetes. Neurologists did say Dr. Gyland had cerebro arteriosclerosis. Dr. Gyland was told he was finished. He would never practice again. The physician coordinating the tests said the doctor should return in six months after NO work. The religious Dr. Gyland was told: 'Your future is in the hands of the Lord.'"

Read and reread Dr. Gyland's comments when he reached his home. He told Mrs. Gyland: "I should be discouraged by the diagnosis given...cerebro arteriosclerosis. But I am not discouraged. I have treated many patients with that diagnosis, and that is not what I have. The tolerance curve was abnormal. It was not a desirable curve." Dr. Gyland set out to find what he could about low blood sugar . He found everything except the effect of caffeine. Mrs. Gyland discovered that in the Encylcopedia of Medicine, 1950 under the category of psychiatry. Dr. Gyland stopped caffeine. His recovery was remarkable on the Seale Harris diet therapy without caffeine. In the fall of 1952, Mrs. Gyland secured "Body, Mind and Sugar".

Prayer entered deeply into the lives of the Gylands. The doctor, as previously mentioned, was a most religious man. He was a deacon and then an elder in the Presbyterian Church. This explains the admonition of Dr. Gyland to physicians undertaking the care of patients with low blood sugar to urge them to return to their church if they had lost faith. Further, religion and diet for low blood sugar made a new man of Dr. Gyland in the early spring of 1953.

He devoted himself exclusively to the study and treatment of persons with low blood sugar. In the next four years he had seen briefly many hundreds of persons. More than 600 remained under his care to be available for statistical studies. You know about the meeting in New York City before the Section of General Practice of the AMA and the silence following delivery of his paper.

You should also be told that Dr. Gyland helped patients with neuro-dermatitis (a condition of the skin induced through nerve mechanisms) by placing them on the Seale Harris dietary. As for himself, as told before, Dr. Gyland quit drinking coffee to avoid the caffeine and dropped any medicaments containing it.

In all, Dr. Gyland studied more than 1000 patients with low blood sugar. He had seven years after he determined he had this condition. And he was a general practitioner! Mrs. Gyland once wrote to Judge Blaine, author of a book on allergies: "All of my husband's symptoms disappeared and he had seven years of the happiest and most productive years of his 35 years of practice. I helped him in the office. It was a joy to both of us to see alcoholics of thirty years standing get well; to see school children who were failing recover; post-partum (after childbirth) cases get well. One man brought his wife in and said: 'This is her last chance...if you can't help her, I'm going to divorce her. She is so irritable that I can't live with her any longer.' A few weeks of treatment with the low blood sugar diet and regimen, he told her: 'I'm falling in love with you all over again.' Her disposition changed radically and her asthma disappeared with diet and Calphosen injections."

Those interested and able to read Portugese: Dr. Gyland's original paper was presented before the Session on General Practice of the AMA, June 1957 and was published in Resenha Clinico-Cientifica (Sao Paulo) 27 (No. 11-12): 371-378 (Nov.-Dec.) 1958.

Hillsborough Co Med Bulletin June '60

In Memoriam

DR. STEPHEN GYLAND

Stephen Gyland was born February 9, 1893, at Wesby, Wisconsin, the son of Nels and Sesli Gyland.

He finished Viroqua High School, Viroqua, Wisconsin, and took his A.B. degree at St. Olaf College in Northfield, Minnesota. He was a Sergeant in the Army Medical Corps in World War I. He had two years at the University of Wisconsin Medical School, then transferred to the University of Pennsylvania, receiving his M.D. degree in 1924.

In January, 1926, Dr. Gyland located in Tampa. He quickly established a large and successful general practice. He endeared himself to his patients as he was never too tired to visit a sick patient at home and the fee was of secondary consideration.

In 1949 he was taken by an illness that totally incapacitated him by 1951, and lasted until 1953. Having intensive studies done on him at three of our leading clinics and without a definite diagnosis or encouragement, he returned to Tampa, ill and discouraged, but not defeated.

With only time on his hands, he read everything pertaining to his illness. He discovered in Dr. Seale Harris' work on nutrition (1924) symptoms that fit into the pattern of his illness. After numerous blood sugar studies and much reading, he was convinced he had a functional hypoglycemia. He worked out a diet and medication for himself and after three months returned to practice, a well man.

Thereafter, he enthusiastically devoted full time to the study and treatment of functional hypoglycemia. He presented a paper at the American Medical Association meeting in 1957 in New York on "Six Hundred Cases of Functional Hypoglycemia". This paper was published in full in "Resena", a Brazilian Medical Journal. In 1958 he gave a paper at the Southern Medical Association meeting on functional hypoglycemia as a cause of neurodermatitis.

