Incomplete as most
generalizations,
the stewardship of
Richard S. Koch, DO,
to the advancement of
osteopathic medicine
places him among the
giants of our college
and our profession.
A physician not content
to heal only ligaments
and bones, tissue and
organs, he has spent
that most precious of
resources — time — in
generous, thoughtful and
productive abundance,
helping five decades of
osteopathic students and
physicians diagnose, heal
and nurture what is unique
to the profession.
In acknowledgement, at
our hands, he receives
this Founders Day the
O.J. Snyder Memorial Medal,
and our profound thanks.

J. Peter Tilley, DO
President
In his Olympia office, Richard S. Koch, DO, examines a patient.

Harry R. Gehlert

The Digest of Philadelphia College of Osteopathic Medicine

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1988 O.J. Snyder Medalist

Story and photos by Harry R. Gehlert

Richard S. Koch, DO, of Olympia, Washington, momentarily at rest in his Hood Canal chalet, expounds on the need for osteopathic research and shares his view of how the courtroom activity of a litigious society is affecting doctor/patient relationships.
he Hood Canal, a branch of Washington's Puget Sound, cuts across half of the most northwesterly of the United States. Its water is cold and clear. Mussels and oysters can be seen nesting on its rocky bottom seven or eight feet beneath the surface. Douglas firs line the canal's edge and scent the air. Nothing intrudes upon the visual harmony of sky, trees, and water except a few boxy vacation cabins built along the shore. One A-framed structure does not. Camouflaged by walls of natural wood and a roof of cedar shakes, this cabin recedes quietly into the surrounding evergreens. It was designed and built by Richard S. Koch, DO, premier osteopathic physician in Washington's capital city of Olympia, 65 miles distant.

On a crisp September Sunday Koch is lounging on the cabin's deck, enjoying leisure earned from 48 years of medical study and practice. Koch appreciates the good things in life—the rewards for meeting its challenges successfully. From the vantage point of his 73 years he views a career through which he has insisted upon and achieved the best of everything for himself and his family, the finest of osteopathic care for his patients, and the best contributions he could make to his profession.

A natural athlete, Koch (pronounced "coke") works hard and plays hard. For nearly 50 years he's brought the finest of osteopathic care to his patients, some of whom he has known since 1939, when as a newly minted DO he opened an office on Olympia's 11th Street.

To accommodate patients he has known for his entire professional life, and to care for the hundreds of others they have sent him, Koch continues to maintain a fully staffed office on the grounds of Olympia's Black Hills Hospital. In only one concession to the traditional circumstances that pressure a physician to consider retirement, Koch has cut his clinical work week to three days. In each of them, however, he sees from 25 to 30 patients.

Some, like Richard Kommesser, an Olympia optometrist, return to Koch periodically for treatments they credit with enabling them to pursue their professions, or to live lives more active than they could have without him. Kommesser crushed a vertebra 40 years ago while tobogganing. The optometrist says that without Koch and his ability to relieve his pain, he would long ago have had to abandon his work, which requires him to stand and bend over while treating his own patients. Kommesser, like many of Koch's admirers, wonders and worries about who will replace Koch when he retires. For when Koch was not able to discover a technique that would help his patients he invented one. While doing so, he built an impressive library of data to prove to others who had not benefited directly from his treatments, that they worked.

A Core Belief

Central to Koch's medical philosophy is the traditional osteopathic idea that correct alignment of the spine is essential to maintaining the optimum health of the entire body. "I believe," he says, "that the mechanics of the body and the adverse influence of gravity are more important factors in health, in resisting disease and degeneration, and in longevity, than is generally accepted."

Koch didn't always believe that. While attending the Philadelphia College of Osteopathy from 1935 to 1939, he observed and accepted that osteopathic manipulative therapy could often relieve the pain of skeletal misalignment. But when he looked around for the documented evidence his intellect demanded before it could accept the college's advice that osteopathic manipulative therapy could do more, he found none.

Koch is impatient with the status quo when it doesn't serve his needs. A big, active man with a restless mind and an impressive physical presence, he has never hesitated to modify an outdated opinion or try to change a circumstance that didn't permit him to do what he wanted to do.
Soon after he purchased the one-room structure that was to become the core of his now much larger waterside chalet he decided that it faced the wrong way. He promptly had it picked up and turned 90 degrees. Now its glass doors face east, opening the interior to the first rays of the rising sun. Similarly, when his clinical experience had finally convinced him of the validity of the osteopathic concepts to which he was exposed at PCO, he turned his mind around to accept and expand them. Koch still decries the paucity of documented studies that prove to all the world what he and other osteopathic physicians have routinely observed: that OMT can promote cure—that it can and does affect the human body in more than a palliative way. So Koch compiles his own proof of what he has observed.

Building on Observation
Koch started to build a personal case for the effectiveness of OMT early in the 1950s by routinely making full, postural standing x-rays of every patient for whom OMT was indicated. His goal was to expedite his treatment while attempting to prove a possible causal relationship between asymmetries of the patient's spine and the functional or organic disease that brought the patient to him. Now, more than twenty-five years after he began to document those relationships, he can compare x-rays of a patient made as little as 2 years apart. They commonly reveal how his office treatment and the patient's home spinal self treatment he devised have significantly reduced skeletal asymmetries and established more efficient balance of body parts. Many physicians remain convinced this cannot be done.

Affording the Cure
To reduce the cost of the many office visits that such regular and intensive OMT would require, Koch's treatment includes a prescription for self treatment that enables patients to do most of their own corrective spinal manipulation.

Koch begins his program with his patient at his side, exploring and explaining what the x-ray has revealed—answering questions, showing problems, and the corrective work that has to be done, and explaining why it is necessary. A hands-on exploration of the patient's spine follows. Eventually the patient leaves Koch's office with a set of clearly diagrammed and written instructions which, if followed meticulously, will move the spine into the more symmetrical and efficient shape Koch wants it to have. Koch can open his files at almost any point to show that the procedure works. Now, he holds before and after x-rays of a woman he is treating. The first is dated April 11, 1983, the second, September 20, 1984. Koch describes the subject of the x-rays as a woman in her 40s who complained of chronic low back pain for most of her adult life. She's had recurrent gastrointestinal, functional diseases—hyperacidity, indigestion, so-called dyspepsia, frequent diarrhea and much discomforting gas pain.

