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Digest of the Philadelphia College of Osteopathic Medicine (Spring 1989)

Philadelphia College of Osteopathic Medicine

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All Smiles for the Class of '89
The one thing that I have enjoyed during all these years at PCOM was the teaching of students. I loved to teach. And that is one of the reasons I became a full-time teacher at the college. There are some members of this 1989 class that I've gotten to know very, very well. And I can say that (to) you, the Class of '89, (I have) one little bit of advice: I want you to be honest with your patients, but first, before you can be honest with your patients, you have to be honest with yourself. Medicine has progressed to such a degree, that too many doctors are not practicing medicine, they are practicing money. I want this class to think that over very, very carefully. Because if you practice osteopathic medicine, there is no way you cannot make money. But the first priority is to be honest, and to practice honestly. Remember that you carry, within yourself, the finest diagnostic tools with you at all times. You have your eyes, by which you look at the patient; you have your ears, by which you listen to the patient; and you have your two hands, for your diagnostic ability, and you have your osteopathic mind to think with. Class of '89, good luck, thank you all.
President J. Peter Tilley, DO thanks Herman Kohn, DO, for his 43 years of service to PCOM.

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of Osteopathic Medicine

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When someone has been around as long as Virginia Gavigan, and touched as many lives as she did, I for one can't resist the temptation to give her an exit interview, now that she has announced her retirement.

Since 1975, Miss Gavigan has been Director of Financial Aid for Philadelphia College of Osteopathic Medicine. Her office in recent years has been squeezed between the first and second-year classrooms in Evans Hall. It was available — I'm sure she sometimes would say too available — to thousands of students with millions of questions. She and her staff tried to answer them, not always to the utter satisfaction of those students, but well enough, I think.

It has been a difficult job, so when I decided to ask Miss Gavigan to share her thoughts about it, I knew that she might say no. Like most of us who worry about how our students are going to continue to pay for medical education, however, she agreed because she enjoys more than anything saying "yes" — to a student applicant, or a college president. Here is some of what she told me:

"I came to the institution in 1956, so it would be 33 years in September. I had a secretarial background, trained in accounting, and worked in the beginning for Mr. Harold King, the administrator of the old North Center at 20th and Susquehanna. Later I became an office manager and then assistant to Mr. King before he retired.

"Dr. (Thomas M.) Rowland decided to set up a Financial Aid office in 1970, and he asked Mr. King, who said he wasn't ready for a rocking chair yet, to come out of retirement. We worked together for five years as director and assistant. He died suddenly in 1975, and Dr. Rowland walked into the office that first morning and said, 'It's your office now, Miss Gavigan.' I have always been very grateful to him for that, and he was always very supportive of me.

"If I had to name one thing I'm proudest of, it would be this office. To explain what I mean, let me give you some figures. In the first year we kept records, 1974-75, student loans and scholarships combined were a little over $2 million. This last year it was almost $12 million. The increase has come primarily from HEAL loans, which are tough for students to pay back, and I'm not proud of them, but I am pleased that we've been able to increase the aid we've given and consequently help more students.

"This office grew from two people to eight, and we will add a debt counselor when it moves to Rowland Hall later this summer. That's something I've been advocating for the last five years. But unless I suspended someone from the ceiling, I couldn't get anyone else in this office area.

"Today there are more Federal programs and less Federal funds than when we started out. That sounds like a contradiction, but it isn't. There were Guaranteed Student Loans and Health Professional Student Loans then — now we have seven or eight Federal programs, but the funds have dwindled. The emphasis now is on students paying part of the cost themselves and finding institutional money; our institutional funds have grown over the years, but they're low compared to many medical colleges.

"When we consider that some students are graduating this year with over $100,000 debt, we shudder at some of the figures. Last year, the average debt of the PCOM student was $63,000. It seems to worry us more than it bothers the students, but their payments haven't started and reality hasn't set in yet. They also face the costs of setting up a practice, paying malpractice liability insurance, a mortgage on a house, maybe starting a family...what will all this do to
the cost of medical care?

"When Joe Casee (Associate Director) takes over this office, I hope he gets as much satisfac-
tion out of the work as I have over the years...even with all the problems. To gain that, I think, you have to give it extra time, be interested in the young people, and I think he is. Hang in there with the Federal government and fight when you have to. Joe will be attending our national association meeting in Washington this sum-
mer, and that's a good place to air grievances. He'll have to stay on top of all that, and I will en-
courage him to keep plugging away at it. Sometimes it's discouraging, and I've had my moments. But one of the nicest days is watching the graduates walk across the stage at the Academy, knowing that you had a small part in it. That makes it all worthwhile.

"We have given financial aid to nearly 8,000 students since 1975. Loans and scholarships. This morning when I added it up I said, 'Who says I never had any children!' It just blew my mind. I've worried about a lot of them. We've given out $100 million in aid and scholarships during those years.

"It's true that I'm one of those methodical people who keeps track of everything, and in the years at PCOM I've accumulated about 1,800 hours' overtime. I never felt it was a 9 to 5 job, and it really isn't. You have to be willing to put some extra time in.

"It's an early retirement — I was 63 in March and I've never been bashful about my age. You are what you are. And I decided to take some time to smell the roses. I'm looking forward to it very much. And if the office ever needs me, I'll be there."

Thank you, Miss Gavigan. I have no doubt of it.

At left, in 1977 Miss Gavigan became the somewhat dubious recipient of a check for the student loan fund which Mitchell J. Gben, '80, raised by teaching a 10-week course in karate. Dr. Gben took his talents in karate and Miss Gavigan's appreciation and began a busy family practice in Delray Beach, Florida.

About 15 years ago Virginia Gavigan helped the Pennsylvania Medical Society inaugurate financial aid workshops, and her persistent involvement since prompted the organization to recognize her years of service to PCOM students. Standing ready to continue her work, Assistant Director of Financial Aid Joseph Casee and staff will move to new offices in Rowland Hall this summer.
Young, Successful, and Osteopathic.

Three words to describe Michael Ciriaco, DO, and Jeffrey Bishop, DO.

By George Hatzfeld & Ralph Welge
Photographs by George Hatzfeld & Mecki McCarthy

Ever wonder what it takes to build a large and thriving practice, and get the community respect and financial reward you deserve? 1985 PCOM graduates Michael Ciriaco, DO, and Jeffrey Bishop, DO, have made Osteopathic Manipulative Medicine a keystone of their burgeoning family practices. Now it's just a question of handling the crowds.

"There are Three A's involved in becoming a successful physician," says Michael Ciriaco, DO, '85, who first heard about them during his internship in Allentown. "You must have ability, certainly, but you must also be affable as a person and make yourself available when patients need you. My own experience has proved this to be right on target for success."

Except for resolutely protecting Thursdays for personal time, Michael Ciriaco is supremely available. He personally responds to a writer's late afternoon call to the office by picking up a mobile phone at home while transplanting shrubs in the garden, he later admits. Equally surprising, he identifies himself on-line as "Doctor Mike." The journalist, expecting polite buffering by office staff and a return call in a day or two, is taken aback... "Doctor Who?"

Osteopathic Positioning

Ciriaco has a thriving practice seeing up to 50 patients a
day in Temple, PA, a graceful old town just north of Reading.

"I put a lot of time into my manipulative practice," he says.

"In fact, about 60 percent of this practice is osteopathic manipulative medicine. There's no real competition here because I feel I'm best at what I do, and hope everybody else comes up to standard." This is the second generation speaking since Dr. Mike took the practice over from his father, Samuel Ciriacio, DO, '52, long known in town as "Doctor Sam."

