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Digest of the Philadelphia College of Osteopathic Medicine (Winter 1990)

Philadelphia College of Osteopathic Medicine

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1990 O.J. Snyder Medalist
O.J. Snyder Medal Laureates

1953 David S. B. Pennock, MD, DO
1954 Margaret H. Jones, DO
1955 Chester D. Swope, DO
1956 Russell C. McCaughan, DO
1958 Phil R. Russell, DO
1959 Ira W. Drew, DO
1960 C. Paul Snyder, DO
1961 James W. Eaton, DO
1962 J. Ernest Leuzinger, DO
1963 H. Walter Evans, DO
1964 Paul T. Lloyd, DO
1966 Angus G. Cathie, DO
1967 Carlton Street, DO
1968 Edwin H. Cressman, DO
1969 Edgar O. Holden, DO
1970 Frederic H. Barth, BS, LD, DSc
1971 Joseph F. Py, DO
1972 George W. Northup, DO
1973 William F. Daiber, DO
1974 Herman Kohn, DO
1975 William S. Spaeth, DO
1976 Mortimer J. Sullivan, DO
1977 A. Aline Swift, DO
1978 Foster C. True, DO
1979 Frank E. Gruber, DO
1980 Leo C. Wagner, DO
1981 R. MacFarlane Tilley, DO
1982 M. Carman Pettapiece, DO
1983 George H. Guest, DO
1984 Thomas M. Rowland Jr., BS, LLD, DSc.
1985 Galen S. Young, DO
1986 David Heilig, DO
1987 W. Kenneth Riland, DO
1988 Richard Koch, DO
1989 Ruth E. Purdy, DO
1990 Morton Terry, DO, MSc, FACOI
The Digest of Philadelphia College of Osteopathic Medicine

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Volume 52, Number 2
Last month, I was asked to speak to the staff and board of a community hospital where PCOM has college coordinated programs. The topic was “How the Osteopathic Medical School Can Work with the Allopathic Community Hospital in Training Physicians.” This was not an invitation I would have expected to receive even as recently as five years ago, but today it seems to be appropriate.

Current estimates are that two-thirds of all osteopathic physicians who practice in a hospital setting do so in allopathic institutions. Graduate medical education for osteopathic physicians is occurring increasingly in allopathic institutions. The reality of the situation is that the majority of osteopathic physicians will train and practice in allopathic institutions. This is certainly a far cry from the days when osteopathic physicians were not even considered eligible for membership on MD hospital staffs.

During my visit with community hospital staff and board members, I was impressed by the ways in which our programs actually strengthen the prestige of osteopathic physicians on staff. There was a genuine interest in the application of osteopathic principles to patient care. Our students, interns and residents were well-received and felt fully accepted by the staff and community. And if the application of osteopathic manipulative medicine in such hospitals is more limited than we would like, it is certainly no more restricted there than in many osteopathic hospitals.

While some may fear that placing our members in allopathic hospitals for training will threaten the future of our profession, I take a somewhat different view. I look at it positively, and accept it as a challenge to promote the benefits of caring for patients osteopathically. Moreover, I’m convinced that the increasing presence of our physicians on allopathic staffs will serve to enhance the visibility and credibility of the osteopathic profession. We can welcome it, build on it, and use it to generate support.

It is a fact of life that many of our graduates are already practicing in allopathic hospitals. They are proud of their osteopathic heritage and their college. These hospitals, in turn, provide an important resource for undergraduate and postgraduate education, and we owe them a debt of gratitude. PCOM repays it by providing them with students who are superbly trained, osteopathic interns and residents who leaven the lump of allopathic medicine, and practicing physicians they can be proud to have on staff.
Returning from vacation in 1970, Morton Terry, D.O., '45, saw the construction of a large building underway across the street from the Osteopathic General Hospital he had founded in North Miami Beach. Shocked because he knew the impact of land deeds, bricks and mortar on the destiny of health care institutions, he thought, “My god, we’re going to be landlocked forever!”

Most men would have bowed to real estate fate, but not Dr. Terry, who has never allowed adversities to deter him or dim his vision of a grand future for osteopathic medicine. “So I went over and found out that a kosher nursing home was being built next to us,” he says, “and I knew immediately that it was the keystone to our own future development.”
Taking a risk, he told the owners he wanted to buy it. "It was worth $300,000 at most," he recalls. "When the investors realized they had me by the throat because I had to have it, they said, 'We'll sell it to you for $1,000,000.' I shot back — SOLD! 'Plus a land lease,' they added, and I agreed because the real value of something is what it is worth to you. We were the only hospital in the area, and there were no certificate of need laws in those days. So we turned it into the hospital annex, adding 120 beds overnight, and earned the money back in a couple of years."

