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Digest of the Philadelphia College of Osteopathic Medicine (Fall 1986)

Philadelphia College of Osteopathic Medicine

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"I am the last to make public my relationship with Henry Kissinger, Nelson Rockefeller, Richard Nixon or the Shah of Iran—because they are all my patients and friends who have trusted and confided in me. As a DO, I always considered the osteopathic concept as an additional facet of diagnosis and treatment. Any of my famous patients could have chosen allopathic care. By using manipulation in conjunction with medical practice, osteopathic treatment was able to provide a more rapid return to health, and alleviate some of the stress at reduced cost."

W. Kenneth Riland, DO
The Digest
of Philadelphia College
of Osteopathic Medicine

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Making Them Comfortable
A New Emphasis on Geriatrics
By Hany R. Gehlert

Clyde Beckwith is a courtly and dapper octogenarian who has lived in Pennsylvania for 65 years. Although he was blinded eight years ago by glaucoma and cataracts, Beckwith remains active and interested in life. His soft, measured speech is still marked by the gentle accents of his native Virginia, where he was born in 1898. For 30 of his 88 years he had worked as a dispatcher for the U.S. Postal Service. Now he and his wife, Inez, sharing his Government pension, live in a modest apartment in West Philadelphia.

It is Beckwith's enthusiasm for life, still vivid in his ninth decade, and his frustration with the debilitating effects of aging that led him to six medical specialists. Over the past decade, in his efforts to slow, if not defeat, the degenerative effects of 88 active years, Beckwith had enlisted the aid of a gastroenterologist, a cardiologist, a urologist, an orthopedic surgeon, a dermatologist, and an otolaryngologist. He had found most of them at a medical center near his home. But a friend who had been coming to Osteopathic had spoken well of his experience there, and Beckwith sought out John Angeloni, DO, chairman of Osteopathic's Department of Family Medicine to help in finding a single physician who could help him coordinate the various treatments he had been receiving. It was lucky for Beckwith that he arrived at Osteopathic on this particular crisp fall day in 1986. Because of a series of recent prior events, Angeloni was able to introduce Beckwith to a physician who is not only trained to deal with the medical problems peculiar to those in the concluding years of life, but who has a special feeling and compassion for them. The physician to whom Angeloni directed Beckwith, and who now guides and coordinates Beckwith's treatment, is Pamela Hornaman, DO. Since July, 1986, she has been director of the Division of Geriatrics, within Osteopathic's Department of Family Medicine.

After graduating from PCOM in 1983, Dr. Hornaman served her internship and residency at Millcreek Community Hospital, in her native Erie, Pennsylvania. A fellowship in geriatrics at the Philadelphia Geriatric Center followed. It was the first PGC fellowship awarded to a DO and to a woman.

Dr. Hornaman knew when she was a nurses' aide at St. Vincent's Hospital in Erie that she would one day be a physician. That work had given her a chance to get to know the older patients, who she sometimes saw as extensions of her own long-lived family. No stranger to the aged, she had grown up with most of her great grandparents about her, and admired them for what she perceives as their positive and common-sense approach to life. They were an island of stability, she feels, in a world made less congenial by the abandonment by many younger persons of values that help to keep society functioning.

Job satisfaction for physicians working almost exclusively with the aged rarely comes from being able to effect a cure. Because death is always nearer for the elderly, rewards in working with them are derived from being able to help keep their lives vigorous for as long as they endure. And, when that is not possible, in helping to keep older patients comfortable.

The fortuitous meeting of Dr. Hornaman and patient Beckwith has been one result of a series of events earlier this year that culminated in a $330,000 grant to PCOM from the U.S. Department of Health and Human Services. The grant application, titled "Expansion of Philadelphia College of Osteopathic Medicine's Department of Family Medicine," contained 201 pages and weighed a pound and a half. It was submitted in January, 1986. By September the application had convinced the Federal Agency that PCOM's program for expanding its Family Medicine Department and
At the lecture chalkboard or at work on patient information with her private office staff, Hornaman is invariably interested in preparing her listeners for a new phenomenon: treatment of older adults with comprehensive understanding of their often complex conditions. Only then, she says, can geriatric patients and their family caregivers expect progress in diagnosis and treatment, instead of confusion.
Dr. Hornaman fields questions from second year students who have just viewed her videotape (overleaf) in which she shows how to conduct physical examinations and patient histories of the elderly.

After viewing Hornaman’s videotape, student Susan Galada, left, discusses Bruce Carnivale’s videotaped technique for getting a reclining patient into a sitting position. Carnivale (center) an actual PCOM student, portrayed a student in the production.

enlarging its curriculum to put more emphasis on geriatrics was worthy of support, and it was approved. The grant was a tangible expression of the agency’s confidence that PCOM is the right medical college in the right place at the right time to make an important contribution to the health care of a generation that is growing older and living longer than any that has preceded it.

The core of the proposal was its plan to expand the Department of Family Medicine by establishing a division of geriatrics. Chairman Angeloni and concerned PCOM administrators had been aware that many educators and advocacy groups for the oldest segment of the population had been arguing that all medical schools should routinely include geriatric medical education as part of their curriculums.

Available statistics support their case. In 1950 only one person in 25 was 65 or older. During the coming 25 years, almost seven in 25 will be in that age group. And in only 15 years, there will be twice as many persons older than 85 than there are now. These older Americans now use 40% more care in outpatient settings than younger adults, enter hospitals twice as often, and stay three times longer. Finally, older persons comprise only 11 percent of the population but account for more than a third of national expenditures for health care.

The statistics become even more impressive when examined from the viewpoint of osteopathic physicians, over one-half of whom practice in communities with populations of less than 50,000. Eighty-five percent of all osteopathic physicians provide primary care, the majority in family practice. Clearly, it was a set of circumstances that seemed ready-made for action by PCOM, which is located squarely within that section of Philadelphia with the largest number of elderly, many of whom are among its hospital’s patients.

PCOM’s successful proposal made the point that there is a critical need for family physicians who are trained in geriatrics and can not only treat the elderly, but manage the psychosocial aspects of their care, working within the family and health systems that ordinarily provide it. Job number one for the Department of Family Medicine, argued Angeloni, was to create a division of geriatrics within the department to provide training in geriatrics at pre-doctoral, graduate and faculty levels. Other objectives, he pointed out, were to expand existing resources in psychosocial skills for students training to enter family practice, and to extend the traditional scope of family medicine to develop resources for faculty that would improve their skills in teaching geriatric medicine.
On tape and in person, Pamela Hornaman, DO, illustrates the differences between taking a patient history and physical for a geriatric patient compared with a younger adult, for second-year students at PCOM.

