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Digest of the Philadelphia College of Osteopathic Medicine (Spring 1987)

Philadelphia College of Osteopathic Medicine

O S T E O P A T H I C

DIGEST

SPRING 1987

PCOM rugby co-captain Patrick Hanley displays the scars of battle and triumph.

"The osteopathic

profession has

progressed to its

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a dedication to

doing the necessary.

The imperatives for

success that we

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important as those

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faced in the past

and we must be

as successful."

— J. Peter Tilley, DO

C O N T E N T S

PCOM Ruggers demolish two foes and capture 1987 ERU championship. Bruce Carnivale

The Digest
of Philadelphia College
of Osteopathic Medicine

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Volume 49, Number 4

Cover photo by Mecki McCarthy

Imperatives For Success

By J. Peter Tilley, D.O., President

J. Peter Tilley, DO

The growth of the osteopathic profession has been truly amazing. Of the many alternative health professions that emerged in the 19th century, osteopathic medicine alone has achieved full recognition as a complete practice of the healing arts. This has been due to the essential rightness of the principles on which osteopathic practice is based and the ability of the profession to identify the tasks that needed to be done and accomplish them.

It was imperative to gain full medical practice licensure, so that every osteopathic physician could develop a full range of practice. It was imperative for the osteopathic profession to gain the accreditation responsibility for its own colleges and hospitals. It was imperative to capture recognition of the parity of the osteopathic profession by government.

Changes are occurring in medicine at a rate that challenge the adaptive capacity of both institutions and individuals. We are confronted with a decrease in our service revenues resulting from the insistence of those who pay for medical services that the price be decreased. Coincident with this pressure to decrease the price of medical services is competition among an increased number of physicians to provide services to a more selective and critical public. Our role, as a college, is to prepare our students and support our osteopathic colleagues in being successful in this environment.

"It is imperative to conduct research into the contribution of the osteopathic profession."

It is imperative to conduct research into the contribution of the osteopathic profession. A profession is identified by its unique set of beliefs and practices. These beliefs are tested and extended in clinical practice and the laboratory. By clarifying the osteopathic contribution to medicine, we can generate the enthusiasm of our students, patients and the public.

The past few years have established price as an important basis for choosing where to buy medical services; the present emphasis is quality—"Who gets the best results?" and "Who gets the best results at the lowest price?" A more fundamental issue is "Why?". The osteopathic profession must evaluate and document its practices so that it can claim its proper place in the competitive marketplace.

In the near future, we will host a symposium that will review the history of osteopathic research, evaluate current activities and look to future opportunities. Budgetary, administrative and grant support will be increased so that we can meet the challenge.

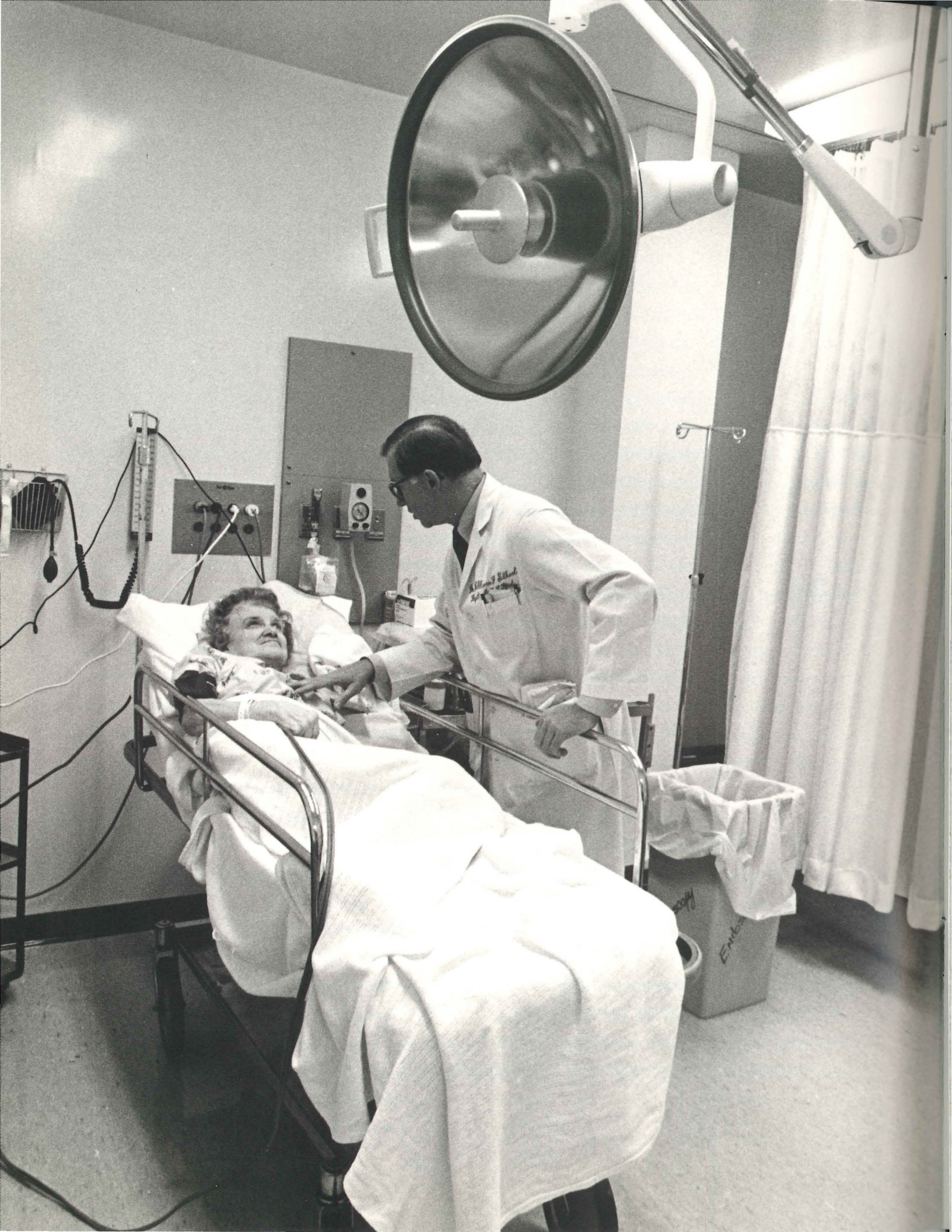
> "It is imperative that we teach and practice in a way that exemplifies an osteopathic approach."

It is imperative that we teach and practice in a way that exemplifies an osteopathic approach. Our profession has grown and thrived fundamentally because it is on the right track in providing health care. Orientation to the patient rather than the disease or procedure is fundamentally right. Emphasizing the mechanisms that maintain health, as well as reversing pathology, is fundamentally right. Examining the musculoskeletal system provides useful information in assessing the health and disease of the patient. Manipulation as part of the therapeutic regime is right. These emphases extend across the entire practice of osteopathic medicine but we recognize the need to provide a structure that particularly focuses on these approaches.

The Musculoskeletal Institute has been organized for this purpose. The name of the institute is not entirely satisfactory. We would like to draw attention to the neural and hormonal connectors and their musculoskeletal reflection as well as the mechanical functions of the musculoskeletal system. We will be asking for your help with a name in the future.

These imperatives go to the heart of our future. If we are successful in extending the understanding of our unique vantage point in medicine and clearly exemplifying it, we will have a proud and secure place in our community. Each of us has a role to play and I will be asking each member of the OMCP family to take a part.

The osteopathic profession has progressed to its present position by a dedication to doing the necessary. The imperatives for success that we face today are as important as those our predecessors faced in the past and we must be as successful.



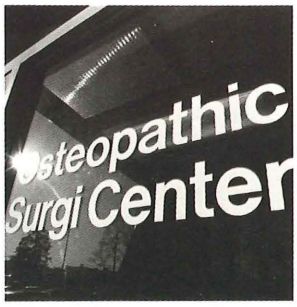
Ready for Ambulatory Care Growth

OSTEOPATHIC'S SURGICENTER

By Ralph Weltge

Ambulatory care is walking away with a growing percentage of inhouse hospital procedures. Cost containment pressures and advances in technology have teamed up to increase the patient flow through the revolving door of the hospital, rather than checking them into the wing offering full hotel accommodations.

According to the American Hospital Association (AHA), hospital sponsored out-patient surgery grew 277 percent between 1979 and 1986, to the point where it accounted for 38 percent of all 1986 surgical procedures. The AHA staff member interviewed by *Digest* admitted that the 38 percent figure was very conservative, and probably understated.



It is little wonder that the current estimates of the AHA say that up to 90 percent of the nation's hospitals are now offering ambulatory surgical procedures. After all, annual revenue projections for ambulatory care generally are pegged at $40 billion by 1990.