After the home treatments, combined with additional manipulation by Koch in his office a few times a year for the period between the making of each x-ray, the patient's structural anatomy has improved. Measured by horizontal and vertical plumb-bob standard lines, her sacrum is more level and her spine straighter. She is without backache. Her abdominal spastic colitis symptom, which had been diagnosed by allopathic gastroenterologists as a spastic colon with recurrent mucous diarrhea and mucous colitis, has been relieved. At this point in her treatment, yet unfinished, she is without those symptoms. No medications nor dietary changes were prescribed.
Against the Current

The son of a high school teacher, Koch was graduated from Cheltenham High School in Elkins Park, near Philadelphia, where he decided to be a doctor. He was impressed with osteopathic medicine after observing a cure by a DO that had been pronounced impossible by the allopaths.

Following his pre-medical studies at The University of Alabama, Koch was given an opportunity to enter Jefferson Medical College in Philadelphia. But before accepting it he visited PCO for a look into the osteopathic philosophy and decided that it made more sense. Koch chose that path while recognizing that it would be a tough one—the path of a minority struggling against the deeply ingrained traditions and prejudices of the dominant MDs. He concluded that the osteopathic concept, because it did not ignore the spinal component in the patient, was a more logical and scientific approach.

Combining Interests

Koch's interest in sports, history, underwater exploration and osteopathic medicine merge in a personal and professional life that is extraordinary for its scope and vigor. In his pre-med college years Koch was a champion light-heavyweight boxer. He fought light heavyweight Jersey Joe Walcott in an exhibition match in 1936. Walcott became the world heavyweight champion in 1951.

Later, at PCO, Koch joined with Dr. George Hylander and classmates Si Lubin and Ruggie Flocco on the college swimming team. Their speed in the water helped make it possible for the college to achieve several city-wide intercollegiate wins.

A punching bag hanging under the rear balcony of his Hood Canal retreat gets regular use. To cool off Koch often dons a wet suit and swims beneath the surface of his watery front yard, both for the exercise and to remove the starfish that feed on the oysters there.

All Koch's activities contribute to the way he practices his profession. He wastes no experience that can help him to devise fresh ways to gain continuing acceptance for osteopathic practice.

Insights From Sports

Koch's life as an athlete has imbued him with an interest and expertise in sports medicine. A swimmer and sometime amateur underwater archaeologist, he has become a certified diving physician and an expert in the special area of underwater medicine. His practice in it has reinforced a conviction that many distortions of the musculoskeletal system, along with other things, result from the body's need to accommodate gravity. He considers that swimming may be the perfect exercise.

When the body is prone while swimming and scuba diving, he says, most of the venous blood which otherwise pools below the diaphragm need not struggle against gravity to move upward through the body to the lungs and coronary arteries, and the heart can take on more work. To bolster this argument he cites mankind's traditional prescription and instinctive seeking of bed rest, and the conspiracy of nature itself to render prone almost anyone sick enough to be incapacitated. It then seems reasonable to Koch that any mechanical means used to enhance general and coronary circular efficiency are valid. "What appear to be coronary arterial contractures," he says, returning to a favorite theme, "are apparently influenced by spinal asymmetries at the base of the neck and between the shoulder blades. I'm quite sure of that because when I follow spinal corrections, and without medication, I see anginoid symptoms and certain arrhythmias rapidly resolve both clinically and as shown by electrocardiogram. Hypertension and various abnormal EKG changes seem to improve faster and with less or no medication when you remove mechanical impediments in the spine or in the area of the nerve supply to the coronary arteries."
Sclerotherapy

Koch’s passion for sports, and his interest in helping those with sports injuries, has led naturally to his expertise in sclerotherapy—a technique for strengthening ligaments. Koch’s writings on the subject have been published in several books and articles, and he treats several patients with sclerotherapy each day. On today’s patient list is Stan T, a 53-year-old timber cruiser. Indigenous to the Northwest and its logging industry, timber cruisers have an uncanny ability to look at a stand of trees and accurately estimate how many board feet of lumber it will yield. Stan has come to Koch with severe back pains, saying that they came along with some “free” lumber. “They started when I tried to save some money by splitting my own wood. I shouldn’t have done that,” he admits, alluding to the relatively modest cost of firewood compared with the cost in pain and money that he is now bearing.

In one of the treatment rooms, Stan is flat on his stomach while Koch prepares the hypodermic. Koch’s nurse, Ava, anesthetizes the area where the 3" needle will be inserted. She uses a device called a MATTAJET. Koch explains that he’s been trying to get other doctors to use it by describing it at seminars around the country. The instrument helps to reduce the pain of the injection, he explains, making sclerotherapy that much easier.

Now standing over Stan and ready to insert the needle, Koch distracts him with some friendly banter. “Stan, you’re eating well. Did you note the sarcasm, Stan? Lose a few pounds, old boy, it’s hard for me to find the ligament—OK?” Stan replies that he tries hard to cut down for a while, then eats like a horse. “I know,” sympathizes Koch, “It sounds like you’re human.”

While Koch proceeds, he explains why sclerotherapy works. “If you get out of alignment, or have had the wrong kind of chiropractic treatment, or your legs are of different lengths, or you have had an injury caused by a sprain or strain, you can have weak ligaments. So occasionally a booster shot in the ligaments can strengthen them. Injecting a sterile foreign material into the ligament irritates it and encourages it. In reacting to the irritant it strengthens itself and changes its texture from that of a rubber band into one like rawhide. Then it holds the joints in line. We use it often in the shoulder, knee, wrist, elbows and back.”

Stan accepts the inconvenience of the treatment because, as he confides, “I’ve gone through this many times for my elbows, knees and other places, and usually within two days I feel a lot of improvement.”

