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Emanuel Fliegelman Oral History

Philadelphia College of Osteopathic Medicine

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INTERVIEW WITH EMANUEL FLIEGELMAN, D.O. (CLASS OF 1942)
by Carol Benenson Perloff for the
Philadelphia College of Osteopathic Medicine (PCOM)
April 24, 1997

PERLOFF: Dr. Fliegelman, please state your full name, date of birth and place where you were raised.

FLIEGELMAN:

CBP: Could you tell me where you currently reside -- your complete address, please?

EF:

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

EF: Well, as a matter of fact, I always wanted to be a doctor, from when I was a youngster in junior high school. First I went to Temple University, and then I went to St. Joseph's College, and when I graduated from St. Joseph's College, getting into allopathic medical schools was extremely difficult because it was a tremendous amount of quota, as far as the Jewish and Italian students were concerned. In any

case, I was given temporary or a possible admission to Temple University Medical School, but it didn't come through, and I heard about the Philadelphia College of Osteopathy. I had no knowledge of what it was all about. I just simply went there, found out that I could get an application, put the application in. I did go see two osteopathic physicians who were in practice, and I was impressed by their offices and by their manner and by their knowledge, and so I went over to the admission office at PCOM, which, at that time, was at 48th and Spruce Streets, and I obtained an application and filled it out and was admitted in two weeks. And I've never been sorry for that all these many years of practice.

CBP: Was anybody in your family in the medical profession?

EF: Not in my direct family, but in my wife's family there was a physician, and he was -- that came later on, when I graduated from PCOM and got married, I became friendly with her uncle, who was an

obstetrician/gynecologist. But no other person in our family was ever in the health care field.

CBP: So that it came just from you -- this desire to become a physician?

EF: Yes. I'm the number one -- yes.

CBP: You mentioned that you went to St. Joseph's College and Temple University.

EF: First Temple University. I didn't do so well, so it was thought that if I transferred to another school where there was a little more one-to-one -- smaller classes and closer relationships to the teachers -- I would do well, and that was the case. So I went to St. Joseph's College here, at 54th and City Line, and graduated from there, and then stayed out of school for one year. I graduated in 1937. I stayed out of school for a year, worked in my father's store, and then in 1938, I matriculated at PCOM.

CBP: So did you receive a Bachelors Degree from St. Joseph's?

EF: Yes, I got a Bachelors of Science from St. Joseph's in 1937.

CBP: What was your major?

EF: Biology.

CBP: What were the highlights of your educational experience at PCOM in the late 1930s and early 1940s? Particular courses or professors that impressed you?

EF: Well, the course in anatomy was very, very broad and very complete, and we were always very proud of PCOM in those days, that our anatomy course and lectures and laboratory exceeded the similar area in other medical schools in Philadelphia. So we were always very proud of the anatomy class. I would say that many of the other courses at PCOM were not very impressive, because in those days we were struggling to get clinical material for the students to be able to study with. I will say that the obstetrics and gynecology department -- not so much in that their lectures were that great, but we used to have prenatal clinic every Monday and Wednesday night, and being very much interested in obstetrics and gynecology, I was able to go and participate in

those clinics, and I loved it. And it was very well done. We also used to do home deliveries, and that was also a very prominent part of my education. But osteopathic manipulation was very good in those days.

CBP: Who was teaching it then?

EF: Dr. Angus Cathie, who was an outstanding artist, drawing on the blackboard various anatomical areas of the body with beautiful colored chalk. He was really quite good. And he was an excellent teacher. But he was not a very nice man. He had a lot of attitudes toward the students, which I would certainly not condone. He also seemed to have a bias toward Jewish students, and I'm not being paranoid. For instance, he would give an exam when it was a Jewish holiday, and if you didn't come in and take the exam, you would get punished with a zero or a bad number. So he was a great doctor, he was a great anatomist. Some of the specimens that he used to put together up in the anatomy lab I think are still up there. But they were absolutely

magnificent. If one could put aside the social and the non-anatomical, non-scientific areas, you could only have great admiration for him. And even though I considered myself an adversary of him, I admired his talent.

CBP: Whom did you consider to be your mentor or mentors when you were a medical student?

EF: Well, I was very much interested in obstetrics and gynecology. There was Dr. Herman Kohn, who was an obstetrician/gynecologist and a general surgeon, and I looked upon him at that time as somebody that I would like to be similar to. Also, there was Dr. Evans and Dr. Lester Eisenberg. They were all in the Department of OB/GYN, and Dr. Frank Gruber. They were all in the Department of OB/GYN, and I admired all of them. But somehow or other, I thought Herman Kohn -- first of all, he was Jewish. That made me have a little closer tie to him. And the reason for that is that most of the teachers at PCOM in those years were not Jewish. And here was the one lone Jewish teacher/professor, and he was in

obstetric and gynecology and general surgery, and he was -- many times, when some of the Jewish kids got into little difficulties of one kind or another, he was kind of their savior. He would go in and talk to the administration, and help out with whatever problems they had. In later years, I disassociated myself from him because he had some qualities that troubled me. But as a young student at PCOM, in those four years, I thought he was tops. Victor Fisher, in internal medicine and cardiology, was another man that I held in high regard. Some of the other teachers did not impress me so. There was Dr. Lutz in Cardiology, there was Dr. Ralph Fischer. I didn't like him at all. There was Willie Sterrett in Urology, and he was a bad man. He was another -- he also displayed from time-to-time, some anti-Jewish remarks. I don't want to sound like I'm paranoid about being Jewish, but if you want this material, I'm going to dose it all out. I can sweeten it up and cover it up, but I'd rather be as close to how I felt -- really felt -- in those days,

and not give you some beautiful words that will make somebody who is reading it think that, "Gee, he had a wonderful time there. Nothing was wrong." But there were some things that were wrong. Freddie Long was one man that I had a lot of regard for. Freddie Long was the man who taught Principles and Practice of Osteopathic Medicine, and I had a great deal of respect for him because so many of the teachers were just kind of focused in on their particular specialty. But Freddie Long had a little bit of a philosophy about him. He was not only a teacher, he was not only a clinician. He was also a philosopher and a writer, and I admired that. The teacher who taught chemistry, Russell Erb, was also, if I remember correctly, Registrar. He was a pretty good teacher -- a very personable guy. Dean Holden was not very much into anything special.

CBP: I wanted to ask you a little bit more about Dean Holden, who was Dean of PCO from 1924 to 1943. Could you please comment on him as a leader of students, as an educator, and as a lay person?

EF: Well, I would say that he wasn't much of a leader, and I would say that he wasn't much of a person. I would not give him great marks. However, following Dean Holden, I think there was a man by the name of Dr. Otterbein Dressler. Now, that was a guy -- that was a real guy. Otterbein Dressler was a bright man, taught patholog. Pathology is about dead things. He made them alive.

CBP: How did he make them alive?

EF: By his talent in presenting the material. He could tell a joke. He could relate it to some other situation in life. He was a good teacher in terms of using the language that was palatable. And I'm glad we got to that because I'm reminded that he was also one of my mentors -- one of the guys that I thought made me proud to be a student at PCOM. I've never regretted that. As a matter of fact, I often tell the students -- and I do come into contact with a lot of students here -- I often tell the students that my origin of becoming an osteopathic physician was anything but a selection but, having become an

osteopathic physician, there is nothing regretful, nothing critical. I am proud of it, and I feel like I am a better doctor for having gone here, than if I had gone to Temple or Jefferson or Penn.

CBP: Please share your collections of the 48th and Spruce Street building and neighborhood.