OMCP's Own Entry

Our own new SurgiCenter opened its doors at the end of 1986 after more than a year of research, planning and construction. The patient count was 266 the first month of operation, and was 315 during March of this year. The best average census to date has been 333 per month, or an average of 16.6 patients per weekday.

"It wasn't a matter of choice but survival," says Leonard Finkelstein, DO, FACOS, president of the corporation that manages the SurgiCenter. He does not hesitate to use the word "survival" as a heads-up businessman, a founding member of the SurgiCenter and chairman of urologic surgery at PCOM.

He remembers the days when the Big Blues and others paid for definitive, in-patient therapeutic procedures with no questions asked, and hospitals benefited financially from every admission. Medicare then brought utilization and peer reviews, and patients were kept no longer than medically necessary. Still, hospitals were paid on a cost basis for whatever they did.

An ad that is currently being broadcast on Philadelphia radio stations tells what happened next. "Health care costs have quadrupled in the last 10 years," intones the voice sponsored by CIGNA, one of the giant private insurers.

"So we started getting restrictive rules and regulations to contain costs, without sacrificing quality care, of course," says Finkelstein. "From there, it was only a small step to third party definition of what would or wouldn't be paid inhouse."

Shifting Bottom Lines

"It became apparent that we needed the capability to serve both inhouse and ambulatory patients," Finkelstein observes. "Some surgical and diagnostic procedures were too complicated for the physician's office, but not critical enough to require overnight hospitalization. The DRG and other third party payor systems mandate the use of the short procedure unit (SPU) for payment of hospital costs/charges on many surgical procedures."

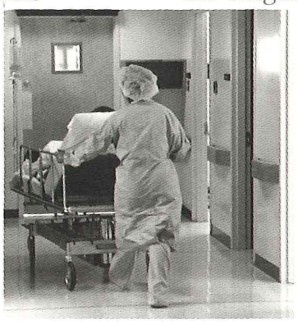
DRG cases now done as out-patient procedures assist the hospital in staying financially viable since ambulatory care travels with much lighter overhead baggage.

It's vital for the actual survival of the hospital to diversify where it can, because it will lose money on

Photos by Harry R. Gehlert

many inhouse cases simply by maintaining appropriate levels of care," says Finkelstein. "When the hospital can diversify, it should, and our SurgiCenter allows us to do that."

Balancing inhouse with ambulatory care has medical and financial benefits for the patient. To stay in the hospital when it is not medically required is foolish. "Hospital room and board alone cost more than $500 per day in the Philadelphia area," Finkelstein estimates, "and even though Osteopathic gives fine patient care, neither patients nor their insurers want to pay acute care costs for home style recovery."



The present delicate balance, however, may again be upset on October 1st when the new out-patient payment methodology changes. This is the next large change on the horizon of the American health care system.

The good news is that the Health Care Financial Administration is permitting hospital short procedure units to phase in the new payment system as they had done previously with DRG payments. This may well give hospitals some competitive advantages over freestanding surgical centers. With 25 percent of their out-patients over age 65, hospitals already serve more of the elderly patients than do independent centers, which attract younger patients; only about 10 percent are older than age 60, but 20 percent are under age 10. The elderly prefer to have ambulatory surgery done in a hospital setting.

Dedicated and Efficient

The SurgiCenter is separate yet integral to the OMCP complex, being located in the acute care building only a door away from the OR, primary recovery, X-ray, and the emergency department. "This gives us immediate mobility if other studies need to be done, and intensive care resources if a problem develops," says William Gilhool, DO, who is chairman of PCOM's division of gastroenterology and a physician who uses the SurgiCenter regularly. "Everything necessary is concentrated in this unit. That's part of its efficiency and the beauty of working here."

The unit was designed only after other SPUs in the area had been studied in order to benefit from their experience and mistakes. The result is a layout that is both medically progressive and patient friendly. "Referrals are easy. The patients are surprised how simple and convenient it is," says Gilhool.

"The referring physician knows that the whole job will be done right here," he continues. "There's easy access and admittance, excellent registration facilities, a fine waiting room for the family, a procedure done expertly and expeditiously, and the patient returns home without feeling that he or she has even *been* in a hospital. The design is holistic; the SurgiCenter works smoothly like a separate, compact clinic."

The wise decision to make the unit serve both hospital and ambulatory patients led to the inclusion of many procedures in addition to out-patient surgery. The SurgiCenter does all the endoscopic and urologic diagnostic work on campus as well, giving it a broader function than most hospital SPUs. The three treatment rooms are also designed for multiple modality usage when necessary.

This flexibility and the selective nature of the procedures done require a highly sophisticated nursing staff. The nurse to patient ratio is very good, and all are cross-educated in the other modalities for diversity and flexibility. The nurses in the SurgiCenter are specialists in pre and post operative care. These nurses understand the short term surgical experience, and the patient's and the family's need for support, care, and education. The diversity of the SurgiCenter, and the close working relationship of physicians, nurses, and the patient make the SurgiCenter an excellent place to work.

Superbly Equipped

Given the regulatory trends, the hospital is providing services that increasingly will be needed by physicians and their patients. The SurgiCenter is owned by the hospital which invested large amounts of capital in creating it, aided by the financial participation of the SPU Associates. "The genius is in providing staff with an outstanding facility appended to acute care, and still achieving the efficiency that helps the hospital remain competititve," says Finkelstein.

"This is a first class unit: everything here is up to date," observes Gilhool. "Some of this equipment

has modifications that were not even on the market last year." The urodynamics lab began operation in January, and has state-of-the art equipment enabling urologists to use diagnostic procedures heretofore unavailable on an out-patient basis.

Still more is on the drawing boards. "I'm hoping to have imaging facilities soon," says Finkelstein, "particularly transrectal and transurethral ultrasound capabilities. I would also like to see a dedicated laser in the SurgiCenter within the next year."

The attending staff are now being canvassed to determine what additional procedures they envision in the SurgiCenter during the year ahead. As *Digest* went to press, it was announced that bronchoscopies had been added. The center's management team projects growth across the board—increases in types of procedures done, patient volume, and the number of DOs referring patients to the SurgiCenter.

The Business Side

A new procedure is never introduced in the SurgiCenter until the medical prerequisites and financial consequences of it are known and conform to hospital policy and regulatory requirements. What are the necessities in terms of equipment and nurses' training? Will the third parties cover it? Such questions are asked by Regina A. Skowronski, director of the SurgiCenter.

"If hospital services will not be reimbursed, we won't touch a procedure," she says. With Walter Brand, hospital executive director, she watches every aspect of the center's business operation—staffing, costs, efficiency, patient volume, reimbursements, and marketing—to make sure that every dollar counts toward profitability.

Skowronski is employed by the OMCP SPU Associates, P.C., to represent the corporation licensed by the hospital to manage the SurgiCenter, but she cooperates closely with the hospital, shares its goals, and follows all of its regulations. In a way, she represents the innovative covenant between the hospital and physicians that made the SurgiCenter possible in the first place.

Her priority right now is physician relationships, which she considers crucial for the growth of the SurgiCenter. "Problem solving is the approach," she says, "because I want the services of the unit fine tuned to the point of optimum efficiency and pleasantness, with as little aggravation as possible experienced by the physician, the patient, or the staff. When all are satisfied, then the best professional relationship has been achieved."

Few hospitals have time to concentrate on their physicians' problems as Ms. Skowronski is doing. She offers free training for physicians' secretaries arranging for pre-admission work and scheduling. Efforts to make scheduling as easy as possible are ongoing. Pre-admission testing can now be done on Saturdays. The SurgiCenter may begin offering evening and weekend procedures as well. "We are doing our very best to please the physicians," she pledges.

Come on Board!

"Surgeons and medical endoscopists who want an exceptionally fine place to work, and who like to be associated with specialty people who are as good as any in the area, are more than welcome to come on board and participate with us," says Finkelstein.

Those already on board are very positive about their experience and generous with their praise for the SurgiCenter and its nursing staff. "It's phenomenal here," Bill Gilhool declares. "I've been in a lot of hospitals that take a couple of rooms, paint a sign, and call it a SPU. That's permitted; but this place is years ahead of mere permission. It was designed as a SurgiCenter, is superbly equipped and staffed by excellent nurses, and the patients really like the atmosphere. Word of mouth will get around."

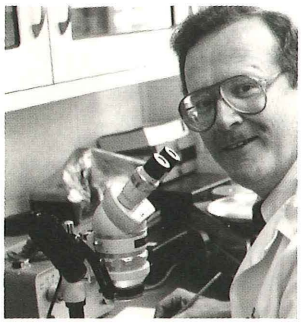
The economic climate is extremely difficult today for health care institutions like this hospital, and it is vital for the whole osteopathic profession that the school itself stays financially healthy. The support of DOs in the Delaware Valley who have graduated from PCOM is cherished and warmly encouraged. All things being equal in choosing a hospital, loyalties are a graceful way of remembering a physician's professional roots.