More Than Empirical Data

Koch is both gratified and frustrated by Stan’s testimonial—gratified because it’s natural for him to enjoy being good at what he does—and frustrated because most of the knowledge he has gained in his nearly half-century of practice is empirical. Although he regularly attends medical seminars, both to get and to give information, he decries the scarcity of documented scientific research that makes it easier to convince others of medical principles that he and other osteopathic physicians have observed and accepted as valid.
A Better Name for Osteopathy

One of the things Koch is most proud of is his long campaign in and out of the American Osteopathic Association board of trustees and house of delegates in the 1950s to persuade the AOA and osteopathic societies and colleges around the country to change terminology. The osteopathic colleges and various state osteopathic societies and osteopathic associations changed their names to osteopathic medical colleges and osteopathic medical associations.

When the Philadelphia College of Osteopathy changed its name to the Philadelphia College of Osteopathic Medicine, in 1968, it did so largely because Koch had campaigned relentlessly for years to bring that about. He had reasoned correctly that "osteopathic medicine" was a phrase more likely to be associated in the public mind with the practice of medicine as it was generally perceived. Too, he feels that the phrase "osteopathic physician" helps to educate the public more effectively than the single word "osteopath."

Doctors and Lawyers

Koch is especially careful not to discard any experience that helps him to continue to survive and prosper in the litigious environment created by our increasingly contentious legal system.

Mention the legal system and Koch pounces on a new opportunity to voice his frustration with it. He often views legal processes, when they involve the medical profession, as arbitrary and unfair. He is increasingly annoyed by media attention that he perceives as almost universally negative, and perplexed by what he regards as the difficulty the profession has experienced in promoting its positive side.

Characteristically, Koch becomes the activist, wading in to confront the problem. Koch believes that if patients were encouraged more vigorously to pay for services when they receive them, it would help to contain fees, restrain patient over-utilization, and reduce the number of lawsuits. "It has been shown," says Koch, "that patients with stated dissatisfactions become suit-minded when they owe a doctor money. In the normal course of events," he asserts, "if you don’t permit people to owe you money you are less likely to be sued. Unless, of course, you are obviously incompetent."
Before his office on the grounds of Olympia's Black Hills Hospital are Koch, medical secretary Kathy Meyer, office manager Nancy Sweeney and Ava Carlton, L.P.N. Koch's 1974 Cadillac has logged over 200,000 miles. In transportation, as in medicine, Koch stays with what works.
What Osteopathic Medicine Needs

Koch, like any professional who remains intensely interested in his field, holds strong opinions about it.

His advice to a young student considering a career in medicine today:

"First, get a suit of armor. Be prepared for the slings and arrows of outrageous social and bureaucratic overkill.

"We're in a revolutionary and experimental, idealistic but often self-defeating health care system. Fraught with inefficiencies and confusing dictums, it's no picnic out there—it's a new, hard ball game. Analyze your priorities and goals, and select cautiously. Know your honest needs and your ability to adapt, sacrifice, and to serve.

"I hasten to emphasize the superior rewards available to those selecting osteopathic medicine. DOs must proudly and genuinely apply osteopathic principles, and understand and convey to the public their additional education regarding mechanical-somatic inefficiencies, their occurrence, prevention, and correction. In doing so, osteopathic physicians and their patients will experience most valuable and exciting discovery and gratification.

"Health care economy follows automatically. Because of its extra ingredients, osteopathic medicine is more competitive in the practice field. It renders comprehensive and economical health care that is superior to ordinary medical care. Is not an osteopathic physician practicing more scientifically by including this extra offering to society rather than ignoring it?"

On osteopathic hospitals:

"Look for and use the spinal somatic component to help our hospital patients. People would then prefer osteopathic hospitals because we would be giving something extra. Now we offer merely conventional care, which makes it more difficult to compete effectively with the well endowed allopathic hospitals. We could do better by using the spinal somatic component concept. We could expect that the use of mechanical forces would speed patients' recovery from pain and the adverse effects of anesthetics, surgery and medication. They could be discharged more comfortably and happily."

On research:

"Why not let our osteopathic colleges become living laboratories for research? Not research on animals, or chemical or biological research, but clinical research on humans to discover asymmetries, what proportion of people have asymmetries of the spine, and whether they contribute to problems in areas segmentally related."

On where osteopathic research should be directed:

"Blood pressure and the heart, then, gastrointestinal, uterus, prostate—where the cancers are and where the interest is."

On where Koch has observed links between the spine and disease:

"The fourth and fifth lumbar with the prostate. Fifth and sixth thoracic segments of the upper back with breast diseases, including cancers."

Koch sums up:

"In an early study I observed the course of 50 breast ailments—malignant and non-malignant conditions and cyclic painful breasts. Accompanying 85% of them were asymmetries in the spine segmentally related to the origin of the breast nerve supply. It appears that perhaps osteopathic physicians have the answer to why so many diseases or functional ailments appear more on one side of the body than the other. Why arthritis in one sacroiliac joint and not the other? Why is skin disease in many persons more often on one side?

"I submit that the answer could reasonably be related to spinal asymmetries and their influences on the sympathetic nerves.

"Such questions can be answered conclusively only by solid clinical research. This profession must prove or disprove the importance of the osteopathic concept in medicine. It is most urgent."
Music has the power to soothe the soul and uplift the mind. But according to David Rosenthal, DO, 60, it is also capable of wreaking havoc with the muscles, joints and tendons.

Rosenthal, a specialist in rehabilitation medicine who also happens to be a professional violist playing with the Reading Symphony Orchestra, has founded and developed the Medical Center for Performing Artists at Suburban General Hospital in Norristown, PA.

The center constantly ministers to artists whose lives depend on their muscles functioning at a very refined level of coordination, and for whom severe pain or a stiff finger can spell disaster.

No one could be better prepared to understand these problems than Rosenthal, who started out as a professional musician. After graduating from high school in Philadelphia, he received a music scholarship to study with the Curtis String Quartet at the New School of Music.

Later, he became a scholarship student at Julliard in New York, where he studied with Milton Katins who was at that time the associate conductor of the NBC Symphony under Toscanini.

At the age of 20, he became the youngest member of the National Symphony Orchestra under Howard Mitchell in Washington, D.C., during the Truman administration. "It was an exciting time," he recalls, "having the opportunity to play with soloists like Heifetz and Piatagorsky, and under guest conductors like Bruno Walter and Sir Thomas Beecham."