Dr. Hornaman is already at work adding to the courses in family medicine to give them more weight in geriatrics. With a $9,000 grant from SmithKline Beckman, and help from the OMCP Creative Services Department, she has created a 42-minute videotape that shows students how best to prepare a history and physical for elderly patients. In November it was shown to the second year class. They will see it again when they are serving their rotations. A copy is being sent to each of the 15 osteopathic medical schools in the United States, and will soon be available for purchase at cost to all other medical schools. A second videotape, on the preparation of a medical history for patients who are disabled or unable to communicate, is planned. But the work of treating the elderly, her principle interest, is always with her, and she continues to accept referrals of elderly patients like Clyde Beckwith by other staff members at Osteopathic.

Hornaman has seen Beckwith twice since he was referred to her, and is now meeting with him for a third visit. As the consultation nears its end, she has given her patient all the time he wants to express his fears and concerns, and has listened carefully. Reassurance, wherever it is possible, is an important part of her therapy, and she discusses each of Beckwith's complaints with him in detail, including what she has learned from consultations with his specialists. She has called each of them to get more information, and tell them that she has assumed responsibility for Beckwith's overall care. Beckwith's other doctors were reassured by the news. Some confided that they had been concerned with the fragmentation of Beckwith's care, and were relieved to find that this problem had been resolved.

One of the first things Hornaman does is to check into the medications Beckwith is taking. She notes that some are redundant, some too old, and that others have been superseded by more effective medications. Beckwith has been alert to his own nutritional needs and eats sparingly of a diet generous in fiber, vegetables and fluids. "His diet is better than mine," she writes in her progress notes. "But he is concerned about an ulcer in the back of his mouth, and with occasional attacks of anxiety that leave him disquieted and uneasy." Hornaman checks with Beckwith's ENT physician about the ulcer, and is reassured that it is not cancerous. Then she calls Beckwith's cardiologist to be sure the anxiety attacks he has complained of have not been produced by a supraventricular tachycardia or a mitral valve prolapse. She is genuinely pleased to be able to report to Beckwith that for a man of his age, he is in remarkably good condition. She closes her consultation by telling him all the good news, and explaining what she is continuing to do to help him with the problems he has brought to her.

In a final few minutes devoted to a pleasant discussion of other than medical matters she confides to her sightless patient, who until this moment has known her only through her voice and touch, that he is her last patient for the day, and that she will begin a maternity leave at the end of it. Beckwith is genuinely delighted to learn of the expected child and offers his best wishes. Hornaman suggests that she escort him to the door, and invites him to take her arm. "I would be happy to do that", he says, brightening, "if you're sure your husband won't mind." "Don't worry about it," she reassures him. "He'll never know."
John J. Fernandes, DO, professor and chairman of the Department of Pathology, came to PCOM from the Texas College of Osteopathic Medicine, Fort Worth, where he was acting chairman of the Department of Pathology. He was graduated from the Chicago College of Osteopathic Medicine in 1968, served his internship in Milwaukee, and his pathology residencies at Flint Osteopathic Hospital and CCOM. Fernandes is certified in anatomic pathology and in laboratory medicine by the American Osteopathic Board of Pathology, and in nuclear medicine by the American Osteopathic Board of Nuclear Medicine. He is a Fellow in the College of American Pathologists, the American Society of Clinical Pathologists, and the American Osteopathic College of Pathologists.
John J. Fernandes, DO
PCOM's New Chairman and Professor of Pathology and Laboratory Medicine

By Harry R. Gehlert

John J. Fernandes, DO, is summing up his working approach as PCOM's chairman of the Department of Pathology and Laboratory Medicine: "I see my role as a professor of the college as well as a director of the laboratories, and will be speaking to three areas—service, education, and research."

Fernandes, 43, arrived at PCOM on September 1 to take the post formerly occupied by William L. Silverman, DO, now retired, who had filled it since 1981. In assessing the lab's expertise and professional competence, Fernandes notes that thanks to the work of his predecessor, its accreditation completely satisfies every interested professional and government agency. He sees his challenge as maintaining the lab at its high level of competence, while pursuing additional objectives. "Dr. Silverman hired good people" he says, "and I like to let people who are good at their jobs do them. But that doesn't mean we can't go forward. We can ascend to the next level of laboratory service by performing on the reference level—procedures that are done less frequently but are more sophisticated."

Flow cytometry is one of the new technologies that excites Fernandes with its potential for research and clinical service. He is intrigued with its use in working with monoclonal antibodies, and in its application to tumor diagnosis and therapy. Other tools high on Fernandes' research and clinical service list include electromicroscopy and immunohistochemistry.

Pathology instruction will be get a big assist when the Hospital laboratory's $250,000 computer system is in place and running in February. Fernandes plans to use it to set up a teaching program to aid students rotating through the lab. Computer terminals, he believes, can place the student in the mainstream of electronic laboratory information generated by the system. PCOM recently was licensed to participate in computerized instructional courses conducted by the Group for Research in Pathology Education, a national organization that has pooled over 7,000 test questions to which Fernandes plans to expose PCOM students. This will permit their progress to be checked against that of students of other participating institutions.

In re-emphasizing staff training, the new chairman has asked lab staffers to select experts in their field from whom they would like to learn, and has set up a series of lectures in the hospital conference room. Fernandes invites anyone who is interested to attend. He plans to enhance in-house educational programs using the teleconferencing network of the American Society of Clinical Pathologists. It brings pathologists and laboratory experts together in a nationwide televised forum where work can be depicted and problems and their solutions discussed in real time.

In September Fernandes was asked by the president of the AOA National Board of Osteopathic Physicians and Surgeons, Tom Santucci, Jr. DO, to chair a pathology test committee. With four colleagues from other osteopathic schools around the United States, Fernandes is writing the pathology test for the national boards. "We hope to have an impact on the curriculums of all the osteopathic schools," he says, "but our long-range objective is to get our students into the mainstream of what's happening in pathology so that when they finish, the PCOM student will be as well prepared in this discipline as anyone else in any other medical school in the country."
The Department of Pathology and Laboratory Medicine will be the first at PCOM to benefit from OMCP's emerging program of computerization. When the lab's IBM Series I computer system is in place, in February, all of the data from every test performed by the lab will be available in both printout form and on computer terminals to be placed at every nurses' station.