Len Finkelstein sums it up this way: "We have excellent doctors here, great facilities, and a place tuned-in to caring for patients. We want to make DOs proud to be osteopathic physicians. Give us your support, we would love to see you working along side us!■

Tage N. Kvist, Ph.D.

The Topography of Assistant Deanship

By Ralph Weltge



Tage N. Kvist, Ph.D

"I love to teach," says Tage Kvist, PhD, who is an associate professor of anatomy at PCOM. "So it was a natural progression to accept the post as assistant dean for basic sciences. Now I have more input on curriculum, and also more ways to influence the educational climate of the college."

This native of Denmark, with one foot in teaching and the other in administration, has a full time job on his hands. He is also in charge of the electron microscopy facility, oversees the animal facility, serves as the director of the School of Allied Health, and pursues his own research projects on spina bifida.

Teaching remains the center of focus in his professional life as his first love and the source of the perspective he brings to other college responsibilities. Fully sixty percent of his work is involved with the anatomy department where his forte is the human development course. The assistant deanship takes about a third of his time, and research consumes the rest.

Bridging the Gap

Straddling traditional academic lines may well be an optimal stance for seeing the educational enterprise in a holistic way. Tage Kvist's first goal is to achieve more integration of clinical studies and the basic sciences, which now live in largely separate worlds. The need to do so is reflected in questions he is sometimes asked by students—"Why are you teaching this to us? Is it important, or just another hurdle put in our way?"

While they may seem like obstacle courses to students, the basic sciences are the foundation on which good clinical practices are built. "It's an integral continuum," says Kvist, "but students move on to clinical work and tend to never look back. Therefore, integration is a faculty responsibility in both phases of medical education."

He offers illustrations. Clinical material, if simplified, can be introduced in anatomy and he plans to do more of it. Likewise the basic sciences surface again in clinical practice where an understanding of both normal physiology and dysfunction are required. He also hopes to increase faculty dialogue and common research interests, like a grant proposal in process that will necessarily involve both sides of the house.

Dr. Kvist is a PhD among DOs, and his concern for departmental integration at PCOM is an educational corollary to the osteopathic concern for the whole person. "We have to look at what's important to the osteopathic physician," he says.

New Ways of Seeing

The ways in which physicians look at the human body are today being altered by technology. Computerization is Tage Kvist's second goal for the college. "Computers are becoming very important in teaching the basic sciences," he observes. "I'm thinking of their use in case studies, formal review, and especially in teaching anatomy. Computers will be a tremendous help in anatomy classes."

The advent of the CAT scanner enables the physician to look at the human body sectionally. This requires a new approach to teaching anatomy and recommends the use of computerized tomography. In addition, some medical schools are now doing cross-sectional cadaver dissection, and Tage Kvist foresees the day when this will also be done at PCOM.

Faculty Development

Knowledge in the basic sciences now doubles every four or five years, putting pressure on the faculty to stay abreast and to focus on what is important for students preparing to practice. This makes basic science faculty development the third major concern of assistant dean Kvist. For him, the real key to faculty development is a vigorous and expanding research program at the college.

"To me, research is an important component of the basic sciences, a natural and active way to grow," he reflects. "You simply have to do research, and ideally there would be no restrictions on

'Research is an important component of the basic sciences, a natural and active way to grow...'

it." The salutary effect in terms of the medical knowledge explosion is in research requiring faculty to stay current with the literature in their respective fields.

In the real world of a large medical college like PCOM, there are some factors limiting research. One, at least, is self-imposed in keeping with the mission of the college. Some research is naturally channeled toward the interests of the osteopathic physician. Previously, the educational function had been the major focus of the college. The new administration, however, is encouraging the research program to grow as a complimentary and envigorating effort alongside teaching.

Time and Funding

'My role is to provide the faculty with the opportunity to do research by making sure that they have the time and funding required for it...'

This new freedom is no facile solution to several problems seen by Kvist as inhibitors of research at PCOM. "My role is to provide the faculty with the opportunity to do research by making sure that they have the *time* and *funding* required for it," he notes. That's no small task, and no simple set of closely related barriers to overcome.

The constraints of the past were largely a matter of time strictures. To win more research time requires an increase in the number of teaching faculty, which, in turn, calls for more institutional income. In running the string out, one moves rather quickly from minutes to manpower and back to money, the root of many academic woes.

The assistant dean is convinced that improving the financial picture and the faculty/student ratio both hinge on sharpening the classic profile of this college rather than indulging in "medical-me-too-ism." "We can secure the future if we demonstrate and build on the uniqueness of this osteopathic college," he claims.

'We can secure the future if we demonstrate and build on the uniqueness of this osteopathic college...'

Kvist is exploring all kinds of ways to grease the skids down which the PCOM research vessel will be launched. For example, he imagines a future faculty incentive plan that would reward those who win substantial research grants for the college. The rewards might be promotions, contract extensions, salary supplements, a lighter teaching load in order to concentrate on research, whatever. This would be attractive to basic science faculty who have no practice plan, and the new income would enable the college to augment faculty.

Increasing the cost efficiency of the OMCP complex is the other side of the coin. The new, multi-corporate structure is an important step, and he has high hopes for the corporation designed to develop capital and to fund new ventures. Recent renovations in the hospital, for example, have addressed the need for equipment and made patient referral more attractive.

Personal Commitments

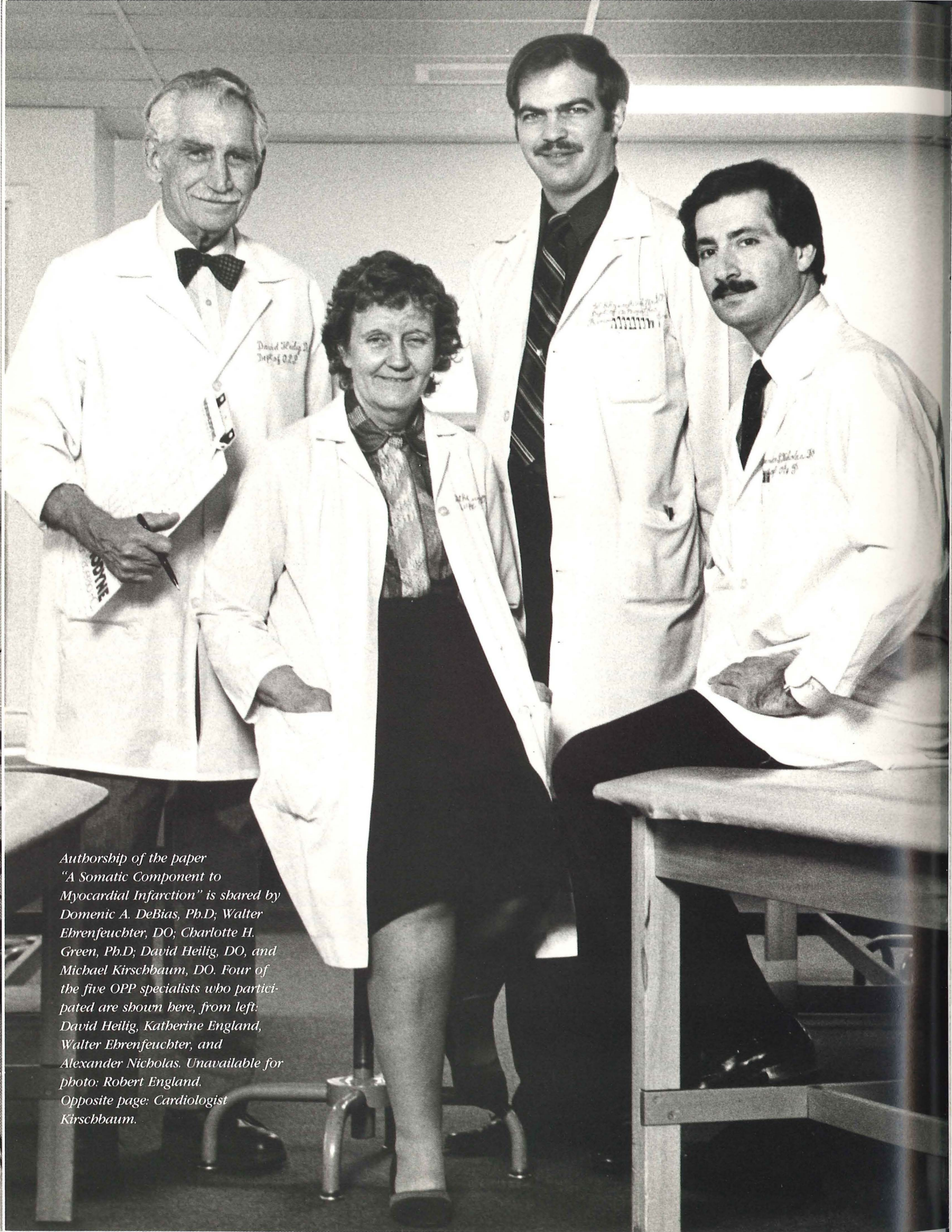
Asked about his own research, Tage Kvist says, "I'm doing long term research on the still unknown mechanisms by which spina bifida occurs. Right now, this involves a new project in cooperation with Dr. Walter Prozialeck in pharmacology. We're looking at the molecule called *calmodulin* which regulates cell calcium concentration."