"The manipulative end of the osteopathic profession is a specialty that really draws," Dr. Mike maintains, "and it should be stressed in practice building rather than slighted. DOs have a golden opportunity to market themselves as something more, not just something different. I position myself as an osteopathic physician offering patients not only regular family practice care, but also the unique benefits of OMT. Both together give me a competitive edge."

In the public mind, the services of physicians are practically identical, or as Ciriacio says, "standard." Basic health care is the core product of medical practice. Choosing a doctor, then, is often made on grounds of personal style, explaining why affability is a big factor in the success formula. Patient choice can also hinge on special expertise, office ambiance, staff attitudes, practice location, and even parking availability. These plus-factors are the augmented product distinguishing one physician from another when people make choices.

Ciriacio's conviction is that a strong emphasis on osteopathic manipulation and its related modalities is the winning augmentation of his service product and the key to his practice success. It sets him apart, not only from the MDs in town but most of the other DOs and the chiropractors too. In marketing analysis it's called "the unique selling proposition."

Marketing turns many doctors off because it conjures up images of gimmicks, the hard sell, and advertising — even though the Supreme Court ruled in 1982 that physicians are allowed to advertise. Yet marketing involves much more, and every physician utilizes it to some degree. The familiar patient-pleasing techniques are well known and have been used for years, even by those who think that
marketing by professionals is degrading and would never stoop to the crassness of advertising.

**Wins a Market Niche**

There are four elements in any practice marketing plan based on research and analysis of your situation. One is the product, which in medicine is the services provided by a physician. The others are the place, price, and promotional strategies designed for practice building.

Ciriaco knows the value of his osteopathic services and how to position them on the local health care market. For him, a DO has a leg-up on the competition by simply utilizing the philosophy and modalities that make the profession unique. "Osteopathic medicine gives you the advantage of thinking your way through problems by always looking for the cause," he suggests.

"You're not treating symptoms only, where many get caught up in local medications and other rigamaroles. As high as 80 percent of all physicians treat symptoms rather than the cause. Their patients get maintained — nice for the practice because you're going to see them every month or so. But you want satisfaction in medicine too, and what's right for the patient. So go for the cause and you can do the patient a real service."

Manipulation enables Ciriaco to get his hands on the patient, and he will document the osteopathic history of finding lesions appropriate to the condition presented. "They're all there to be diagnosed," he observes. "And if you can do that, remembering your OPP and paying attention to structure and function in anatomy, you can usually benefit the patient with manipulation and, if necessary, further workup."

That few others do OMTs is good for him and one clue to his heavy patient load. Ciriaco gets referrals far and wide from DOs who have abandoned active manipulative practice. "It's a shame," he laments. "We have something unique and entirely our own, yet osteopathic physicians are not giving it the attention it merits. I'd say that only 30 percent of the average graduating class will do extensive manipulation." This small percentage creates a solid market niche for his own skilled hands and forthright osteopathic practice.

**When You're Good At It**

Positioning means targeting services to a defined audience in order to draw a larger share of that population. The Reading area has a sizable clientele for osteopathic medicine, given the generations of DOs who have practiced there. Like the Ciriaco's, whose reputation was already established by the father. "When you're good at manipulation," says Dr. Sam, "they'll find you. They'll travel any distance to get relief." The promotion of unique abilities can counter problems of place and distance.

Dr. Mike carries on the tradition of a high profile, high tech osteopathic practice. "I use a lot of microwave heat, ultrasound, electric stimulation, and traction, modalities that can do a lot for a patient. One of the three practice rooms has harnesses hanging all over, and we just replaced the Hill Anatomotor Table. The new unit has heated rollers that vibrate.

"I'm seeing a lot of people with pulmonary conditions who are on multiple bronchodilator regimens. I stretch them out, help the diaphragm move better, pump the thoracic area, free up the secretions and they gain more relief. Even though they may not be able to drop their medication, treatments do improve their condition and augment their comfort."

Naturally, Dr. Mike also provides the medical regimen. The skilled right hand of the osteopath gives the patient to the equally capable left hand of the family practitioner in this closed referral system. People often come first for a back condition and need osteopathic treatments alone. With time, they develop other problems and he's soon caring for them medically as well. It's like having two front doors admitting more people, and as each entree feeds the other a synergistic practice building effect is achieved.

"DOs used to say, 'If I can't cure you in six visits, there's no sense in coming back,' recalls Dr. Sam. "That was in the old days. I had a patient, old Sturky, and one day he says to me, 'You're one helluva doctor.' Thanks, I thought you were going to cure my backache in six visits, and 20 years later I'm still coming to you! You get them for one thing and you've got them for everything."

**Who Needs Advertising**

If a physician's service-product is good, even made superior by osteopathic capabilities that augment it as distinctive on the market, the practice should build naturally. Promotional strategies are the more aggressive element of the marketing mix, and one rule of marketing is this — never be more aggressive than necessary.
Many think OMT takes too much time. It doesn’t really, only if you're always worrying about it. I want to do the best I can for my patients, whatever it takes. And if it takes another five minutes, so what?

Ciriaco is very laid back. He says, “If I wanted to spend money on marketing my practice I could work six days a week, but it would consume me. I also have personal priorities — my family, golf, convention travel where I stay current, and I want to retire at 55 after starting out at age 36. It’s a good possibility.”

The numerous chiropractors who surround him do hawk their wares by means of advertising, which is the most aggressive of all promotional strategies. “Chiropractors spend an exorbitant amount of money on advertising, 20 percent of their gross income in some cases,” he estimates. “They constantly take big block ads in the Reading and weekly newspapers along with the auctions, the sales of farm equipment and household goods.”

Chiropractors have a local reputation for extensive use of high velocity manipulation, and one wonders if they maul the patients’ insurance companies. “They’re a nice referral base,” Ciriaco admits. “People realize that a chiropractor is not accomplishing quick relief and is at the end of his rope. He’ll say, ‘I want you to go see Dr. Ciriaco, he may also want to use some medication on you to get you back on track faster.’ The patients I get from chiropractors never go back, never, because OMT is a very different treatment. Remember, David Palmer split from AT. Still for good reasons.”

Dr. Mike uses only a listing and a display ad in the Yellow Pages, and is very particular about what it says: “Michael Ciriaco, DO, General Family Practice, Osteopathic Manipulative Therapy.” People call saying they can’t believe there’s someone in the phone book who is up-front about doing OMT. At his urging, the phone company has even agreed to create a new OMT category in the medical specialty listings next year, and he expects to be there alone. Some are ready to doctor-shop, and your position is strong if they can’t find anyone else offering your specialty.

Every week, four retired local MDs advertise a “house calls only” practice because few physicians will visit homes. Ciriaco has always done house calls after a late lunch. “One Friday afternoon I’m home, and a 52 year old guy I’ve never seen before calls, saying, ‘I can’t move . . .’ So I agree to go over to his house. You should have seen his eyes light up when I wheeled that table in. ‘You gonna do it here Doc?’ Maybe. Let me check you out, find out what the problem is, and maybe I can give you some relief right now.
"I help him out and after three treatments in the office he's back at work, happy as a lark. He tells everybody at work about it and all his friends and relatives too. That's my other tremendous referral base — word of mouth by those I've treated who gladly promote my skills. It's the best practice promotion you can get and a by-product of being the best at manipulation."

With PCOM Training

Dr. Mike is adamant about the manipulative side of the profession being a practice builder. He deplors the attitude of some students: 'I'm here, I'm going to be a doctor, and don't really care whether it's DO or MD.' "Your best marketing tool is yourself," he insists, "your head and hands — what you've learned osteopathically with your head and implement with your hands. That's the greatest marketing tool in the world because it puts you on top of the others."