The terminals will transmit orders for tests and display finished test results. Hard copy printouts will displace all previously handwritten reports. Joe Kaz, lab administrator, and Ron Zalegowski, assistant lab administrator, have worked for two years to analyze the lab's needs and select a system that will provide for them while being compatible with a larger computerized hospital information system to be installed over the next two years. It will make it easier and faster to arrange for patient admissions, to obtain records, and to get cost information.

OMCP's computerization program, when completed, will expedite the care of patients by linking all data and voice communications, according to Richard Merhar, director of information systems. The pathology lab was the first to be computerized because it has some unique requirements that no existing commercial software package can accommodate. Much of the software needed by the lab has been custom designed to interface with the much larger hospital information system, which is expected to be in place within two years. When completed, the hospital information system will simplify and expedite the management of all operations from admissions to patient care.
At left, Joan Raudenbush, medical technologist, enters patient's name, room and admission number, specimen information and test requested into the Ektachem 700. The Ektachem will run the test and print out results in 50 to 60 seconds with a closer coefficient of variation than was previously possible. Above, dry reagents in slide form. Left, before addition of serum or specimen, right, after. Resultant changes in color are read photometrically.

William L. Silverman Retires

"Nobody owns the art and science of medicine, it's a public trust." That's a favorite theme of retiring Pathology Chairman William L. Silverman. The first time Silverman used that phrase in a public address was when he assumed the office of president of the Pennsylvania Osteopathic Association. It was one of many offices that Silverman held since his graduation from PCOM in 1938. He used it again in a public address last June, when he accepted the honorary degree of doctor of law at the commencement exercises of the 1986 class of PCOM. The degree was the latest addition to a long list of honors and achievements that has marked Silverman's career. Now, at age 72, he is retiring from the posts of chairman and professor of Pathology and Laboratory Medicine that he has held at PCOM since 1981. Silverman's influence has been felt at both the local level of PCOM lab operations and on national policy issues that have affected osteopathic physicians everywhere. Within two years of his 1981 appointment at PCOM he achieved full accreditation for PCOM's lab by every relevant regulatory agency. Silverman has also fought the good fight to reduce the barriers of prejudice and ignorance that have impeded universal acceptance of DO's with MD's. He is proud of having achieved certification of osteopathic hospitals for Medicare and Medicaid. When the social security law was broadened to include medical coverage the only agency recognized by Social Security for that purpose was the Joint Commission for the Accreditation of Hospitals. Silverman was chairman of the ADA's committee on hospitals and was instrumental in getting the Federal government to give the AOA equal status with the JCAH in accrediting osteopathic hospitals for the receipt of medicare payments. Earlier, while president of the Pennsylvania Osteopathic Medical Association, he added his weight to the successful struggle to have DOs accepted as medical officers by the armed forces. "I was always interested," he says, "in advancing our profession from the stage of cultism, as it was seen at that time by the allopaths, into world-wide acceptance." The former pathology chairman plans to enjoy a leisurely retirement at his home in Merion Station, PA, to share more time with his wife, Suzanne, and to make more frequent visits to his three children: Sheila, Brian, an osteopathic physician, and Susan.
Distinguished Service

W. Kenneth Riland, DO, Physician to Heads of State, Is 1987 Recipient of the O.J. Snyder Memorial Award

By George E. Hatzfeld

When W. Kenneth Riland, DO, returns to the PCOM campus January 23 to address the College’s Founders Day Convocation, listeners will hear a rarity: the distinguished alumnus talking publicly about himself, his work and some of the experiences life has dealt him. During his 74 years, these moments have been few and far between.

In the careful world of celebrity patient relations, Dr. Riland’s philosophy most assuredly is not to treat and tell. It is precisely this guarded public conduct that has made him personal physician to some of the world’s best-known leaders at the height of their power, and in another arena entirely—occupational medicine—a potent force as chief corporate physician to the nation’s foremost steel producer, and leading medical consultant to the top labor organization in New York.

Many of these apparently dissimilar affiliations have made possible the synthesis of what Ken Riland calls his biggest accomplishment: “Co-founding, along with Nelson Rockefeller, the New York College of Osteopathic Medicine, the first and only one in the state, that is now turning out top physicians for New York City's metropolitan hospitals, (and) establishing occupational medicine as a bona fide subspecialty, with the help of the New York Central Labor Council.”

He glances out the window of his Manhattan office to catch the rays of winter sun dancing in New York harbor, his eyes running down the island and pausing briefly around Midtown, where a Greenwich Village apartment helps him complete the mileage of a devout city dweller. Alone since his wife Gladys died in 1986, Riland tends a rooftop rose garden and spends time with his two daughters, one in New England and the other in Florida.

Riland was born in Camden, NJ, and reared in the Bedford-Stuyvesant section of Brooklyn. His affection for urban living in general and New York in particular complements the towering task he set for himself in a lifetime of practicing osteopathic medicine. He calls it “the most stimulating city in the world,” and once responded, when a reporter asked how he would act as mayor, that he would “run like hell.” Managing the metropolis, he declared, is almost an impossible job.

Three years after his graduation from the Philadelphia College of Osteopathy in 1936, the young Dr. Riland had already made a name for himself and for osteopathic medicine in Washington, D.C., treating prominent government leaders from both sides of the Atlantic. “Those were horrendous times—the world upside down,” he remembers. “After World War II, I continued treating many world leaders, in addition to my corporate responsibilities.”

Dealing with world political leaders was one thing. But establishing himself as Chief Physician at U.S. Steel in 1958 required a different brand of politics. Riland tells the story of a corporate president who pulled rank and announced he was coming in for an examination right now, breaking into the appointment schedule. Riland phoned his friend the CEO, asking for help.

“He said, ‘you make the decision and I’ll back it, but I won’t make it for you,’” Riland recalls. “So I said to the president when he arrived, ‘This is never going to happen again, unless you have an emergency. You don’t look a damn bit different to me in your underwear than the elevator operator.’”

Unaccustomed to hearing such comparisons, the president made life uncomfortable for Riland for several months. “Then one day I was going out the lobby and I got hit,” he winces, grabbing a shoulder. “He was a great big guy, and I came back swinging. He said, ‘Where you going?’ I said I’m going to lunch. He said ‘You’re going to lunch with me, and we’re going to the ballgame and there’s no question about it!’ We ended up the best of friends.”

