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Robert England Oral History

Philadelphia College of Osteopathic Medicine

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INTERVIEW WITH ROBERT ENGLAND, D.O. (CLASS OF 1956)
by Carol Benenson Perloff for the
Philadelphia College of Osteopathic Medicine (PCOM)
May 19, 1997

PERLOFF: Could you please state your full name, date of birth
and place where you were raised?

ENGLAND:



CBP: So did you grow up in Oaklyn?

RE:



CBP: Could you state where you currently reside, please?
Your full address.

RE:



CBP: What made you want to pursue a career in osteopathy?

RE: Well, when I was a youngster, I had an osteopathic
physician, Theodore Cohen, as our family physician.

CBP: Was he a PCOM graduate?

RE: Yes, a PCOM graduate. I couldn't tell you what
year. He was in Morrisville, Pennsylvania. At that

time we were at Bucks County living, before I came to New Jersey. I was born in Jersey, and then we went up to Bucks County for a number of years, where my dad was working, and so on, and then we came back to New Jersey. It was in there that Dr. Cohen was. He made a good impression and helped fix me up when no one else could.

CBP: That was when your family started using an osteopathic physician?

RE: A D.O. Yes.

CBP: Did you consider a career as an allopathic physician?

RE: Well, really, osteopathic medicine was what I was interested in when I applied to medical school first.

CBP: Did you apply to any other osteopathic colleges, other than PCOM?

RE: No, PCOM was the only one.

CBP: What degree had you received from Houghton?

RE: I had the Bachelor of Arts with a major in chemistry and a major in general science, with a biology concentration.

CBP: Was that a four-year degree program?

RE: Yes. I did the four years in three, though. I went three summers, and Houghton and Temple one summer, too.

CBP: What were the highlights of your educational experience at PCOM in the 1950s -- courses, professors, etc.?

RE: One of the most impressive was Dr. Angus Gordon Cathie, and he was a professor of anatomy and Chairman of Anatomy. Also, he later became Chairman of Osteopathic Principles and Practice. He got to be not only a professor, but then later on, a mentor and a friend because I joined the Anatomy Department later on. Dr. Dave Heilig was one I enjoyed, too, in Osteopathic Principles and Practice.

CBP: Could you tell me a little bit more about your recollections of Dr. Cathie, as well as Dr. Heilig?

RE: Well, Dr. Cathie was a very tough professor. He was known as being tough. A very demanding professor of the student body, and yet he was very good. He was quite the artist. He would do his lecturing, get up there freehand on the blackboard and draw all the

anatomical illustrations that he wanted, and do that right from easy memory and so on. He was very, very good that way. He always had good osteopathic applications of his anatomy, and the anatomy program. Let's say the anatomy program he gave really stood as well in many, many courses, surgically oriented, was medically oriented, osteopathically oriented, had a lot of practical applications as it was presented.

CBP: Was his anatomy course just a first-year course?

RE: No, we had anatomy first year and third year. We had applied anatomy in the third year. Had neuro-anatomy. Blanche Allen taught the neuro-anatomy, and also Ray Ruberg, who was a neurological surgeon. He would share the teaching with Dr. Allen.

CBP: Could you tell me a little bit more about Dr. Heilig?

RE: Dr. Heilig was a very nice professor. He was very much the gentleman. He always looked nice and neat, like a nice picture of a physician.

CBP: Was he always teaching osteopathic principles?

RE: He was a Chairman of the Department of OPP when I

first came to the school there. I guess he resigned -- oh, I guess it was after I graduated sometime, a year or so after that. When I was Dean, I happened to be the fellow who hauled him back on the faculty again, too -- [laughs] -- which is a nice privilege or pleasure because I thought he was very well organized and had a good mind and a good head on him.

CBP: What other courses or professors stand out in your mind from the 1950s?

RE: Dr. Ed Cressman was superb. We had him in dermatology and also in microbiology. He was super-duper in both those courses. In dermatology, he was the professor I used to use most of my early years in dermatology because he really had the answers. Good expert in the field. That was the primary thing. He, again, was very knowledgeable -- very well prepared. He had his course well organized.

CBP: Was there any one faculty member in particular who you considered to be your mentor?

RE: Dr. Cathie, probably, because I spent a good bit of my early career at PCOM with him. Because when I

was interning, somehow or other we got a little bit involved in some teaching and other things. Blanche

Allen was always getting sick. Some of the other people were away. One time he had nobody, and he

called on me when I was an intern to see if I could go over and take some of the quiz sections and

lectures for him one time when he had to be away.

So that was my start on anatomy. [laughs] As a

pinch-hitter. I felt sorry for the students.

[laughs]

CBP: [laughs]

RE: Dr. Cannes, Sr. was in biochemistry in those years.

He was a very fine fellow. He's the one that we

tend to remember. Dr. Schall was there, too. He

was the D.O. in the Bio-Chemistry Department, and

pretty good that way. He was a character. [laughs]

CBP: Who was Dean while you were a medical student?

RE: Let's see. I guess Sherwood Mercer came in as Dean just as I was coming in.

CBP: What do you remember about Sherwood Mercer?

RE: He was always congenial and had a nice presence -- a nice appearance. He was not a D.O. Back in those

days, they didn't require a D.O. degree. He was a fine fellow.

CBP: Do you recall any particular issues that were more significant for the Dean to address at that time?

RE: Let's see. I guess Dr. Mercer was good on a little educational organization within the College. That seemed to be, to me, a major contribution of his. Bring it more into the mainstream of education.

CBP: And Dr. Barth was President while you were there?

RE: Yes.

CBP: What do you remember about Dr. Barth?

RE: Well, Dr. Brandt was President when I went in as a student.

CBP: Right.

RE: He used to give us all these famous baseball books that he authored. [laughs]

CBP: [laughs]

RE: He wrote a book on baseball. He was a very pleasant fellow. A very good fellow. You know, a good D.O. He was a good public relations person for the college. Then Dr. Barth came in my second or third year. I understand the College had a lot of

financial trouble then, and Dr. Barth really got it back on its feet that way.

CBP: Do you have any understanding of those financial problems at that time? We're talking about the mid-1950s?