An annual physical examination and X-rays revealed an aneurysm of the abdominal aorta. Dr. Gyland was advised to go to Houston for consultation and was operated on March 28. On the fifth day post-operative he fell from bed in the intensive care unit and fractured a hip. He passed away two weeks later on April 15 and was buried in Tampa on April 19. 1960

He was a member of the American Academy of General Practice, the Hillsborough County Medical Association, the Florida Medical Association and the American Medical Association.

He is survived by his wife, Mrs. Ruth Gyland; a daughter, Mrs. Sally Angemeier; and a son, Dr. Stephen Gyland, Jr., of Jacksonville, Florida.

To his family we extend our deepest sympathy — and to "Steve", a job well done.

BE IT RESOLVED that a copy of this memorial be made a part of the permanent records of the Hillsborough County Medical Association, and a copy furnished to Mrs. Stephen Gyland.

Respectfully submitted,

LEE T. RECTOR, M.D.

From a letter to Mrs. Philip Evans, Mrs. Ruth Gyland wrote:

"Dr. Gyland got very little recognition from other doctors, although he tried to share his information with them. The AMA would not publish his paper or that of his colleague when they talked at the Convention in New York in '57. The Southern Medical refused to publish the paper he gave in New Orleans in 1958 on "Neuro-dermatitis As A By-product of Hypoglycemia". He had wonderful "before and after" slides to show terrible skin conditions which got well. Several hundred doctors heard him and gasped when they saw the cured skin - but there were no results as to publicity."

Mrs. Gyland continues: "I'm so glad Abrahamson put out his book. It has phenomenal sales altho' some criticized everything he did. At a leading clinic my husband was told to take liquor or morphine for his tachycardia (racing heart) for six hours. The liquor almost finished him - but thank the Lord, he got on the right track and was well for seven years and did his best work."

A grateful patient wrote a letter, published in the TRIBUNE at Tampa at the time of Dr. Gyland's death --

Copy --

He Made People Well

TAMPA—Dr. Stephen Gyland is dead.

A quiet, sincere physician, dedicated to one purpose, making the sick well, is gone.

In a world with so many sophisticated doctors, seemingly with far more greed than dedication, there is now a great emptiness.

We, whom he rescued from certain death, insanity, or a lifetime of half-death, grieve . . . not only for him, for his bereaved family . . . but for those coming along who, going from doctor to doctor, treatment to treatment, may now never find the way . . . for a great physician is gone.

His dedicated work in the field of hypoglycemia was often attacked and ridiculed by even those in his own profession. Lacking the heights of recogniserved, he calmly accepted the basic truth: He made people well again.

A GRATEFUL PATIENT

Tampa Sunday TRIBUNE

April 24, 1960

A formal biographical sketch should contain facts along the following lines:

1. The date and place of birth: month-day-year.
2. The name and profession of Father.
3. The maiden name of Mother and date of marriage.
4. Place in family, e.g. second son, fourth child.
5. Where educated - schools, colleges, universities.
6. When married, to whom and date.
7. Number and sex of children.
8. Date and place of death. Cause.
9. Where buried.

We offer what was gleaned from available sources:

The full name of our unsung hero was

STEPHEN PEDER GYLAND

The names of his parents were Nels and Seseli Gyland. Nels Gyland was born in Norway and came to the United States as a child. He was a farmer. He became an American Citizen, and always voted. He married Seseli Hong November 7, 1885. Stephen Peder Gyland was born February 9, 1893. The place of birth was Wisconsin, U.S.A. He had two older sisters and one younger than he. The boy was a sandy-haired blonde with blue eyes which had a greenish-grey cast. His height as a man was five feet, nine inches. He weighed about 175 pounds. Norwegian and English were spoken at Gyland's home. He also studied Norwegian in high school and college. At St. Olaf, Stephen was on the Norwegian debating team. He was always friendly, patient, kind, and helpful. All his patients loved him when he became a physician. One word describes the man -- gallant. He was!

As a youth, Stephen Peder Gyland attended St. Olaf College. When World War I was declared, he left school and enlisted. He served in the medical corps and saw active duty in France. He was honorably discharged as a Sergeant. He returned to college and completed one years' work in three months. He then entered the University of Wisconsin Medical School. It was a two year school. Hence, the transfer to the University of Pennsylvania Medical School. He graduated in 1924. He was then 31 years old. There was an interneship at Chester Hospital, Chester, Pennsylvania.