Ciriaco already showed an intense interest in OPP as a student. Along with a few buddies, he honed his manipulative skills every chance he got, even working in the practice of a PCOM professor on the sly. "It was the only way to get a lot of hands-on applications during the clinical years," he recalls. "Later I worked in osteopathic hospitals with no access to a table, can you believe it, often using an OB/GYN table. Do you know how difficult that is?"

He admits to a rough first semester because he was "blissed-out" by walking into the classroom and realizing that he was going to achieve his life's dream. It was a dream deferred. After college, he had enough of formal education and first traveled the States and Europe, then founded a prosperous landscape architecture firm. When he did finally arrive at PCOM a decade later, Dr. Thomas Rowland, a friend of his father, said, "Mike where have you been?"

Father Sam Ciriaco has an amazing record of having steered more than 20 students to PCOM, none going by so long a route as his son. This family tradition also continues. Seated with us at the kitchen table is Michael Boyer, PCOM class of '92, born in the area and introduced to osteopathic lore by Dr. Mike. Once Boyer's interest in medicine was known and demonstrated, he was taken into the office for a month of "he-who-stands-around-and-keeps-his-age."

When osteopathic medicine was known and demonstrated, he was taken into the family practice itself — cause orientation, palpatory diagnosis, and manipulative therapies — as drawing power to compete with standard medical specialties and carve out a solid market niche of his own.

"There's no single reason why you succeed as a physician," he concludes. "Patients have to like you, and you have to do them some good. But you can't cure everybody. As long as you shoot straight with them, explain things so that they understand their conditions, you don't have to achieve an impossible 100 percent rehabilitation. You've done your best, treated them like human beings, and they know somebody cares for them and will care for them. That's the most important thing."
Jeff Bishop went back home to Florida with a DO degree added to years of practice in the Navy as a physician’s assistant. He had all the tools to be “something extra” in West Palm Beach.

“This table came from the garage of Dr. Mike Ciriaco,” says its co-owner, Jeffrey Bishop, DO. He hoists one end three feet into the air. “We built it in medical school. Needed something to work on during all our spare time in the first semester (he smiles at his own joke), so instead of buying a table we put one together and then shared it.”

Bishop, standing in one of his handsomely outfitted treatment rooms at Florida’s Wellington Professional Center a few miles out of West Palm Beach, studies the table more closely. “It’s pretty sturdy — made out of ash — I’ve had 450 pound people on it without any problem at all.”

The table, like the friendship, is made of durable stuff. Jeff Bishop and Mike Ciriaco wouldn’t have it any other way.

They had met that summer in 1981, standing next to each other in the admissions line at PCOM, alike in their age, some of their experiences, some of their dreams. The relevance of osteopathic medicine to their future would come later; just then the most pressing need was a place for Mike to live. Jeff, who had driven up from Florida and rented an apartment earlier, offered to share it. More talk, a couple of beers, and a beginning was made.

“I thought I might be missing something because I got a late start,” Jeff Bishop remembers. After high school, he attended mortuary school for a year, until “I realized my personality was not geared for the dead.” Then, sensing...
he wanted to enter medicine but feeling the need to mature in that decision, he had spent nine years as a Navy medical corpsman, becoming a chief warrant officer Physician's Assistant and attaining his bachelor's degree. In six of those nine years he was attending school, including operating room technique and transplant technique. It was thorough preparation. He had "essentially my own general practice as a PA before entering medical school."

Bishop did well at PCOM, although the didactic study of the first two years seemed an attack on his aging brain. When Mike Ciriaco developed problems in a pair of early classes, however, their study together made an important difference. Mike's grades improved dramatically, and, as a result, Jeff found himself welcomed regularly into the 21 Ciriaco's Temple, Pennsylvania home, where Dr. Sam Ciriaco '52, taught philosophy and osteopathic manipulative medicine as a practical adjunct to the PCOM curriculum.

The friendly tutorial with Dr. Sam led to curiosity and experimentation with Nicholas Nicholas, DO, who at the time was chairman of PCOM's Department of Osteopathic Principles and Practice. Along with Mike Ciriaco and a handful of similarly inclined students, Bishop proved an attentive listener.

Today, along with Dr. Nicholas' Atlas of Osteopathic Techniques, Jeff Bishop has office bookcases stocked with clinical and marketing literature. One of the latter, Practice Enhancement, by Greg Komeluk, is fast becoming a physician's standard reference volume. Komeluk promises "A disciplined approach to provide the patients you wish to serve with the medical services they want, at a price they can afford, in ways that will increase their loyalty to you."

Much of the Komeluk doctrine follows classic marketing technique, but to many physicians, either beginning a practice or trying to redefine a practice in competitive times, his advice on advertising, demographics and conducting a "practice audit" might seem somehow unprofessional. Not to Jeff Bishop. His growing intergenerational family practice is tuned to the central Florida marketplace, and his ace-in-the-hole, osteopathic manipulation, is a key element in the differentiating process today's patients are going through.

"To be a good family practitioner," Bishop contends, "you still need to have a good clinical acumen." Office manager Linda McGill agrees. "We really concentrate on keeping the patients foremost and making them comfortable," she says. "It's a family practice, but we want them to feel as if we're part of that family."

The line could be one from Komeluk's Practice Enhancement songbook. Other advice well-heeded is Bishop's creation and limited distribution of a quality brochure describing the practice. Bishop sees to it that every new patient has his philosophy in writing, and he knows they're comparing his office, his staff and his results with the doctor they had last. He has left very little to chance.

"I advertise my practice in five different listings in the Yellow Pages," Bishop says. "One is under osteopathic manipulation. I've picked up several patients that way. OMT offers an additional modality to treat my patients that they can't get anywhere else. That's part of why they come.

"I pick up a lot of patients who have gone to chiropractors, and I have a lot of chiropractors who refer to me, when they can't seem to get through to the problem. They will refer, knowing I have a modality connected to theirs, but with a medical dimension. I can give trigger-point injections utilizing cortizone or prescribe medicine, and then I will send their patients back to them. I don't really take their patients away."

Bishop's security in osteopathic manipulation is probably the biggest reason he doesn't shy away from accepting chiropractic referrals. Other DOs may feel a stigma there, he reasons, but the only way to overcome it is to keep the lines of communications open.

The Wellington medical offices are part of a new regional hospital that's reaching out to the lawyers and middle class managers from the suburbs of West Palm Beach to the citrus groves and nurseries further west near Lake Okeechobee. Bishop has recently added a second office in Belle Glade, near the lake, where he sees "good down-home folks" who work in fields and construction. Between these two offices, he estimates, he has picked up "nearly 7,000 patients in two years." Even in his most optimistic dreams Bishop wouldn't have projected this growth. He shakes his head in wonder. "That's phenomenal," he admits.

To handle the crowd, Bishop in October added Martin Harland, DO, another family practitioner who hails from Florida's Southeastern College of Osteopathic Medicine. "Marty wasn't real big in OMT until he came to this practice," Bishop comments, "but he's forced into it now."
Her family clustered around, a youngster (above) learns more about Bishop's diagnosis of her respiratory infection.

The growth of his osteopathic practice has resulted from using patients' natural word-of-mouth referrals coupled with a handy brochure and Yellow Pages references. "This is the best part," a young woman (right) tells Bishop after a timed period in lumbar traction. "I always leave here feeling great."