During the Korean War, he joined the U.S. Navy Band and served as their announcer. While he was serving in the Navy he decided to begin college courses with an eye toward entering the field of medicine, a subject that had always attracted him.

Rosenthal did his pre-med work at Temple University and graduated from PCOM in 1960. After serving his internship at Youngstown Osteopathic Hospital, he practiced for about 10 years and then decided to take a residency in rehabilitation medicine at the University of Pennsylvania Veterans' Administration Hospital. Until 1977, he was assistant director of Moss Rehabilitation Hospital in Philadelphia.

Sitting in his pleasant, sun-filled office decorated with posters of the Kirov Ballet and a framed Reading Symphony Orchestra poster from their 70th anniversar-
highest functional level possible within the limits of the
disability. We want to allow these musicians and dancers
to do what they do best with as little pain as possible.”

His interest in dancers arises in part from the fact
that his wife was a professional ballerina. If all goes
according to plan, the Medical Center will soon have
accommodations for dancers that will include a barre
and mirrors, so they can demonstrate exactly where
their problems are.

Rosenthal noted that artists of all ages have been
treated at the center, including children and teenagers
who play in high school orchestras or in the Philadel­
phia Youth Orchestra.

“Primarily, their problems stem from overuse,” he
said. “They’re practicing a lot without knowing what
they’re doing with their muscles, or because they are
holding their instruments incorrectly.”

Rosenthal stresses relaxation therapy in his treat­
mements, and feels that teachers should learn relaxation
techniques to teach their students, since so many
problems are caused by tension.

“A major problem with musicians is that they are
not taught to warm up, and they attempt to start prac­
ticing cold,” he said. “Professional athletes are taught
warm-up exercises—they never go into a game cold.
Unfortunately, musicians don’t do this.”

“In playing any instrument,” Rosenthal feels, “the
object is to be able to conserve energy, to learn how
to do more by using less energy, to learn how to
breathe correctly, to phrase correctly. Balance is also
very important.”

In spite of the fact that he constantly sees the
darker side of music-making, Rosenthal remains
constant in his belief that music is overwhelmingly
good for those who perform it.

“Music is something that can be enjoyed by every­
one through the entire life cycle,” he said. “Football or
basketball cannot be enjoyed past a certain age, but
music can be played from early childhood to the later
years in life and enjoyed.

“You find community orchestras all over the United
States that sound terrible to the professional ear—but
so what? The people are enjoying it, and their lives
are made so much fuller by it. It’s great—music is relax­
ing, it has a sedative effect, it has a romantic effect.”
In the dimmed lighting of Rowland Hall’s large lecture room, President J. Peter Tilley, DO, was about to complete his October 21 presentation to the members of the OMCP Corporation. The projection screen filled with a slide of architectural drawings of the campus.

“Until very recently,” Dr. Tilley said, “medical colleges had no need to ‘go public’. They could afford to turn their backs on the world, and their campuses reflected that attitude. Today, with competition both for students and patients, we have no choice but to turn our campus around, to gain increased access to the public that passes our front door every day.”

The president went on to outline plans for a new signage and campus access program that has as its goal the literal facelift of the institution and its grounds. The program has been designed to develop a variety of improvements over several years, each contributing to a greater awareness of the Osteopathic presence, and to a smoother functioning campus from either a student’s or patient’s point of view.

First to come is a set of City Avenue and Monument Road signs that will help set the tone for the future. Scheduled for the end of January, an 11-foot Osteopathic cube will rise on City Avenue midway between Evans and Rowland Halls. A flared base of granite Belgian block will support an eight-by-eight-by-eight foot cube, whose white, rear-lighted signage will establish the Osteopathic logo and full name of the medical center, with a recessed, glowing strip separating these elements whose blue illumination will come from an inset of neon.

Its design was created to project an identity of strength and stability for the institution, and to install a landmark for anyone attempting to find us.
“Come to the cube on City Avenue,” we’ll be able to announce confidently. “You can’t miss it.”

Closer to spring, three more signs employing a similar motif will appear. One at the emergency entrance to the hospital on City Avenue, and two directly across Monument Road from each other, identifying the main campus on one side and the recently graded and prepared “Alumni Athletic Fields” on the other. All will be rear-lighted for maximum legibility.

Accompanying these changes will be the demolition of the long “Philadelphia College of Osteopathic Medicine” sign on City Avenue. Its letters will be refurbished and mounted directly on Evans Hall, with appropriate lighting. Up the hill, a few of the trees that obstruct motorists’ and pedestrians’ views of buildings on campus will be pruned to permit a sense of “shaded openness.”

Contingent upon additional funding now being pursued, the institution plans changes in the access to the campus from City Avenue as spring arrives. Foremost in the thinking of members of administration and the professional staff is increasing visibility from busy City Avenue, and providing a sense of welcome as the public enters our grounds.

Workmen would begin by cutting a new driveway access from City Avenue, near the landmark “cube” sign, and reshaping the Evans/Rowland parking lot to establish direct pedestrian walkways and to create unimpeded automobile traffic from City Avenue, around Evans to the Hospital circle, and out to Monument Road, without a parking toll gate or other restriction to make life difficult. The route will be two-way, allowing a vehicle entering campus from Monument Road to emerge on City Avenue northbound without charge. Parking lot entrances would employ new gates to be constructed near the Carriage House and Rowland Hall.

A higher profile phase of the program, even more dependent upon capital funding, is scheduled to begin in fall, 1988, and extend to October 1990. Its chief projects would re-orient receiving and plant maintenance facilities to a space below the Evans/
Hospital front lawn, prepare a new vehicular circle on the City Avenue side off the college and hospital, and enclose the plaza joining the two buildings in a glass-enclosed canopy rakishly sloping toward a new City Avenue main entrance for the institution.

Planned for construction at the same time would be new entrance treatments for the hospital’s emergency department, Evans west and Rowland east, to integrate the institutional image, creating well-designed pedestrian “destinations” for each major building on campus. These side entrances would provide design continuity with the main entrance glass and steel canopy.

Parking spaces would be extended toward Monument Road from the hospital, and eventual need for expanded parking facilities could be met with a three-tiered closed parking garage, located between the Carriage House and Rowland Hall near Stout Road. In time, the access to enlarged parking would allow closure of the street between Evans and Moss House, permitting a pedestrian mall to be built, and landscaping to soften the effects of macadam and concrete.