RE: Yes. Well, fortunately, in the early years, I had nothing to worry about with that. [laughs] I had enough trouble passing anatomy and physiology and the rest of that. Dr. Baldwin and Dr. Bradford were also the physiology professors back in those days. Baldwin was Chairman of the Department, and he was also an internist. He had a Masters in physiology - - his claim to physiological fame. Bradford spent most of his time with Dr. Baldwin. I appointed him Assistant Dean when I became Dean of the school -- Bradford.

CBP: Was Dr. Barth approachable, from the perspective of a student?

RE: After I got to know him, I knew more about him then. But at that time, certain students I know were very close with him, and could get close to him, and he was very kind to students. Some needed help, and he

would give help back in those days. So I de-gressed.
understand. That's more from hearsay than first-
hand. He was a good, opinionated man. [laughs] He
was pretty fair, I think, overall. He was tough,
though. But he came out with a business background.
He always did well. My dad had a chemical company
and he, in turn, knew Dr. Barth from business
things. You know, not that well, but -- they
weren't that close as buddies, but he always figured
that what Dr. Barth set out to do, he could get that
accomplished and get it done and do it well. You
know, in business, he would always succeed quite
well. He took bad companies and put them together,
and did quite well with them.

CBP: We've recently added a few wooden boxes called bone
boxes to our archive collection.

RE: Right.

CBP: Could you please describe how these boxes were used
by medical students?

RE: I could even tell you how they were used and how
they were done. [laughs] Actually, the boxes were
specially built for the college, and they were used

for studying the bones. The bones were de-greased. Boiled and take the grease out of the bones. They were shellacked and polished off in good fashion. That was before we had plastics. [laughs] It was quite a procedure. Dr. Cathie always had them treat those boxes were super respect -- the bones and that. That's what he did even with the remains of the cadavers in all the teaching. That was an important thing. Nobody just played around with the cadavers or anything like that. Always treated with full respect.

CBP: Do you remember any kind of ceremonies that were performed at the end of the school year for the

cadavers?

RE: Yes. The Anatomical Board, which is now the -- they have a new title for the state level. The Anatomical Board used to be the state board for handling that, and Dr. Cathie had a seat on that. I had one on there for a while, too -- on the Anatomical Board. It was called the Humane Donations Group or something like that. Some super title like that. [laughs] The Chapel of the Four

Chaplains is where they had the ceremony each year, and they'd invite the relatives of the family. We'd take some students out to the ceremony with us, and some of us from the Anatomy Department would go and attend. It was very organized. They used to have an Episcopalian chapel. They used to go out to the Baptist temple, which is where the Four Chaplains was in those days, on the Temple University campus. It was very dignified.

CBP: Was there any requirement for PCOM students to attend this kind of dedication ceremony?

RE: I can't remember whether they were required. I know we used to have a fair turnout, though.

CBP: Could you describe the ceremony a little bit more?

RE: Well, the chaplain from the Four Chaplains would be the one that would -- well, the chaplain and the Anatomical Board would conduct the service there, and it was pretty much a standard Episcopalian-type service. He was an Episcopalian chaplain. It wasn't the college chaplain that would do this, it was the Anatomical Board, and all the medical schools would come for this big congregation of

schools and students.

CBP: Do you know when that tradition was started, and when it ended? Or did it end?

RE: I think they still have something of that nature. I haven't known it in recent years, but back when Vince Cippola was there, I know they still had the chapel services, when he was there as Chairman of Anatomy. It would start before I ever came in as a student. So I don't know the full history before that, but it was quite a few years. Jay Franklin Hubert, who was the Chairman at Temple, was the Chairman of the Anatomical Board back when I was a student, for quite a few years.

CBP: Why and when was the practice stopped of sending students home with the bone boxes?

RE: I don't know what year they ever stopped that. It was after 1984, anyway. When I was still Dean, we were still sending bone boxes. I would think that probably after that would be the fact that you could purchase a whole skeleton sets and plastic, and that would be a lot easier than maintaining the boxes, and so on. I suspect it would be healthier.

[laughs]

CBP: [laughs] In 1910, the Harvey School of Anatomy was incorporated for the purpose of establishing and supporting a school for the study of anatomy. Why did PCOM need to create this entity for its anatomy program? Again, we're referring to the question about the reason for the Harvey School of Anatomy being incorporated in 1910.

RE: This was before my time, but I understand that it was incorporated as a School of Anatomy in order to allow the College of Osteopathic Medicine to obtain cadaveric privileges of using cadavers, and since it's at a graduate level, it made good sense, too. [laughs] You know, medicine was a graduate level program. This would have been the way to meet the legal requirements of the law within that time, and yet still meet the AOA and other requirements for the course and program in osteopathic medicine to have true dissection and true cadavers for the program.

CBP: Would other medical schools at that time have to have that separate entity, or were other medical

schools able to obtain cadavers directly to their Department of Anatomy?

RE: As I understand, it was direct to the other medical schools. It was part of the osteopathic medicine being a new entity unto itself.

CBP: So, in a sense, this was an instance of prejudice, where there was an obstacle to overcome.

RE: There was an obstacle -- yes. Actually, in the years I was there, which is quite a few years later, we really had pretty good rapport. Dr. Jay Parson Schaeffer and Dr. Agnus Cathie were very close friends. Dr. Hubert and I got to be close friends after we got together, and I took some extra anatomy programs with him, by the way, at the graduate level. Jay Parsons Schaeffer was with Jefferson.

CBP: Then, also, Dr. Cathie and Batson were a bit friendly. Batson of the vertebrae column and so on, which gave them a little closeness there, too. The relationships, after a while, broke down between the anatomists, anyway. Most of your early anatomists -- Schaeffer was an M.D., Batson was an M.D., Hubert was an M.D. Very interesting

that the early members of anatomy were not the Ph.Ds

CBP: like today, as much as they were the professionals.

CBP: When you were involved with the Anatomy Department

RE: in the 1950s, were cadavers being obtained directly

by the Department, or was there still some kind of

pass-through entity? Of course, there was the

Harvey School, still. general clinic. We had our

RE: Well, they were still delivered to the Harvey to

School. In the early yers, as I remember, they came

through the Harvey School, but directly to the the

College. They were delivered by funeral directors.

You know, there was an appointed funeral director to

deliver the cadavers to all the medical schools in

the whole state. the. They were just a series of

CBP: Do you know when, and if at any point, the cadavers

had stopped coming through the Harvey School? NT

RE: I really could not tell you on that. [laughs] I

don't have an answer ready. I don't know that it

ever changed. the above all were done in OB/GYN

CBP: Okay. Well, I'll have to check with the Anatomy

Department today.