Dr. Gyland married Ruth West Stephani of Ridley Park, Pennsylvania in October of 1924. She was attending the School of Education at the University of Pennsylvania and was in her senior year. She graduated and received her degree in 1925. They went to Tampa, Florida where Dr. Gyland opened his practice and there he remained until the end. During the depression years, the doctor worked from 1929 to 1933 at American Cyanamide Phosphate mine. This labor made it possible for him to repay debts he incurred at school despite the fact that he had worked to help pay his tuition.

Two children were born to the couple. Stephen Paul Gyland, Jr. is a Pediatrician at Jacksonville, Florida. He continues an interest in hypoglycemia. A daughter, Sally, is now married to a Doctor of Philosophy. He, too, is active in the field of hypoglycemia.

You read in the memorial from the Hillsborough Medical Society of the last days of Dr. Gyland, Sr. An annual physical examination and X-rays revealed an aneurysm of the abdominal aorta. Dr. Gyland was advised to go to Houston for consultation. He was operated upon on March 28, 1960. On the fifth day post-operative he fell from bed in the intensive care unit and fractured a hip. He passed away two weeks later on April 15, 1960. His age at the time was 67 years. He was buried in Tampa on April 19, 1960.

It is essential we offer again the written words of this gallant man. It is July 18, 1953. JAMA:

"The history of undue fatigue, nervousness, and abnormal craving for sweets with a normal fasting level, certainly indicated hyperinsulinism or so-called neurogenic hypoglycemia. Regardless of the outcome of the test, the symptoms call for a diet test. Improvement with the proper diet should be spectacular in one or two weeks. Dr. Gyland was convinced that the diet recommended by Seale Harris was the best."

1953 -- the man and his work unsung! Other than in the hearts of those he sought to save from the miseries of low blood sugar. From which he, himself, suffered so long --

Restat in Pacem. May he rest in peace.

Mrs. Gyland provided a copy of the published remarks based on resolution of the Hillsborough County Medical Society. This is reproduced herewith. A photograph of Dr. Gyland was also furnished by Mrs. Ruth Gyland.

Last - but not least - read again the tribute:

"He Made People Well" from Tampa Sunday Tribune,
April 24, 1960.

Grateful thanks to Mrs. Ruth Gyland, Mrs. Philip Evans, and Carlton Fredericks, Ph.D and his LIFE SHOULD BE FUN broadcasts. Extracts from several tapes of his conversations with Herman Goodman, M.D. were drawn from these remarks.

Mrs. Ruth Gyland skillfully edited the original manuscript of this biography. She made deletions, corrections and additions.

Herman Goodman, M.D. prepared and published a ten-page Tribute to Drs. Seale Harris, Stephen P. Gyland,Sr. and Emanuel Abrahamson. It gives notes on Low Blood Sugar; a diet of high protein, moderate fat, and low, low carbohydrate. It provides a fifty-minute glucose intolerance test with bases for recognition of chemical support for the identification of the condition.

It is intended to reproduce the paper of Seale Harris.

It is also planned to reproduce in English the twenty-five page manuscript of Dr. Gyland, Sr. on the Hypoglycemia-Syndrome.

A third project is to secure publication of the manuscript of the book by Dr. Stephen P. Gyland, Sr. Mrs. Ruth Gyland mentions this manuscript several times.

Contributions of no more than five dollars are sought for the support of these projects. Make your check payable to:

The Low Blood Sugar Fund
of the Herman and Ruth Goodman
Foundation, Inc.
IRS Identification # 13-613-4042

Address: 18 East 89 Street
New York, New York 10028
U.S.A.

DOCTOR GYLAND'S SUGGESTED DIETARY

ON ARISING: 4 or 6 ounces of orange juice. Frozen or fresh orange juice or oranges not over 20 minutes before breakfast. *morning only*

BREAKFAST: Fruit or 4 ounces of juice as listed below. 1 or 2 eggs with or without 2 slices of bacon or ham; only 1 slice of any bread or toast with plenty of butter or oleo; beverage. May substitute cereal, millet, or soy products for bread. Powdered brewer's yeast. Toasted wheat germ.

2 HOURS AFTER BREAKFAST: 8 ounces of milk or juice and nuts, cheese or meat.

LUNCH: Liberal serving of meat, fish, cheese, or eggs; salad (large serving of lettuce, tomato, or Waldorf Salad with mayonnaise or French dressing); vegetables if desired; only 1 slice of any kind of bread with plenty of butter or oleo if desired; dessert; beverage.

2 OR 3 HOURS AFTER LUNCH: 8 ounces of milk, and/or nuts.

1 HOUR BEFORE DINNER: 4 ounces of juice.

DINNER: Same as lunch.