Personal interest and family experience have also led him to devote considerable time and talent to the Spina Bifida Association of the Delaware Valley, of which he is a charter member. For seven years he has served as vice president and then president of the association.

Tage Kvist was born in Copenhagen, Denmark, and became a citizen of Canada where he did his undergraduate studies. He came to the U.S. for his graduate work, and received a PhD in biology from the University of Pennsylvania. Prior to joining the PCOM faculty, Dr. Kvist was chief of neurosurgery research at the Children's Hospital of Philadelphia.

Always the teacher, his dream for the PCOM class of 1997 is that the large lecture format will be generously supplemented by small group instruction. "We could enjoy more interaction with the students by increasing small group discussions and problem solving," he says.

Dr. Kvist is a teacher and administrator committed to building on PCOM's strengths and preparing osteopathic physicians for practice in the 21st century. ■

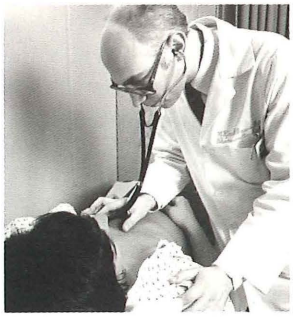


Authorship of the paper "A Somatic Component to Myocardial Infarction" is shared by Domenic A. DeBias, Ph.D; Walter Ehrenfeuchter, DO; Charlotte H. Green, Ph.D; David Heilig, DO, and Michael Kirschbaum, DO. Four of the five OPP specialists who participated are shown here, from left: David Heilig, Katherine England, Walter Ehrenfeuchter, and Alexander Nicholas. Unavailable for photo: Robert England. Opposite page: Cardiologist Kirschbaum.

RESEARCH AT OMCP

Story and photos by Harry R. Gehlert

The effort to create a body of medical literature that makes an airtight case for the validity and usefulness of osteopathic medicine has been going on since the days of founder Andrew Taylor Still. However, no osteopathic research effort had ever been described in an internationally distributed medical publication other than the American Osteopathic Association's own AOA Journal until 1985. In that year readers of the the British Medical Journal were able to share in the results of a research project that proved a medical principle long accepted by osteopathic physicians—one that they had often used to help their patients.



The paper was written by PCOM faculty members and accepted and published in the British Medical Journal of July 1, 1985. It was titled: *A Somatic Component to Myocardial Infarction* and was based on research carried out by a group of researchers at PCOM between 1978 and 1984 who had compiled evidence proving that a palpable somatic lesion is revealed in patients suffering a myocardial infarction.

The usefulness of such a study had long been apparent to osteopathic physicians and researchers who had observed the lesions in heart attack victims. It would prove equally illuminating to others in medicine who had not been aware that such lesions existed. Typical experiences were those of Dr. Robert England, DO, dean of PCOM from 1973 to 1984, and Domenic DeBias, Ph.D, professor, Physiology & Pharmacology, and chairman of the Department.

England, on a day early in his practice, had been accompanying a real estate agent in the search for a business property. He noticed that the man would often stop to rub his back against a door jamb. In answer to England's question about it, the agent said that the irritation had persisted long enough for him to wear out several shirts. England then performed what he calls a "sidewalk examination and diagnosis." He palpated the man's upper back and discovered the area of the upper vertebra to be hard and swollen. Familiar with this symptom through his training as a DO, he suggested to the agent that he had a potential heart problem, and urged him to get an electrocardiagram and a more detailed examination. England, concluding his dealings with the agent, thought no more about his quick diagnosis until six months later, when the agent phoned him. The call came from a hospital, where the agent was being treated for a heart attack.

DeBias, welcoming a chance to seek convincing evidence of the somatic lesion, designed and implemented the study. He assembled a team of specialists from PCOM's departments of Osteopathic Principles and Practice, Physiology & Pharmacology, and Cardiology. The OPP members were asked to examine and palpate 62 patients, some with diagnosed cases of myocardial infarction and a control group made up of persons who were suffering from diseases other than myocardial infraction, or from no disease. The announced object of the study was to learn if palpable changes through the thoracic dorsum, frequently observed by osteopathic physicians who had been treating patients suffering a myocardial infarction, were a reliable precursor of that infarction. If it could be proved to be so, reasoned the researchers, then it

would be an important sign during a routine physical examination, alerting the physician to pursue a diagnosis of unrecognized myocardial infarction. Further, correlating the somatic component with a specific cardiac abnormality might be valuable in assessing the efficacy of treatment by taking the rate of disappearance of the component as a reflection of improved cardiac physiology.

Of the 62 patients studied, 25 had had clinically confirmed myocardial infarctions 3 to 5 days before transfer from Osteopathic's intensive care unit to a step-down unit. Twenty-two patients without known cardiovascular disease served as controls. A further 15 patients who were excluded from the two other groups because they had cardiovascular disease other than myocardial infarction were continued as an ancillary group.

The physicians confined their examination to palpating the paravertebral soft tissue of the thoracic dorsum. Conversation with the subjects that might have provided "judgment" clues was proscribed, and visual clues such as gowns, identity bracelets, intravenous lines and chart covers were identical in every case. So successful was the study that, according to the statistical method used, the probability of error is only one in one thousand.

Walter Ehrenfeuchter, a member of the OPP team doing the palpating, says that there was no doubt about the existence or non-existence of the component. "I never had any question of, should I record this one or not," he reports, "the palpatory findings were either there or they weren't."

A new effort to reconfirm the study is underway. Patients who participated in the earlier effort are being re-examined to determine whether the lesions have diminished or changed as the patients have either recovered or experienced further complications.

The study was reprinted in the Journal of the AOA, volume 87 Number 2, February 1987.■

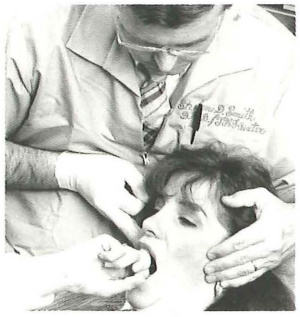
Fluoridated Water—Valid for All?

Charlotte Greene, Ph.D, associate professor in the Department of Physiology/Pharmacology, and co-author of the published paper on a somatic component to myocardial infarction, is making a study that will help determine if fluoride in drinking water, which helps children to avoid dental caries, is detrimental to the health of other persons who have survived a myocardial infarction and whose hearts may be dependent upon a different form of metabolism.

Heart cells that have been deprived of oxygen convert from an aerobic form of metabolism to one that does not require oxygen (anaerobic). Fluoride is an inhibitor of several enzymes of glycolysis (the breaking down of sugars into simpler compounds), which is an anaerobic form of metabolism. Fluoride, when ingested by a person who has suffered trauma to the heart, may be preventing the heart's recovery by inhibiting the ability of heart cells to convert glucose. Dr. Greene has examined 3000 micrographs of dog heart cells that have been isolated, divided and placed into incubation flasks with amounts of fluoride that are proportional to the amount normally found in drinking water. In the photo, she is seen examining the projected positive micrograph image of a cell enlarged 250,000 times. The grid onto which it is projected facilitates counting and measuring intracellular parameters that reflect the cell's metabolic integrity.■

Research at the Temporomandibular Center

Research into the relationship of TMJ disorders and the occurrence of upper cervical lesions has revealed that 87 percent of the patients treated at Osteopathic's Temporomandibular Center for TMJ disorders have upper cervical lesion complexes requiring further integrated osteopathic treatment.



Techniques of osteopathic manipulation for the relief of TMJ pain continue to be developed at the Center. In the photo, Stephen D. Smith, DMD, the Center's director, demonstrates an osteopathic technique developed to relieve jaw pain secondary to structural deformities or stress. The maneuver involves placing two of the patient's fingers flexed at the interphalangeal joint into the mouth and bending the head and neck forward. This applies just enough pressure on the masseter muscles to cause reflex inhibition utilizing intrafusal fibers.

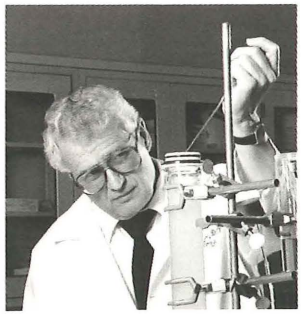
The research project using this masseter/muscle energy technique was suggested by student Les Folio. The TMJ team is continuing to evaluate the technique as an exercise that may be used by the patient at home.