It was Riland’s friendship with Nelson Rockefeller that resulted in their co-founding the New York College of Osteopathic Medicine in 1977. More than friendship, however, it was Rockefeller’s long-held belief in osteopathic medicine that propelled the fledging institution off the ground, and a Rockefeller Foundation seed grant that initiated the development of a faculty and ultimately
the college itself. While Governor of New York, Rockefeller had tried often to persuade the Legislature to issue a charter for such a medical college, but state politics made it a struggle. Finally, the New York Institute of Technology, 30 miles east of Manhattan near the Long Island village of Glen Cove, was authorized to offer a charter to the school, and NYCOM was in business. In 1986, the college graduated its sixth class—107 new DOs—raised more than $425,000 in development funds ($10 million in nine years) and carried out impressive research work in osteopathic theory and practice. The college is housed in two new buildings on the NYIT campus: a Health Care Center and the more recently dedicated Nelson A. Rockefeller Academic Center. It is currently debt-free.

Of immediate interest to Riland is the creation of a Department of Occupational Medicine at the college, first in the nation. It is named for the late Harry Van Arsdale, for years president of the New York City Central Labor Council. His son, Thomas Van Arsdale, has succeeded him and participates actively in the development of a strong role for occupational medicine at NYCOM. Riland has long advocated the use of osteopathic technique as a natural health maintenance approach for the workplace. It was this effort that led to his election as a Fellow of the American Osteopathic College of Preventive Medicine.

Other honors, fellowships and memberships cram Riland's extensive curriculum vitae. But while other DOs and other physicians can claim extensive recognition, few can expect to match, for sheer drama and responsibility, the patient roster Riland possessed for 20 years, and still maintains. Some examples:

1969 European tour with President Nixon as the President's physician
1969 Member, U.S. Presidential Mission to Latin American as Public Health Adviser and Mission Physician
1969 Round the world tour with President Nixon as the President's physician
1972 Member, President's Mission to China as the President's physician
1972 Member, President's Mission to Russia, Iran and Poland, as the President's physician
1972 Member, Governor Rockefeller's Mission to Israel
1973 Physician to Dr. Henry A. Kissinger during U.S.-Vietnam Peace Agreement, Paris, France
1976 Member of Official Party and Vice President's physician, Round the World Mission

Dr. Riland credits osteopathic medicine with the power to keep his distinguished patients working efficiently, negotiating, overcoming jet lag, and establishing important foreign policy initiatives during a key period of international relations. "Why did Henry Kissinger ask me to go to Paris with him during the Vietnam negotiations?" Riland asks. "Not because I had some magic pill, power or elixir—but because the relief provided by osteopathic manipulation allowed us to continue day and night."

So the 1987 recipient of the O.J. Snyder Memorial Award, W. Kenneth Riland, DO, shares co-foundership of a college of osteopathic medicine with "that hot-headed Dutchman"—as Riland's fellow classmate, George Guest, DO, once characterized Dr. Snyder. But different political battles and a very different world confronted Ken Riland once he left PCOM. What he has done with his opportunities since is the stuff of osteopathic legend.
In the Land of Shoo-fly Pie
Grace Kaiser, DO, Reveals the Rewards of Practicing Amish Obstetrics
By Lynn M. Powe

Forty miles west of Philadelphia, bordered by winding scenic backroads, New Holland, PA, nestles among lush green fertile farmlands. It is this area, and the people who live here, that Grace H. Kaiser, DO, '50, writes about in her recent book, Dr. Frau.

Dr. Frau is based on some of the physician's experiences, serving Amish and Mennonite cultures in rural Lancaster County. Residing and practicing in New Holland for 28 years, Dr. Kaiser spent nearly half that time specializing in obstetrics and gynecology. During her practice, she has delivered 5,300 babies, traversed the countryside, at all hours of the day and night, in all types of weather.

From early childhood, Dr. Kaiser's ambition was to become a doctor. As a woman in the late 1940's, however, she encountered resistance to her plans. As she explained in a recent interview: "In mid-century, female medical students were not taken seriously. It took me a little longer as a woman to be accepted."

Throughout her medical journey she faced many obstacles in her way, and even after reaching her initial destination of a medical degree, the road remained difficult.

After medical school, Dr. Kaiser was fortunate enough to obtain an internship at a hospital in Lancaster, PA. She shares some of the frustration she experienced early in her medical career:

The reputation of all female physicians seemed to rest on my shoulders. In this male-dominated profession the men seemed to believe that women wasted valuable training time if they later deserted medicine to assume household responsibilities.

The male staff treated me lightly, sure that I would quit under stress or fade into the kitchen within a few years. I resolved to prove them wrong.

Prove them wrong she did. Despite doubts that plagued her, such as: "Would they accept a female physician in a culture where women are subjugated to men?", Dr. Kaiser forged ahead.

Finishing her internship, Grace and Peter Kaiser began to search for a town to set up her practice. Having grown up in Bucks County, north of Philadelphia, Dr. Kaiser knew that she wanted to raise her own
children in a rural atmosphere, away from the city. Feeling it was also important to live and be an active part of the community she was serving, the couple carefully chose New Holland as the place to settle down.

Although Dr. Frau is meant to entertain, the reader receives a physician's eye-view of the Amish and Mennonite cultures, from their earthy sense of humor, to some of their attitudes about families, and their discreet treatment of the birthing process.

In Amish one-room schools, sex education is not taught. Children are not told when a woman becomes pregnant or goes into labor. As birthing time nears, children are sent to a neighbor, to the barn or the other end of the house where grandparents, Mommy and Dawdy usually live. Only when God's new gift lies besides its mother are children permitted to share the family joy.

A humorous story in Dr. Frau demonstrates this. She delivers a baby at a home whose family already has several small children. When she returns to check up on the mother and infant, the Amish homemaker confides to Dr. Kaiser her first grader's reaction and interpretation of the birth.

"After you left Sunday, we called Emmanuel in to see the new baby. He was surprised and asked 'Where did the baby come from?' We told him that God brought it. He thought for several minutes and said 'Is that who was here?'"

"Well I've never been called God before," I chuckled. "That's not all." Priscilla grinned. "He couldn't wait to go to school on Monday and tell about his new brother. He said God came to his house to bring the baby and God was a woman."

Initially, being a woman was a disadvantage in getting her medical career started. Dr. Kaiser had chosen to practice in the Amish and Mennonite communities, where women were subservient to men. Once she began to get established and had delivered some of their babies, the women realized that they preferred having a female doctor. Grace Kaiser had experienced her own children, a common bond, which helped to cement that intimate relationship needed between a physician and her patients.