RE: Right. I don't know where they do that. They may

RE: still use the joint title or something like that.

CBP: Please share your recollections of working in the

RE: 48th Street Clinic as a medical student. lot of

RE: Well, in those days, we had a good number of patients. You know, it was a very busy clinic. It was quite enjoyable. We had all the specialty clinics as well as the general clinic. We had our supervisors. If we had a case, we used to have to work up the case, go to our supervisor, get approval of what we wanted. As students, we couldn't write the prescriptions, so the doctors had to write the prescription for us, and so on, and go through all of that. We had our own treatment tables, we had our own clinic booths. They were just a series of booths down there, in the clinic at that time, and it was all done quite nicely. We had a good ENT clinic, I remember, especially in those days. OB/GYN, again, we had to work up the histories and all, and then the exams all were done in OB/GYN clinic, and were all supervised. Very good and very well educated.

CBP: Who was the Director of Clinics then? some of the

RE: Ted Stiegler, as I remember.

CBP: What do you remember about him?

RE: I always got along well with him, but a lot of students didn't particularly like him. I don't think all the supervisors did, either. But he was

CBP: pretty fair and a straight shooter. I wasn't a

RE: trouble maker, anyway. I kept out of trouble. But

some of the other supervisors we had were Mort Silver and Zindelas, who was a part-time supervisor.

One of the internists -- he went out finally to Springfield -- Delaware County. Mort Silver. He

CBP: was in there. Schwartz used to come down to the

clinics, I remember. Then we had Daiber and Riceman and so on, who were in the different specialties

RE: down in the clinics with us, too.

CBP: What do you remember about the North Center

Hospital? For example the neighborhood, the building, your responsibilities there?

RE: I went there when they had just renovated it. The

CBP: OB/GYN, especially -- the Sergeant Building -- was

very well renovated. The old building was

acceptable, and the old building had some of the

stairways and some of the other things were really from antiquity. Very nice for their old day. There had been a historicity to it. But the clinics were down in the basement there, and in the hospital service, we were up on the upper levels.

CBP: How often would you be up at the 20th Street Clinic?

RE: It really depended on how your schedule felt. Maybe three or four months each. At the Clinic it was probably three months -- something like that. On

the services could be maybe about three months on

that, too.

CBP: When did these rotations -- both at 48th Street and 20th Street -- start? At what point in your four years?

RE: The first two years were basically didactic. The third year was primarily didactic, too. That's when we had applied anatomy, and so on. So it was more in the fourth year. It was more heavily involved with the clinical.

CBP: What, if any, practical experience did you obtain outside of the hospital in other clinic settings? For example, home deliveries or assisting in

doctors' offices? ~~that and the baby in then.~~

RE: Home deliveries had just about come to the end when I was a student. They sort of stopped that during our years -- they got away from that a bit. They used to do home deliveries up through that time, over in West Philadelphia. I guess the medical legal purposes and so on were part of that reason for it, too. But I did some taxi cab deliveries when I was there. ~~it was just that easy.~~

CBP: Could you describe that, please? [laughs] ~~was very~~

RE: [laughs] That was interesting. You're talking about 20th Street, for example. One of the most interesting was at 20th Street. I was a senior student on OB/GYN service, and the girls and the nurses came running in from a cab that was waiting outside, and they went running in to get the resident, to get somebody to go out with them. They left the patient and the cab driver all by themselves in the cab. [laughs] So while they were running crazy, I went out and had the baby delivered by the time they all came back with their packs and everything else they were going to do, so they just

had to take the mother and the baby in then.

[laughs] It was a very interesting thing. The cab driver was funny. When he saw me coming he said, "Don't worry about making a mess. It can be cleaned up. It's all leather seats and all. You just go ahead and do what you have to do. I'm so happy you're here." [laughs] He was relieved that he walked off to give us privacy. [laughs] The baby was all ready to be caught -- it was just that easy. That was an interesting experience, but it was very good. Fortunately, everything went beautifully -- went well. We had just enough experience to know what I was doing. [laughs]

CBP: Please describe the ups and downs of your internships at the osteopathic hospitals of Philadelphia.

RE: I happened to enjoy my internship. I was probably one of the more friendly of the students, in the sense of making due of what we had and what we could get right there. Actually, we had pretty qualified people in there. We had Daiber in internal medicine, who was a pretty sharp fellow. Victor

Fischer who was there, in internal medicine -- a very sharp man. Two of the big leaders that I would think of as some of our big fellows there. Joe Giletto was there in pulmonary medicine. He was going to start a fellowship in pulmonary medicine in Hahnemann. That was in the days when it was sort of a bad egg leaving us to do that, but he did it anyway. He's still alive. He did a nice job. I think he's retired now -- Joe. Again, the surgeons were Galen and Paul Young. Galen had a brother, Paul. They, to me, were a very superb team. When they used to operate together, they were a partnership-type thing first. Then, later on, Paul broke off from Galen. I liked both of them so well that when I started my own practice, I would alternate -- one to Galen, one to Paul -- as referrals. [laughs] I really thought they were very good. They didn't waste a lot of time. Harry Binder was active then. Carlton Street was one of the old-time surgeons. He was back in the early days. I was fortunate enough to meet Dr. Pennock during my internship here. I remember him getting

- RE: pretty ancient around that time. I remember he had
- CBP: a patient who had nobody but him for a
- RE: hemorrhoidectomy, who really needed it badly. So
- Dr. Young finished up the surgery. It was all done with real finesse. Real nice. The patient was off to sleep. He stepped in and did the rest of the job for him. But Pennock was the one that had to go off to Hahnemann and get his M.D. degree and so on, to get through the licensure bit in the early years of teaching. That was before my time, too.
- CBP: But for your internship, did you split your time
- RE: between 48th Street and 20th Street?
- RE: When I was there -- yes.
- CBP: What was your typical schedule like, as far as
- CBP: having call duty or weekends off?
- RE: [laughs]
- CBP: Were there weekends off?
- RE: Yes, we had some weekends off, but it really didn't bother me. We were called resident interns in those days, and we had that really dismal place to live in up in the attic in old 48th Street.
- CBP: The interns dorm?

RE: Yes, right. Yes, the old dorm. [laughs]

CBP: Could you describe that a little bit more?