Manipulation of the jaw/joint and the reduction of jaw noise via stethoscopic evaluation is also being studied.■

PCOM's Director of Research on Research

Coordinating a renewed emphasis on research at PCOM is Lawrence E. D'Antonio, DO, who joined the faculty in 1986 as Director of Research and Associate Professor of Microbiology. D'Antonio was chosen by OMCP President J. Peter Tilley to direct a revitalized research program—one that encourages effective basic science and clinical research that can demonstrate the contributions by the osteopathic profession to the world's medical knowledge.

In fiscal 1987-88, PCOM's budget for research will be the largest in its history. The funds will be used to seed the development of new research projects and provide equipment and supplies.



"We now are fortunate to be practicing in a milieu of intensive research activity in all fields," says D'Antonio. "Osteopathic research should draw on all these diverse scientific disciplines. We should not specialize too narrowly. If the data we produce is good, it will be published. And we should not hesitate to use the latest technology to study and evaluate our findings, and show how to use them.

"Some advances in medical technology seem especially suited to osteopathic studies," he says. "We are uniquely qualified to exploit magnetic resonance imaging, CAT scanners, the computer, and other advanced technologies." D'Antonio speaks admiringly of work now being done with video recorders and computers that examine the geometry of joint motion and analyze the changing relationships of the body's moving parts.

"Previous researchers did what they could," D'Antonio observes, "given the existing social and technological situations at the times in which they were at work. Now the climate is more favorable for acceptance of osteopathic research efforts and their findings. Opportunities to share osteopathic knowledge are becoming more available as barriers to its acceptance continue to fall. Times have never been better for beginning efforts to achieve the mass of research activity that leads to continuing momentum and attracts funds from government, charitable foundations and industry."

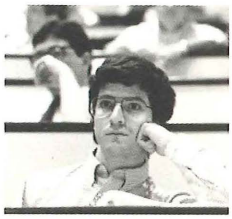
Some of the increased research effort will produce a series of symposia designed to help consolidate and share information on osteopathic research. A task force that includes, with D'Antonio, Assistant Deans Robert Berger, DO, Tage Kvist, Ph.D, and Dean Joseph A. Dieterle, DO, has been created to organize and schedule the symposia. Three are envisioned. The first will deal with the early history of osteopathic research. The second will cover its status at present, describing current technology. The third and final session will examine directions contemporary osteopathic research may take in the foreseeable future.

D'Antonio is himself a dedicated researcher. Since 1976 he has written or been co-author of 22 abtracts and articles, most of them dealing with his long-term work to develop a malaria vaccine. Several foreign countries have deemed his work on the purification of parasite antigenic factors sufficiently original to qualify for patents.■

The Changing Challenge of Student Recruitment

Hooking the Best

By Ralph Weltge



The podiatry and dental schools have been hardest hit by the currents of change. Georgetown Dental School will *not* have a new first year class because it is scheduled to close the doors and turn out the lights. Last year, podiatry schools had 1.1 applicant for every new student slot available, skirting the edge of accepting everyone who applied for admission.

At PCOM, our ratio of applicants to admissions is still healthy *at more than five to one*. Of the 1,100 applicants last year, 890 didn't make it after 210 new students were matriculated by the college.

Nevertheless, the entire admissions picture nationally is significantly different today than it was during the student glut of the early 70's. Medical as well as osteopathic schools are gearing up for more aggressive competition in fishing the diminishing, common pool of this student generation.

Low Demographics & High Costs

In an era when the applicant pools of all professional schools are shrinking more than 10 percent annually, it is little comfort to know that allopathic schools are experiencing a greater decrease, by a point or two, than are the osteopathic schools. For decreases of any kind tend to ring flat on the American psyche, conditioned as we are to cultural myths of "eternal growth and progress."

If blame be fairly placed, it can be laid on unconceived students, uncontrolled inflation, and unappealing changes in the medical profession itself. "You have to look at the reasons for the problems we're now facing," says Carol Fox, PCOM's Director of Admissions and Student Affairs. She can take the long view, remembering the old campus in the late 60's when the application ratio was also five to one. She also experienced the baby boom peak years when the ratio was thirteen to one in '73.

The demographic fallout is the first, most obvious and intractable origin of the decrease. "There's simply a dearth of young adults in the 21-25 age group," she observes, "and the trough that hit the undergraduate colleges five years ago has reached postgraduate level." "Now we're feeling it on this end of the pipeline," says Robert Cuzzolino, Assistant Director of Admissions and Student Affairs.

Fox points out that the second reason is the extremely high cost of medical education today. "Less than 20 years ago, our PCOM tuition was $1,200 and now it's $12,500," she says. "The average student leaves with a $50,000 educational debt and will eventually pay back 300 percent of that amount. This is a real deterrent to moderate income families who fear large debts, the very people who have been our strength."

Medicine Mutatis Mutandis

"The practice of medicine is not what it used to be," Fox admits, identifying the third cause of the applicant drain. She accurately points to the paradox of ever-increasing technical proficiency being accompanied by a progressive erosion of the classic, entrepreneural type practice. It is a story of the loss of independence, mountains of paperwork for third party payers, increasing government regulatory rigoramarole, and even the rise of health care middlemen. There are dangers of the profession becoming just another closed-end job.

A compounding factor is identified by Cuzzolino, who recognizes that "Medicine has lost some of its shine." He goes on, "The potential applicant with a science/math aptitude now sees competitive options that seem very

The classroom they must fill each year around them, Director of Admissions Carol Fox and Assistant Director Bob Cuzzolino see a silver lining in the current clouds of student recruiting.

attractive, such as MBA programs and the high tech fields of computer science and telecommunications. Add on the bad press that medicine has gotten, and you can understand the migration out of the pre-med route."

The summary numbers look like this—the PCOM admissions staff receives 1,100 applications, then the faculty committee on admissions personally interviews 400 and accepts between 270 and 295 in order to fill a class of 210 students. The same filtration system is used by all professional colleges, who figure on a burn-off percentage because most applicants are considering multiple offers. "It's like a game of musical chairs," observes the director.

Admissions people in other schools are often surprised that PCOM accepts only about 25 percent more candidates than full class capacity. One key to the high percentage of students accepting PCOM's offer of admission is making sure that applicants know what the next four years will be like. "One criterian for admission is a good knowledge of osteopathic medicine and a letter of recommendation from a DO," says Cuzzolino. "Those interviewed should be oriented our way and prepared to make an informed decision."

Under the Scan Lens

Carol Fox remembers the early 70's when there were hordes of people with good credentials. "It was frightening, and also discouraging because we had to turn good people away for lack of space," she says. "There are some advantages to a smaller pool. Now we compare and evaluate people more closely and can give rejected applicants valid reasons for their not being accepted."

"There are some advantages to a smaller pool. Now we compare and evaluate people more closely . . ."

PCOM still takes the cream of the smaller crop of students, and she points out rather forcefully that the high college admission standards have not been compromised. "Our MCAT scores and GPAs have remained stable over the years," she maintains. "And we have no quotas." However, she does lament the scarcity of older students, like veterans and second career people, whom she feels are a stabilizing influence on the college ethos.

An important, complimentary PCOM criterion is added by Robert Cuzzolino's observation about desirable qualities in addition to academic indicators. "This is a practitioner's program," he says. "Grades and scores don't reveal a person's potential to be a healer. We're also looking for the unique gifts suitable for the osteopathic profession and general practice. How well will this person respond to people? We want some of those human and social qualities like compassion, maturity, which balance academic performance. Those are the students often missed by other medical schools."

Home State Strengths

The appeal to a different kind of student, who resonates to the college mission, shows up in the alumni statistics. Seventy percent of all PCOM graduates go into family medicine and fully 86 percent are in primary care. Sometimes overlooked is the fact that a large majority of them come from Pennsylvania and also choose to practice in the land of the plain and fancy.

"We have a commitment to the residents of Pennsylvania," says Fox, "and we've always shown a strong representation statewide. In the current first year class, 37 of the 66 Pennsylvania counties are represented and comprise fully 70 percent of the class members. In addition, 25 other states are also represented in the class."

Moreover, many of our Pennsylvania students come from moderate income families and are hard hit by rising tuition and evaporating federal aid. No one knows how many *didn't* apply for admission after they counted the four-year tuition costs, figured on paying back high interest loans three times over, added the cost of setting up a practice, and then checked out liability insurance payments. "Students who apply to medical school today *really want* to practice medicine," says Fox. Today, fewer do.