Part of Dr. Kaiser's successful country practice resulted from her willingness to make house calls. The Amish and Mennonites wanted to maintain their cultures, and Dr. Kaiser accepted that, and could appreciate their wanting to have children at home, and not in a strange hospital.

I admired the Amish and respected their independence and perseverance. By my willingness to deliver babies at home, I felt a part of the struggle to maintain their lifestyle.

Initially, being a woman was a disadvantage in getting her medical career started. Dr. Kaiser had chosen to practice in the Amish and Mennonite communities, where women were subservient to men. Once she began to get established and had delivered some of their babies, the women realized that they preferred having a female doctor. Grace Kaiser had experienced her own children, a common bond, which helped to cement that intimate relationship needed between a physician and her patients.

Although an outsider to the Amish and Mennonite traditions, she became a friend they could count on. She had visited her patients' farms, and understood their ways. She knew how their lives were: the hardships they faced, the disappointments they felt, and the joys they experienced. Dr. Kaiser skillfully hurdled the many obstacles in her path—successfully blending the modern world of medicine and technology, with the traditional values and simple ways of the Plain People.

Due to an accident, Dr. Kaiser had to retire from her medical practice in 1978. She and her husband moved to Arizona, where she has embarked on a new journey—pursuing the craft of writing, in order to share her experiences about the Plain People of Lancaster County.
1958

**Robert M. Fogel**, Brigantine, NJ, has been elected a Fellow of the American Osteopathic College of Pathologists. Dr. Fogel is Acting Dean of the University of Medicine and Dentistry of NJ/School of Osteopathic Medicine.

1961

**Andrew Pecora**, Cherry Hill, NJ, has been named a Fellow in the American College of Gastroenterology. Dr. Pecora, professor and chairman of the Department of Medicine at the UMDNJ/School of Osteopathic Medicine, has written and coauthored many scientific publications.

1962

**James Black**, Oakland, CA, has been appointed to the command of the U.S. Naval Hospital, Yokosuka, Japan. Captain Black is a member of the PCOM Alumni Board of Trustees.

**Burton Marks**, Pottsville, PA, has joined the staff at the Samaritan Hospital as a radiologist. Dr. Marks is board certified by the American Osteopathic Board of Radiology, and is a Fellow of the American College of Angiology.

1966

**Berel B. Arrow**, Lancaster, PA, has been elected president of the American Heart Association, Pennsylvania Affiliate. Dr. Arrow has a private practice in gastroenterology, and serves as chairman of the Department of Internal Medicine at the Community Hospital of Lancaster.

1967

**Ronald R. Blanck**, Lancaster, PA, has assumed command of the U.S. Army Hospital in Berlin, West Germany. Col. Blanck is certified by the American Osteopathic Board of Internal Medicine. He is a professor of Medicine at the Uniformed Services University of the Health Care Services.

1968

**Carl Mogil**, Cherry Hill, NJ, was elected third vice president of the American Osteopathic Academy of Orthopedics. Dr. Mogil is a clinical Assistant Professor at PCOM and for the Department of Surgery at UMDNJ/School of Osteopathic Medicine.

1970

**Louis A. Papa**, Cherry Hill, NJ, has been appointed professor of medicine at the UMDNJ/School of Osteopathic Medicine. Dr. Papa has authored many scientific papers on heart disease.

1971

**Richard E. Parcinski**, Johnstown, PA, has been certified as a clinical polysomnographer by the Association of Sleep Disorders Centers. Dr. Parcinski is a member of the medical staff at Mercy Hospital.

1973

**John Chiesa**, Medford, NJ, has been appointed an Associate Professor of Medicine at the UMDNJ/School of Osteopathic Medicine. Dr. Chiesa is certified by the American Osteopathic Board of Internal Medicine in internal medicine and gastroenterology.

**Eric E. Shore**, Wynnewood, PA, has been appointed consultant in Internal Medicine and Geriatrics at the Philadelphia Psychiatric Center. Dr. Shore is Chief of Geriatrics at West Park Hospital in Philadelphia, and is medical director of the Fairmount Geriatric Center.
1974
Joseph W. Bell Jr., Oil City, PA, has opened an office at the Forest County Medical Center in Tionesta, PA, as a specialist in obstetrics and gynecology. Dr. Bell also specializes in internal medicine.

William K. Mysko, Lutheranville, MD, is serving as chairman and medical director of the Department of Emergency Medicine at Mercy Hospital, Baltimore. Dr. Mysko is board certified by the American Osteopathic Board of Emergency Medicine.

Jerry Olshan, Phoenix, AZ, has been elected president of the American Cancer Society Inc., Arizona Division. Dr. Olshan is currently practicing at Clinical Associates in Internal Medicine, Ltd.

Andrew J. Panko Jr., Harrisburg, PA, has been elected as a Fellow of the American College of Osteopathic Emergency Physicians. Dr. Panko, a full-time emergency physician at Community General Osteopathic Hospital, has been board certified by the American Osteopathic Board of Emergency Medicine.

1976
John C. Prestosh, Allentown, PA, has been named director of Emergency and Out Patient Services at the Allentown Osteopathic Hospital.

Joseph M. Pascuzzo, Allentown, PA, has been accepted for membership in Cancer and Leukemia Group B, an organization dedicated to clinical research of cancers and leukemia. Dr. Pascuzzo is board certified in internal medicine and medical oncology.

1977
James P. DeSantis, Portland, OR, has been promoted to the rank of colonel in the U.S. Air Force. He is currently chairman of the Department of Emergency Medicine at the USAF Regional Medical Center, Wiesbaden, West Germany.

Michael C. Saltzburg, Altoona, PA, has joined the active medical staff of the Altoona Hospital as an orthopedic surgeon. Dr. Saltzburg is board certified in orthopedic surgery and also for disability evaluations.

1978
Joseph A. Cable, Pine Grove, PA, has joined the medical staff of The Pine Grove Medical Center where he will specialize in the treatment of lung diseases. Dr. Cable is board certified in both internal and pulmonary medicine.

1979
Kenneth Dunkle, Grove City, PA, has been appointed to the medical staff at United Community Hospital. Dr. Dunkle is establishing his private practice in Harrisville, at the Community Medical Center. He is a certified provider in Advanced Trauma Life Support and a certified instructor in Advanced Cardiac Life Support. He is also board prepared in Emergency Medicine.