RE: It looked like the nooks and crannies of the anatomy lab, only beds instead of cadavers. [laughs] It wasn't that great. The facilities were very bad that way. Then, later on, they had an interns' house, in the years to follow, after that. That was a little bit nicer. Up the street. The senior students -- we'd have to have our whole duty to stay in sometimes, too, as well as the interns.

CBP: Who got the better beds?

RE: Well, the residents first. We'd get the first ones kicked out of bed to answer the call, too. [laughs] Get a little history in that out of it.

CBP: Did there seem to be any kind of hazing when you were a medical student by the interns or residents?

RE: We didn't have hazing that way.

CBP: In looking back to the day you started to practice medicine, in what way or what ways could your education at PCOM have better prepared you?

RE: I think for the years that we came through, I didn't

CBP: feel that badly inadequate. The first graduate

post-doctoral course I took was in electro-cardiology. I really didn't feel that I had all the training I should for reading that, so when I decided I was going to buy an EKG machine. That was the first program we had. The College at that time brought in key people. Well, we had Dr. Harry Goldberg. What's the name of the other fellow? He still practices today. I don't know how he keeps on his feet. He's still active. He remembers my name, which surprises me. [laughs] Dreyfus and some of the other others were all brought into the thing. Actually, Art Flack, who was one of our leading surgeons, too, in our year. His brother-in-law was a fellow who did the first open-heart surgery in Hahnemann, and he would come down and lecture to us, too. Some of the early men at PCOM were the physicians for some of the famous, more well-known legislative members in the state, too, and that didn't hurt the College -- that helped the College -- because of those relationships. They got the good care and so on, because of that.

CBP: I'd like to talk to you a little bit about student

life. What were the highlights of your social experience at PCOM and in Philadelphia in the 1950s?

RE: In those days we worked so hard we didn't do so much

socializing. [laughs] They didn't have too much for the student body in those days. It was busy.

Most of the student body -- many of them were coming out of the military at that time, so that they were

married and had their families and so on -- they had their own little group. Most of us did a lot of commuting.

CBP: Were you commuting from New Jersey? and eat at the

RE: Yes.

CBP: How did you get there?

RE: Well, by bus. By car, sometimes. Sometimes we'd pool cars. We had a little camaraderie in the car pools.

CBP: Were there a group of you living in South Jersey?

RE: Well, we'd meet at certain spots, or some would -- we'd pay them the money that we would have paid the Transportation Committee, and they'd come around and pick us up. I remember coming out -- one time I slid down on the ice, down our driveway. I had to

go back in and change and come back down again.

[laughs] Nothing stopped us from going to school in those days. [laughs]

CBP: Were there any particular restaurants, pubs, hang-outs, coffee shops, in the vicinity of the campus that were typically places where the students would convene for a little fraternization?

RE: Let's see. I guess the most popular one at that time was a pharmacy across the street. They had a counter. Dr. Cathie used to -- in the early years of teaching, he said, "Let's go over and eat at the Sink today." [laughs]

CBP: The Sink?

RE: Yes. Well, that's because -- like a little sandwich shop and that would do the dishes right there, where you were eating. [laughs]

CBP: Do you remember the name of that shop?

RE: No, that one was the pharmacy. I think it was Spruce Pharmacy, at 48th and Spruce, around the corner there. Then they had another place that I didn't go to very much, but it was probably more popular than any of them. It was like a deli, about

four doors down from the pharmacy. I probably shoot

CBP: Were you active in a fraternity?

RE: No, I didn't join a fraternity. I had some invitations, but I didn't join a fraternity.

CBP: Do you have some sense -- even though you didn't join a fraternity -- of how active fraternities were at that time? Was it the norm for students to join?

CBP: Because you had a lot of G.I.s and older students,

RE: was it sort of a quiet time for fraternities?

RE: It was active in many ways. The Log fraternity, which primarily was for Hebrew students -- they were the first ones to take women, I think, and they were the first ones to take blacks into their fraternity. That's an interesting little event. That was a very active fraternity. That one seemed to be the educational fraternity at that time. Phi Sig was the so-called big fraternity of that day, and probably the most active, as far as organizational activities go. And then ITZ was the fourth fraternity on campus, and I don't know -- they had their programs and so on. They were sort of a competitor -- a little bit behind the others, as far

- RE: as the level of activities. They'll probably shoot me for that. [laughs]
- CBP: [laughs] When did fraternities at PCOM begin to wane, and why?
- RE: I'm trying to think about what year that would have been. Probably sometime in the 1970s, I would think, is where it would have started.
- CBP: Why do you think that happened?
- RE: I don't know. Galen Young helped keep Phi Sig alive. Archie Feinstein used to be active in Log, and helped to keep that alive. They were the two main ones. I think Atlas -- I think they lost some interest in it. They had one or two fellows who really were the leaders in the educational part. They lost interest -- that seemed to be the downfall of that group. I think the other thing was when they were relocating off campus and on campus. West Philadelphia became very unsafe, and I think the change in the climate of the areas didn't help some of the fellows to come back at night, which was one of the problems.
- CBP: Were you married during your years at PCOM?

RE: No, I wasn't. I held out. active sport at that

CBP: Was it the norm for students at that time to be one
married? line. They later on. was with rugby; when

RE: Well, especially with the G.I.s, because they were
under G.I. bills and benefits and so on, so that we

CBP: had more than than we ever did. tions you recall

CBP: From the 1910s through the 1930s, organized. Proms?

RE: athletics was an important part of student life at
PCO. That was the big

RE: Right. to have it at Union

CBP: There was less emphasis on sports during the war
years of the 1940s. Based upon your experience, how
would you characterize student athletics in the

CBP: 1950s? Jersey Ball?

RE: The 1950s, basketball was very popular. Tom Rowland
was active with the basketball team. I remember
Jack Gilligan, who became the head of Radiology

CBP: before Dr. Meals did. I remember taking him over to

RE: Cooper Hospital for some sutures as a student,
attending one of the games in Jersey. They played

RE: in a gym in Jersey. Then I took him back in and he

CBP: got back in the game again and started to play all

over again. So that was a very active sport at that particular time. I guess that was the biggest one at that time. Then, later on, was with rugby, when Hale Peffall came in and joined the group, and they've been doing well since. [laughs]

CBP: Are there any PCOM student traditions you recall from the 1950s? For example, a Frosh Dance, Proms?