**An Osteopathic Pioneer**

That story reveals the foresight and drive of a man who deserves to be known as "South Florida's Pioneer of Osteopathic Medical Education." Morton Terry headed south in January of '49 with one carload of belongings, a PCO nurse as his new bride, and no license to practice in the state. Over the next 40 years he was to forge a stellar career as an internist and college president, and along the way founded enough osteopathic institutions to make the region a bulwark of the profession.

His innovative talents surfaced already during his PCO years, 1942-1948, after a three-year accelerated program during the war. "As a PCO Hospital intern," he muses, off on a story he tells with relish, "I decided on internal medicine for my life work. But residency training was nearly impossible to get because allopathic slots were closed to us and osteopathic openings were rare.

"The department chairman, Dr. Ralph Fischer, discouraged me by saying that PCO Hospital had only two residents, mostly surgical, since there weren't enough free patients to train internists. Then I went to Dean Otterbein Dressler, the pathologist who was one of my heroes, and he said, 'It's up to the department chairman.' So nothing. I was out in the cold and didn't know what to do.

"What I did was simply refuse to leave the place. I kept my bed in the interns' barracks on the fifth floor at 48th and Spruce, and continued to draw my clean uniforms and meals. But I started to dress like a resident and told the switchboard to inform me whenever internists came in to make rounds. Then, I just marched around with them.

"Now, everyone knows I don't belong there, yet nobody says: 'Terry, what are you doing here? Get out!' This goes on for five months while I make myself very useful and the DO internists soon love it, already depending on me to work and cover for them like a resident. [Ready to spring his snare, Dr. Terry leans toward the listener.]

"So one day I disappear . . . holing up in the barracks and waiting for a call. Sure enough, Fischer phones ask-
"PCO did everything for me... The school is one of my chief motivations for founding the Southeastern College of Osteopathic Medicine (SECOM). I felt I really owed a lot to our profession and had to give something back."

With gratitude and nostalgia, Morton Terry counts his Philadelphia years among the best of his life. "I really love that college," he says. "PCO did everything for me; it took me from a kid who had nothing and gave me everything I have. The school is one of my chief motivations for founding the Southeastern College of Osteopathic Medicine (SECOM). I felt I really owed a lot to our profession and had to give something back."

Born in Utica, raised in New York, and graduated from Brooklyn College, Morton Terry could not afford the $400 PCO tuition. The kid who had nothing worked in hotels and nightclubs as a union waiter, the first medical student accepted locally by both the AFL and CIO. Morton Terry formed some lifelong friendships here, most notably with Geraldine Rafferty, a PCO Nursing School graduate who became his wife on Mischief Night, 1948.

Never having been closer to the Sunbelt than South Jersey, the Terrys were invited for a free honeymoon in the Florida cottage of a friend and former patient. "Leaving the snow and slush of Philadelphia, we doffed layers of clothing as we drove south," he remembers. "And by the time we arrived in Miami, we were stunned by the beauty of this place. I announced, 'We're going to live here,' and that was that."

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Some of The Best Years

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"It had always been a dream of mine to start an osteopathic medical school down here," he will admit, "even before the closest college in West Virginia was organized. I love the profession, and it has been so good to me that the dream became an intense desire, even a magnificent obsession."

Using connections as a past president of FOMA, Terry headed a state committee appointed to plan the new college at Florida International University. After years of work, and twice winning approval from both legislative houses, the plan was eventually killed — once by a narrow vote in joint committee, the second time by Governor Askew's line veto.

Others would have accepted full retirement then and there, but Terry is known both for his determination and his imagination. Publicly blocked, a wild idea occurred to him in 1978 that solved the key problem of launching a private medical college: "We'll sell the hospital!" His solution was an outright sale of assets to fund the venture. "Which we did," he notes, "to American Medical International, stipulating that it serve as an osteopathic teaching hospital for the college. I got a check for $12 million and every penny went into the college foundation. That's how SECOM began."

A Young, Proud Tradition

Extensive property across the street was retained for development, including the annex, (a.k.a. kosher nursing home) which became the first college building. Chartered in 1979, SECOM took its first class in '81 and has graduated five classes since, the most recent numbering 100 students. Two large modern buildings have since been added for education and student activities.

Dr. Terry's career is a woven tapestry of recurring threads, such as his acute business foresight enabling him to acquire the college property pre-need and to unload the hospital before depression hit the industry in the '80s. Another thread is his loyalty to the profession and his friends, many now tapped to serve as faculty. In fact, 11 of the founding or current SECOM department chairmen are PCOM alumni.