EVERY 2 HOURS UNTIL RETIRING: 8 ounces of milk and/or handful of nuts; or 1 or 2 saltines with cheese or peanut butter. If wakeful during night, eat a high protein snack.

ALLOWABLE VEGETABLES: Artichoke, asparagus, avacados, beets, black eyed peas, broccoli, Brussels sprouts, cabbage, cauliflower, carrots, celery, chard, collard greens, corn, cucumbers, eggplant, garlic, kale, kidney beans, lentils, lettuce, lima beans, mustard greens, okra, onions, peas, peppers, popped corn (without syrup), pumpkin, radishes, rutabagas, sauerkraut, soy beans, squash, string beans, tomatoes, turnip greens, watercress, mushrooms, sunflower seeds, turnips.

ALLOWABLE FRUITS: Apples, apricots, berries, coconut (fresh), grapefruit, kumquats, limes, lemons, loquats, melons, papayas, peaches, mango, pears, pineapples, plums. Fruit may be raw or cooked, with or without cream, but without sugar. Canned fruits must be unsweetened.*

ALLOWABLE JUICES: Vegetable juice, V-8 juice, tomato juice, papaya juice, apple juice, pineapple juice, limeade, lemonade, grapefruit juice. Knox gelatine may be added for protein. No sugar added.* Use Sucaryl if desired. These juices may be had freely all day.

ALLOWABLE BEVERAGES: Milk, the above juices, Finugreek or herb teas, Presto, dietetic drinks (not cola), sparkling water. Use Sucaryl for desired sweetening.

ALLOWABLE DESSERTS: Fruit; unsweetened gelatin; junket (made from tablets, not mix); dietetic jellies, dietetic ice cream; dietetic candy; dietetic gum; fruits, or puddings, sweetened with sodium Sucaryl, but no sugar, syrup, or honey. NO JELLO.

AVOID ABSOLUTELY ALL THE FOLLOWING: Sugar, candy, and other sweets such as cake, pie, pastries, sweet custards and puddings, ice cream, chewing gum; cocoa, hot chocolate, ovaltine, mate', honey, sweet jellies, and marmalades, postum, COFFEE, tea, all beverages containing caffeine, all cola drinks, all sweetened carbonated drinks, prune juice, and grape juice; also potatoes, rice spaghetti, noodles, maccaroni, grits, grapes, figs, dates, raisins, bananas, and plantains. Cocktails, wine, cordials, and beer must be avoided. Emperin, Anacin, B.C., and Stanbacks, A.P.C., A.S.A. Compound, Caffergot, Fiorinal, Salfanyne, Trigesic, 4-Way cold Tablets.

AVOID ALSO: Over-exertion, physical or mental.

DOCTOR GYLAND'S FOLLOW UP DIETARY

The original diet must be strictly maintained for three months, or longer if some symptoms remain. Usually, those who are underweight gain, and those who are overweight lose. If those who are overweight do not lose, they are prescribed a fat free milk and reduced use of butter. Also, the amount of nuts eaten must be reduced at times. The diet is now modified by discontinuing the between meal feedings. The bed-time snack is forever continued. If a between meal weakness occurs, a feeding is resumed at that time. Gradually, small portions of the heavy starches are permitted once a day. Then next, weak tea, decaffeinated coffee, syrup and honey are allowed in moderation. Then cookies, cakes, and pie may be added once or twice a week. If any of the symptoms return, stop for awhile the food that caused the return. Coffee, strong tea, cola drinks, and granulated sugar for sweetening drinks, or spreading on cereals are forever forbidden. In my observation, nothing will bring back the symptoms more quickly than caffeine or an overindulgence in sweets.

ADDITIONS BYHERMAN GOODMAN,M.D.

Dr. Goodman recommends most highly you purchase COMPOSITION OF FOODS. Agriculture Handbook No.8. For sale by Superindentent of Documents, U.S.Government Printing Office,Washington D.C.,20402. Price:$1.50. First write asking if the book is available and only after being told it is do you send your order and check.

The carbohydrate content of the foods suggested by Dr. Gyland for persons with low blood sugar are listed here for total carbohydrate and fibre carbohydrate as taken from the Agriculture Handbook No.8. A few items were not found.

COMPOSITION OF FOODS,100 GRAMS (3 1/3 ounces) EDIBLE PORTION. These fish have no total carbohydrate or fibre carbohydrate: Bass,Black or striped, Blue fish,Bonita,Butterfish,Carp,Cod,Eel,Fish flour,Flounder,Haddock, Herring,Kingfish,Lake trout,Mackeral,Mullet,Ocean perch,Pike,Pompano, Porgy,Red Snapper,Salmon,Sardines,Scallopes,Shad,Skate,Smelt,Spanish mackeral,Squid,Sturgeon,Swordfish,Trout,Tuna,White fish.