EF: At the time I was there, which was from 1938 to 1942, the neighborhood was a nice neighborhood. It was a rather middle class neighborhood, and it was looked upon as being a very nice place to be. And, of course, the 48th and Spruce Street building was a model of architecture. It was looked upon by those who were in the know as being a very, very beautiful building. When I would approach it or when I would go in or out, I always looked upon it as a really beautiful place, and I was glad to be there, and it was my medical school. My school, where I was going to go and become a doctor, and it was beautiful. It was nice. You know, you go down and look at Jefferson. Jefferson is not such a nice area. Penn not so nice an area, either. But this was great.

However, as the years went by, lots of changes took place, and though the building maintained itself until it was eventually sold, it was a neighborhood that was well thought of, looked upon favorably, and then it changed and became a neighborhood which is not too attractive at this particular time. But in those days, it was wonderful. It really was.

CBP: If you had the chance to go back now and take a tour of the building, would you like to do that?

EF: Yes, I would. I think it's a Korean church now, and I would love to see what they have done with it. I had a picture of 48th Street -- well, I now have it in my home. I used to have it in my office, but I have an office at home now, but it's not a professional office. It's just a place to put things. And I had that hanging on a wall, because I was very proud of it. And I'd love to go back and look at it -- yes. It would be very nostalgic.

CBP: Please describe the clinical training you received in the 48th Street clinic.

EF: Poor. POOR. Not because the teachers didn't know

how to teach, or wouldn't have liked to have, but we had no clinical material. Where would the people that we were going to be able to work on, come from? So if you were supposed to go to GYN clinic -- there were approximately seventy-five students in my class. So when you'd have to go to clinic, everybody would crowd around on a Thursday afternoon from two to four and try to look in the room and see the patient that was examined. We never examined patients. The clinical approach to our education was something we had to sneak and steal and find. Because for four years we sat on our butt in lecture hall and listened to teachers. Sadly enough, some of those teachers didn't show up. So there was no penalty for that. Usually the story goes, "I had an emergency so I couldn't come to class," which half the time might have been true, and the other half of the time I don't think was true. So the man or woman didn't show up. There were very few women lecturers, by the way. And the man wouldn't show up, and you'd sit around and play cards or talk to

your neighbor or read a book or doze. But a whole hour was wasted. And there were too many of those not to make note of it. So we sat on our butt in lecture hall, day after day, listening to lectures and lectures and lectures, but no hands-on. The only hands-on we had was that prenatal clinic Monday and Wednesday night from seven to nine, when we did prenatal care on clinic patients.

CBP: What year was that that you started on the prenatal clinic?

EF: That would be the third year. Third and fourth year. And, as a matter of fact, and I don't know if this is a deviation from what you want, but one of the most exciting things in the whole four years was the fact that as junior and senior students -- third- and fourth-year students -- we were permitted to go down into Southwest Philadelphia, where very poor patients lived. Many of them had no electricity. They read or lived by kerosene lamp, and they cooked by some chemical type of cooking. No electricity, no gas. And these people were

having babies and they lived in almost huts. That's all down in the Eastwick section, right where the airport is now. Well, we would get a call at two o'clock in the morning and it would say that Mrs. Boozlebuzzle is having a baby. We had her registered at the clinic. We were seeing her prenataally. And now Archie Feinstein and myself would go out and go down there and see the patient. We would examine the patient and find out how she was doing, and along would come a supervisor who would be -- Rube Kuptsow was one, Lester Eisenberg was another one, Bill Richman. These men were all not specially trained, but they were out in the field, so they were considered supervisors. They really didn't have any training to say that they knew a heck of a lot more than we did as junior and senior students. And there we were, and we were allowed to deliver the patient under the supervision of this so-called supervisor. If the patient ran into some complication -- and we had a few -- they were then rushed into the hospital, where they were

treated as a hospital patient. But we literally did the home delivery right there, cleaned up the baby and cleaned up the patient. Our instructions to the patient when she was coming to us prenatally was to take a whole lot of newspapers and cover the newspapers with muslin, and when we came to deliver her, we would take these newspapers covered with muslin, slip them under her buttocks on the bed, and make the bed kind of into a delivery room table, and deliver the baby. And then we'd clean them all up, and then we'd go visit them for the next five or six days postnatally. We would fill out a birth certificate, see how they were, take their pulse and respirations and blood pressure and temperature, and find out if they had any problems, see if they were bleeding too much, and if we had questions, we could call into the school -- into Dr. Evans or Dr. Gruber or Dr. Eisenberg -- and get further information. And so we would see these patients until they were well enough to be discharged.

CBP: Was there actually an Eastwick Clinic at any time?

EF: No. There's no building down there. All these patients from Eastwick came up to 48th and Spruce Streets, down in the basement, where we had this prenatal clinic. And at the prenatal clinic, we had one supervisor who would sit and read a book or a magazine or something in a little room. We did the examinations on the patients. If we had a question, we'd call him in. But there was no clinic down there. There was no place for those patients to visit, but to come to our clinic at 48th and Spruce Streets.

CBP: Now, if you had to bring them into the Hospital during a difficult delivery, how was that transfer?

EF: Well, sometimes we would put them in our car, even if they were bleeding or they were not very comfortable, we'd put them in our car. And sometimes we'd call an ambulance. But most of the time we were able to transport them in one of our cars.

CBP: Do you recall an OB clinic at 3rd and Lehigh?

EF: I had nothing to do with it. I recall that it

existed. That's just about where I'm at. I, personally, didn't see any patients there, so I don't know very much about it.

CBP: Going back to the 48th Street clinic now, who was Director of Clinics at the time?

EF: I don't know of anyone specifically that had that title.

CBP: But you did have clinic training in your fourth year -- is that correct?

EF: Only this prenatal clinic that I just mentioned. We had little cubicles down there in the basement. Most of the patients who came were patients who came with a backache or a neckache or a headache or something of that sort, and we gave them osteopathic manipulative treatment. Very little exposure to clinical care for the cardiovascular patients, the pulmonary patients, the gastroenterological patients, the GU patients -- very little. I would say when I graduated from PCOM, the only hands-on that I had were as follows: One was the prenatal care that I did and the delivery I would do down in

Eastwick. Another area would be where I would be giving somebody some osteopathic treatment down in the clinic for a backache or a headache or a neckache or something of that sort. When I was in the Hospital on rounds -- on a rotation -- I would sit by the patient's bedside while she had her labor pains. And, of course, we had no equipment there in those days -- just a blood pressure cup. So we would take the blood pressure quite often. We would listen to the heartbeat -- fetal heartbeat. We would encourage the patient and we would give her osteopathic treatment. Now, those are the only three hands-on experiences. So when I became an intern, I was dumped into ten feet of water, so to speak, and told to swim. Because here I was touching patients and listening to hearts and listening to lungs, and I hadn't done much of that when I was a student. I felt pretty good about graduating from a medical school. Here I am as Dr. Fliegelman now, and I'm no longer Manny. Dr. Fliegelman. But when I got into the Hospital, the

very first day I didn't know which way to turn when it came to -- and it's certainly well-removed from those days, but there's still a large bridge to jump -- a large chasm to go over -- between being a senior medical student and starting as an intern. But then it was far worse.

CBP: When you were a medical student in the clinics, weren't there ENT clinics and eye clinics?

EF: There were such clinics, but they were very poorly populated or very few patients came. Maybe somebody came to an ear, nose and throat clinic and they got their ears washed out. It was a very, very superficial, very meager type of clinical training.

CBP: How would you characterize faculty/student relationships when you were a student?