RE: Dr. Barth always used to have a graduation dinner.

CBP: That was one of the big things. That was the big event of the year. He used to have it at Union

RE: Lake, and invite the students out there. In later

CBP: years, we went up to the Sheraton and some of the hotels in the area. That was a very lovely event.

CBP: Do you remember the Charity Balls?

RE: Yes. The Charity Balls were active in those days, too. They used to be downtown at the Warwick and through those areas.

CBP: Did you attend them when you were a student?

RE: Students weren't that much -- it was more a staff-type function. Staff and faculty. More staff than even faculty.

CBP: How would you characterize the nature of

faculty/student relationships when you were a student in the 1950s?

RE: It's hard to say. Some of the faculty would be very available, very close and very nice and very helpful. Other faculty members would just run and give their lecture and scoot out if they can. So it was a bit of both. There weren't too many full-time faculty members in those days.

CBP: Were these the days of coat and ties for the students?

RE: Jackets and ties -- yes.

CBP: How do you think the faculty/student relationships have changed over time?

RE: I don't notice that much difference in many ways because some of the faculties were ready to share their life experiences and everything else with students, and others were not as prone to it. I think that's probably true no matter where you go anywhere today. [laughs] You know, today is as much today as then.

CBP: Back in the 1920s there used to be student/faculty picnic outings, student/faculty baseball games. Was

there any type of this student/faculty exchange in the 1950s, or then again in the 1970s, when you were back as Dean?

RE: Yes, there were some picnics outside Norristown -- that big lake out there -- amusement-type lake and park. We used to have some there. They ran for quite a few years, out through there. Tom Rowland was very active.

CBP: Was that Eagle Lodge?

RE: I'm trying to think. It was part-way out toward the turnpike, and off the turnpike a bit, back in the countryside. Tom Rowland was quite active in that.

CBP: In 1973, you were appointed Dean, a position you

held until 1984.

RE: Yes.

CBP: Please describe the circumstances surrounding your selection for this important post.

RE: Well, at first I was Associate Dean. In fact, I was named Acting Dean in July of 1972. Prior to that, I was Associate Dean under Paul Thomas. That was a time when Dr. Thomas was very ill, and had a whole series of stomach surgeries and so on. That was

when he wanted someone he could rely upon to step in for him. I would say I spent about half of his tenure covering him, one way or another. So that gave a little bit of experience. Then it was in January, I guess, of 1973, that I was appointed. July of that year -- it was right after Paul Thomas died, so I was Acting Dean. Then I was appointed Dean in January of 1973.

CBP: What were some of the particular challenges you faced coming in as Dean in 1973?

RE: [laughs] Well, the first actually I had was when we went to a transition into a two-and-two program.

CBP: That was when I was Assistant Dean.

CBP: So when would that have been?

RE: That would have been about 1972 -- earlier in 1972 -

CBP: - toward the early part of that year. Paul said,

RE: "I'm going to give you the head job of the Curriculum Committee." [laughs] So that's where it

began. So that was my baptism by fire -- it came

CBP: before I became Dean even. [laughs] A lot of the students were very happy. In fact, a couple of the

RE: students -- one fellow who is now President of the

Lake Erie College of Osteopathic Medicine, was a one student in that class. The first class to have that. That's when we had a third year -- part of the third year became partly clinic. And then in the following year, it was more in the third and fourth years both -- on the more clinical time than the training program. Also, we finally stepped-up the number of locations where they were allowed to go. At first it was all osteopathic institutions that they would attend. We worked hard to get a number on that. We had quite a nice number of osteopathic places they could go to.

CBP: At what point were medical students exposed to allopathic institutions?

RE: Well, some of them did it on their own. A [laughs]

CBP: When was it administratively sanctioned?

RE: Probably certain programs were brought in even back in the 1980s, when I was there. That was like Deborah Heart and Lung, and we had rotations there.

CBP: This was for undergraduate medical students, or for your residents?

RE: They were undergraduate medical students, too, at

that time. At Deborah we had some regular rotations there, with that.

CBP: I'd like to talk a little bit more about curriculum developments while you were Dean. One thing you mentioned is that when you were Associate Dean, and there was the shift into the two-and-two -- two years of didactic and two years of clinical.

RE: We did transition. In fact, it took a couple years to get around to it, before we got into the other program. Better development took a little longer.

CBP: What other developments in the curriculum took place during your years as Dean? And I'd like to get an understanding of that within the context of medical education at the time.

RE: I would say that would be a major one. And developing that into the final type of thing. And

RE: also, transition into the actual courses of programs themselves would have been -- transition of building up a faculty to the point in where all the subspecialties were handled by subspecialists and so on, were very well trained and very well qualified. In fact, we even sent some of our fellows out for

training in the subspecialties. John Simelaro would be one example. He does pulmonary work. I wrote-up the programs for him, and we sent him out -- was financed him to go out and get this other training. Dr. Conrad Fraider -- he was orthopedic surgery, and we did a program and a fellowship for him on trauma and special surgery and orthopedics. Spinal trauma surgery. That's what the fellowship was with him. We paid for part of that and financed part of that. The main obligation for him was to go back and give us some time afterward, and shared what he learned, and so on, which was payback. [laughs] You know, we did that in a number of areas there.

CBP: Going back to the shift into the two-and-two program. Was that being motivated by the faculty, or by the students?

RE: Well, it would be, let's just say, a mix. If some of the faculty were willing to go for this, some of the faculty would have a lot of resistance toward that. You know, I can remember -- I won't tell you who it is. I took most of my persecution from him. [laughs] That was very interesting to have that.

Then it was a transition in that. Fortunately, I had some good backing from other members of the administration at that time, and Dean Thomas was really wholeheartedly behind this program, but he was not feeling that good that he really -- I don't think he did it because he had a lot of lumps to take when you take any changes. I think he took a little rough time. *At the time that you were Dean?*

CBP: Please describe any non-academic developments at PCOM during your years as Dean. For example, *you in* student activities or organizations, volunteerism.

RE: Boy, we always had student volunteer groups. They would go out and do marathons or other things for community activities on many, many types. That *not* would be one of the things I remember them doing. They did some of the community programs for the radio stations and so on, doing medical check-ups, and so on, on that. That was another big one. *no-way*

CBP: Radio programs?