The college does what it can with the loans, grants, and scholarships available. "Everywhere I look I see less money and more need," says Virginia Gavigan, PCOM's Director of Financial Aid. "Even the old standby HEAL loans will become need-based this year, that's the biggest change." She hopes that alumni who are still paying back the revolving funds at the college will continue to meet their obligations, and that established alumni will consider the worthiness of founding a scholarship.

An Aggressive Recruitment Stance

The two overriding goals of the admissions staff are *to keep student merit high and to keep class enrollments full*. Each one would be a cinch to achieve if the other were lowered, but the college has no intention of sacrificing either quality or quantity. The challenge is to work around the changing realities of demographics, costs and competition that PCOM faces along with all other professional schools, and to increase the applicant pool during a buyer's market.

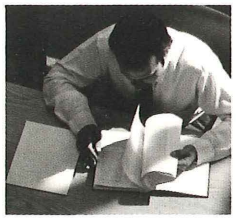
The college has a head start on the competition because it has always reached out to the colleges, even during the heyday when most sat on their laurels and let the students come to them. The advantage stems from that continual need to inform pre-med students about the real nature of osteopathic medicine.

"So we already have close relationships with many pre-med advisors, and special relationships with those colleges that have been our prime feeder-schools," says Fox. "We've got informed contacts, and now that recruitment is more critical we're taking the initiative rather than visiting campuses by invitation only."

"Now that recruitment is more critical we're taking the initiative rather than visiting campuses by invitation only . . ."

The newly aggressive stance is evident across the board. The admissions team has moved to counter the applicant decline with many steps that alumni should know, especially those that solicit your help with the job.

- ◇ **Get the best as soon as possible.** The recently instituted Early Decision Program is designed for highly qualified candidates who know they want to become DOs and have decided to do it at PCOM. With all that already in place at the end of the junior year of college, these top candidates are processed early and are accepted before their senior year begins. This enables them to enjoy a less stressful senior year and explore a wider range of courses.
- ◇ **Develop more feeder-schools.** The old faithfuls. . . like Penn State, LaSalle, St. Joseph's, Villanova, Gannon, Gettysburg, Westchester, and Albright. . . will be joined by one more large university this year as a student conduit. Still another is in the discussion stage. A further twist on such relationships is the affiliation agreement being negotiated with a number of colleges right now.
- ◇ **Encourage alumni to do well and to be proud.** "The best PR for the school and the profession is done by our alumni," says Cuzzolino. "We have DOs in communities across the country who are role models for the kids in the families they're serving. We want them to demonstrate and to explain the uniqueness of the profession by being available to community groups and to youth who are searching for a calling in life." (Call him for literature and help in presenting the PCOM choice.)
- ◇ **Throw open the campus doors.** We're holding a series of open houses that bring pre-med students on campus for a look around and an orientation to osteopathy. Some are tailored for blacks, hispanics, and other minorities.
- ◇ **Retain the students we already have.** "Our students range from good to excellent, so all should be able to make it through," says Cuzzolino. "We talk to students with all kinds of problems—personal, marital, financial, academic—and we help in every way possible. The competition here is tough, and the statistical fates decree that every class will have a bottom half. Several programs are there to shore up those in trouble."



In our admissions office, "R&R" has a meaning that is practically the converse of taking it easy. *Recruitment and Retention* are the bywords of the day, and the two go hand in hand.

The former is where most of the action is now taking place, and the college knows that its best recruitment is done in person. The persons who do it best are our alumni and our students. So let the community know who you are and where you're from. It's an old college tradition! ■

Faculty in Focus

The Quaker City String Band entertained at the Osteopathic Professional Staff Dinner Dance March 28 in a memorable evening for 320 physicians and guests at Twelve Caesars. DO's Henry D'Alonzo, Nicholas Nicholas, Robert Meals and Nicholas Pedano hosted the affair, with capable assistance by the hospital's Pat Mahoney.

PCOM is proud to announce that **Henry A. D'Alonzo**, DO, clinical professor of surgery, and **Robert Berger**, DO, professor of pediatrics and assistant dean for clinical education, have been elected fellows of the College of Physicians of Philadelphia. The college is the prestigious professional society that was addressed by President Reagan during his recent trip to Philadelphia.

Nicholas Burdash, DO, chairman of microbiology and public health, has been elected to the board of registry of the American Society of Clinical Pathologists. **Lawrence D'Antonio**, DO, has rejoined the department as an associate professor, and has also been appointed director of research at PCOM. **John Lohr**, PhD, has joined the department as an assistant professor, bringing research interests in the areas of viral immunology and pathogenesis.

Hale T. Peffall, Jr., executive director of alumni relations at PCOM, recently received Phi Sigma Gamma's *Alumnus of the Year Award*. He said that he accepted it on behalf of the alumni office staff as well as the Alumni Association, who also deserved credit for the assistance given to the fraternity, and then proudly hung the plaque on his office wall.

Stephen D. Smith, DMD, clinical associate professor and director of the Temporomandibular Center, published a paper entitled "Insights on TMJ Disorders" in the January 14 edition of the *Physical Therapy Forum Journal.* He also lectured at the January meeting of the 2nd Annual Symposium on Clinical Management of Head, Facial and Neck Pain and TMJ Disorders on the subject, "Dysfunctional Orthopedic and Musculoskeletal Relationships Causing Pain."

R. Michael Gallagher, DO, clinical associate professor of general practice, authored the article entitled "Timolol Maleate, a Beta Blocker, in the Treatment of Common Migraine Headache," published in the April issue of *Headache*. Co-authoring the article were **Robert A. Stagliano**, DO, '76, and **Carl Spirazza**, DO, '84.

Debra Spatz, DO, clinical instructor in general practice at the Laporte Medical Center, has published an article in the March 1987 issue of the *Journal of the Pennsylvania Osteopathic Medical Association* entitled, "Office Examination of the Hand."

Emanuel Fliegelman, DO, professor of obstetrics and gynecology, recently lectured on human sexuality at the Chicago College of Osteopathic Medicine. As the director of human sexuality programs at PCOM, he lectures on a rather regular basis at three other osteopathic colleges.

PCOM was well represented at the 1987 Bermuda International Symposium on Temporomandibular Disorders, Craniofacial Pain and Rehabilitative Dentistry. **Theodore Mauer**, DO, chairman of ENT, lectured on ENT correlations, integration of nasal-tumor screening, and maxillo-facial trauma. **Stephen D. Smith**, DMD, addressed topics including the integration of dentistry, TMJ disorders, facial pain, orthodontics, and prosthedontics.

Domenic DeBias, PhD, chairman of physiology and pharmacology, spoke on "Health and Nutrition" at the Spring Garden Senior Citizens Center in April.

David Bevan, DO, professor of medicine and chairman of the division of rheumatology, was program co-director for the CME seminar, "A Clinical Update in Rheumatology and Infectious Disease," held in Atlantic City early in May.

David Coffey, DO, clinical instructor in osteopathic principles and practice, appeared on Pat Croce's show, broadcast by WIP, and discussed osteopathic manipulative treatment.

A hospital staff team offers a new service designed to humanize the remaining days of terminally ill patients. Named *The Palliative Care Consultation Service*, its purpose is to establish a maintenance program for expert pain management, and to give special care for the emotional, spiritual, financial, and other concerns of the dying person and the family. The consultation team is composed of **Pete Hedrick**, DO, **Phyllis Taylor**, RN, and **Gwen Ferby**, MSW. When your patient needs the understanding, the number to call is 581-6019.

Physicians nationally have been alerted by **J. Brendan Wynne**, DO, chairman of the division of orthopedic surgery, to the possibly evicerating power of the vacuum toilets common aboard airplanes and cruise ships. His letter to the *Journal of the American Medical Association* told of responding to an emergency call aboard the vessel Pegasus, and witnessing a mishap that was stranger than fiction. A slightly obese, 70 year old woman had flushed a vacuum toilet while seated and the suction evacuated several feet of her intestine. The ship being in port at the time, she was hospitalized and reportedly survived the cruise. *Caveat transient!* ■