Andrew Gelman, Cherry Hill, NJ, has joined the medical staff of Zurburg Memorial Hospital's Rancocas Valley Division. Dr. Gelman also has become a member of Cherry Hill Orthopedic Surgeons, a private practice in Cherry Hill.

William B. Swallow, Milton, PA, recently has joined the Geisinger Clinic. Dr. Swallow is a member of the utilization committee and pharmacy/therapeutic committee at Lewisburg hospital.

1980
Thomas M. Bozzuto, Beaver Creek, OH, has been elected a Fellow in the American College of Osteopathic Emergency Physicians. Dr. Bozzuto recently has separated from the U.S. Air Force, and is presently an attending emergency physician at Good Samaritan Hospital in Dayton, OH.
1980 cont.

Bruce A. Feldman, Allentown, PA, has received board certification in cardiology from the American Osteopathic Board of Internal Medicine. Dr. Feldman is a member of the medical staff at Allentown Osteopathic Medical Center, and maintains a practice with Lehigh Internal Medicine Associates. He is also board certified in internal medicine.

Stuart Kremer, Norristown, PA, has authored a paper titled “Rapidly Expanding Mass In a Neonate”, which has been published in the September issue of The Journal of Clinical Ultrasound. Dr. Kremer is a member of the department of urology at Suburban General Hospital, Norristown, PA.

Russell F. Mazda, York, PA, has joined the staff of the Department of Emergency Medicine at Memorial Hospital, York, PA.

Saul E. Schreiber, Las Vegas, NV, recently has been elected vice president of the Nevada Osteopathic Medical Association.

Drew J. Stetz, Huntington, PA, has been appointed to the medical staff of J.C. Blair Memorial Hospital. Dr. Stetz has opened a private practice limited to the specialty of otolaryngology.

1981

Gregory E. Cali, Scranton, PA, has joined the staff at the Lackawanna Medical Group’s Scranton Medical Clinic. Dr. Cali will practice internal and pulmonary medicine.

James R. DeSalvio, York, PA, has been appointed to the medical staff of Memorial Hospital.

James J. Glah, Everett, PA, has joined the medical staff of the Memorial Hospital of Bedford County, as an orthopedic surgeon. Dr. Glah has also opened a full time practice in orthopedic surgery.

Ronald L. Lewis Jr., Springfield, PA, has joined another doctor in practice at Metropolitan Hospital-Springfield Division.

David I. Lubin, McConnellsburg, PA, has joined the staff of Fulton County Medical Center as a general surgeon.

James T. Mc Nelis, Allentown, PA, has joined another doctor in Allentown Internal Medicine Ltd. Dr. Mc Nelis is certified by the American Osteopathic Board of Internal Medicine.

Nancy Mondero, Lancaster, PA, has joined the active medical staff at Community Hospital of Lancaster. Dr. Mondero is practicing general obstetrics and gynecology with a special interest in PMS.

Donald Sesso, Gwynedd Valley, PA, has been appointed as editorial consultant for the American Osteopathic Association. Dr. Sesso, chairman of the Department of Pulmonary Medicine at Suburban General Hospital, will be responsible for reviewing pulmonary research and textbooks for the AOA.

1982

G. Chris Christensen, Norristown, PA, has been appointed clinical instructor of Medicine at Temple University School of Medicine.

Frederick Fetzer, Sayre, PA, has been appointed to The Guthrie Clinic in Sayre, as Associate in Anesthesiology.

Joseph V. Salvia, Turnersville, NJ, has been appointed to the Department of Pediatrics at the UMDNJ School of Osteopathic Medicine.

Denise Wilson, Muncy, PA, has been appointed to the Emergency Department of the Muncy Valley Hospital.

1983

Holly G. Breuninger, Allentown, PA, has been appointed as a clinical instructor in pediatrics at Temple University School of Medicine.
Janet Brown, Phoenixville, PA, has entered into a partnership with another doctor, in a general medical practice.

Kurt E. Ehrenfeuchter, York, PA, is a new member of the Department of Anesthesiology of Memorial Hospital York, PA.

Stephen Hardy, Waterford, PA, has joined another doctor in a family care practice for adults and children.

Stephen Kruk, DuBois, PA, has joined the medical staff of DuBois Regional Medical Center with a practice in internal medicine.

Stephen D. Mifsud, York, PA, has been appointed to the staff of the Med Plus facility at the Lycoming Mall by Muncy Valley Health Care Foundation.

Frances J. Yanovik, Muncy, PA, has been appointed to the staff of the Med Plus facility at the Lycoming Mall by Muncy Valley Health Care Foundation.

1984

Deborah Bren, Danielsville, PA, has joined another doctor in family practice.

Anthony J. DeSalvo, Haverford, PA, has opened a family practice with another doctor in Haverford. Dr. DeSalvo is a member of the Department of General Practice at the Metropolitan Hospital-Springfield Division.

Patricia Enzman, Orefield, PA, has joined family practice at the Orefield Medical Center.

Ruth Frye, Allentown, PA, has joined East Penn Family Practice Associates.

Donna M. Hendrie, Upper Darby, PA, has opened a family practice in Upper Darby.

Patrick J. Kerrigan, Wilkes-Barre, PA, has opened offices at the Hart Medical Center, for the practice of family medicine. Dr. Kerrigan is a member of the active Medical Staff of Mercy Hospital.

Richard A. Ortoski, Erie, PA, has established a practice in the Erie area.

Joseph P. Quintiliani, Havertown, PA, has opened a family practice with another doctor. Dr. Quintiliani is also a member of the Department of General Practice at Metropolitan Hospital-Springfield Division.

In Memoriam

Mary Hiller Leiby, ’25, Falmouth, MA, died November 7 in Falmouth. Dr. Leiby, a member of the Axis Club as a student, established a general practice in Flushing, NY, upon graduation, and remained there until 1933. Returning to Philadelphia in 1944, she joined Joseph Py, DO, in a Roxborough practice until she established her own practice there in the early 1950’s. In 1968, she and her husband, Harry N. Leiby, moved to Falmouth where she conducted a limited practice for several years. In 1975, Dr. Leiby was honored by the AOA in recognition of her 50 years as an osteopathic physician.