EF: Well, not too close to the faculty. There were some students that seemed like they brought the teacher an apple and became a pet. But not too close a relationship. The teachers were professors. They had very little contact with the students. At fraternity meetings, we would invite a teacher to

come and he would give a little presentation about his particular specialty. I belonged to LOG: Lambda Omicron Gamma -- the National Osteopathic Fraternity. In those days, it was an all-Jewish fraternity, and it really came into existence because of the fact that the other fraternities wouldn't take Jewish students. So we had our fraternity, and as a matter of fact, it started out being called the Blue and White Club, and then later on it became Lambda Omicron Gamma Fraternity. Well, many of the teachers were members of the fraternity. So in that sense, if they came to give a lecture at a fraternity event, they would say, "How are you doing, Manny?" And, "How are you doing, Victor?" Manny and Victor Fisher. Or Herman Kohn or Lester Eisenberg or Bill Silverman. That was the contact. But there wasn't too much of a close relationship. We had a lot of respect for the teachers because they were teachers. Somebody said they were great. Somebody said they were very smart. They had special training. A lot of us had to get special

training by going to various allopathic institutions, and we had to sneak in the back way. Because you couldn't go in and say, "I would like to have training here to become an obstetrician/gynecologist." They would say, "What institution did you graduate from?" "I am a student at the Philadelphia College of Osteopathy." "What? Get out of here. You're a quack. You're a cultist." And we weren't allowed in. So we had to sneak in.

CBP: Where did you sneak into?

EF: Philadelphia General Hospital. We had that hospital here, which is no longer in existence. But it was an outstanding city hospital, and some of the outstanding professors in medicine and surgery and obstetrics were on the staff there. And they had these clinics and we would never walk in and say, "Where is the amphitheater? Where is the ear, nose and throat clinic? Where is the OB/GYN?" You had to find out from somebody else who had been there where it is, walk in like you belonged there, and if

you did that, nobody would bother you. But as soon as you asked, you would be challenged as to who are you, why are you here, why don't you know where to go, and so forth.

CBP: Did the administration at PCO know that you were going to these allopathic institutions for more clinical exposure?

EF: When they found out, we were punished. We were told we were not allowed to go there. But many of us would ignore it, and take the chance on the punishment. And I don't remember ever being caught or punished for it, but I went. Just to point out the aura -- the atmosphere. When I wanted to take some post-graduate courses in 1943 or 1944 or 1945, and you sent an application, we'll say, to Ohio State University. You sent your check, and you filled out an application, they would send it back and say, "We cannot accept an application from a D.O." So what I did -- I'm not exactly proud of it -- but it was a practical thing -- I would give my check to a friend of mine who is an M.D. So I gave it to Sy Foreman.

Sy took my check. He now sent his check in with a newly written application with Sy Foreman's name on it, to Ohio State. I went there, took the two week course --

CBP: As Sy Foreman?

EF: You got it. And I even got a certificate from there that Sy Foreman took the two weeks, and a great achievement. They sent that to you and you could hang it on your wall, if you wanted to be Sy Foreman. [laughs] So what we did is we had it erased and we put 'Emanuel Fliegelman' in, later on, when I wanted to hang it on my wall. But that was an atmosphere that we lived in. There's a hospital here in Philadelphia called Germantown Hospital, with which you're no doubt familiar. I had my first office two blocks away from the Hospital. Well, if a patient hurt her arm or leg and she needed an x-ray, why would I send her all the way out to 48th and Spruce Street when Germantown Hospital is two blocks away? So you call up and say, "I'm sending Mrs. Jones over for an x-ray of her wrist. She may

have a fracture." So you sent the patient over, she got her x-ray, and now the doctor of the radiologist says, "Where shall I send the report?" She says, "Dr. Fliegelman." He says, "Oh, I can't send it to him, he's an osteopath. He's a cultist. We don't deal with them. Give me the name of another doctor and I'll send a report there." And, of course, today, they will do anything in the world to attract your participation.

CBP: When did you feel that the trend shifted from being discriminated against as a cultist, to being welcomed in the allopathic world?

EF: Well, it was a gradual thing, and it depended to a great extent on people who would go out and fight the battle. Many of my patients who knew that I was an osteopathic physician, would rise up in wrath if anybody accused me of being a quack. And they would defend me. I used to go out and give a lot of lectures in my earlier years, and many of the lectures I gave -- people thought I was an M.D. And I would always announce with pride and with a

certain amount ofchutzpa, I would tell them that I'm a D.O. I'm an osteopathic physician, and some of them would go, "Ooh," And then they want to know how come you have osteopathic -- "Are you a bone doctor? Are you a bone specialist?" I'd say, "No, I'm Manny Fliegelman, an obstetrician/gynecologist," and so forth. Now, that trend began to deteriorate, I would say, after the war. World War II, many of our boys -- not so many girls, but many of our boys -- went into various aspects of the Army, Navy and Marine Corps, where they weren't allowed to be doctors. They were buck privates, they were pharmacist's mates, and they almost did medical corps -- and sometimes they would ignore the fact that you went to a health care institution and have you direct traffic or drive a truck. But after the war it started, and as we kept producing more osteopathic physicians who went out and on their own got extra information and knowledge, it began to dissolve. And, of course, it's still around, but it's much, much better than it ever was. If a guy

like me went to -- we'll say the American Association of Druggists. I mention it because there's one woman in our building who remembers that about forty years ago, I gave a lecture to the druggists. I came in there and I wasn't introduced as an osteopathic physician, but as a doctor. And I gave my lecture. But before I started my lecture, I told them who -- either I gave them a card to announce and introduce me as a D.O. or -- so now I get finished with a lecture to a hundred people, and they walk out and say, "He's just like a doctor, isn't he?" So already you begin to dissolve some of the antagonism and the ignorance -- and a lot of it was ignorance -- about who we were and what we could do. You can write a birth certificate, you can write a death certificate, you can write prescriptions. In the early 1940s, we weren't allowed to write prescriptions. I think around 1945 is when we were permitted by the state to write a prescription. But prior to that, if you wanted to order some medication for a patient, you had to get

one of your friends who was an M.D. to write it and give it to the patient.

CBP: It was as late as the 1940s that you couldn't prescribe drugs?

EF: Yes, yes, yes.

CBP: I wasn't aware of that.

EF: Yes. I'm not sure whether it was 1942 or 1945.

CBP: When you had a functioning hospital here all those years, they were never giving drugs?

EF: They were giving drugs, but they were -- you couldn't write a prescription in an office -- sit down in your office and write a prescription for synthroid for a thyroid preparation, or for an anti-peptic ulcer preparation. Now, we had an M.D. surgeon on our staff.

CBP: D.S.B. Pennock?

EF: Yes. Now, he was an M.D. from Hahnemann, and he covered many, many, many areas that were not permitted to be covered by D.O.s -- he covered it. And he did the surgery here and he helped a lot of the guys become surgically trained. But most of us

had to go out of the institution because there weren't -- many of our people didn't really know enough to give us really good post-graduate training. So we sneaked in. When I got my internship, which was -- we didn't have enough internships here for our guys, so you had to go out and get your own internship. Where do you get it? Well, there's a couple hospitals here and a couple hospitals there. But there were so many slots that weren't available, that you had to go and get your own internship. Where do we get an internship? We've got an internship at St. Peter's Hospital in Brooklyn, New York. It no longer exists. It's a nursing home now.

CBP: Was this an osteopathic hospital?

EF: No, no, no. It was an allopathic hospital. Now, to get in there, you had to say that you were an M.D. You couldn't say you were a D.O. So we said, "I'm an M.D. I'm Emanuel Fliegelman, M.D." And they didn't look up my credentials because it was during the war.