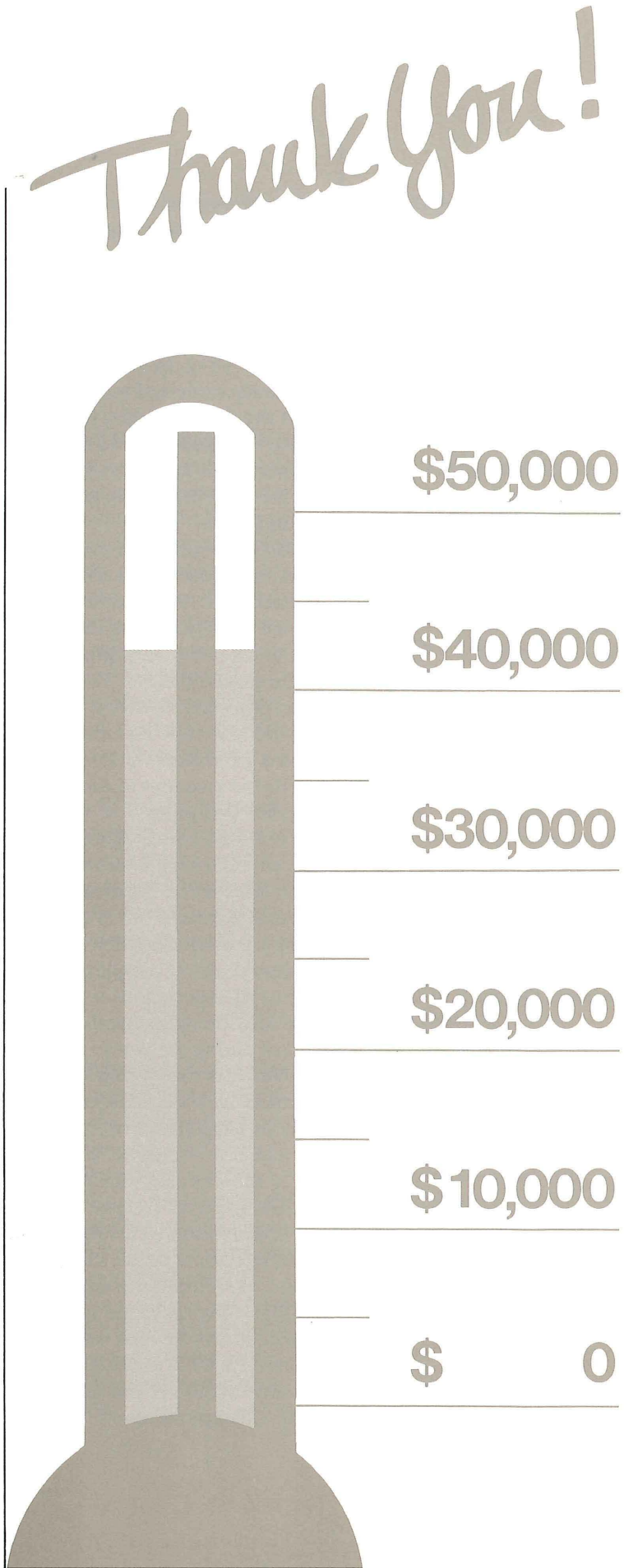
Phonathon Is a Rousing Success

PCOM's Most Generous Alumni made the 3rd Annual Student Phonathon a rousing success. The total amount pledged by alumni to the Student Loan Fund this year was a record breaking **$42,250!**

It happens every year. In spring, a medical student's heart turns to . . . well . . . among other things, coming up with next year's tuition. This noble inspiration put ranks of students on phones all over the campus from April 20-23, making thousands of calls to alumni who were eagerly waiting for a cheerful greeting from the alma mater.

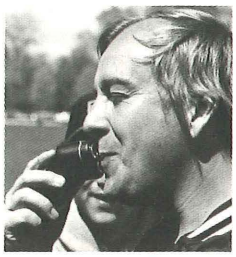
When it was all over, some of the more intrepid student callers couldn't unbend their arms, and walked around holding their left ears for a while. They were nevertheless proud of the alumni who pledged $42,250 this year, compared to $34,000 pledged in '86 and $20,185 in '85, the first year of the Spring Phonathon.

The students sincerely thank all those alumni who had their hearts strangely warmed by the appeal, and remind those who were, strangely enough, not home for four days in a row that alumni can still pledge a gift to the Student Loan Fund until the 4th of July, or even Labor Day if so moved. There is no need to feel left out. ■



PCOM's Rugby Triumph

By Walt Prozialeck, PhD



The executive director of alumni relations sacrifices his highly prized mustache in a ritual celebrating the PCOM ruggers' victory over Life Chiropractic. Hale Peffall had pledged his soup strainer in return for the 1987 ERU Championship trophy. The ruggers won gloriously, defeating Temple Medical in the final. Hale was shaved on the spot, and the team elected him their most valuable rooter.

Ruggers Take Eastern Rugby Union Graduate School Championship

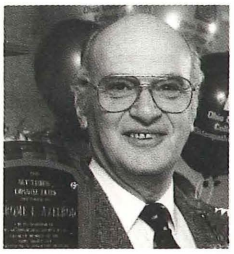
PCOM's Rugby Football Club defeated Temple Medical College, 14-12, in an exciting, intensely contested match to win the Eastern Rugby Union (ERU) Graduate School Championship for the second time in the five-year history of the tournament.

PCOM, which won the first ERU Graduate School Championship in 1983, reached this year's final by beating three-time defending champion, Life Chiropractic College. The win was especially satisfying for PCOM since Life had eliminated them in the first round of the tournament in each of the last two years.

The final, which figured to be an interesting confrontation between a conservative, scrum-oriented team (PCOM) and a free-wheeling back oriented team (Temple), lived up to all expectations with the lead changing hands five times during the game.

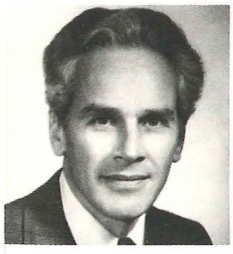
With less than 5 minutes remaining, Rock Roesner, whose kicking had been erratic earlier in the game, converted a short penalty kick to give PCOM the lead. Despite several brilliant, last-ditch surges by the Temple backs, including a missed penalty kick, PCOM hung on to the narrow 14-12 victory in what was surely the most exciting match in any division of the 1987 ERU Championships. ■

Ralph A. Farrington, DO '44 (center)



Jerome L. Axelrod, DO '47

Michael F. Avallone, DO '59



Floyd Krengel, DO '60

1944

Ralph A. Farrington, Needham, MA, was recently selected as the *Doctor of the Year 1986* by the medical staff of the Massachusetts Osteopathic Hospital and Medical Center in Boston. Dr. Farrington is chief of radiology at the medical center where he has over 35 years of tenure.

◇

1947

Jerome L. Axelrod, Athens, OH, was recently selected as the *Outstanding Faculty Member of 1986* by the Ohio University College of Osteopathic Medicine in Athens. Dr. Axelrod is professor of surgery at the college.

◇

1951

Jay R. Miller, York, PA, recently retired following 35 years of service to Memorial Osteopathic Hospital in York. Dr. Miller was chief of the department of radiology at the hospital from 1972-1985, and a member of the Miller/DiPietro Radiology Associates.

◇

1957

Burton Pomerantz, Miami, FL, is now president and chief operating officer of Patient Care of America, Inc., a physician owned and managed health maintenance organization in South Florida. Dr. Pomerantz has been in family practice and a consultant to medical and business organizations in Southern California, Houston, and South Florida.

◇

1959

Michael F. Avallone, Elkins Park, PA, was recently elected president of the Pennsylvania Osteopathic Medical Association at its 79th Annual Clinical Assembly. Dr. Avallone was also re-elected to a three-year term on the Board of Governors of the American College of General Practitioners in Osteopathic Medicine and Surgery, and maintains a general practice in Philadelphia.

Robert B. Swain, Narberth, PA, is chairman of urology at Suburban General Hospital, and was recently made a fellow of the American College of Osteopathic Surgeons.

◇

1960

Floyd Krengel, Asbury Park, NJ, was recently cited as *Physician of the Year* by the New Jersey Association of Osteopathic Physicians and Surgeons. A past president of the American Osteopathic Association and now vice speaker of its House of Delegates, Dr. Krengel is a clinical associate professor at the University of Medicine and Dentistry of New Jersey, and a preceptor for PCOM.

David Rosenthal, Dresher, PA, has founded and developed the Medical Center for Performing Artists at Suburban General Hospital in Norristown, PA, where he is chairman of the department of rehabilitative & sports medicine. Having begun his career as a professional musician, and still playing as the principal violinists for the Delaware Valley Philharmonic and the Reading Symphony, Dr. Rosenthal has specialized in the dysfunctions of the neuro-muscular-skeletal system experienced by dancers and musicians.

◇

1961

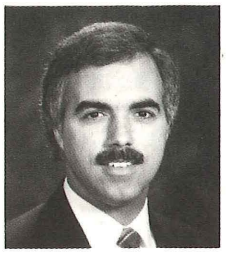
Anthony A. Minissale, Gladwyne, PA, has been elected to serve on the board of trustees of the Pennsylvania Osteopathic Medical Association. He is chairman of the department of surgery at Metropolitan Hospital, Parkview Division.

◇

1964

Alan P. Muto, Easton, PA, has been appointed to the medical staff, division of family medicine, at Easton Hospital.

Harold D. Stahl, DO '69



Thomas M. Bozzuto, DO '80

1966

Ronald A. Kirschner, Ardmore, PA, was recently made a fellow of the American Academy of Cosmetic Surgeons and the Osteopathic College of Ophthalmology and Otorhinolaryngology. He is chairman of the division of surgery and the department of otolaryngology at Suburban General Hospital.