Robert A. Whinney, ’37, Huntingdon Valley, PA, died November 16. Holder of an M.Sc. in urologic surgery, Dr. Whinney had served from 1939 to 1986 in many faculty clinical positions at PCOM, particularly involving anatomy and urology. For many years he was chairman of the Department of Urology, and at the time of his death was clinical associate professor of surgery.

Robert M. Young, ’51, Willingboro, NJ, died September 7. In active practice in Philadelphia until his death, Dr. Young also had served in the U.S. Air Force as a physician, and retired with the rank of colonel in 1976.
How Sweet It Is
PCOM Pharmacologist Michael Mahalik, PhD, Examines a Sugar Substitute’s Effects
By Lexi Lawson

My field of expertise is pharmacology and the study of birth defects. I first became interested in aspartame (consumer name: Nutrasweet) in 1983 shortly after the Food and Drug Administration approved its use in beverages. I learned that the breakdown products of aspartame metabolism were phenylalanine, aspartic acid and methanol, each of which could cause problems in the nervous system if given alone in large enough quantities.

The professor speaking at the news conference held earlier this Fall in the Dirksen Senate office building is Michael Mahalik, PhD, assistant professor of Pharmacology. Invited to Washington, DC, by the Consumer Nutrition Institute, a non-profit group petitioning the FDA to investigate whether aspartame causes eye problems, Dr. Mahalik represented PCOM, releasing his data findings to the news media. The conference, sponsored by Sen. Howard Metzenbaum, (D), Ohio, also heard reports by ophthalmologists, neurologists and endocrinologists. Members of “Aspartame Victims And Their Friends” also were represented by two women who had experienced eye problems which they attributed to aspartame. One woman had lost sight in one eye. The group said that some 10,000 cases related to aspartame have been reported.

Since the 1920’s, our health conscious population has searched for a replacement for saccharin. Aspartame was first introduced to the mass market in 1981 in dry form. It didn’t have the bitter aftertaste found in saccharin. Dr. Mahalik thought a closer look should be taken at the effects of Nutrasweet, to look beyond the public’s needs and wants and into the public’s well-being.

“It seemed to me that there could be potential adverse effects with excessive consumption of aspartame so I checked the literature to find studies pertaining to its safety in pregnancy, since this is my field of interest,” Mahalik said. “I found several articles evaluating the potential of the chemical to produce gross birth defects, such as extra fingers, missing eyes, and so forth. I wanted to know what effect aspartame would have on a neonate whose mother consumed the substance during pregnancy, because most of the studies either were prenatal or they examined the fetuses at term.”

Dr. Mahalik considered aspartame to be a chemical because it is manufactured synthetically. “Even though it consists of two naturally-occurring amino acids,” Mahalik points out, “the combination of these two agents does not occur naturally, or you could pick aspartame from a tree and harvest it.”

Three years ago he devised a preliminary experiment using laboratory animals to evaluate the reflex responsiveness of newborns, essentially using the same dosages, route of administration and treatment procedures that were used in one of the studies where no gross birth defects were observed. “I believe that in the study that was submitted to the FDA attesting to the chemical’s relative safety, the doses were very high with respect to estimated daily consumption, and safety was assumed because no fetal abnormalities were detected,” Mahalik said. “I wanted to know if these seemingly safe doses would produce neonatal problems that might be more subtle and more difficult to recognize,” Mahalik continues. “For example, it is much more difficult to detect learning problems or slight mental retardation in a newborn than it is to detect something physical like a cleft palate.”

Dr. Mahalik administered aspartame orally to pregnant mice over the last third of their pregnancy. This is the time when the nervous system is undergoing aspects of its development, such as myelination, and therefore may be susceptible to damage. The animals were allowed to give birth and the young tested for the appearance of specific reflexes which normally develop at established times after birth. Four different...
reflexes were evaluated. Only one, visual placing, was found to be significantly affected. This is the ability of the neonate to "see" an object (in this experiment, a rope) and reach for it, thus performing a rough test of visual acuity or focusing. This reflex is present 20 days after birth in normal, untreated mice, but was delayed two days in mice whose mothers were given a small dose of aspartame, and four and a half days in mice exposed to a larger dose. Both delays in achievement of the reflex were statistically significant when compared with either untreated or saline control groups. "Something abnormal happened at dosages that didn't produce gross birth defects," Mahalik commented.

"I would recommend that the most susceptible groups, pregnant women and young children, not consume it," the research scientist said. "In both of these cases the nervous system is still developing. Aspartame has its benefits, especially for diabetics. However, it needs to be proven safe."

The FDA is re-examining the most recent studies, and extensive research is being conducted at Duke University. That suits Michael Mahalik just fine.

"No one really knows the long-term effects," he said, "and I'm convinced that additional research must be conducted before we can say with certainty that aspartame is safe in the amounts that the American public consumes daily."
Faculty in Focus

James A. Giuliano has been named executive director of OMCP Clinical Associates, it was announced by Dean Joseph A. Dieterle, DO. Mr. Giuliano comes to OMCP from New Brunswick, NJ, where he acquired over a decade of experience in the organization and operation of medical school faculty practice plans.

Elliot L. Ames, DO, presented a paper titled "Major Limb Replantation in the Upper Extremity," at the meeting of the Hand Surgery Section, Annual clinical Assembly of Osteopathic Specialists, Las Vegas, on September 30. At the same assembly Sherman Leis, DO, lectured on "Total Nose Reconstruction."

Philip J. Pantle, DO, finished a one-year fellowship in clinical diabetes, in the Department of Metabolism at Temple University Hospital.

Alan K. Geisler, DO, cardiologist, has been certified in cardiology by the American Osteopathic Board of Internal Medicine.

Carl A. Giombetti, DO, was elected vice president of the Philadelphia Chapter of the National Society for the Prevention of Child Abuse.

Donald H. Thome, DO, and Domenic DeBias, Ph.D, have been commended by the PCOM Board of Trustees for their services as assistant deans. Leonard S. Rubin, Ph.D, has contributed a chapter titled "Autonomic Dysfunction in Alcoholism," for the book Stress and Addiction to be published this winter by Bruner-Mazel. Paul F. Maranzini, DO, has been appointed regional medical director for Consolidated Rail Corporation, on September 11.

Cornelius M. Donohue, DPM, is developing computer hardware and software to aid in studying the dynamics of evolutionary change in the structure of the human foot.

Sheldon P. Wagman, DO, has been re-elected president of the medical staff of Friends Hospital, to the hospital's board of managers, and to the National Board of Osteopathic Examiners in Psychiatry.