CBP: They never asked what medical school you graduated from?

EF: No. You'd write out an application and you'd send it in. The sisters didn't bother to do it. And yet the hospital was recognized by the American Medical Association. In those days I don't even think they had a joint accreditation. But they had an accrediting agency. And they would come in and look the hospital over, so we were approved by the American College of Surgeons and the American Medical Association. So here I am, in an allopathic institution. Many times I'd sit in the dining room, eating my lunch or whatever, and you'd hear some doctor say, "Goddamn osteopaths. They don't know nothing. They ought to be thrown out of their profession," and I'm sitting there, trembling, because I'm an osteopath, and they don't know it.

CBP: And in your whole time there, no one ever said to you, even casually, "So, where did you go to medical school?"

EF: Yes, and I would tell them, "Kansas City." Are they

going to go check up on it? And, as a matter of fact, it might be of interest of you to know that when we got out of PCOM in 1942, we were eligible to be drafted. So we wanted to not be drafted as buck privates. There was a school in Kansas City, Missouri called the Kansas City University of Physicians and Surgeons. Now, that's a big, beautiful title, but it was a diplomaville. We applied there because the man who ran that school was a D.O. And he would give credit for your four years as a D.O. Three years credit, one year at his school -- M.D. With that M.D., strangely enough, you could apply to the armed forces and get a commission as an officer. So out we went, a whole bunch of us. Phil Silverman, Arnold Gerber, Archie Feinstein, Bob Goldman -- all people that were anxious to avoid getting drafted as buck privates. And so off we went to that school. We spent a year there. And now we have an M.D. Now you apply to St. Peter's Hospital in Brooklyn, you have an M.D., and you say, "Where did you go to school? Kansas

City?" "Oh, yes, yes." So that was it.

CBP: But when you finished at St. Peter's, you didn't actually go in the Service, did you?

EF: No. We applied, but by that time, which was now 1944 -- by 1944, they didn't need as many commissioned officers, so they said, "You go into practice, and if we need you, we'll call you back, and you'll have to be prepared to go." So I went into practice in 1944, in Germantown as a family physician, because I had no OB/GYN training, which I got later on. So I didn't apply for a commission. But many of our guys did, and some of them got it and some of them didn't.

CBP: Really? After they had that degree from Kansas City?

EF: Correct. No D.O.s were drafted into the Army, except as buck privates or pharmacist's mates, or that sort of thing. One of my closest friends was a pharmacist's mate in the Navy.

CBP: I'd like to talk to you a little bit about your social experience at PCOM. What were some of the

highlights of the activities that were going on on the campus or in Philadelphia at the time?

EF: Well, I suppose around the fraternity were most of the social aspects of PCOM. I was a rather introverted individual. Contrary to the way I may appear now, I wasn't very outgoing, and so I didn't attend too many of the meetings or extracurricular activities around the school, except the fraternity meetings. We always felt a little unwelcomed in many of the other events that took place, but there weren't a lot of them. There wasn't much of a social life on campus. It was all fraternities. And there were other fraternities. Atlas and Phi Sig. They had dances, and they had programs. But we never went to them. We went to our own at LOG. That was a place where we had most of our social activity.

CBP: What did rushing entail?

EF: Well, as soon as school started, we would go around and get as many kids to join the fraternity as we could. And it wasn't difficult because we picked

out all the Jewish kids. The other fraternities didn't pick out any kids, so it was easy -- we told them about all the good things, and you'll have friends, and when you need to study for an exam, we have some old exams over there at the house, and we have a house.

CBP: Where was Log at the time?

EF: I don't remember, but I think there's a house now on Sherwood Road, out in that neck of the woods. When I was there it was strictly Jewish. Later on, it was the first fraternity to take black kids. And then it was the first fraternity to take women. Of course, today it's a completely multi-national, if you will, or no longer a discriminatory group at all. The other fraternities on campus here at this time, I don't think are as active as Log is. At least I never see many announcements around the institution. But as I say, socially, there wasn't much doing on campus, and I didn't attend whatever little there was.

CBP: Did you live in West Philadelphia?

- EF: No, I lived in Germantown at my parents' home. We had a store on Germantown Avenue at 5100, and we had that store there for many, many, many years. I lived home, and I used to go from there to school.
- CBP: How did you get to school?
- EF: We had a car. Archie Feinstein, who was one of my closest friends, used to foolishly enough -- or sweetly enough -- come up and pick me up at the house and drive out to school. And sometimes I took our car. But that's how we did it.
- CBP: What was the function of the Inter Fraternity Council on which you served?
- EF: All I know is there was such a thing as an Inter Fraternity Council, which did very little.
- CBP: I saw a picture of you included in a group photograph of the Inter Fraternity Council.
- EF: I probably wandered in there one day. [laughs]
- CBP: [laughs] The day they were taking pictures.
- EF: It wasn't a very active group. Student Council, on the other hand, was a much more valuable thing.
- CBP: That's my next question.

EF: Go ahead.

CBP: As a senior, you served as Student Council President.

EF: Right.

CBP: Please describe the types of issues Student Council was involved with at the time.

EF: Well, many times we thought that something was going wrong, like the teachers didn't show up, so we would be the liaison between the students and the administration. We would go to the administration and say, "Hey, look. We went into school on January 24, and we were there for eight hours, until four o'clock in the afternoon. Two guys came. First of all, we're paying big money -- four hundred dollars a year -- big money for our training. We're missing out on our training. What's going on here?" So that would be one big thing. Complaints to the administration about the relatively poor showing up of teachers. If somebody got into trouble -- that was a big thing. If somebody did something unethical or immoral. If a student would be fooling

around with a nurse. We didn't have many female students. We had about five female students in my class, as I remember it. So a student would be fooling around with a nurse. We'd want to defend the student because we didn't want to see him get thrown out of school. So we were involved very much in defending the people who were in trouble frequently -- justifiably -- but we tried to keep them from being tossed out of school. So we were very much involved with that. We had nothing to do with curriculum. We had nothing to do with running the school. We were really not a very strongly functioning group, and so it was when a problem arose -- "Go and get the Student Council and they'll help out." That was our function.

CBP: Did you truly feel at the time that you had a voice in the administration?

EF: Very little. We thought we did. A very naive guy -
- I was twenty-seven when I graduated from school.
So at twenty-seven years old, I thought to myself --
and I was also a very sheltered kid at home. I was

the kind of person who when I went to high school, the minute I got through with classes, I'd run right home and work in the store. Same thing when I went to college. Same thing when I went to medical school. I always had to be in the store the minute I got home. Saturdays and Sundays -- we weren't open Sundays, but people would ring the bell, and you'd let them in to buy their stockings or their shirt or whatever. So I was a very toned-down guy. I wasn't a very aggressive person. I wasn't the kind of guy who would pound on the table. So as I look back now, we really had no voice at all, as compared to the voice that they have now. There's much more of a voice. Much more of a representation. So I can only look at it from a comparative standpoint. The school was run by these professors that were here. They wanted nobody to be trained, because if you trained residents, they would grow up and become competitors, and we don't want any competitors. I mean, Ralph Fischer, who taught internal medicine -- he wanted to be the only

internal medicine specialist that you could send your patients to. In those days, there weren't that many osteopathic physicians around to refer work so we would send it to -- if he had a competitor, that would split the amount of specialized patients he would be getting. The same way with the orthopedic guy. The same way with the pulmonary guy. But we really didn't have a voice -- no.

CBP: Please share your recollections of the Charity Balls.