Plans for these renovations have been drawn by a young architectural firm from Philadelphia, Research Planning Associates, whose work on the University of Pennsylvania campus caught the eye of OMCP’s William J. Hickey, vice president-Administration and chief operating officer of OMCP Management Services. Together with representatives from the offices of Communications, the Professional Staff, Finance, Resource Development and Corporate Planning, Hickey will coordinate the planting of a fresh new image on the Osteopathic campus.

Those visiting the alma mater during Founders Day and early Spring will find that the first seeds of this effort already have begun to sprout.
"...just wanted you to know, PCOM couldn't have done it any better."

The compliment above was sent to the Alumni Office by George Wolters, DO, '79, who was expressing his thanks for the party PCOM gave at Orlando. Our reviews during the AOA Convention couldn't have been more enthusiastic.

The mission of PCOM is to enable students and alumni to feel much the same way about the osteopathic medical education received here. We hope that our graduates, after years of experience in the tough and competitive health care marketplace, can still say, "PCOM couldn't have done it any better."

Annual Fund
Your response to the Annual Fund appeal is one important sign of alumni support, and it is increasing. Even though it is too early to tally year-end figures, the good news is obvious in the larger percentage of new Key Club donors so far.

This is very encouraging because the college earnestly hopes to increase the number of donors to the Annual Fund. The organization of the first Annual Alumni Telethon brought personal appeals to those who had not yet contributed this year. We have decided to call it the "Alumni Phonathon" each spring raising money for the student loan fund.

No one served by the college or the hospital should be denied the opportunity to express his or her appreciation. For the first time, OMCP has asked former hospital patients to become partners with us in maintaining the high performance of acute care at Osteopathic.

Trustees Lead Again
Galen S. Young, Sr., DO, '35, as chairman of the development committee asked all members of our Board of Trustees to sign a letter of intent to make a planned gift to OMCP through their wills. With this bold request, OMCP has launched its new planned giving program backed by a strong institutional commitment.

Planned giving enables an alumni donor to make a significant charitable contribution through his or her estate rather than using current income or assets. Alumni who graduated prior to 1955 are currently receiving reliable information on the various opportunities available when making a bequest through a will. A series of seminars led by certified financial planners will also be offered to alumni during 1988. Meanwhile, direct any questions you may have to Dr. Galen Young, Sr. or Marilyn Lucas, OMCP director of development, at (215) 581-6257.

Also, on the planning table is a unique vehicle, funded by tax deductible life insurance premiums, that will enable our younger alumni to sponsor a student scholarship for a fraction of the cost of an outright endowment. Watch for further information about this advantageous plan.

Minority Student Scholarship
PCOM has always been fully committed to equal educational opportunity, shown by its active recruitment and retention programs for minority students. Now the college is glad to announce that a significant alumni task force is moving strongly on the provision of a minority scholarship fund as well.

Leonard W. Johnson, DO, '64, chairs this task force making plans to raise $216,000 endowing a four-year, full-tuition scholarship for an outstanding minority student who is economically disadvantaged. Their first fundraising event will take place in the spring, and the college has pledged that it will match every dollar raised. Minority student recruitment is the other focus of the group.

Also serving on the task force are Melvin C. Howell of the Board of Trustees; William M. King, DO, '62; Charles R. Bridges, DO, '64; A. Faye Rogers-Lomax, DO, '76; Rickey P. Lockett, DO, '84; and Dean Joseph Dieterle and Marilyn Lucas for the college. All are very enthusiastic and determined to reach their goals.

Just Wanted You To Know
Osteopathic is confident that quality education and health care services will be supported by foundations and corporations as well as our alumni. Such outside sources are continually being cultivated by the college administration.

For example, The Scholler Foundation recently granted $18,900 to Osteopathic for three new beds in our Medical/Surgical Intensive Care Unit. This state-of-the-art Hill-Rom equipment replaces some dated beds, much to the satisfaction of our medical and nursing staffs.

Other things will not be replaced, such as the commitment of this institution to osteopathic medicine and the training of osteopathic physicians. It should be said most appropriately of our founders and forebears in the osteopathic tradition, "They couldn't have done it any better."
James H. Black, DO, '62, a captain in the U.S. Navy Medical Corps and the military district representative on the Alumni Association Board, recently informed our alumni in the military that one of the 630 names on the new Philadelphia Vietnam Veterans Memorial was sponsored by the PCOM Alumni Association.

Over 300 attended the PCOM Alumni Luncheon during the AOA Convention at the Peabody in Orlando, FL. The 1988 president-elect of the Alumni Association, Richard Darby, DO, '62, addressed the gathering. J. Peter Tilley, DO, president, and Joseph Dieterle, DO, dean, presented updates on college developments.

A new college tradition was born early in December when 23 DOs, faculty, staff, and members of the administration spent three evenings launching the first PCOM Alumni Telethon. Many who had not yet given to the Annual Fund heard the friendly voices of fellow alumni urging participation.

Your Alumni Association Board voted to contribute $10,000 for the new PCOM Alumni/ae Athletic Field. Gathered for the groundbreaking are Hale Peffall, Jr., executive director of alumni relations; William Hickey, v.p. administration; Joseph Dieterle, DO, dean; J. Peter Tilley, DO, president; Kris Belland, student council president; and Robert Cuzzolino, assistant dean.

The signal event at the AOA Convention was the PCOM Alumni Cocktail Party, "The Best of Disney." The event drew over 800 people, the largest gathering of its type in alumni history. Nate Delisi, DO, '82 wrote, "Thanks for a great reception, the children (all of us) really loved it." Even Kirksville graduates were trying to finagle tickets to this event.
New Hospital Chief
Jay H. Blackman has been named the new executive director of the Hospital of PCOM by President J. Peter Tilley, DO. Effective February 1988, the appointment will put a young but experienced health care administrator at the helm of the hospital. Mr. Blackman has served as chief executive operating officer of Methodist Hospital, Philadelphia, for the past three and a half years. For the previous seven years he was vice president of that 261-bed acute facility. A graduate of Bucknell University, he received his master of health administration degree from Duke University, and has served the graduate schools of both St. Joseph's University and Widener University. OMCP welcomes Mr. Blackman to the post.