Both the Wellington and the Belle Glade offices are managed by Linda McGill, a former Buffalo, NY, law office manager who decided to trade Buffalo's notorious lake effect snowfall for Florida sunshine. She has a degree in computer science and office management, and a service orientation that works as effectively in securing HMO coverage for a 9-year-old stricken with sudden blindness as for the family of an alcohol abuser wondering how to handle the post-detox period. "We try to be a sounding board," she says, adding, "If patients and their families have someone open to them it means a lot. We are able to take a share of the load." Bishop interprets family medicine broadly, "from grandchildren to grandparents." His brochure offers services in internal medicine, gynecology, physical medicine, counseling, dermatology and minor surgery. His staff privileges at Wellington Regional Medical Center, Humana Hospital of the Palm Beaches, Palms West Hospital and Glades General Hospital in Belle Glade add further convenience to his families. Frequently, he says, older family members move to the area and are referred by their children who work and live there already.

One final piece of Jeff Bishop's practice marketing comes by way of sports car racing. As medical director of the Sports Car Club of America — South Florida Region, it is Bishop's task to assign physicians to tracks on race days. His interest in the sport has evolved to owning and driving a well-prepared Chevy IROC Camaro in SCCA and IMSA events. He has raced at Daytona, Sebring and in the Palm Beach Grand Prix, and this summer will be in the running at Watkins Glen, New York.

Locally, a doctor in driving makes headlines, and patients who know about Bishop's avocation watch for his name to show up in the winner's circle one of these days. When that happens, his two partners in Action Racing, Inc., may grab a chunk of the spotlight on their own. Television stars Lorenzo Lamas and Perry King make celebrity watching in the Bishop pit more exciting than some of the race results, but Bishop says winning isn't everything.

"Racing is very invigorating, and it takes my mind totally off medicine for a few hours," he confirms. "It's a nice break."

Osteopathic medicine in the fast lane is Jeff Bishop doing lots of family practice, keeping two offices and a weight loss center operating profitably, and staying firmly in touch with his old friends — Mike Ciriaco and osteopathic manipulation. To all the spectators, it looks like a winning formula.
Script for Good Times

It's become as regular as National Boards, as unpredictable as your first blind date and as much fun as Woody Allen playing Santa Claus. For more years than anyone can remember with certainty, PCOM second- and first-year students have thrown caution to the winds and staged the PCOM Follies... skits, musical entertainment and some of the best inside faculty jokes since Dr. Vincent Cipolla ran the Anatomy Department.

PCOM Follies '89 adopted a television format to express up close and personal what medical students experience every day — drudgery, sensory malfunction, primitive medical understanding, systems overload and nervous collapse. To tell the compelling story of how this year's student extravaganza achieved liftoff, Osteopathic Digest found Directors Judy Rippert, Angelo Adonakakus and Maria DeMario and Choreographer Helen McCoulough huddled together trying to make sense of it all.

JUDY: "Maria and I had participated in the Follies last year, and that was a great show and a lot of action. We tried to figure out how all the skits could fit in together, no matter what the plot, so we decided to make the stage a TV, with everybody watching."

MARIA: "Students came up with the scripts themselves. We just gave them the television format, and we got many skits, most of which were used. We let people do what they wanted, and it all worked out."

JUDY: "We wanted the opening number, 'Waiting for a Star to Fall,' to set the tone, to be different and special. We really concentrated on the words and the music, the costumes and the choreography. And the moment the curtain opened, the audience had the impression: 'Hey, this isn't going to be just five schmucks standing around.'"

MARIA: "Everyone was dressed all in black, with shiny bow ties and cummerbunds, silver and pink. We had four talented singers and 25 people on stage for the chorus. I was in front, singing, so I couldn't turn my head around to look, but we were so excited."

ANGELO: "We had help from Creative Services to develop some taped commercials, some from the students and some from the faculty. They added little touches to the final tape, and the commercials were a lot of fun. It was nice to see the faculty involved."

DIGEST: "Any problems rehearsing this year's show?"

ALL: (Insane Laughter) "Problems? Just a little one with our light and sound man, who didn't show up for any of our rehearsals and was late setting up for the show. There was no technical rehearsal. If we had it to do all over again we'd start by shooting the sound man."

HELEN: "It was a little ragged getting on and off the stage, because people had to move their own props in the dark, all through the same ramp. But everybody pitched in, and it was a real team effort."

DIGEST: "Give us an idea of the skit topics."

JUDY: "'Sublimation' was my favorite. It was everybody's first interview in the Admissions office. We had a huge paperclip, a nervous student, and a group of professors asking questions."

MARIA: "It came off well because anybody who has come
through Carol Fox's admissions process could identify with it.”

JUDY: “‘Osteopathic Hospital’ was a spoof on a third-year student’s first day in the surgery rotation, with Dr. (Arthur) Sesso, who is very into his surgical world. We rearranged the words to a popular song. The words keep coming to me — 2 o’clock in the morning — floating through my head.”

ANGELO: “Of course we had to bust on the Financial Aid office. A three-hour excursion to Financial Aid could not be left alone. So ‘Money, Money’ was a big hit, people dancing and singing.”

HELEN: “I thought the friendships we formed were very special. It was an activity that brought the two classes together from either end of the hallway, and suddenly, a lot of us were friends.”

MARIA: “It gave us a chance to say to each other, ‘Thank you. You are really talented.’ I couldn’t believe the quality of singing, acting . . . the band, the band was fantastic. They just jumped at the chance to perform. Earl Campbell played Dr. (Daniel) Wisely through the whole thing, with the accent . . . Tony DiMichele did a fantastic job as Dr. (Michael) Shank . . . Ken Williams had a phenomenal voice, and did a solo at the end . . . Mike Prime, as Dr. (Richard) Notzold, for the second year; Jim Lukban as Dr. (Alex) Nicholas for the second year; Sue Amidon as Carol Fox. These are people who perfected their parts, and the audience recognized them immediately.

ANGELO: “We didn’t want to discourage people who had never performed before, had never painted a set, had never sung on stage. That was part of the fun, just getting in there and doing it.”

HELEN: “They were so dedicated. We had people who had never danced two steps in their life, but there they were, every single practice, and they’d do it till they dropped.”

JUDY: “I think anybody who does something they can have pride in will work harder. Later on, when we’re establishing a practice, or trying to perform well in a hospital, it’s something we can take pride in. For the final number we picked ‘Put a Little Love in Your Heart.’ It’s a great song, we changed a few words, put in a few simple dance steps, and everybody got up there and sang. We wanted to say, ‘This a great place — it’s why we’re here.’ We’re future physicians, and we emphasized the humanness of medical school. It was a great show.

MARIA: “I miss it.”

JUDY: “No you don’t, Maria. We were up hours and hours.”

MARIA: “I mean I miss performing. And accomplishing the craziest things. Just trying to get a broom; do you know what it’s like to find a broom in this place?”
Humans and Other Animals
A Psychiatrist Explores Beyond the Bounds of Species and Theory
by Ralph Weltge

"Moses was a naturalist," says Irwin Rothman, VMD, DO, '51, referring to the story in Exodus where a staff is thrown down before Pharaoh and turns into a lively snake. "When I hypnotize snakes, they become stiff and straight as a rod. Rigidity of the musculature is easily achieved in humans as well, explaining how a person under hypnosis can be suspended by the head and heels between two chairs."

Dr. Rothman is unusual as a psychiatrist who knows the anatomy and behavior of both animals and humans, those often separated realms which he views holistically. Comparative psychiatry comes naturally since he studied veterinary medicine and practiced for a decade before entering PCOM.

As a student at Penn, he challenged the risky practice of drugging animals for routine treatment. Faculty encouraged him to find an alternative and he did so with pioneering spirit and research, demonstrating the benefits of animal hypnosis. Rothman went on to become president, fellow, and a member of the governing board of the American College of Neuropsychiatrists. He also received the Mesmer Award in 1972.