EF: Yes, that's a nice thing. I went to one Charity Ball, which was pulling teeth to get my father and mother to let me go. They were very elegant. They were the high peak of the year, and in my naivete, I thought they were great. As I look back on them now, they were pretty much of a dud. But people danced -- all the professors were there, dancing. They were enjoying the music and the food. Dr. Galen Young was very active in the production of these Charity Balls, and posters were put around the city and people knew about it. It was a great

event. Few students went, but some did, because it was a Charity Ball. Shove out the dough, and the kids didn't have the dough. It was mostly for the professors and for raising money.

CBP: What other social activities might come to mind? Was there a freshman dance, a junior prom, a senior prom?

EF: There was a senior dance. I don't remember a junior prom, and I don't remember a freshman dance, as such. If they existed, my lack of interest was so great that I don't remember them.

CBP: How about organized athletics?

EF: Yes. Yes, there were organized athletics. They had a swimming team, and as I remember it, I think they had soccer or rugby. It wasn't very prominent, but it was there. It brings to mind -- a former partner of mine and a very close friend to this day -- Dr. Simon M. Lubin. I don't know whether you have him on the list to interview.

CBP: No, I don't.

EF: Well, I would suggest that you get him. You

probably are getting members of the faculty -- is that right?

CBP: Yes. But people from different time periods, different specialties.

EF: Well, he's an OB/GYN man, and he and I were partners for about twenty years, and he works at the clinic on Ridge Avenue -- health care center -- every Monday and Tuesday, and he has a lot of recollection because he was a matriculant in 1938. No, no. He graduated in 1938. I went into school, he just finished. He has a lot of recollection for those four years before my 1938 -- going into school. There's a very interesting aspect of his life, which you may or may not have reached in some of the other people that you will interview or have interviewed. But there was a situation here called pre-osteopathic. Are you familiar with that?

CBP: Yes.

EF: Have you had somebody talk about that already?

CBP: I think I talked to Ida Schmidt about that. She was Class of 1938, I believe.

EF: Then she was in his class. Anyhow, Simon Lubin was a swimmer. As a matter of fact, he was Olympic material. I don't think he ever reached it -- actually doing it -- but he was Olympic material. And to this very day, he swims five times a week. In any case, Cy could tell you a little bit more about athletics -- certainly about swimming in those days. But I was not a very athletic person, and I therefore showed very little interest in it, and my recollection is just very superficial.

CBP: You graduated from PCO roughly six months after the United States entered World War II. In what ways, if at all, was your experience as a medical student impacted by the war?

EF: Well, I hate to keep on bringing this up, but it's a fact. Being Jewish and having just gotten married - - I got two weeks after I graduated PCOM. Being Jewish, the war and all that went before the war -- from 1938 and 1939, on up to 1942 -- made a tremendous impact on me. I've always been extremely involved in my Jewish heritage, and at one time

there was even a thought that I might become a Rabbi. But in any case, I was so involved with what was going on in Eastern Europe and the Holocaust situation and the Armed Forces, that I didn't pay much attention to what was going on in my life, other than the fact that wouldn't I like to be able to participate in this, to show my anger and antagonism and the fight against the Germans and Hitler. Yes, I would. But then again, I know that D.O.s don't get called up to the Armed Forces, so I can't get into that. So that had a lot of disappointment for me. Here, if I had gone to an allopathic school, I'd get a commission and I'd go right in the Army and I would get that guy, Hitler. So that disappointed me. But I quickly got over that. As I say, I just got married. Getting married at a time like that, getting married right out of school, am I going to have an internship, what about Kansas City? My mind was so focused on - - I guess myself -- that I didn't have too much -- it didn't have too much of an effect on me, as I

think about it now. So there I was, out in 1942, talking to the draft board. The draft board said, "All right, go out to Kansas City." We had to get some money together to go to Kansas City, and how about if when we get to Kansas City, we find an apartment, and where will we live in Kansas City, and what happens after I get out of Kansas City? Will I get an internship? I, I, I, I, I. So the war in itself didn't have that kind of impact, except as I told you about the Holocaust and my wish that I could be there to participate.

[end of side one]

CBP: We are discussing the impact of the Second World War at the time that Dr. Fliegelman was just finishing up as a medical student.

EF: As I say, I don't think most of the students were terribly affected by it, and that included me, too, except in so far as the Holocaust and Hitler and his anti-Jewish attitudes. So we didn't think too much

about it, except we were disappointed that we couldn't get commissions, and therefore, how do we avoid the draft? We didn't want to avoid the draft in terms of being an American, but we did want to avoid the draft in terms of not being treated equally when we should have.

CBP: We've already discussed how, after you graduated, you went to Kansas City University, then you went to St. Peter's Hospital and did your internship, and then you started practicing in Germantown in family practice. Now, I understand that you were among the founders of the Metropolitan Hospital in 1944.

EF: That is correct.

CBP: Please explain the reasons behind the founding of that hospital.

EF: Well, it started off like this. We could not be on the staff at PCO. In order to be on the staff at PCO, you had to be one of these monopolies, like Ralph Fischer and Lutz, and even Walter Evans and Frank Gruber, and all these guys. So we had no place to send our patients, except to refer them.

If you referred a patient, they would be glad to have them. I could call Dr. Lutz up and say, "I have a patient with a cardiac problem, and I'd like to refer them." "Oh, I'd be glad to," and he would send me a letter. But I couldn't come in and take care of the patient. I could come in and visit the patient. So we all wanted to have a place where we could do our own work, so first we started a hospital at 1903 Green Street, which was a three-story house and the rooms were used for patients.

CBP: Had this been a hospital prior to your establishment?

EF: No, no, no. It was just a great big three-story house, and we converted it. No elevator. If you had to go to the second floor, you put the patient on a canvas stretcher, like an Army stretcher, and you carried her up the steps to the room. Another thing we had there, interestingly enough, was if a patient was lying in a room and she was black, and you now brought a white patient up there, the white patient would say, and the doctor would defend her,

"Oh, I don't want to be in a room with a black patient." And then we had a problem. Do we defend the doctor and his white patient? Or do we say, "You can't choose. There's a bed. It's next to a black patient. So be it." So that became quite a consideration. We used to have staff meetings there, and we were very proud of the fact that we had our own hospital. Here, I could go in and take somebody's tonsils out. Here, I could go in and deliver a baby. Here, I could go in and take care of a cardiac patient. For better or for worse, but I could. And so could all the other guys who were on the staff. So we kicked in with money, and we bought this building, which was anything but a hospital. You weren't proud of it. You wouldn't say, "I'm going to bring my friend or my relative down to see my hospital." [laughs] You wouldn't do that. But the basic reason for its formation -- good, bad or indifferent -- was the fact that we were nobody here. Harry Stein was in charge of the Ear, Nose and Throat Clinic here, and he was Jewish.

He was one of the few that had any kind of status whatsoever. Now, what we used to do even before we graduated -- we used to have a meeting, and we'll say I had a friend at Jefferson and I'd say, "Listen, Joe, why don't you come out and give my colleagues a lecture on pneumonia." So he would come out and he would give his lecture, and we'd all be so thrilled. And this was the Metropolitan Hospital Group. First we kicked in with a buck a night, and then we came along with five dollars. In the meantime, the pool started to grow -- with the mortgage and whatever we bought the first Metropolitan Hospital. And then we went to -- I think the next place we went to was 18th and Arch. And now we had a nice, big hospital. Bigger rooms, bigger everything. An elevator, which was a horrible elevator, but an elevator. And then from there we went to 3rd and Spruce. And from 3rd and Spruce we went to 8th and Vine, which was where the hospital has died. And, of course, each one of those moves was a move upward. So we're very proud

of it.