Interns of the Year
The women walked away with all the recent awards bestowed on the hard working graduate DOs in the Hospital of PCOM. More power to them, that power bestowed by peer elections. Those elected 1986-87 Interns of the Year were Deebeanne M. Tavani, Ph.D, DO, '86, and Grace D. Nejman, DO, '86. Dr. Tavani is now in the internal medicine residency program at Lehigh Valley Medical Center in Allentown, PA. Dr. Nejman is currently in the emergency medicine residency program at Ohio State University Hospital. The interns also elected Beth Mulvihill, DO, '82, as PCOM's Resident of the Year, and she is continuing her OB/GYN residency at PCOM.

Hawaii Prize Exhibit
PCOM's Department of Urology received first prize for its scientific exhibit at the ACOS meeting in Hawaii. The exhibit subject was "Nd-YAG Laser Epilation," created by Leonard Finkelstein, DO, Samuel Manfrey, DO, Laurence Belkoff, DO, and the urologic resident staff. Creative services support came from Jon Kirk who did the layout and Pat Muccigrosso who did the video. PCOM urology resident Robert Fiorelli, DO, '84, also took a third prize at the meeting for his paper on "Subcutaneous Metastasis of an Adenocarcinoma of the Prostate Gland."

Solo Performances
William H. Dickerson, DO, '54, PCOM chairman of infectious diseases, presented a program on beta lactam antimicrobial agents at St. Joseph's Hospital; and, as chairman of the infectious diseases section, presented an update on AIDS to the fall meeting of ACOI.

Jeffrey Freeman, DO, PCOM's chairman of endocrinology/metabolism, has announced our new insulin pump service for the management of diabetes. He has also been reappointed chairman of the endocrinology subsection of ACOI.

Philip C. Ginsberg, DO, '80, clinical instructor in urology, has been appointed a consultant to the Eastern Regional Adult Spina Bifida Program at Moss Rehabilitation Hospital, and addressed the urologic section of ACOS meeting in Williamsburg, VA.

Marilyn Lucas, director of development at OMCP, has been honored by the National Society of Fund Raising Executives for her book titled, How to Find Philanthropic Prospects.

Michael L. Mansi, DO, '75, chairman of OB/GYN, lectured to the staff at Memorial Hospital in York, PA, on "Approach to the Infertile Couple."

Michael Rochowiak, DO, OB/GYN, addressed the West Virginia Osteopathic Medical Society Convention for General Practitioners on "Birth Control Pill Update" and "Estrogen Replacement Therapy in Menopause."

Kenneth J. Veit, DO, '76, PCOM's director of health care centers, was re-appointed medical director of the Pennsylvania School for the Deaf.
George D. Vermeire, DO, '74, director of PCOM's West Philadelphia Health Care Center, has been re-appointed medical director of the Overbrook School for the Blind.

Shanker H. Vyas, PhD, our director of library science, lectured on "Ethics of Pain Control" to the Academy of Sclerotherapy at the AOA conference in Florida.

J. Brendan Wynne, DO, '56, PCOM chairman of orthopedic surgery, has been elected to the Delaware Valley Ethics Committee Network Advisory Council. The development of a regional network of hospital ethics committees is a project of The College of Physicians and The Hastings Center, funded by the William Penn Foundation.

The Osteopathic Running Team also performed well at Montgomery Hospital's 10K race, taking a first in the men's division, a second in the women's division, and the corporate award for the highest percentage of runners to finish. Ira Meyers, DO, DPM resident, was the overall winner of the race; and Renee Morrow '89 topped her age category.

Ruggers Triumph Again
PCOM's Rugby Football Club ended another winning season by capturing the Graduate School Division Championship of The Eastern Pennsylvania Rugby Union with a 7-0 win record, or close to perfect. Outstanding individual performances were given by Paul Saloky, DO; John Connelly '89; Gene Fellin, '89; and the Ward brothers—Mike and John '89, and Joe '90.

The House Should Stand
O.J. Snyder's historic home in Narberth, PA, has again been saved from the bulldozers, but only temporarily. The Borough Council rejected a developer's plan to build five townhouse condos on the site because of code violations in the plan. However, passionate opposition was mounted by Victoria Donohoe, Narberth's historian, who says the 1908 stone mansion is an architectural showpiece and should be preserved. Drive by 302 North Narberth Avenue and use your imagination. The home of our founder should stand in his honor, not become a condo parking lot.

Gift Shop Upscaled
Tasteful refurbishment and new, upscale product lines have created a true gift shop in the hospital right where the former "Pop & Candy Store" used to operate. The high level of quality is noticeable as one enjoys the soothing colors and attractive displays, or glances at the pricey gifts carrying labels more often found in Society Hill. A discriminating staff person will now find presents worthy of family, colleagues, and friends. Even the carriage trade may soon Discover Our Difference in the Hospital Gift Shop as well as on the medical floors.

Waiting for the Hospital Gift Shop to open are (left to right): Herbert Boulden, OMCP treasurer; John Cupozi, ARA food service; John Ott, shop manager; Joseph Flamini, associate hospital administrator; and J. Peter Tilley, DO, president.
Donald I. Phillips, Maybrook, NY, has been elected secretary treasurer of the American Osteopathic College of Rheumatology.

Joshua Bienenstock, Bellerose, NY, has been elected vice president of the American Osteopathic College of Rheumatology.

David I. Cramer, Philadelphia, PA, was elected chairman of OB/GYN at Centre Community Hospital in State College, PA.

Richard K. Chambers, Strasburg, PA, has been appointed to the clinical team at Acadia, a Mountville-based corporation specializing in head trauma rehabilitation.

David A. Patriquin, Athens, OH, was honored at a retirement ceremony aboard the U.S.S. Constitution in Boston paying tribute to his 37 years of military service.

Norman Axelrod, Lancaster, PA, has been elected president of medical staff at Community Hospital of Lancaster.

R. Dale McCormick, York, PA, is president of the newly formed York Academy of Surgery in association with

James R. DeSalvio, '81, and they have opened a new facility in Springettsbury Township.