These fish have from 0.5 to 4.0 total carbohydrate:Abolone,Anchovy, Carviar,Clams,Crab,Lobster,Oyster(canned has 18.6)cooked Roe,Shrimp,raw, Snail,raw,

Beef,Ham,Pig,Rabbit,Veal and Tripe have no total carbohydrate or fibre carbohydrate.

These products have from 0.8 to 5.6 total carbohydrate: Bacon,Brain,Kidney, Liver of beef,calf,chicken,goose,hog,lamb and turkey. Sausages have less than 4.0 total carbohydrate. Scrapple has 14.6.

Chicken,Duck,Goose,Guinea hen,Pheasant,Quail,Squab and Turkey have no total or fibre carbohydrate.

Cheese-	Cheddar,2.1	Cheese food-	8.0	Processed-	10.0		
	Cottage-creamed	2.9	Uncreamed	2.7			
	Swiss-domestic	1.7	Imported-	1.6	Processed	1.8	

Apple	14.5	Rasberries	13.6	Loquats	12.4
juice	10.8	stewed	2.8	Canalope	7.5
Apricots	12.8	Strawberries	8.4	Casaba	6.5
Blackberrystewed	3.2	Coconut-fresh	9.4	Honeydew	7.7
Blue berry	15.3	Grapefruit	10.0	Watermelon	6.4
Boysenberry	9.1	juice	10.1	Orange	12.2
Cherries	4.1	Kumquats-raw	17.1	juice	10.4
Cranberry	10.8	Lemons	8.2	Papayas	10.0
Current	4.6	Lemonade		juice	
Dewberry	12.1	4½parts water	11.4	Peaches	8.1
Gooseberry	9.7	Limes	9.5	Mango	16.8
Grape	15.5	Limeade		Pears	15.3
Logenberry	14.9	4½parts water	11.0	Pineapple	13.7
				juice	13.5

Artichoke	10.6	Kale-cooked	6.1	Sauerkraut	4.0
Asparagus-cooked	3.6	Lentils-cooked	19.3	Soy beans-cooked	10.1
Avacados	6.3	Lettuce-Romaine	3.5	Squash-summer	9.1
Beets	7.2	Lima beans	19.8	winter	15.4
Brocole	4.5	Mushrooms	4.4	acorn	14.0
Brussels sprouts	6.4	Mustard greens	4.0	Tomatoes-ripe	5.5
Cabbage	4.0	Okra	6.0	juice	4.3
Carrots	7.1	Onions-cooked	6.5	Turnips-cooked	4.9
Cauliflower	4.1	raw	8.7	Turnip greens	
Celery	3.9	Peas	9.5	cooked	3.6
Chard	3.3	Cow peas-cooked	7.0	Watercress	3.0
Collard greens	4.8	Peppers-sweet	3.8	Sunflower seeds	
Corn	18.8	Popped corn	76.7	dry kernals	19.9
Cucumbers	3.4	Pumpkin-raw	6.5		
Eggplant	4.1	Radishes	3.6		
Garlic	30.8	Rutabagas-cooked	8.2		

Bread-French	62.0	Brewers yeast		corn grits	
Italian	56.4	powder	38.9	cooked	11.o
Raison	64.6	Butter	0	soya grits	17.2
Rye	52.1	Oleo	0.4	Farina-cooked	8.7
White	50.0 to 58.	Cereal-bran	80.6	Oats-cooked	12.2
		cooked	24.2	Rice-cooked	24.2
Whole wheat	47.7 to 58.	corn	86.1	Wheat-cooked	9.4

Egg-chicken	0.3	Nuts-Brazil	10.9
French dressing	17.5	Butternuts	8.4
Gelatin dessert	14.1	Cashew	29.3
Mayonnaise	2.6	Peanut-	
Milk--3.7 fat	4.9	roasted	20.6
skim	5.1	walnut	5.0
Millet	72.9	Peanut butter	17.2
		Wheatgerm	46.7

NOTE: Most of the values for "total carbohydrate" or "carbohydrate by difference" are not obtained by direct analysis but are calculated. The values are the differences between 100 and the sum of the percentages of crude protein,crude fat,ash and water. Figures for total carbohydrate are composed largely of sugars,starches,fibres,and some other complex forms. As with crude fat fractions,this "total carbohydrate" fraction includes some compounds that, strictly speaking,are not carbohydrate from a chemical standpoint. For example,the small amounts of organic acids that occur in some foods would also be included.

Paraphrased from Agriculture No 8,page 164.