Alarmed Human Primates
"Like it or not, we're primates," he insists, "but we find it hard to accept that fact." Finding it more than difficult, many are alarmed by the recognition of profound continuities between the species, even though the scientific and secular acceptance of Darwinian evolution is common. "Man is not vegetable or mineral, but another animal who is neither absolutely unique nor incomparable," he adds. "People may accept correlations of the musculoskeletal system and body organs, but when it comes to the brain and psychic comparisons their resistance mounts. We long to prove somehow that we're totally different from the animals."

In attempting to do so, we insult animals in two ways. One is the myth of beastly behavior that makes us feel superior. He illustrates: "We reject certain human impulses by projecting our behavior on other creatures and calling it 'animal,' like women saying 'men are pigs.' The beasts kill only for food or survival and have submission rituals limiting aggression — they make love, not war. Other than Harvester ants and some rodents, only man destroys his own species so wantonly. Nearly 100 million have been killed in the wars and pogroms of our century alone."

The other myth attributes humane virtues to animals, making us in turn seem depraved. Rothman recognizes the species differences that distinguish us from other creatures. "Prey has eyes on both sides of the head," he notes. "Like other predators, man is a hunter and instinctual pack animal, it's as plain as the frontal eyes on your face. However, war may not be instinctual at all, and solutions may be found through human abilities to cooperate, compromise, and conciliate."

Theories of human nature clash on the issue of aggression. Konrad Lorenz and Robert Ardrey follow Freud who says that natural man is a brute whose instinctual aggression is checked only by civilizing law and order. In sharp contrast, Rousseau's "noble savage" is innately happy and benign, but the victim of a restrictive society eliciting aggression and depravity from him. Rothman's own view melds the seed of instinctual drives with the soil of social environment and conditioning to produce the human animal... who is trainable, modifiable, and thus redeemable.

Who Walk Upright
Veterinary science and fascination with our physical and psychological resemblances to animal relatives led Rothman to human medicine and psychiatry. "Knowledge of other species attracted me to osteopathic concepts," he says. "DOs alone seemed to appreciate how anatomy and posture influence function. As upright posture evolved, man became susceptible to back and hip problems, pressures on the nervous and circulatory systems, and sinuses that drain poorly. Circus dogs that walk upright develop considerable back trouble."

"Apes and gorillas are better suited by their lower rib cages and using their arms to help walk. Maybe they're also less paranoid than man who must straighten up to see who's pursuing him. Massa had no hip or back problems, as I recall, only arteriosclerosis. As one of oldest gorillas in captivity, he had a controlled Philadelphia Zoo diet. Once a year Massa got a birthday cake which he threw at reporters. Cholesterol theories are still tenuous because the genetic factors are largely unknown."

Musing over the enigmas of extreme human behavior, he finds instructive animal parallels. "Orphaned monkeys raised by 'wire mothers' become asocial and cannot bond, mate, or reproduce," he cites. "Dogs are group animals who have strong instincts for cooperative social endeavors inprinted by early conditioning, and, if not raised by their kind or humans, can become asocial. Some criminal psychopaths are probably devoid of crucial early bondings, contributing to their hostile callousness toward people and human life."
In Shaman’s Clothing

Along with issues of violence and use of hypnosis for pain control and treating psychosomatic disease, Rothman’s research topics cover a broad spectrum. Among them are narcosynthesis, human and animal body language, retraining people with dysfunctional physical and mental habits, acupuncture, and brain trauma. The diversity stems from his varied interests as a veterinarian-DO and his freedom from doctrinaire theories.

“I’m eclectic,” he admits, “which means I use whatever works. If I have to put on a shaman’s costume, I will. Medicine men understand the psychology of primitive peoples far better than western doctors who fail with their treatments. Like the importance of knowing the uniqueness of each species, one must know a patient’s ethos. Both the threshold and demonstration of pain, for example, will vary widely between a macho culture and a more emotional one.”

One advantage of human/animal medicine is seen in his modified use of acupuncture. “Western psychiatrists first called it a placebo,” Rothman recalls. “Animals in China were once more valuable than people, and I found charts of the acupuncture points on horses and cattle. Animals responded to it for pain, and obviously no placebo effect was operable. Today, you’ll see TENS equipment that can block pain nicely if electric stimulation is applied to the acupuncture points.”

With pragmatic openness, Rothman has also studied Hindu swamis and yogis because “I try to find out what's working in a particular setup,” he says. “You don't have to accept any philosophy or mode of treatment in toto, but in most schools you can find something useful. As doctors say when a new cure comes out, ‘Be neither the first nor the last to use it.’ You weigh-in the literature and your own experience, then choose what works best.”

The first DO to lecture the American Psychiatric Association, he demonstrated the psychosomatics of meditation. Rothman used pictures and EKGs to show how yogis can control their bodies — throwing the heart into auricular flutter, speeding up the beat, or reducing oxygen consumption while sealed in a chamber. Meditation is a form of self-hypnosis enabling yogis to regulate bodily functions that westerners believe are beyond self-control.

“Of course, evidence shows that petting your dog or cat can lower your blood pressure too,” he says, amused. “DOs and people who work with animals know that touch is very important, as did the old time family doctor. In families with dogs, social workers have found that the husband will pet the dog more often than he pets his wife.”

Learn From Animals

With numerous publications and awards as a psychiatrist, he still keeps his vet license active. It serves him well when a medical school calls to ask if there’s a slow-growing virus in animals similar to the one causing Alzheimers [yes, in sheep], or the Center for Communicable Diseases in Atlanta wants all extant literature on the monkey virus that’s so close to the human AIDS virus. Having twin credentials and unique breadth, Rothman is able to deliver.

He even explains how woodpeckers can bang on trees without knocking themselves out or damaging their brains. In a uniquely constructed skull, the hammerhead’s brain is encased in a protective sling. “It also lacks the large and delicate brain superstructure of primates and man,” he says, “especially the soft frontal and prefrontal areas. Our brain is like ‘jelly in a rigid pot’ and can suffer trauma without a direct physical blow or loss of consciousness. The ‘contra-coup’ of the shaken baby syndrome or sudden deacceleration of an auto accident can cause human brain changes identified particularly by neuro-psychometric methods and subtle neurologic signs.”

The human benefits of relating to animals are legendary in the literature and the lives of most people. Rothman quotes one survey indicating that 90 percent of all pet owners talk to their pets — not only small talk or “git-the-hell off the couch,” but conversations, even revelations so intimate that the animal practically stands-in for a counselor with a postgraduate degree.

Irv Rothman would chuckle and point out that, oddly enough, all carriers of doctoral degrees in psychiatry or psychology also happen to be mortals and members of the animal kingdom. He would count it an honor and be curiously open to learning from all the fellow creatures who share that kingdom with us.
The President's Club
President J. Peter Tilley, DO, has unveiled the handsome bronze plaque in Evans Hall that pays tribute to members of the President's Club. "This plaque is an appropriate way for the college to recognize donors who contribute $1000 or more to the PCOM Annual Fund," says Dr. Tilley. "It has plenty of room for continuing growth, and each year the college will add the names of new President's Club members."

"The 89 generous alumni and alumnae whose names now grace the President's Club plaque contributed more than $370,000 to the 1987-88 Annual Fund," says Louis Martini, DO, '58, 1989 president of the Alumni Association. "Annual giving is extremely important to the ongoing excellence of your medical school, and I encourage all graduates to participate." The current Annual Fund drive will end on June 30th.