Terry's classmate and bosom friend of 40 years was enticed out of retirement to serve as SECOM's founding dean. Arnold Melnick, DO, '45, reflects, "I wouldn't have done it for any one else. Morton is probably the most fiercely loyal person I know, and he tried to lure me to Florida earlier. I accepted the opportunity to work with him in building this college which produces what he likes to call 'people-doctors.' In practice he was a top internist, scientific as they come, but always with a human touch."

Morton Terry, DO, with his son
Matthew Terry, DO, Deputy
Dean of the Southeastern
College of Osteopathic Medicine.
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Asked about the personal traits of his colleague that contribute to success, Dr. Melnick will name sharp business judgment and amazing intuition about people and problems... a keen intellect and tremendous drive that expects high standards of performance... a fine sense of humor and a sentimental side that he won't admit to having. "All together," affirms Melnick, "that makes him a real good human being, and he can also be a tough man to work for."

Other Worlds to Conquer

One might add Terry's implicit faith in the future of the profession and the success of his many ventures. "I never stopped to consider all that could go wrong," he says. "I just went ahead and did the next job, always working toward the goal of improving myself and the profession, both locally and nationally. My commitment to the profession means securing its full recognition. And I've been fortunate enough to have good people around me."

Once the osteopathic college was rolling, the next job presented itself to Terry in the chance remark of a hospital administrator about being unable to find pharmacists. Within a year, Southeastern College of Pharmacy (SECOP) was ready to go, and in '89 the school registered 80 students in its third entering class. Also this year, the charter class of Southeastern College of Optometry (SECO) was launched with 29 students, university status having already been granted to the three colleges.

Now president of Southeastern University of the Health Sciences (SUHS), Dr. Terry voices his vision of true collegiality in professional education. "I can see a multidisciplinary university where pharmacists study with physicians and optometrists, share the same campus and some of the same faculty, and work together with mutual understanding rather than becoming natural enemies. It's a fabulous idea! And we're only beginning, we still have other worlds to conquer."

Doing It Well

As osteopathic pioneer and college builder, Dr. Terry's work reflects the general Florida boom, a state now ranking fourth in terms of practicing DOs. He has long-standing interests in Miami business ventures as well. The college founder is also a bank founder, having served on the board of the County National Bank for 27 years as it branched out eightfold. Along with various real estate ventures, he once founded a group that owned three dog tracks in Florida and built the first one in New Hampshire.

Venture and calculated risk were already involved in his choice of the profession. An encounter with Raymond Chaikin, DO, of Brooklyn convinced him that DOs offer...
President Morton Terry, DO, and his wife, Gerry, at Bal Fantastique, the annual fundraising gala to benefit Southeastern University of the Health Sciences.

"There's no reason for any of these ventures not to succeed. If you do something well, why shouldn't it succeed?"

the public much more. "And though it was a challenge because I was Avis, number two," he remembers, "I tried harder and have never regretted that decision. It's even been advantageous because I became the osteopathic representative on every board and committee down here."

The next generation of the Terry family continues the tradition. The oldest son, Matthew Terry, DO, has been with SECOM since 1981 as chairman of the Department of Family Medicine and Associate Dean for Academic Affairs; he recently was promoted to Deputy Dean. Jeffrey Terry works for the National Park Service in Wyoming; daughter Sheryl is married to a neurologist on the faculty of Case Western University; and Pamela is engaged to a SECOM graduate practicing in Apalachicola, FL.

Dr. Terry's years of service to the profession have earned him the George W. Northup, DO, Distinguished Service Award of SOMA; an Honorary Life Membership in FOMA; and the ACOI Distinguished Service Award. Bestowal of the Snyder Medal leads him to exclaim, "I'm thrilled with it! The college has turned out some terrific people, and, given my love for PCOM and the profession, it's a great honor."

Always optimistic about the future, he proclaims, "There's no reason for any of these ventures not to succeed. If you do something well, why shouldn't it succeed?" It's a point well taken, and "doing it well" could serve as a capsule summary of Dr. Terry's own outstanding career as DO internist, college founder, university president and OJ. Snyder Medalist.

Morton Terry, DO, President of the Southeastern University of the Health Sciences.
Loud and Clear Alumni Voices
Over 1,800 Graduates Tell the College How Well It Did and Where It Can Do Better

by Debra S. Gleit

How are alumni/ae adjusting to the changes in health care, and how can medical education at PCOM benefit from their real world experience? The college set out to answer those questions through a confidential opinion survey conducted last spring.