CBP: Did creating Metropolitan Hospital cause tensions with PCO?

EF: Yes. They considered it competition. They looked down their snoot at us. There wasn't any cooperation, there wasn't any desire to say, "You're osteopathic. We're osteopathic. Let's work together." Later on it eased, but it was this monopoly idea here that we can't have competition because we'd just about get enough patients to make a living, and now we're going to take and split it with somebody else. So that was where the tension came in.

CBP: Please describe your transition into OB/GYN.

EF: I've always loved obstetrics. I guess I loved obstetrics not more then, but in a different way -- I loved the idea of bringing life into the world and being part of that. I thought that was such an outstanding thing that occurred, to animals -- but especially to human beings -- and I would be part of it. So that's why I got so active in this -- going

down to Eastwick. I guess during the two years that we were doing that -- third and fourth year -- we must have delivered about seventy-five babies. So the desire -- the stimulation was there. While I was in family practice, I did a lot of obstetrics. Very little GYN, because we weren't allowed to. I mean, I had no special training. But when it came to obstetrics, I had a little more training because I was working down in the Eastwick business. But when I was an intern, I also acquired a lot of experience.

CBP: Could you please clarify? You're saying that you were not allowed to practice GYN.

EF: Well, I want to do a D&C on a patient that's bleeding. Well, Metropolitan couldn't let me do it because I didn't have special training. So the lack of training and the lack of opportunity would not let me do it. Now, I could examine a patient in my office with a speculum and do some cultures, and do that sort of thing. Cauterize a cervix. I could do those things. All those things I could do -- yes.

But I couldn't go into a hospital and do them.

Later on, when Parkview came into existence -- one of the things that has to be remembered is that we graduated from 48th and Spruce Streets as osteopathic physicians, but they were very restrictive and very, very dogmatic about not letting us back in. You can refer patients, you can come and see the patients, but you can't work here. Metropolitan came into existence for that reason.

There was a definite protest. I never had a residency, which is a most unique and unusual thing. It does go back to the days when doctors didn't have residencies and learned to be specialists by working with people who had already had the training. You were somewhat of an apprentice. So I got a lot of training that way. And I went all over the country to one lecturer, one program, and this and that, and I would say by the early 1960s, I had become rather proficient in doing OB/GYN. Still no residency.

When Dr. Lubin, who did have a residency, finished his work at Community Hospital here, in

Philadelphia, he and I had known each other for many years, and we were good friends. But he knew a lot more about gynecology than I did, and I knew a lot more about obstetrics than he did, and what a good day to merge and become partners. And that was in the late 1950s, and that's when Parkview started, and that's when we went to Parkview, and grew there. But in any case, I started to do the work and I loved it, and then I stopped doing family practice. That was in the early 1960s.

CBP: You got your training that you needed in GYN, as well as in OB?

EF: Yes, yes. The training was observation, mistakes and that sort of thing. But never a formal residency.

CBP: When did OB/GYN develop into a specialty within osteopathy, where it was not typically the family practitioner who was also doing OB/GYN?

EF: Well, most family practice doctors did do obstetrics. They did it because it was lucrative, and they felt like they were much more of a complete

physician if they did obstetrics as well. But gradually that disappeared, and I would say that in the 1960s is when many family physicians would refer their patients. Of course, they did it in a very interesting fashion. They would do the prenatal care, and then specialists do the delivery. What was that for? Well, the prenatal care -- they got some money for that. The delivery -- well, "That's two o'clock in the morning -- I don't want to do that -- you do that." So what would happen is -- for instance, as an obstetrician, Joe Blow would send me a patient, and I would see her maybe once in the whole prenatal period, because he saw her otherwise. And that made for some rather unhappy situations, where the family physician didn't recognize certain ailments and certain problems, and by the time he did, it was an endangerment -- a hazardous thing. But those years we went through it. But I would say by the middle or late 1960s, most people -- most patients -- knew they wanted to go to an obstetrician, and not go to a family

physician. And the family physician recognized that he ought to send his patient. And so today, there's very little of that prenatal business. The doctor does it all. Now, strangely enough, among the midwives -- midwives do obstetrics, of course. What they do is -- let's say they run into a patient who needs a C-section. They'll call the back-up doctor to do the C-section, but he hasn't seen the patient for nine months. All he does is the surgery. He's a technician. That's something like what was happening when we were getting referred work in that fashion.

CBP: When did you first start teaching OB/GYN at PCOM?

EF: That's an excellent question. It goes something like this. Many times -- a dozen times -- I wrote letters to the administration here, asking to be a teacher. I had done a lot of teaching at Metropolitan, a lot of teaching at Parkview -- especially at Metropolitan. The students liked me, the doctors whom I was helping liked me, and I wanted very much to be part of this teaching

institution. Down, down. All kinds of letters I would get. One letter would say, "We don't need anybody right now, and as soon as we need one, we'll call you." Nothing ever came of it. So Dr. Eisenberg, who was one of the teachers in obstetrics and gynecology here, used to have a Thursday morning eight o'clock get-together with the senior students. So I asked him, "Could I come in and listen?" He said, "Yes, come on." So every Thursday morning, we'd get here at eight o'clock in the morning and listen to his questions and discussion with the senior students. Then one day he says to me, "You know, I can't be here next week. Can you be here and run it?" I said, "Yes." After a while, he got very sleepy and he said, "Why don't you always run it?" And then, after a while I said to him, "How do you give a lecture to the students in class, in the amphitheater?" He said, "Well, I'm really not ready for that." And then one days he says, "Would you like to give a lecture? I have to be out of town." One lecture. And then three lectures. And then all

the lectures. And so that's how it gradually grew. When Tom Rowland was here, I used to do a lot of lectures on Wednesday, my day off from my practice. They used to have an annex across the street from 48th and Spruce Streets, and that's when Dr. Nicholas was in one room and I was in the other room, and when we would get through, we would congratulate each other as being the best lecturers in the institution. Anyway, that's when I started to give a lot of lectures.

CBP: About what time period is this, that you're talking about?

EF: Well, let's see. I'm going to tell you about another area of my life in a few moments. I would say late 1960s. Late, early 1960s, I was working in that annex, and I was the first doctor around here who used to use slides. Many of the doctors would stand up there with an old book with notes in it that the paper was crumbling, and he would read it. It was the most disheartening display of education - - medical education. It was terrible. And the

students would be sitting in the room, reading newspapers, and falling asleep. It was an ugly thing to see. And then I came in with my gynecology, and I started to show them slides of anatomy and physiology and other things, and it got to be a very popular thing. First of all, if I saw somebody reading a newspaper, I said, "Put the newspaper down, or go outside and read it. But not in my class." And after a while, it got to be very popular. And then, in the 1970s -- 1969 or 1970 or 1971 -- I was doing this at quite a peak, and Tom Rowland was giving me a lot of plaudits. He and Carol Fox were so thrilled that I was doing this. They weren't paying me. I was a volunteer. Forty-two lectures, you know? My wife and I went to Israel where we spent two years. When I came back, which was the end of 1974, Tom Rowland called me on the phone and said, "Manny, how would you like to be on the faculty at PCOM?" I nearly fell over. I said, "I'd love it. I'd give anything." He said, "Come on over and talk to the Dean about it and you

can start January 6, 1975." That's when I first started here. So the transition from being a nothingness around here to being a faculty member, to then becoming an assistant professor and then a professor, was very, very wonderful and very sweet. So I've been really active here now for the past twenty-five years.