RE: Yes. I mean, radio stations and T.V. stations would be sponsoring health fairs and that, and they were very active in that, too. Some of the big events --

CBP: they were really part of the triage system of campus covering in Philadelphia. I'm trying to think of what they were now. Politics or something like that. You know, when they have a big event coming into town, our students would be a part of the triage systems with that.

CBP: What do you recall about the involvement of Student Council in matters at the time that you were Dean?

RE: They probably became active. [laughs] You know, having more of a say and more of a participation in that. They weren't dictating matters, but being able to vocalize a little better. I remember some of the students used to come to me and gripe to me. They'd say, "Well, at least we can talk to you. Not that you're going to do anything about it, but at least we can tell you about it." And it would get thrown out. [laughs] That was a little progress. To me, I think communication is an important two-way street.

CBP: The early 1970s was a time of social change and unrest, nationally.

RE: Right.

CBP: To what extent did you feel that on the PCOM campus and your students?

RE: Well, I remember one time when Dean Thomas and Dr. Rowland were both away. One day the students were getting ready to rebel, and I was stuck there alone, with myself. "What am I going to do with this?" So I went over and met with them, and I told them, "Look, the Dean's out." I guess Rowland at that time was Vice President for Administrative Affairs, or something like that. I said, "He's out, and I don't have the authority to really take over for them, nor do I want to." I said, "But, on the other hand, you go to the press, and I will go to the press, too. And if I go, I'll tell them I asked you to meet with these men when they get back on the campus tomorrow." That quieted them all down. It was very interesting. [laughs] I didn't know that would work. [laughs]

CBP: Then what happened when they met them the next day?

RE: Well, it all quieted over. Well, I don't know that it was such a big thing at all. I forget what the matter was. It wasn't anything so big that it stuck

with me. It was big to them. I told them, "Do you want me tell the press?" It was something that was pretty simple. I said, "Do you want me to tell them something simple like this -- what you're all crying about?" I said, "Most of them aren't going to side with you, anyway." [laughs] The press at that time. And they probably wouldn't have, either. [laughs] I think it was something pretty simple. I forget what it was, exactly, right now. But I was surprised that that particular approach to it anyway, at that time. [laughs] In fact, none of the students gave me a tip that it was coming, so I had to be thinking fast. [laughs]

CBP: At least you had some warning.

RE: About ten minutes -- yes. [laughs]
[end of side one]

CBP: In what way or ways do you feel that you and/or the College made progress in combatting prejudice towards osteopathic students and physicians?

RE: Well, I think number one was the intensity of our

program was always at a high level of academics. Students were well prepared and well trained. When they got to the M.D. institutions and so on later on, they performed very, very well. They knew how to work hard and use their heads. Very knowledgeable students. So they were excellent. The graduates held their own with many of the areas. They went out for subspecialty training in that, they often became their chief residents in all the other places they went. So part of it was by performance and what they did. The other thing was -- one of the things I, myself -- I was with the Philadelphia Council of Deans -- Medical School of Deans, Pennsylvania Council of Deans -- and that basically was a good experience, I found. A number of the predecessors weren't that active in meeting with them. I didn't miss their meetings. We got together quite well, and we had a good rapport -- a couple of the Deans I knew, whom I can think of, especially William Kellogg, who was a Dean at Jefferson. He was very, very friendly. He got companionships. Another one I got very close to was

with Ed Stemmler, who was at the University of Pennsylvania. Ed and I got along very well. In fact, we still correspond. About six months after I left PCOM he said, "I took a page from your book. I left Penn." He said, "I want to go out while we were cresting." [laughs]

CBP: Okay.

RE: So we got pretty close to be able to talk like that to one another, too [laughs] which was very good.

That was one of the things. I was in for the

CBP: Commonwealth of Pennsylvania at that time, on a project they had on looking at higher education,

especially in medicine, and what they were doing in

RE: nursing and osteopathic medicine and regular

medicine. And what happened was their man who was supposed to do the part for medical schools, in my

book, fell down on the job. According to my opinion

-- what he was doing. So I called up Ed, who was

the leader of the Pennsylvania Dean's group, and I

told him -- "Look, I know you have materials that

they need for medicine there." What he had for

medicine would have been helpful to us as it would

have been to medicine, too. I told him -- I said, "Call so-and-so and tell him that I was on the committee and I told you that they could use this material that you have." Well, he was so thankful. We had a good relationship. Really, from then on, I could see a big difference, because the medical school Deans really felt that I was their friend, not their competition or enemy with this. To me, I saw this as a need of doing this together or we're in trouble.

CBP: Was PCOM involved with any active lobbying for funds for the College, whether for construction or programs or scholarships?

RE: Dr. Barth would have been more on that with the legislative end of things, in the early years. Tom Rowland kept a hand in some of his politics within that. I used to go up to Harrisburg to represent them a couple of times. In fact, the first year that I went up was very funny because in giving our presentation, I spent a few minutes to say 'thank you' to them. The head of the meeting at that time -- the committee meeting -- stopped. He said, "I

want to stop the proceedings right now. This is the

CBP: first time I ever heard a 'thank you' for any
medical school. Anybody, in all these years of what

we've been doing for them." [laughs] We got our
first increase in ten years that year! [laughs] So

RE: it really paid. It was a highlight -- giving thanks
anyway -- letting them know what they had done for

them. I said, "It's important for the students
because you help keep their tuition within
reasonable needs, and you help us do such-and-such."

We also had to come up -- I had to come up for a
time for a purpose of what we would do if we had

extra money. That was part of the follow-up on

that. That wasn't hard to figure out how that could
be used. [laughs] They could do that even today,

with ease. [laughs]

CBP: [laughs] Your tenure as Dean virtually coincided
with Tom Rowland's term as President.

RE: Right.

CBP: Please comment upon the transition from Dr. Barth to

RE: Dr. Rowland.

RE: Well, Dr. Barth was quite ill in those particular

years -- those last years. [Tape Off/On]

CBP: We're discussing the beginning of Tom Rowland's

RE: tenure as President. This would have been in 1974.