Leonard H. Finkelstein, Havertown, PA, and Samuel J. Manfrey, '75, Ardmore, PA, have become associated with Osteopathic for the practice of urologic surgery.

Gerald Teplitz, Brooklyn, NY, has been elected to the board of directors of the American Osteopathic College of Rheumatology.

Richard R. DiPietro, York, PA, has been elected president of the American Osteopathic College of Radiology.

Arnold Sokol, Norristown, PA, received the General Practitioner of the Year award given by the Pennsylvania Society of General Practitioners in Osteopathic Medicine and Surgery.

F. Kenneth Shockley, Stratford, NJ, was re-elected for a second three-year term to the board of governors, American College of Osteopathic Surgeons.

Darwin K. Suter, Edwards, CA, moderated a seminar on "Aerospace Medicine" at the 92nd AOA Convention in Orlando, FL.

Samuel J. Jassenoff, Farmington Hills, MI, was elected vice president of the American Osteopathic College of Radiology.

Irwin Beckman, Pittsburgh, PA, was named as one of 104 fellow by the board of chancellor's, American College of Radiology.

Harvey A. Harris, Philadelphia, PA, was chosen president-elect of POMA and has served on its board of trustees since 1975.

Merrill Jay Mirman, Springfield, PA, delivered two lectures on Sclerotherapy at the 92nd AOA Convention, and lead Osteopathic's bioethics discussion of physician corruption by the modern nation state.

Thomas A. Quinn, Lancaster, PA, has been appointed state surgeon, the highest-ranking physician in the Pennsylvania National Guard, and also received the Meritorious Service Medal.

William F. Ranieri, Haddonfield, NJ, has been elected vice president of the American College of Neuropsychiatrists.
1967

Peter A. Molle, Huntingdon Valley, PA, was appointed medical director and director of medical education at Delaware Valley Medical Center.

1968

James P. Shinnick, Blackwood, NJ, was honored as a fellow at the Phoenix meeting of the American College of Osteopathic Internists.

Frank T. Stratton Jr., Fenton, MI, has been elected treasurer of the American Osteopathic College of Radiology.

1969

Bruce Eisenhardt, Bethlehem, PA, has been appointed to the hospital staff in the emergency department at Allentown Osteopathic Hospital.

William J. Saks, Allentown, PA, was elected a member of the board of trustees of Allentown Osteopathic Medical Center.

1971

John G. Costino, Jr., North Wildwood, NJ, was elected to the board of directors of the American Osteopathic College of Rheumatology.

Gerald F. Robbins, Garden City, MI, was chosen president-elect of the American College of Neuropsychiatrists during the recent AOA Convention.

Robert R. Speer, Stone Harbor, NJ, was elected president of the American Osteopathic College of Rheumatology at the Orlando AOA Convention.

1972

Stephen L. Burnstein, Cherry Hill, NJ, was recognized by the JAOA for his work on neuropsychiatric involvement in systemic lupus erythematosus.

David R. Byers, Knox, PA, has joined the staff of Clarion Hospital and opened his practice at Knox Medical Center.

H. Allen Strunk, Jr., Huntingdon, PA, was recently elected to fellowship in the American College of Cardiology.

1973

John C. Chiesa, Medford, NJ, received press in the JAOA for his work on pancreas divisum and recurrent pancreatitis.

1974

Arthur J. Dortort, Clarion, PA, director of Clarion Osteopathic Community Hospital's emergency room, has been certified by the AOBEM.

Steven Katz, Philadelphia, PA, was presented with a fellowship in the American College of Osteopathic Surgeons at the recent meeting in Hawaii.

Edward Jon Sarama, York, PA, was chosen for a two-year term as president-elect of the American College of Osteopathic Emergency Physicians.

1975

John M. Parschauer, Jr., Sandusky, OH, was honored by the Ohio Eye, Ear, Nose & Throat Society in appreciation for his work as president from 1984-1986.

David M. Spratt, Huntingdon Valley, PA, was recently featured in a large Inquirer ad by Rohm and Haas, his employer, for volunteer work done with Industry Serving People.

1976

Scott G. Barnes, Harrisburg, PA, has been elected to the board of directors of the American Cancer Society, Pennsylvania Division.

Ted Eisenberg, Philadelphia, PA, has gotten good press on his work in plastic surgery in the Inquirer, the Jewish Times, and The Pittsburgh Press.

Frank H. Guinn, Philadelphia, PA, newly elected secretary-treasurer of POMA, is also a trustee for District I and current chairman of the legislative committee.

William R. Henwood, Sharon, PA, was featured as a “Surgeon on the beam with space-age lasers” in the Sharon newspaper, The Herald.

Our Doctor
Gives Us the Best
Medical Care

And More

With his Lyman out of the pocket, John G. Costino, Jr., North Wildwood, NJ, is the perfect example of how we always keep our tools with us.

Don't let your heart attack go untreated. For immediate care, contact your nearest emergency room.

William R. Henwood, Sharon, PA, was featured as a "Surgeon on the beam with space-age lasers" in the Sharon newspaper, The Herald.
Michael F. Polise, Cherry Hill, NJ, was elected president of the New Jersey chapter of the American College of Emergency Physicians.

1977

Bruce K. Branin, Waverly, PA, has received good press in The Scrantonian for his work on the disease of alcoholism and its treatment.

Anthony J. DiPasquale, Wynnewood, PA, has been elected to the board of directors of the American College of Osteopathic Emergency Physicians.

Silvia Ferretti, Erie, PA, has been appointed physician liaison for Great Lakes Rehabilitation Hospital.

1978

Frank W. Corbally, Medford, NJ, received favorable coverage in the JAOA for his work on cor triatriatum in the adult.

Carlo J. DiMarco, Springfield, PA, was named chairman of the division of ophthalmology at Metropolitan Hospital-Parkview Division.

1979

Earl J. Wenner, York, PA, has joined the medical staff of York Hospital in physical medicine and rehabilitation.

1980

Craig R. Christine, Danielsville, PA, was elected a member of the board of trustees of Allentown Osteopathic Medical Center.

James T. McNelis, Emmaus, PA, has opened a practice for internal medicine at Liberty Square Medical Center in Allentown.