William F. Ranieri, Haddonfield, NJ, has been named secretary-treasurer of the American Osteopathic Board of Neurology and Psychiatry. He is acting chairman of the department of psychiatry at the University of Medicine and Dentistry of New Jersey, School of Osteopathic Medicine.

◇

1968

Jeffrey W. Loux, Port Charlotte, FL, has become associated with professional sports by being appointed the team physician for the Texas Rangers.

◇

1969

Morris I. Rossman, Holland, PA, has been re-elected president of the medical staff at the Delaware Valley Medical Center where he is chairman of the department of cardiology and also the cardiac rehabilitation and human performance laboratory.

Harold D. Stahl, Centerville, OH, has been elected the 1987 chief of staff at Grandview Hospital and Medical Center in Dayton, OH, where he has been a medical staff member since 1974. He has served as president of both the Dayton Academy of Osteopathic Medicine and the Miami Valley Radiological Society.

◇

1970

James J. Nicholson, Blue Bell, PA, was selected by the Montgomery County Democratic Party and is its candidate for the county office of coroner.

◇

1972

David R. Byers, York, PA, was recently named medical director of Leader Heights Medical Association in York, where he will concentrate his practice on musculoskeletal disorders resulting from injuries.

◇

1973

Frank M. Lobacz, Bethpage, NY, was declared certified in the specialty of family practice by the certification board of the American Academy of Osteopathic Family Practitioners, and is currently in practice at Mid-Island Hospital and Southside Hospital.

1974

Stephen A. Krathen, York, PA, was recently elected as medical staff president at Memorial Hospital in York, where he has been a member of the hematology/oncology department since 1981.

◇

1976

Jeffrey S. Weisman, Philadelphia, PA, was recently appointed chairman of the department of medicine at John F. Kennedy Memorial Hospital where he developed the cardiac imaging ultrasound program. He is also assistant professor of medicine at Temple University Health Sciences Center.

◇

1977

Geraldine P. Baird, Philadelphia, PA, has been elected vice president to the Philadelphia County Osteopathic Medical Society District 1, and was also elected as a delegate of the Pennsylvania Osteopathic Medical Association House of Delegates.

Michael P. Najarian, Johnstown, PA, is director of trauma services and medical director of Life Flight at Conemaugh Valley Memorial Hospital, and was recently certified by the American Board of Surgery.

1979

John C. Evans, Altoona, PA, specializes in physical medicine and rehabilitation, and has joined the active consulting staff at Bedford County Memorial Hospital.

Alan R. Maniet, Philadelphia, PA, has been appointed director of echocardiography and director of the Doppler laboratory at Episcopal Hospital.

William R. Murphy, Kennett Square, PA, medical director of Bowling Green, has been certified by the American Medical Society on Alcoholism and Other Drug Dependencies, and also practices in the field of occupational and preventive medicine.

Earl J. Wenner, York, PA, is the medical director of the Rehab Hospital of York, and recently became a member of the medical staff of Memorial Hospital, department of internal medicine.

◇

1980

Thomas M. Bozzuto, Clarksburg, WV, has been appointed medical director of the emergency department at United Hospital Center. Prior to his practice in Clarksburg, he served in the U.S. Air Force as associate chairman, department of emergency medicine at Wright-Patterson Air Force Base in Dayton, OH.

Steven J. Fagan, Orange Park, FL, has received a 2-year fellowship in neuro-radiology at Northwestern University, Evanston, IL, beginning July 1, 1987.

Richard C. Geary, Jr., Wheeling, WV, recently received certification from the American Board of Dermatology, and is currently engaged in the private practice of dermatology in Wheeling.

Stephen G. Paxon, Altoona, PA, specializes in physical medicine and rehabilitation and has joined the active consulting staff at Bedford County Memorial Hospital.

John K. Taus, Whitehall, PA, a gastroenterologist and certified in internal medicine, has joined the department of medicine at Allentown Hospital.

◇

1981

David L. Beaton, Erie, PA, has been appointed chairman of the division of obstetrics and gynecology at Metro Health Center, formerly Doctors Osteopathic Hospital, where he had been elected chief intern.

Lawrence J. Collins, Lancaster, PA, has been appointed to the active medical staff of Community Hospital of Lancaster, and granted privileges in anesthesiology.

1983

Steven M. Evans, Pottstown, PA, has joined the associate medical staff at Pottstown Memorial Medical Center where he is working in the emergency department.

Bart K. Gershenbaum, North Miami Beach, FL, completed his family practice residency program at Southeastern Medicine Center in June of 1985, and has opened his office in North Miami Beach.

Joseph C. Gretzula, Boynton Beach, FL, who was the first DO accepted by the University of Miami, department of dermatology and cutaneous surgery, will complete his residency in June and open his practice in Boynton Beach, Palm Beach County, on July 1, 1987.

Stephen M. Kruk, DuBois, PA, an active staff member of the DuBois Regional Medical Center, has been certified by the American Osteopathic Board of Internal Medicine and is a medical practice associate in DuBois where he grew up.

1986

Susan M. Poserina, Philadelphia, PA is a resident at Delaware Valley Medical Center in Langhorne, PA, after serving for a period as the First Samaritan Lay Missioner at the Stewart Webster Rural Clinic in Richland, GA, a ministry of The Medical Mission Sisters. ■

William B. Strong, '26, Cumberland Foreside, ME, died February 28 at age 82 in Osteopathic Hospital, Portland. Dr. Strong specialized in internal medicine, practiced in the Philadelphia area for a time, and during his career headed departments at major hospitals in a number of cities, including Des Moines, New York, and Portland. He was a founding member of the American Osteopathic College of Preventive Medicine, a member of the Academy of Osteopathic Internists, and a trustee of the American Osteopathic Association. Dr. Strong received awards from the PCOM Alumni Association and the American College of Osteopathic Internists among other honors.

Raymond H. Rickards, '31, Shellburne, DE, died at his home on February 26 at the age of 80. Dr. Rickards practiced medicine in Wilmington for 40 years, and was a founding member of the board of trustees of the Osteopathic Association of Delaware. A Phi Beta Kappa graduate of the University of Delaware, he had been associated with Riverside Hospital since 1954, and was one of the original founders of the Riverside Association that preceded it. Dr. Rickards served as chief of staff, chief of the department of internal medicine, chairman of the credentials committee, and a member of the Riverside board of trustees for many years. A diplomate of the National Board of Osteopathic Medicine, he was executive secretary of the Delaware State Osteopathic Medical Society, and was also a member of the Delaware Medical Board of Examiners and the state of Delaware Board of Medical Licensure.

Sidney J. Katz, '51, Huntington Woods, MI, died on January 11 at the age of 61. A native of Philadelphia, Dr. Katz served as a medical corpsman during World War II, and then went on to do his pre-med studies at Penn State. Upon graduation from PCOM, he began his 34-year association with Horizon Health Systems as a pathology resident at the corporation's Detroit Osteopathic Hospital in Highland Park, MI, in 1952. Dr. Katz became director of laboratories at Riverside Osteopathic Hospital in Trenton, MI, in 1962. A decade later, he was appointed associate pathologist at Bi-County Community Hospital in Warren, MI, where he practiced until illness prompted his retirement in March 1985. Dr. Katz was a fellow and past-president of the American Osteopathic College of Pathologists, and also served on the American Osteopathic Board of Pathology.

Philip J. Pantle, '71, Broomall, PA, died on March 11 at the age of 58. Dr. Pantle was a member of the attending staff at PCOM, and also on the staffs of the Springfield and Parkview divisions of Metropolitan Hospital. Born in Scranton, PA, he served in the U.S. Army after World War II, and practiced medicine in the Philadelphia area for the last 26 years. Dr. Pantle was a member of the Pennsylvania Osteopathic Association, the American College of Osteopathic Internists, the American Diabetes Association, and the board of health of Marple Township. ■

C A L E N D A R

Coming Events

May 30	Alumni Association Board Meeting Commencement Dinner Dance	PCOM Adams Mark Hotel/Phila.
May 31	Commencement - Academy of Music	Philadelphia
June 6	CME - Human Sexuality	PCOM
June 6-7	Applied Laser Surgery Course	PCOM
June 10	Third Annual R&R Day	Eagle Lodge Conshohocken
August 7-9	Applied Laser Surgery Course	PCOM
September 13-19	National Osteopathic Medicine Week	PCOM
October 4-8	National AOA Convention	Orlando, Florida
October 16-18	Applied Laser Surgery Course	PCOM
January 22-23	Founder's Day Convocation and Dinner Dance	PCOM Adam's Mark Hotel/Phila.
January 24-31	Post Founders Day CME	St. Thomas USVI

Osteopathic

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