New Members Hailed
"The Board of Directors of the PCOM Alumni Association expresses its gratitude to all alumni and alumnae who recently responded to our membership drive," writes David A. Bitonte, DO, '80, who is chairman of the board's membership committee. "We had record numbers joining the association this year. Your continuing loyalty and support of this organization is very much appreciated.

We would also encourage those who are not current members to join the Alumni Association which is here for you — ready, willing, and able to respond to your interests and needs. Each year we're involved with continuing medical education programs on campus and elsewhere. The association also plays a large role in Founders Day, class reunions, sporting events, and graduation. One of our most valuable assets is the ability to make loans to current students, our future colleagues. Thanks for considering membership in the association."

Annual memberships in the Alumni Association are pegged at $100, and a Life Membership is $1500 payable over a three-year period. The graduated Life Membership scale shows that it is never too early or too late to join the association:
- Internship year: $500
- Residency years: 750
- Up to 18 years: 1500
- 19-24 years: 1350
- 25-29 years: 1200
- 30-39 years: 1050
- 40-49 years: 900
- 50 years: Honorary

Minority Student Scholarships
PCOM's Task Force on Scholarships for Minority Students has made a solid start in raising funds to endow a four-year scholarship for a deserving minority student with financial need. At a celebration of Black History Month in February, Edna K. Williams, DO, '26, was honored at a dinner sponsored by PCOM's Student National Medical Association. Along with tributes to her long-standing dedication to osteopathic medicine, there was the surprise announcement of a scholarship being named in her honor. Toward the $216,000 goal for the minority scholarship endowment, $15,375 have already been given. The generous benefactors include Amanda C. Blount, DO, '68, Charles Bridges, DO, '64, Izola David, DO, '85, Leonard W. Johnson, DO, '64, William M. King, DO, '62, Mr. Charles J. Reilly, and Edna K. Williams, DO, '26. As an expression of its commitment to the minority scholarship effort, the college has matched each gift and this endowment fund now stands at $30,750. A full tuition scholarship is a very tangible way for alumni and alumnae to improve the opportunities for qualified but needy minority students interested in careers in osteopathic medicine.
New Direction for Resource Development

This spring President J. Peter Tilley, DO, announced the appointment of Michael S. Landes as the new Vice President for Resource Development. Mr. Landes is now responsible for conceiving, organizing, and directing the charitable fund development activities at OMCP. Most recently he served as Vice President for Development at Mercy Health Corporation. His career experience includes more than 22 years of successful work in administration and development for both academic and health care institutions. Mr. Landes graduated from Wesleyan University and pursued graduate studies at Boston University. He is an accredited member of the National Association for Hospital Development and lives in Media, PA.

Alumni Survey

The alumni and development offices of the college say many thanks to the more than 1700 alumni and alumnae who completed the recent questionnaire and confidential opinion survey, a healthy 30 percent return. Your thoughtful comments will provide PCOM with a wealth of information to draw upon in its planning for a strong future. The survey responses are now being tabulated and the results will be reported in a future issue of Digest.

Noted Trauma Surgeon Lectures at PCOM

An internationally recognized expert on trauma surgery, Donald D. Trunkey, MD, accepted PCOM’s invitation to address local physicians and students April 19. His appearance on campus resulted in three lectures on trauma care management. The packed itinerary was made possible by PCOM’s Surgery Club.

Surgery Club officer Jim Williams, a second-year student, initiated the invitation with the assistance of Arthur Sessa, DO, professor, Department of Surgery, and Acting Dean Daniel L. Wisely, DO.

“We were honored to have a physician considered to be so prominent in his field address medical students and residents in the Delaware Valley,” Dr. Wisely said. “His commitment to surgical education and the interest of our students created a highly informative lecture series.”

Dr. Trunkey’s stay on the PCOM campus began with a midday lecture entitled, “Overview of Trauma Care,” presented to some 90 assembled residents, attending physicians and surgeons on staff at Osteopathic, Lankenau and Bryn Mawr hospitals. An afternoon lecture and discussion drew some 50 osteopathic residents and interns to review case management of three trauma patients. An evening panel discussion with more than 250 students from PCOM and other Philadelphia medical colleges took place in a packed classroom.

“By the end of his stay here, Dr. Trunkey had established a rapport with our students and faculty, and earned their respect,” said Dr. Sessa.

The surgeon’s extensive background in emergency medicine includes teaching positions at the University of Texas, the University of California at San Francisco and his present position at Oregon Health Sciences University. In recent years, he has concentrated on research and clinical practice in shock, trauma surgery and resuscitation.

During the past several years, Dr. Trunkey has advised the National Aeronautics and Space Administration on space station medicine, and has conducted extensive research in seatbelt safety and other means to prevent injuries from car crashes.
Faculty in Focus

David Greenberg, PhD, has been named to head Osteopathic’s new Department of Family and Parenting Services. His appointment brings the nationally recognized program to Osteopathic following the transfer of nurse midwifery services to the campus when Franklin Maternity Hospital closed at the end of January. Dr. Greenberg and his staff will administer adolescent maternity programs, parent/child play-groups, workshops and support groups, childbirth education, family counseling, and the thriving Neighborhood Parenting Program.

The Department of Psychiatry has announced the opening of its Biofeedback Therapy Program for patients who need to learn stress management skills or have treatment-resistant chronic pain. Staffed by Burton Mark, DO, department chairman, and Bruce Eimer, PhD, a clinical psychologist, patients may be referred to the program by their physician or by self-referral.

Department of Urology members were strongly represented in the February and March issues of the JAOA. Chairman Leonard H. Finkelstein, DO, ’59, published his article on “A single prophylactic dose of ceftriaxone as total antibiotic therapy in transurethral surgery.” He co-authored an article on “Massive hemorrhage secondary to metastatic testicular carcinoma” with Samuel Manfrey, DO, ’75, Phillip Ginsberg, DO, ’80, and Lewis N. Cunningham, DO.

The last in Finkelstein’s trilogy of articles was “Metastasis of prostate gland adenocarcinoma to penile and scrotal cutaneous tissues” co-authored with John J. Fernandes, DO, chairman of the Department of Pathology and Laboratory Medicine, and Robert L. Fiorelli, DO.

Dr. Walter Prozialeck is co-author of a research paper published in the January ’89 issue of Molecular Pharmacology. Entitled “Structural features determining activity of phenothiazines and related drugs for inhibition of cell growth and multidrug resistance,” the article resulted from collaborative work with Dr. William Halt of the Yale University School of Medicine.

Two papers representing the cooperative work of faculty were presented at the 1989 FASEB meetings in March. One was “Somatic Component to MI: Three Year Follow-up” by Dr. Domenic A. DeBias, Alexander S. Nicholas, DO, ’75, Walter Ehrenfeuchter, DO, ’79, Katherine M. England, DO, ’54, Robert W. England, DO, ’56, David Heilig, DO, ’44, and Michael J. Kirschbaum, DO, ’75. The other was “Incision healing after milliwatt CO2 laser welding” by Dr. Charlotte H. Greene, Dr. Domenic A. DeBias, Wanda L. Young, Maryanne J. Henderson, ’90, Kiyoko I. Lehmann and Scott A. Cosmi.

Anne Jain, ’91, was awarded first prize in the national competition for osteopathic student research recognition at the AOA meeting in Las Vegas. Representing work with Dr. Michael Mahalik and Dr. Henry Hitner, and funded...
by PCOM’s Research Department and a March of Dimes grant, her poster and abstract were titled, “Antagonism of Cocaine-Induced Birth Defects by Prazosin.” Her abstract will be published by the JAQA. Two first-year students nominated by the Department of Physiology and Pharmacology have been chosen by the March of Dimes Birth Defects Foundation for the prestigious 1989 Summer Science Research Program Awards. **Edmund Marcelo, Jr.** and **Michael J. Hoh** will work for three months with Doctors Mahalik and Hitner on their project exploring causes of cocaine-induced birth defects. Each is expected to publish an abstract and present the data at the AOA Research Conference Student Competition in November.