How would you describe Tom Rowland as a leader and

CBP: as a layperson? Consider to be the highlights or

RE: Well, as a leader he seemed to have good leadership

capabilities. He admitted a lot of alumni, so he

RE: had a good, loyal alumni support when he came in as

President, which was very good. He had a good basis

for representing the Hospital part, too, because

some of the alumni would be loyal to him because he

was their buddy, because he was admitted under his

leadership -- under his Director of Admissions --

prior to that. So he would know them, and they all

came out of World War II -- a lot of these loyal

CBP: alumni from the 1950s, out of that same group, so

they were all loyal servicemen in the past, and so

RE: on. So there's good camaraderie that he had with

the alumni. Yes.

CBP: How about his relationship with the faculty? the

RE: I think he was rather well respected with the

RE: faculty. There is always someone objecting to this,

to that, and everything else. [laughs]

CBP: How about his relationship with the students?

RE: The students -- he always had a good rapport, primarily with the students.

CBP: What would you consider to be the highlights or major accomplishments of Tom Rowland, during his years as President, from 1974 to 1984?

RE: Well, basically, when he came in as President I told him, "Dr. Barth built buildings. I think a good philosophy for you and us together would be known as people-oriented." I said, "Let's be really osteopathic." So that's when we started on the faculty rebuilding campaign, getting first class faculty. We had a good cadre of faculty built-up during those years together.

CBP: I'm assuming it was Rowland, but correct me if I'm wrong, who initiated the whole-time faculty program?

RE: It was more during those years -- yes. That's when we built that up. Yes.

CBP: Could you discuss that a little bit more -- the concept behind the whole-time faculty?

RE: We really wanted to get osteopathic people in, so

that we sent some out, like John Simelaro, who was one of our products in those days, without recruiting for the best we could get across the country. Like Dave Eben, who is head of rheumatology. He's just a pretty wonderful fellow in my book. I happened to meet Dave, who had gone up to a VA hospital -- I happened to meet him at the San Francisco convention a number of years back, out there, and that's when I recruited Dave for that field. Then we hit different ones in different places. Bill Dickerson was one in my sister's class, and a good friend of Tom's, too. We recruited him when we had Denlinger as head of OB/GYN. I happened to be reading over the things -- I used to read before I wrote letters of recommendation. Really -- he applied to another place. At the time I said, "Do you want me to call Denny, or do you want to call Denny?" We used to work together. I said, "Would you like to have him?" He said, "Yes, I'd love that." So he was in the Chicago faculty, and he was ready to make a change, so we hit him right at the prime time. He

was with us, and then became our Director of Employee and Student Help, after his term in the OB/GYN faculty area. That's just the way we kept building and keeping our ears open and the rest open. But we do it as teamwork. We decide what is the best way to appeal to somebody, and get it together.

CBP: What were some of the other accomplishments of the Rowland years?

RE: Well, we bought the Rowland Hall. At that time it wasn't called Rowland Hall. That was another interesting one because I had a patient who knew that when that building came up for sale, we got it for two-and-a-half million. They wanted four million at first, but it was like a nine-million-dollar building. We got it for that price. This one called me up and he said, "They're trying to sell that." Chase, I think it was, had it at that time. So I went to Tom and he went to work on that after that. It's interesting the way little things fit in here. And then he negotiated with him until he got it down to two-and-a-half, which is a great

price. I guess the ground is worth more than that today. [laughs]

CBP: Yes. In what ways did Rowland's plans fall short of expectations?

RE: I don't know that I'd call it falling short. When you consider where we come from all the time -- I don't know what we'd call that. I wouldn't particularly fault him on that.

CBP: In January of 1983, Tom Rowland was diagnosed with lung cancer. In November, Judge Hoffman, Chairman of the Board, appointed Rowland's assistant,

Virginia Thompson, Vice President of Administrative Affairs. Please share your recollections of this interim period of leadership, as well as the appointment of Peter Tilley, D.O. to the Presidency.

RE: Well, I remember they had a search committee for the Presidency, and that would have been the time that they had some alumni, and they had some other Board people in there for a search committee. I think we had a loss with Tom and the fact that he was, in a sense, a good leader. He had the leadership of building, and so on, with that. He certainly was

missed during that time. What really came was sort of wide open at that particular time.

CBP: Where did Virginia Thompson fit in this transition?

RE: Well, she had been the President's assistant, so that she would have been just keeping the daily duties going around that time for the Hospital and the College.

CBP: Why was Peter Tilley selected to be the next President?

RE: Well, that's what the committee decided upon -- the Selection Committee, and the Board of Trustees.

CBP: In your opinion, why do you think he was the candidate that was chosen?

RE: Well, he was chairman of the staff of the Hospital at that time, and they felt that that would be -- I feel that they felt that that was a good way to build the Hospital up, and taking a staff person with that. They were revising staff bylaws and a few things at that same time. So that's why I think folks thought of Pete.

CBP: He's following two non-D.O. Presidents -- Barth and Rowland.

RE: Right.

CBP: Did you get a sense that there was a need for a D.O. President at that time, or were there even non-D.O.s being considered at that time?

RE: I really don't know. I found out more later, after the fact -- not during. What helps and doesn't help both, but I wasn't on that committee. But there were D.O.s considered -- other D.O.s. I don't know of any non-D.O.s being considered. I don't know. I

CBP: don't know whether it should be free or not --

RE: published -- but Joe Namey, I know, was one who was asking to be considered. He was a Dean down in Florida, and he wanted consideration of that. I think Dr. Galen Young was being considered. Some of the other D.O.s were. I'm just trying to think of whether any non-D.O.s were or were not at that time.

RE: I don't know. I think the doctor that is still with the alumni group -- the surgeon.

CBP: Pedano?

RE: Pedano. Yes. He was on that committee, I think. I think John Simelaro might have been on that committee. They might give you more information on

what went on behind their thinking.

CBP: As Dean, what was your involvement in this period of transition with the death of Dr. Rowland?

RE: Just to carry on my duties, lead the school.

CBP: What were the circumstances surrounding the appointment of Joseph Dieterle, D.O. as your successor as Dean?

RE: Well, I wasn't going to remain as Dean, so it's natural for them to have that as an understanding.

CBP: Did you resign? Were you asked to resign?

RE: It was really a combination. Tilley came to me and we had a number of talks. He gave me a number of job offers, other possibilities and other things they could have done. They wanted me to be head of the OPP Department, which I thought we had a young fellow assigned to that, so I couldn't see pulling in people out of jobs.

CBP: Why didn't he want you to stay as Dean?