CBP: What I would like to get from you is some perspective about how the training for undergraduate medical students in OB/GYN has changed in those twenty-five years that you've been here as a teacher.

EF: Well, when we were here -- when I was here as a student -- the lectures were simply lectures. Somebody got up and read some notes out of a book or told some stories about it. But there was no hands-on -- there were no slides. Now I come on as a member of the faculty in 1975, and immediately I started to take some of the lectures. Dr. Denlinger was the Chairman of the Department at the time, and Bill Morris was here. Bill Morris was anything but

a good lecturer. Denlinger was all right. He was a little on the rigid side. But we had slides, we had hand-outs, we really made the thing come alive, and we also invited a number of guest lecturers to come in. So the students were exposed to excellent obstetrical and gynecologic lectures. We had clinics to which the students were invited to come. They also were ordered to come when they had their rotations. So they would have a rotation for four weeks in OB/GYN, and they would come in with me when I would make rounds on a patient, and I would point out certain things for them to note, or I might say if we were in the operating room, "What's the blood supply to the uterus? We're going to do a hysterectomy on a patient. What's the blood supply to the uterus?" And the student would say it. To this very day now, most of the teachers in the institution involve the students. We were not involved back in those days. So as far as I'm concerned, we've come a long, long way. When I think back from when I started to what we are doing

now, it's like a different profession. And as a matter of fact, I look back on the old days. I wonder to myself how those guys -- including myself, when we got out and took care of patients -- you wonder to yourself how capable were you?

CBP: How has the clinical training for undergraduate medical students changed?

EF: Well, first of all, there are clinical materials. We didn't have that in those days. As the years have gone by, people now know that there's a clinic here. There's a clinic at 42nd and Lancaster. There's a clinic on Ridge Avenue. There's a clinic at 22nd and Cambria. There are students assigned to these clinics. Patients come in and are assigned to a student at 42nd and Lancaster, where I used to work in the clinic as a GYN consultant, there are a dozen rooms. And to each room, there's a student with a patient, and he interviews the patient, and then when he's all finished making a diagnosis, he goes in and talks to a supervisor and expresses himself. Well, my job was to talk to him or her

about the gynecologic problems so she would present the patient who is having bleeding in spite of the fact that she's got deprovera for contraception, she's bleeding very heavily, and what can we do to help her? I would ask some questions and try to draw the student out, and then I would add to it with my knowledge and expertise. So we have a lot of contact between teacher, clinician and student, and the student has a much greater opportunity for hands-on, and it's a much greater quality learning experience than it was in my day.

CBP: How about as far as graduate education in OB/GYN? How has that evolved here?

EF: That's an excellent question, too. You know, you remind me of things that I want to tell you about. We used to have maybe one or two -- at the most four residents -- in OB/GYN, here at PCO. And the man or men who ran it were very provincial. Not very motivated from a medical education standpoint. I said to Saul Jeck, one of my former partners, "Wouldn't you like to give up the fancy practice

that you have? Come on over to PCOM and be Chairman of the Department, and build a residency program here?" Jeck came over here, and as soon as he came here, he started to build the residency program. I think we're twenty-four residents now, in OB/GYN, which is almost unheard of in the profession. He's the one who is responsible for it. So we now have a residency program in OB/GYN. There are sixteen schools, I think. Ours is the most desired OB/GYN residency in the country, osteopathic-wise.

CBP: The OB/GYN residency -- did it exist before Dr. Jeck took over?

EF: Yes.

CBP: Do you know when it actually started as a residency program?

EF: Well, let's see. Let's go back to the 1940s, when I graduated. Maybe there was one resident here. Maybe he wasn't even called a resident. His name was Lester Eisenberg. He was a kind of a guy that was here seven days a week and seven nights a week, and he worked very hard. He was really the keystone

of the Department. The men -- Evans, Kohn, Gruber -
- they were not the strength of the Department. The
strength was Lester Eisenberg. Lester was, perhaps,
a so-called resident. I don't know whether he
called himself a resident, but in any case, after
him -- while he was here, there started to be
residents -- like one or two. Andy DeMasi, Danny
Belsky. And then gradually, it grew. It never got
to more than three or four, until Saul came in --
until Jeck came. When Jeck came, we'll say four or
five years ago -- and as a matter of fact for the
year before he came, which is what was the influence
to make him come, it was torn apart. It was in
shambles. This guy doesn't want to be head of the
Department anymore, so he walks away. You know, how
about if you wait until we get somebody else? And
then we finally get somebody else, and he walks
away. Finkelstein calls me in Florida -- my wife
and I have the privilege of going to Florida every
January, February and March -- "We've got to do
something, Manny. You're not here." When I was

there, I used to pinch-hit as the head of the Department. "You're not here. What are we going to do?" I said, "We're going to get Jeck." And I called Jeck, and the first year I wanted to get him here, there was a President here whose name was Tilley, and Tilley was negative on having Jeck here. And then the next year when I put it up again, this time Finkelstein took him, and he's been one of the outstanding builders of the institution.

CBP: I'm still trying to clarify something. Was Lester Eisenberg the first OB/GYN resident?

EF: I would say so.

CBP: Getting back to around that time period -- in 1946, there was considerable internal publicity about Julian L. Mines, III, D.O., for introducing caudal analgesia to the osteopathic profession.

EF: Correct.

CBP: In retrospect, is Dr. Mines considered to be a pioneering figure?

EF: Yes. Yes, he was an outstanding guy. He was very well spoken. Everyone had a lot of respect for him.

Not only did his knowledge and ability in giving caudal analgesia spread here at PCOM, but it spread all through the profession and into the allopathic areas.

CBP: Was what he was doing here with caudal analgesia earlier than when it was being done in the allopathic world?

EF: I'm not certain, but I think so. I know that in the allopathic world, a sister of mine was delivered in Staten Island, and that's where some of the people from the Public Health Service were working with caudal analgesia. But I think Julian was either the first or one of the first, and highly respected, and taught it all over the country.

CBP: Are there any other ways in which PCOM was a pioneer in the specialty of OB/GYN?

EF: I would say no. I would say we're right up there with all the allopathic institutions, but I don't think we stuck out as being very specially unique. No.

CBP: Are there any other OB/GYNs at PCOM who warrant

recognition for their contributions as teachers and/or practitioners, other than those that we spoke about, such as Dr. Jeck and Dr. Eisenberg?

EF: Well, let me go over some of the names. Denlinger, first of all, was kind of a funny type of Chairman. He was Chairman of the Department of OB/GYN at PCOM, but he couldn't do surgery -- he couldn't do gynecologic surgery. He was allowed to do a C-section and a D&C, but that's it. Why? Because his training at Chicago was only for really medical OB/GYN. And so he never got certified in surgical OB/GYN, and they wouldn't let him do hysterectomies and corpoplasties, and that sort of thing.

CBP: Which other OB/GYNs at PCOM warrant recognition for their contributions as teachers and/or practitioners?

EF: I think Frank Gruber was a good teacher. I think that would be useful. He was always very kind -- very nice. He tried to help us as residents, and then later on -- when we were trying to become certified, he was in a position to help us become

certified. No one else really made a great contribution in OB/GYN. I think that Jeck stands out in my mind, and Julian Mines was a good suggestion.

CBP: What has been your single most significant accomplishment as a practitioner or teacher?