**Ruggers Clinch Championship Third Year in a Row**

Our heavy duty PCOM Rugby Team defeated Columbia Physicians and Surgeons by a smashing 31-0 to win the 1989 USA Rugby-East Graduate School Championship on April 23. USA Rugby-East, which includes 20 graduate school teams, is the only territorial union that conducts a graduate school playoff. Having previously won the championship in 1983, 1987, and 1988, PCOM reached the final by beating an experienced M.I.T. side 19-6. Columbia earned its berth in the final by upsetting Temple Medical School 10-4. The college congratulates coach **Walter Prozialeck** and this generation of ruggers whose winning streak may become a PCOM record to top for many years to come.

**William Gilbool, DO (left)**

presents **Theodore Mauer, DO** with an award recognizing his two years of leadership as chairman of professional staff.
1938

**William L. Silverman**, Wynnewood, PA, was the 1989 recipient of the Distinguished Service Award given annually to one member of the American Osteopathic College of Pathologists.

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1942

**A. Archie Feinstein**, Springfield, PA, a past-president of both the AOA and POMA, was awarded the Distinguished Service Certificate by the Board of Trustees of the AOA.

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1944

**Albert J. Fornace**, Norristown, PA, emeritus professor of internal medicine at PCOM, was one of 95 anti-abortion protesters arrested recently at a Paoli women's clinic.

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1946

**Whitlaw M. Show**, Bird-in-Hand, PA, was appointed secretary-treasurer of the Lancaster Osteopathic Medical Society.

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1948

**M. Michael Belkoff**, Elizabeth, NJ, who has practiced in Union County for 37 years, was cited as "Physician of the Year" by the New Jersey Association of Osteopathic Physicians and Surgeons.

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1953

**Sanford Paul**, Toms River, NJ, has been appointed medical director of Hamilton Hospital's emergency department.

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1956

**Alvin D. Dubin**, Cherry Hill, NJ, was installed as president of the New Jersey Association of Osteopathic Physicians and Surgeons at its 88th annual convention in April.

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1957

**Lawrence E. Miller**, Short Hills, NJ, has a weekly call-in radio show on WCTC AM-1450 NJ called "Interaction Problems" that has run for six months and is doing very well.

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1958

**A. Alvin Greber**, North Miami Beach, FL, has been appointed chairman of the Department of Internal Medicine at the Southeastern University of the Health Sciences.

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1959

**Willard L. Noyes**, Kutztown, PA, has been appointed chairman of the surgery department at Allentown Osteopathic Hospital.

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1961

**Yale R. Bobrin**, Huntingdon Valley, PA, senior psychiatrist at Friends Hospital, was certified by the American Medical Society on Alcoholism and Other Drug Dependencies.

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1964

**John F. Duffy**, Conyngham, PA, has joined the staff of the industrial medicine program at Good Shepherd Rehabilitation Hospital and will serve as medical director for the hospital's comprehensive outpatient rehabilitation facility in Bethlehem.

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1966

**W. James Hart**, Drexel Hill, PA, recently received certification in geriatric medicine.

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1967

**David I. Skole**, Riverside, NJ, was elected secretary of the New Jersey Association of Osteopathic Physicians and Surgeons at its 88th annual convention in April.

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1968

**C. Glen Kramer**, Quakertown, PA, past president of POMA, was inducted as a Fellow in the American College of General Practitioners.
Merrill Jay Mirman, Springfield, PA, was awarded Fellowship status by the American Back Society.

1967
Sherman Leis, Penn Valley, PA, was a recent guest on WPVI-TV's "A.M. Philadelphia" show and debated Ralph Nader's consumer advocacy group on "Do breast implants cause cancer?"

1969
William S. Connolly, Landingsville, PA, director of the radiology department, was elected to the board of directors of The Pottsville Hospital and Warne Clinic.

1967

1970
James J. Nicholson, Blue Bell, PA, has been appointed to the board of Suburban General Hospital in Norristown.

1972
Michael Callahan, Galeton, PA, has been certified by the American Board of Family Practice with a certificate in geriatrics.

1973
Anthony J. Ferretti, Erie, PA, presented a paper on "Evaluating the Etiology of Pain with X-rays" at the 93rd AOA Convention in Las Vegas.

1974
William K. Daiber, Allentown, PA, was appointed treasurer of the medical staff at Community General Osteopathic Hospital.

1975
Larry M. Espenshade, Highspire, PA, was appointed vice president of the medical staff at Community General Osteopathic Hospital.

1976
Scott G. Barnes, Harrisburg, PA, was appointed president of the medical staff at Community General Osteopathic Hospital.

Ted S. Eisenberg, Philadelphia, PA, was elected vice chairman of the plastic surgery section of the American College of Osteopathic Surgeons at its 61st Assembly, won first award in plastic surgery for his exhibit on nasal reconstruction, and won second and third award in the general surgery category for exhibits on breast reconstruction and abdominal flap surgery.

William R. Henwood, Sharon, PA, and Carol L. Henwood-Dahdah, '83, Pottstown, PA left Founders Day at PCOM and drove to Pottstown on Sunday where they resuscitated a woman who had suffered cardiac arrest during a church service.

Rex A. Herbert, Harrisburg, PA, was appointed secretary of the medical staff at Community General Osteopathic Hospital.
Robert Hippert, Kutztown, PA, was appointed clinical instructor in the Department of General Practice at PCOM.

Andrew Kulik, Escondido, CA was appointed president of the San Diego Osteopathic Medical Association.

J. Lindsay Parks, Indiana, PA, was elected president of the medical staff at Indiana Hospital.

1977

Norman E. Vinn, Huntington Beach, CA, an assistant professor of family medicine at the College of Osteopathic Medicine of the Pacific, was elected president of the Osteopathic Physicians and Surgeons of California.

1978

John F. Manfredonia, Tucson, AZ, was appointed chairman of the Tucson Osteopathic Medical Foundation board of trustees.

Theodore W. Shively, Cassville, PA, was recently certified in general practice by the American Board of Osteopathic General Practitioners.

1979

Thomas F. Morley, Laurel Springs, NJ, received JAOA press coverage for his work concerning a comparison of three methods of determining oxygen consumption and resting energy expenditure.

David M. Petro, Levittown, PA, was appointed the medical director of Healthworks, the industrial medicine program of The Lower Bucks Hospital.

Kenneth J. Toff, Allentown, PA, served as a physician at the United States Information Exhibit in Minsk, USSR, and lectured on American health care and AIDS to the Leningrad Postgraduate Medical Institute and the Belorussian Ministry of Health.

1980

Richard W. Banks, Waterville, ME, was recently certified in orthopedic surgery by the American Osteopathic Board of Orthopedic Surgery.

David A. Bitonte, Alliance, OH, a member of the PCOM Alumni Association Board, was certified by the American Osteopathic Board of Anesthesiology and is chief of anesthesiology/pain therapy at Alliance Community Hospital.

Phillip Ginsberg, Wynnewood, PA, recently lectured on flow cytometry and its predictive use in prostatic carcinoma to the American College of Osteopathic Surgeons.

William Glenn, Smithville, NJ, was appointed to the medical staff at Southern Ocean County Hospital in Manahawkin.

Mitchel D. Storey, Seattle, WA, has become one of four physician-owners of The Sports Medicine Clinic in Seattle where he has served as medical director since 1983.