RE: I don't know. He wanted to really get an emphasis of osteopathic things with me. Really put a new life in that. So I was Chairman of OPP, and he probably remembered that. I started to develop some

manuals for that. Well, Dr. Cathie had the early manuals, but I did some that were a little more clinically oriented than Cathie did -- just being in osteopathic. I don't know whether it was some of that, or the research angle of that end. I was more active on that, too.

CBP: Your successor was Joseph Dieterle.

RE: Right.

CBP: Was that appointment solely the decision of Peter Tilley?

RE: I really don't know.

CBP: How was the Dean selected, I guess, is really the question.

RE: That was after I was gone, so I don't know. It was after I left that he was appointed.

CBP: In retrospect, do you think that was an effective team -- Dieterle and Tilley?

RE: It could be. That's hard to say.

CBP: What do you consider to be your most important contribution to PCOM as Dean?

RE: I guess one is my osteopathic interests. Good will and loyalty to the osteopathic concept, and still

practice that way. The other would be untiring, the hard-working. [laughs] I spent my time there. That would be the major thing. The other thing is I really -- I was available for students when they really needed availability. Some of our young ladies we helped out. I don't know whether we should go on record or not, but I remember one young lady was over in the Hospital and got suspended by the Director of Medical Education at that particular point because of having written a progress note on a chart. She didn't leave it blank until the doctor came back, and the doctor really wanted to write in some other notes himself while he was in absentia, and this girl came over to me, and I found out what the facts were behind this and stopped the suspension immediately. [laughs] This was an important thing that some of the young ladies -- with some of the problems that they had along the way. That was when we started to get more women students in the school. I think it was important in a sense that we take some stance and see that they're treated right.

CBP: If you were preparing a time capsule to preserve the memory of PCOM, what events of the last twenty-five years -- essentially from 1974 -- would you highlight?

RE: Well, I would say the move from 48th Street to the City Avenue campus would be one great one. I think we're fortunate with Dr. Barth. You know, at a time when it was really vital to the College, he seemed to, I think, play a big role, even though if questioned by some, it was an important role at that time. I think Tom Rowland played a nice role this time. I think switching over to the two-and-two curriculum is another big role. Development of the City Line campus, the development of a good faculty -- that certainly put up with things. In fact, some of the fact that we brought on during that time were used for -- the whole M.D. medical team started to work with some of our students that got closer.

RE: Some of our people from our faculty were used by some of the medical schools, to get young people to give certain parts of programs that they were doing more as a total group. That showed the respect they

got for their own people that we brought on at that time. That, to me, was very key. And we still have a pretty dedicated faculty and dedicated group. I think those are some of the big highlights. You know, really putting in a good state-of-the-art communications systems and teaching system is a good one for the recent events in getting it up in the computer age. I remember in the computer age, as far as it goes, I had to fight to get the first computer. I had to go out and get a grant to get that computer. Then I got another grant to buy computers for the first few Apples that we had for the student body. Now they've really improved that and updated the state-of-the-art. But I had to fight for that [laughs] with the other parts and members of the administration. So it's good to see the growth that they have there.

CBP: What have been PCOM's greatest shortfalls?

RE: [laughs] Probably its kicking itself in the head [laughs] every now and then. That's probably it. Really, I think, it's been a pretty good institution. It's had a lot of good people.

CBP: Could you give me an example of PCOM kicking itself in the head?

RE: I don't have a real good one on that. Certain decisions. The osteopathic profession talks itself down too often. It talks against its own people,

CBP: when they really should be building it up. And that's what I don't want it to do. You know, I'm more constructive. I think there is a self-destructive little attitude among certain D.O.s, and

RE: I really feel that nothing irreparable has been done anywhere along the lines.

CBP: What do you see as the primary challenges and goals for PCOM to meet as it approaches its centennial and the 21st century?

RE: Well, to continue with good alumni support. I think that's key. Keep a good first-class program going in medical education. Keep the leadership vibrant and afloat. Also, I think, the biggest things now are really monetary problems, for students, as far as tuition and the cost of tuition and the level of tuition. It's about the same as other medical schools, but it's still sky-high for young people.

I feel for them these days. That's one way to figure out how you're going to handle that, with all the changing in medicine. They have to keep abreast on that, and make your adjustments accordingly. So that's sort of a tough challenge. [laughs]

CBP: Well, that concludes my prepared questions. Is there anything else you can think of that I didn't ask you that might be worthwhile for us knowing for this history that we're recording?

RE: Well, to me, one of the finest things of serving as

CBP: Dean would be the number of students that I see

RE: having made great accomplishments in their own professional careers, throughout the years. That's worth all the money there could have been, along the way. [laughs] Some of the students still give me calls, and they ask for advice, they ask for this, they need this suggestion, or that suggestion. You know, no money quite buys that for you, for that. That's the good part. "What about this program I can get into that? Should I do it or not do it? What should I do?" It's interesting to give them advice. They're in trouble. I often get those

calls, too -- even yet, in this point in time. [laughs] "I have this problem. What do I do to get my way out of it?" Some of them, I gave them warnings, but they come back to me, which is nice, depending on what I do to get out of it. [laughs] I've made some decisions that were bad along the way. But that, to me, is really the best thing to see -- the advance of the young people. Some of them are now leaders all across the profession, too. Ron Blanck was one of my early --

CBP: He's somebody I interviewed.

RE: He's one of my early students. Yes. He was really a fine fellow then. Then we have Dave -- I just went to one of his programs that he gave over at Suburban. Dave Baron -- another fine young man who is with NIH. A fine institute that's with us now. John Silvia Freddy, up at Erie College were very fine students. They're in leadership roles in the college now. One of my classmates was the head of OPP out in Ohio College -- Dave Patrick. Dick Feeck became the Chairman of Ophthalmology out at that particular school, and Norm Baker was head of OB/GYN

out there. You know, all around the countryside we have them in good areas. That's part of the joy, when you see them develop. Some of them were medical missionaries, too. Jerry Powell is one that stands out. He was in Indonesia. He died just this past year. But he was in Indonesia, and built two hospitals out there. Really quite a good man. The young lady that is going to go out there now -- Brenda Sharratt. She's going to take Jerry's place out there in the mission field. She's a recent graduate from PCOM. Brenda is a real sweet young lady. So we've had a lot of dedicated folks.

CBP: Thank you very much for participating in the interview.

End of Interview

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