Bruce Branin, DO, clinical professor of chemical dependency for third and fourth year students, was the principal speaker at a cocaine information night at the Muncy Valley Hospital in September.

Silvia Ferretti, DO, chairperson and professor of rehabilitation medicine, participated at the fourth annual Seminar on Peripheral Vascular Diseases and Hypertension in August. The program is offered each year to Erie area physicians and professional medical personnel.

Osteopathic has joined with local 1199C, National Union of Hospital and Healthcare Employees, to re-establish PCOM's School of Allied Health in the training of medical technicians and assistants. The training program is believed to be the first of its kind to be jointly run by labor and medical college management.

J. Peter Tilley, DO, president, hailed the partnership as "a new beginning in an old relationship." Under the new dual management, PCOM will continue to provide faculty and the program curriculum. The program has been relocated from Rowland Hall to the hospital workers' headquarters in center city. Speaking to a full classroom at
the official opening of classes October 29, Dr. Tilley commended the union on its enlightened approach, and promised to continue PCOM's commitment to the field of allied health.

◊

Michael Gallagher, DO, recently was the featured guest on numerous radio programs discussing headaches. The programs included "Speaking About Your Health", (WCAU-AM), "Community Spotlight", (WSNI-FM) and "99 Magazine" (WUSL-FM and WFIL-AM). Dr. Gallagher also has received a grant from Sandoz Pharmaceuticals to investigate varying combinations of butalbital, codeine, aspirin and acetaminophen in the treatment of tension headaches.

◊

J. Peter Tilley, DO, president, has been appointed to the newly created National Council on Graduate Medical Education. The council will assess physician manpower needs on a continuing basis and recommend appropriate private and federal sector efforts for addressing those needs.

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◊

J. Harris Joseph, DO, clinical professor of surgery, has been elected first vice president elect of the American Cancer Society's Philadelphia division.

◊

Joseph A. Pacera, vice president of program development and marketing, lectured on "Current Financial Trends in Health Care" at an October symposium on "New Developments in Pediatrics" at Jeanes Hospital.

◊

Ronald Ganelli, DO, clinical instructor in General Surgery, has been elected Chief of Staff of Metropolitan Hospital-Central Division in Philadelphia.

◊

Donald Sesso, DO, PCOM '71 has been named clinical associate professor in internal medicine. Dr. Sesso previously served as an assistant professor.

◊

Frank Martone of Wilmington, DE, is a patient of David Heilig, DO, OMT. What makes Mr. Martone unique is that he recently presented to President Reagan a painting entitled, "America", a project he finished while in traction for a neck injury. For the artist, it is "Today the President, tomorrow the Pope." Martone says another of his paintings, "The Resurrection," soon will be included in the art gallery at the Vatican.

◊

Harris Ross, DO, assistant professor, Physical Medicine and Rehabilitation, lectured at PCOM, in October along with his mother, Ann Ross, on "Understanding The Deaf Person When He Becomes a Patient." Dr. Ross gives the annual lecture for physicians to develop sensitivity toward hearing-impaired patients. The lecture was sponsored by the department of Physical Medicine and Rehabilitation.

◊

In the hospital there's a new meaning to the phrase "Hail to the Chief," as Daniel Wisely, DO, Director of Medical Education, received an Indian war bonnet from his residents to commemorate an October birthday. Chief Wisely has sworn off the taking of scalps for several moons.

◊

Harris Ross, DO along with his mother, Ann.

Daniel Wisely, DO
Some of PCOM's visibility at the 91st Annual Convention and Scientific Seminar of the AOA meeting in Las Vegas November 2-6 included an impressive exhibit booth; a visual presentation of OMCP and the college today before an overflow alumni luncheon crowd, by President J. Peter Tilley, DO, Dean Joseph A. Dieterle, DO, and Alumni Association President Joseph A. Ackil, DO, and a large turnout to the increasingly popular PCOM cocktail reception. But individual performances by seminar speakers, and honors accorded three members of PCOM's clinical faculty kept the college at high profile throughout the four-day session.

Honored as newly elected Fellows of the American College of General Practitioners in Osteopathic Medicine and Surgery were Chairman and Professor of Family Medicine John Angeloni, DO, and Alumni Association Assistant to the Treasurer Louis Wm. Martini, DO. Elected a Fellow of the American College of Osteopathic Emergency Physicians was Steven Parrillo, DO, associate professor of Emergency Medicine.

Also moderating a Monday, Nov. 3 ACGP session on "Clinical Challenges in Hypertension" was William A. Nickey, DO, chairman and professor of Internal Medicine.

On Tuesday, Nov. 4, Shanker Vyas, PhD, director of Library Science, discussed "Ethics of Pain Control" before a session on sclerotherapy, and John J. Fernandes, DO, chairman and professor of Pathology, examined "Diagnostic Pitfalls" with members of the American Osteopathic College of Pathologists.


Lt. Cdr. Bill Glen, DO, '80, U.S. Naval Hospital, Cherry Point, NC, took first place in the American Osteopathic College of Sports Medicine-sponsored 10K run held on Sunday, Nov. 2.

A well-attended joint session on Thursday morning, November 6, covered "Controversies in the Treatment of Disorders in the Female Patient." Included among the speakers were Professor of Obstetrics Emanuel Fliegelman, DO, on "Clinical Concepts in Reproductive Medicine," and Edward A. Slotnick, DO, assistant clinical professor, discussing "Osteoporosis, Menopause, Hormones: Risk vs. Benefit."

Osteopathic is sponsoring the 2 P.M. local news on WCAU-AM, with radio spots aired during the Dr. Marty Weisberg afternoon program "Speaking About Your Health." The spots began on September 15 and will continue through March 15. They present Michael Kirschbaum, DO, John Angeloni, DO, Alexander Nicholas, DO, and Leonard Finkelstein, DO, discussing their specialties and the new same-day surgery unit at Osteopathic.
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<td>Alumni Assn. Board Meeting</td>
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<td>January 23-24</td>
<td>Founders Day Convocation and Dinner Dance</td>
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<td>January 25 - Feb. 1</td>
<td>Post-Founders Day CME</td>
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<td>March 9-15</td>
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<td>March CME's</td>
<td>7 - Psychiatry; 18 and 25 - General Practice; 21 - Endocrinology; 28 - Infectious Disease</td>
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<td>April 26</td>
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<td>April CME's</td>
<td>1, 8, 15, 22 and 29 - General Practice 25 - Rheumatology</td>
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