Michael Pawlowsky, Bala Cynwyd, PA, received an appointment to the associate medical staff at Pottstown Memorial Medical Center.

1982

Jeffrey A. Brodsky, Ashtonbula, OH, was chosen as Resident of the Year at Delaware Valley Medical Center.

Ernest A. DeChellis, Canfield, OH, has announced the opening of his practice in Cortland, OH.

Daniel M. Finelli, Langhorne, PA, opened his office for the practice of peripheral vascular disease and internal medicine at Abington Memorial Hospital.

Marc A. Vengrove, Allentown, PA, has been appointed as acting associate-in-charge of the division of endocrinology and metabolism at Easton Hospital.

1983

Daniel F. Battafarano, Nuernberg, Germany, received the Army Achievement Medal at his duty station, the Brooke Army Medical Center.

Elizabeth C. Bell, Media, PA, had her work concerning stress and stress management...
featured in the Interboro News and Delaware County Daily Times.

James G. Bravyak, Medford, NJ, joined the staff at West Jersey Health System in Voorhees in the department of anesthesia.

Beth A. Loss, York, PA, has joined the medical staff of York Hospital in general practice.

Anthony J. Skiptunas, III, Davenport, IA, has been appointed staff radiologist at Davenport Medical Center.

Leonard Ulan, Huntingdon Valley, PA, was featured in an Inquirer article on the Bryn Mawr Hospital ER entitled “Patience, Pain, Pathos.”

1984
Daniel E. Oberdick, York, PA, has been appointed to Memorial Hospital’s medical staff in the department of emergency medicine.

1985
James P. Corrigan, Wayne, PA, has been appointed to the staff of Suburban General Hospital, division of general practice.

Robert O. Detweiler, North Wales, PA, had joined the staff of North Penn Hospital and is affiliated in practice with his brother, Edwin Detweiler, Jr., ’73.

Allan C. Johnson, Jr., Ephrata, PA, has joined the medical staff at Ephrata Community Hospital.

Leo J. Robb III, Exton, PA, and Susan Dallas-Feeney, Media, PA have joined the staff of Brandywine Hospital and Trauma Center, and opened a practice together in Eagle, PA.

1986
Louis Simonetti, Norristown, PA, has joined Norristown Family Practice Associates and the staff of Suburban General Hospital.


50th Anniversary Celebration of the class of 1937, PCOM Nurses Alumnae Association. Left to right, seated: Beatrice Wright, Anna Berry, Helen Murphy; standing: Mary McGeehan, Ruth Courbis.
Leo C. Wagner, ’26, Port Angeles, WA. died October 12 at age 87. A native Philadelphian, Dr. Wagner was in general practice for several years before becoming certified in pediatrics, and later became a professor at PCOM. He served as president of POMA, and for 20 years was chief of pediatrics at Grand Rapids Osteopathic Hospital in Michigan. Dr. Wagner received a number of awards in recognition of his contributions to the field of medicine, and was also a member of the International Brotherhood of Magicians. During the last four years he had been living with one of his daughters in Washington state.

Harry E. Friberg, ’32, Cape Elizabeth, ME, died this fall at the age of 78. After graduation from PCOM, Dr. Friberg began his practice in Bridgton and later moved to Portland where he practiced from 1942-74. He was chief of otorhinolaryngology at the Osteopathic Hospital of Maine from 1965 until his retirement in 1974. A lifetime member of the PCOM Alumni Association, he also served on the college board of governors from 1960-74. Dr. Friberg was a fellow of the Osteopathic College of Ophthalmology and Otorhinolaryngology, a member of the AOA; the American Medical Society of Vienna, the Purpoodock Club as an avid sportsman, golfer and duck hunter; the Masons, Shrine, Lions Club, and the Woodfords Club. Surviving are his wife of 50 years, Elva Bruce Friberg; a brother, Robert Friberg, DO, ’36; two sons, Richard B. and Harry R., and a daughter, Martha L. Friberg, DO, ’77; and four grandchildren.

Anton H. Claus, ’41, Doylestown, PA, died October 6 at age 71 in the Medical Center for the Aging at Doylestown following a long illness. A general practitioner and psychiatrist who retired in 1977, Dr. Claus served with the Navy in World War II, working in tropical disease control in New Guinea, Australia, and Trinidad. He had been in practice for 25 years when he opened a study of psychiatry at Hahnemann Medical College. He served his residency in psychiatry in Embreeville State Hospital and joined the staff of Phifhaven, a Mennonite hospital in Mt. Gretna, PA.

Ernest T. Talone, ’44, Plymouth Meeting, PA, died September 29 at Suburban General Hospital in East Norriton, PA, at age 68. Born and raised in Conshohocken, PA, and a graduate of Villanova University, Dr. Talone was a practicing physician in the Norristown area from 1944 until his retirement in 1984. He was the first intern at Riverview Hospital, later renamed Suburban General Hospital, and had served as chairman of the department of pediatrics. Dr. Talone was also a member of Suburban General’s board of directors and his colleagues there named him Man of the Year in 1980. He had also been chairman of the utilization review committee and a director of the quality assurance department of the hospital. In 1984, the Chapel of the Four Chaplains awarded him its Legion of Honor. Dr. Talone was also a member of the AOA, POMA, and the American College of Osteopathic Physicians.

Michael R. Gallo, ’46, Norristown, PA, died November 16 in Suburban General Hospital at the age of 76. Dr. Gallo practiced general medicine at his home on West Main Street in Norristown and was on the staff of Suburban General Hospital. He was a member of the American Society of Bariatric Physicians, the Obstetrical and Gynecological Society, Holy Savior Church and the church club, the L.A.M. Lodge in Norristown, and the Chapel of the Four Chaplains in Philadelphia. Dr. Gallo graduated from Norristown High School and received his bachelor of science degree from Villanova University. After graduating from PCOM in 1946, he did further work at Georgetown University.
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<td>February 7-14</td>
<td>ACGP General Practice Convention</td>
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<td>March 17-20</td>
<td>FOMA Convention</td>
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<td>March 26</td>
<td>CME - Infectious Disease</td>
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<td>March 26</td>
<td>Phi Sigma Gamma Annual Alumni</td>
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<td>May 7</td>
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