1981

Patrick J. Anderson, Willow Street, PA, was appointed vice president of the Lancaster Osteopathic Medical Society.

Joseph M. Brand, Green Bay, WI, received press coverage in the JAOA concerning his work on avoiding the risk of aspiration in intubated infants.

James E. Harkness, Glendive, MT, has been in family practice since July 1985 and was re-elected chief of staff at Glendive Community Hospital.

Larry Jay Feinman, Philadelphia, PA received press coverage in the JAOA concerning his work on phlebgasia cerulea dolens as a complication of percutaneous insertion of vena caval filter.
Christopher P. Von Hake, Pekin, IL, received press coverage in the JAOA concerning his work on the diagnosis and management of ventricular dysphonia.

1982

Jordan Greer, Talkeetna, AK and his father Robert C. Greer, III, '57, recently founded the Alaska Osteopathic Medical Association with PCOM sponsorship. Twenty DOs attended the first meeting held in April at the Captain Cook Hotel in Anchorage, and Jordan Greer was elected president.

Alan Muto, Phillipsburg, NJ, has opened his practice in Allentown.

Anthony Silvagni, West De Moines, IA, received press in Nexus on his lecture for the regional Emergency Medical Technician.

Scott D. Silverstein, Lancaster, PA, has joined the active staff of Community Hospital in Lancaster.

1983

Tina Petillo, Livingston, NJ, has joined the medical staff of St. Mary's Hospital in Orange in the department of gynecology and is trained in the use of lasers.

Daria M. Starosta, Easton, PA, is the director of emergency physicians at Easton Hospital and was appointed clinical assistant in the department of surgery, division of emergency medicine.

John T. Turski, III, McConnellsburg, PA, was chosen among 150 physicians to receive the Trauma Service Group's 1988 "Physician of the Year" award and is director of emergency medicine at Fulton County Medical Center.

1984

Alvin J. Berlot, Oceanside, CA, was awarded the Navy Achievement Medal for outstanding support while serving as Regimental Surgeon at Camp Pendleton Marine Corps Base.

Lori Dunn, Harrisburg, PA, was a judge at the recent National Figure Skating Championships in Baltimore, MD.

Colleen Flaherty, Milton, PA is board certified in family medicine and has been practicing with her husband, Dr. Steven Kramm, in Milton for the past 18 months.

Carl Roth, Erie, PA, has assumed the Lakecrest Family Practice and serves on the active medical staff of Millcreek Community Hospital.

1985

Robert O. Detweiler, Lansdale, PA, has been designated as an aviation medical examiner of the Federal Aviation Administration and is in practice with his brother, Edwin Detweiler, Jr., 73 in Colmar, PA.

Elliot Gevis, Philadelphia, PA, has been appointed to the active medical staff of Thomas Jefferson University Hospital and a member of the faculty of Jefferson Medical College.

Arlene P. Imber, Huntingdon Valley, PA, has opened her practice of medicine in Newtown, PA.

David A. Klees, Erie, PA, has been elected vice president and chief of staff at the Metro Health Center and is the owner of the Eastway Emergi-Center in Erie.

Ronald Unice, Meadville, PA, was recently elected chairman of the emergency department at Meadville Medical Center.

1986

Philip J. Cinelli, Pen Argyl, PA, has been appointed clinical assistant in the department of medicine, division of family medicine, at Easton Hospital.
Theodore van de Sande, '25, Smithville, NJ, age 88, died at home in December. He practiced in Toms River and Seaside Park where he was a school, police, and town physician, and in New Port Richey, FL, where he retired in 1978. Dr. van de Sande served on the boards of the New Jersey State Osteopathic Association and the State Osteopathic Society, was president of the Ocean County Osteopathic Society, and a member of the AOA, the New Jersey Association of Osteopathic Physicians and Surgeons, and FOMA. He was honored as "Physician of the Year" in 1966 by Seaside Park where he practiced for 40 years.

W. Kenneth Riland, '36, New York, NY, the 1987 PCOM Founders Day Laureate, died this spring at age 76. Born in Camden, NJ, after some years in Washington he became a staunch New Yorker and physician to many leaders in politics, labor, and the corporate world. Dr. Riland called his biggest accomplishment the New York College of Osteopathic Medicine which he co-founded in 1977 with Nelson Rockefeller. He served as chief physician at U.S. Steel, and as medical consultant to the New York Central Labor Council was influential in developing occupational medicine. This led to his election as a Fellow of the American Osteopathic College of Preventive Medicine. Dr. Riland often served as traveling personal physician to Governor Rockefeller, President Nixon, and Secretary of State Henry Kissinger, leaders who especially appreciated his osteopathic manipulative skills.

John J. Legnosky, '42, Whippany, NJ, a general practitioner, died in February of this year.

Irvin J. Angert, '51, Philadelphia, PA, died recently.

Geraldine A. Locklin Foote, '64, Newtown, PA, a specialist in pediatrics, died on October 14, 1988 at the age of 51.

Larry M. Marder, '79, Bryn Mawr, PA, died suddenly and unexpectedly on January 4, 1989, in his Coatesville office at age 50. Born in Toronto and a naturalized U.S. citizen, he first pursued a career with the Air Force and then in business with a metals firm. Against all odds, he realized his dream by entering PCOM at age 36, and did not finish his five surgical residencies/fellowships until 1987. Dr. Marder began private practice at age 48 as a plastic, reconstructive, and hand surgeon. A Diplomate of the National Board of Examiners for Osteopathic Physicians and Surgeons, he was affiliated with the Brandywine, Metropolitan-Springfield Division, and Sacred Heart hospitals, also Southern Chester County Medical Center and Mercy Catholic Medical Center. He was a member of the AOA and POMA, and an associate of the American College of Osteopathic Surgeons.
## Calendar

### Coming Events

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>August 11-23</td>
<td>POMA Annual Meeting</td>
<td>Hershey, PA</td>
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<tr>
<td>August 28</td>
<td>Classes Begin</td>
<td>PCOM</td>
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<tr>
<td>September 16</td>
<td>Open House for Families and Friends</td>
<td>PCOM</td>
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<tr>
<td>September 23</td>
<td>PCOM Alumni Rugby Game</td>
<td>PCOM</td>
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<tr>
<td>October 15-18</td>
<td>AOHA Annual Convention</td>
<td>Monterey, Calif.</td>
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<tr>
<td>November 4-11</td>
<td>PCOM - Maui CME Seminar</td>
<td>Maui, Hawaii</td>
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<tr>
<td>November 12-16</td>
<td>AOA Convention</td>
<td>Anaheim, Calif.</td>
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<td>January 26-27</td>
<td>Founders Day Weekend</td>
<td>PCOM</td>
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<tr>
<td>January 28-Feb. 3</td>
<td>Post Founder's Day CME Seminar</td>
<td>St. Thomas</td>
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<tr>
<td>March 24-31</td>
<td>PCOM - Colorado Ski CME</td>
<td>Breckenridge, CO</td>
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</table>

### Lend a Helping Hand

Tony DiMichele, a second-year student at Philadelphia College of Osteopathic Medicine (PCOM), recently was diagnosed as having Acute Myelogenous Leukemia (AML). He and his family need financial support to pay for medical costs not covered by medical insurance. Therefore, PCOM has established a fund to help defray the expense of Tony's treatment. Please send checks addressed to:

**PCOM Student Council**  
**Anthony DiMichele Leukemia Fund**  
**Philadelphia College of Osteopathic Medicine**  
**4150 City Avenue**  
**Philadelphia, Pennsylvania 19131.**

Your tax-deductible contribution is greatly appreciated.