EF: Well, to me, I think that teaching is probably the thing that interests me the most. I love to teach students. I love to be around students. And it would seem that the students and I have a very good rapport. I'm a bit of a ham, and when you're a teacher, you have an opportunity to put on some of your techniques of acting and drama, and I love to do that. I do it when I'm with my patients and I do it with my students. I have a manner about it that apparently attracts their respect and support. I get lots of letters on it. In any case, I enjoy it. You know, somebody says to you, "Go in and give a lecture on endometriosis on Tuesday." So you go home and you prepare the lecture for endometriosis. But in my particular personal case, when I get up

and give a lecture, I'm euphoric. I should pay them to let me do it, as opposed to them paying me for doing it. So teaching in medicine has been something that I've gone away from being simply a clinician who sees patients and treats them, to this particular area. Right now I have a program here, which I don't know whether it's appropriate to tell you now. The program here is to take the students who are first and second year students, and are meeting patients for the first time -- simulated patients. I am sitting in on their interviews and correcting them.

CBP: The standardized patient program?

EF: Yes. And we have a broad goal and perspective that we're going to go into during this summer, which hopefully is going to be very valuable.

CBP: In your opinion, what has been PCOM's most significant contribution to the profession?

EF: We turn out more family practitioners than any of the allopathic institutions. The level of teaching quality here, at this time is of the highest. I

think we compare favorably with any of the well-known allopathic institutions, like Temple, Hahnemann, Penn, Jefferson, MCP. And we turn out these family practitioners as opposed to great specialists, we turn out outstanding family practitioners. That, I think, is the most outstanding achievement that this institution can be proud of.

CBP: What do you think has been PCOM's greatest shortfall?

EF: Well, administratively, I think they could improve their relationship to students. A few weeks ago I had a luncheon meeting with the students. Each member of the faculty has a few students that he's supposed to be a counselor for, and I had a meeting with ten of these students. They were very critical of the fact that there isn't enough of the administration contact with them. I told this to the Dean. I said, "You ought to make sure that you're a little more visible. Don't just be there the first day, when school starts, and then at

graduation. Come in the class, even if it's just for five or ten minutes. Interrupt somebody else's lecture and come in and be there, so that the student feels like it's not administration here and students here, but there's a relationship. So he agreed that he was going to do that, and I think that's a very important thing that we're going to do. I think that our residency programs in all the other areas are good. I think some of the lecturers need to be toned up. You know, one of the problems in our institution is you come in and you say, "I want to give lectures in internal medicine." "Oh, sure. When do you want to do it?" "Well, how about Tuesday morning at eight o'clock?" "Oh, okay." Nobody took that guy and sat him down and said, "What are your qualifications? You're certified? You're going to lecture about mitral valve insufficiency? Where do you come off lecturing on that? Are you going to go and look it up in a book and come in?" We don't do that here, because first of all, we don't have a large enough pool to say,

"There are three guys that can lecture on mitral valve insufficiency. I'll take this one, and those two are rejected." But you do that at Jefferson and you do that at Hahnemann, and so forth. So that's a weakness. And then again, even though there's a guy lecturing, nobody supervises it. I mean, I give a lecture. How do they know I'm not talking about postage stamps? Of course, the students would assume we were not talking about that. But shouldn't the Dean or somebody in this particular capacity listen in? I teach a course in human sexuality here. That opens up an area, at times, where there's some questions, and I remember when I first started the course back in 1976, they called me into one of the meetings and they were telling me that I'm a little bit too bold and too open about it. Well, that was great! Somebody was listening! But they don't come in and listen and say -- for instance, one student was just talking to me the other day about one of the teachers in one of the areas and how boring she is, and there are boring

teachers. Well, we have to get rid of them.

CBP: I think you might have answered my last question in your last answer, but what do you see as the primary challenges and goals for PCOM to meet as it approaches its centennial and the 21st century? If you could maybe summarize what you think these challenges are.

EF: Sure. Well, I think we should go on teaching students to become good family physicians. I think we should tone down any effort to teach specialists. I think that the future of medicine is going to lie very much in the realm of family medicine, and therefore, we should be right up there in the front, teaching family medicine -- teaching students to become family physicians. I think that the admissions policy, which Carol Fox has run here and has been outstanding, but it could be improved. Because what happens is there are students getting in here who, after they get in -- maybe when they were sitting in the chair there with the admissions committee and Carol Fox, and they were going over

the students' qualifications, he or she might have looked very good. And then when we get her into a class or into a clinical situation, we say to her, "How did she ever get in here?" That's often been said. Now, we're not going to be a hundred percent. But one of the things that has been missing in admissions committees is humanism in medicine. We don't ask a student about compassion. First of all you ask the student, "Do you think that a doctor should be compassionate." "Yes." "Are you compassionate?" "Oh, yes." "Well, give me an example of how you would be -- to demonstrate to me that you're compassionate, so that I know that I can admit you to this school." So the admissions policy has to be improved.

CBP: I want to interrupt you for a second. You were saying that a student who isn't quite cutting the standards --

EF: Right.

CBP: The two times you mentioned that you referred to "her" -- seeing "her" in the class. Was that meant

to be gender specific?

EF: No.

CBP: Are you finding anymore difficulty with your female students, now that it's such a greater representation, in the class?

EF: No. It's a very bad habit that I have. I'm a gynecologist, and I treat women. Therefore, I'm in the habit of speaking about "hers." No, no, no, no. Whatever I said about "her" is "him."

CBP: Non-sex specific.

EF: Yes. I will say that women doctors, by a generalization, which is not always very good, but on a general basis, I would say that women students and women physicians are a little more sensitive to being compassionate and caring, than men. But that doesn't necessarily follow as a very specific. So I think that the admissions policy could be improved. And that's not a failing on the part of PCOM. We're here and doing real well. I know that a lot of the allopathic institutions throughout the country are involving in their admissions program more about

whether the physician is a humanistic individual. And I think they're doing it here, but I'm not sure how well or how much. I know I've spoken to Carol about it a few times, and she says she's involving it in there.

CBP: That's the end of my prepared questions.

EF: This might be an interesting thing. In the City of Philadelphia, there is an institution called the College of Physicians of Philadelphia. We were never permitted to apply for fellowship. I was the third D.O. in the city to be admitted as a fellow, and I was presented by two allopathic physicians. And not by my request, I was surprised when they called me and told me to send them a curriculum vitae. They were friends of mine, but I had never spoken. I mean, I didn't think that I could be a fellow of a college. The other two people that were fellows before me -- I didn't know they were fellows -- other D.O.s. Anyhow, that was a very interesting thing that we are now many, many D.O.s in the College. The other institution that was shut out to

us was the Obstetrical Society of Philadelphia, which is also one of these old organizations that have been here for many, many years, and D.O.s are very much a part of that. I had a lot to do with getting that worked out. Back in the days when they wouldn't let us in, I made them knock on doors. There were some of the journals that we couldn't get because we were D.O.s. We got that straightened out. So that was a very good thing. Parkview Hospital -- I don't know whether that comes into play in any of your thoughts. Parkview Hospital was started in the 1950s. That was another outgrowth where -- now Metropolitan, which had allowed our doctors to do things that they couldn't do here -- now turns around and says there are some things you can't do here at Metropolitan. So protests came up, and we went and built Parkview as a protest against it. And then, after a while, Metropolitan took Parkview over, and that wasn't too successful a venture. One of the biggest things was the antagonism and the lack of willingness to let us

come and work here. That was a very disappointing thing because here we go to school, and we graduate from this school, and you can't come here and work. You can only refer. That was really the way it was. But gradually we overcame that. Well, if I think of something that sounds to me like it's very momentous or very important, I would give you a call and tell you.

CBP: This concludes the interview with Dr. Fliegelman, who will get back to me if there is anymore information. Thank you very much.

End of Interview

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