Thirty-three percent, or 1,804 physicians, completed the questionnaire mailed to all alumni. Your insights provide fresh perspectives as PCOM plans for its second century and also give us much to feel good about. By all measures, alumni/ae are interested in their medical alma mater and dedicated to its advancement. Here’s what you have to say.

Mixed Emotions
A hypothetical situation tested general attitudes toward the practice of medicine: Would you recommend a career in medicine to your children? The responses are almost evenly split between those who would and those who would not recommend it. The current level of disaffection appears to be caused by the changes that have occurred in recent years. Increasing control by the government and third-party payors and malpractice are the two reasons cited most frequently (by 241 and 96 alumni, respectively). For those who do recommend medicine, the traditional altruistic reasons hold true: Medicine is rewarding, challenging, and a noble helping profession.
What is encouraging is a progressively positive outlook on osteopathic medicine and PCOM. While only 54 percent of the survey participants would recommend medicine in general, 69 percent of these same alumni would specifically encourage careers in osteopathic medicine. An even larger 80 percent would recommend that their children attend PCOM.

Why? The reason cited most frequently by 130 alumni is that osteopathic medicine is a better philosophy and approach to patient care. Seventy-two percent consider PCOM to be superior to the other 14 osteopathic schools, and 30 percent applied for admission to PCOM only. This positive attitude points to what can be a competitive edge in attracting top students. One graduate advises PCOM to “emphasize the true differences between osteopathic and allopathic care — primary care preparation, holism, and manipulation are real advantages.”

The data indicates that exposure to DOs and understanding osteopathic medicine are important factors in the enrollment decision. Asked their reasons for choosing PCOM, 16 percent or 289 alumni pointed to DO family physicians. Another 13 percent had a DO in the family, and 2 percent listed a variety of other personal contacts as influences. These include alumni friends and mentors, family members working in osteopathic hospitals, and exposure to DOs in the military. PCOM started the Alumni Recruitment Network this year to take greater advantage of the personal connections that are clearly influential in recruiting top students.

Proud to Be PCOM Graduates

Despite mixed emotions about medicine, alumni are generally happy with their medical college. Forty-three percent feel very positive and 40 percent somewhat positive about PCOM today. This high regard is reflected in comments like this: “I'm proud of my heritage and enjoy telling people where I started my career, since they seem impressed with my fundamental basis.”

PCOM is fortunate that alumni not only value their medical education but also translate that appreciation into tangible college benefits. Gratitude for your education and recognition of the need for alumni support are the two most popular reasons for contributing to Annual Giving. A very impressive 71 percent support PCOM financially. Alumni personal involvement also remains high: Sixty-one percent of the respondents have either visited the campus or been employed on campus within the last five years.
Is it acceptable for PCOM to affiliate with allopathic institutions for the purpose of:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
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<tbody>
<tr>
<td>Increasing the number of internship and residency opportunities:</td>
<td>85%</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>Increasing access to clinical environments not available at PCOM:</td>
<td>96%</td>
<td>2%</td>
<td>2%</td>
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Real World Medicine

In areas for improvement, some alumni suggest that PCOM pay greater attention to teaching the wider range of challenges that physicians encounter in practice. One hundred seventy-four alumni recommend that the college add a course in business skills and practice management. In-depth information on malpractice and government regulation are the second most frequently requested subjects. Many comments echo this graduate:

“One thing that PCOM does poorly (as do most medical schools) is preparing students for real world medicine. By this I mean teaching the student about all aspects of running an office and dealing with third party payors, HMOs, PPOs, contracting with insurance companies, and setting up personal finances and a stable practice.”

Today, the challenge for medical educators is to make room for such topics in a curriculum already packed with the ever-growing volume of medical information. PCOM is beginning to address these concerns with its new DO/MBA degree program, courses in medical jurisprudence, and additional lectures in subjects such as risk management.

The realistic perspective also extends to the area of clinical training. PCOM alumni are overwhelmingly in favor of affiliating with allopathic institutions in order to increase the number of internship and residency opportunities (85 percent) and to increase access to clinical environments not available at PCOM (96 percent). A Delaware Valley graduate suggests that PCOM “work more closely with the best departments of the other Philadelphia medical schools to promote more student and faculty exchanges.” While the majority feel that students should be exposed to “the best in osteopathic and allopathic medicine,” their enthusiasm is tempered by concerns about the political and educational barriers to valuable cross fertilization.

Investing in the Future

The priorities identified in the survey also help confirm PCOM's reallocation of resources to areas meriting the most attention. More than half of all respondents identify clinical rotations as an aspect of the educational program to be strengthened. And over 700 alumni say that PCOM could do a better job with student counselling and student services.

Recently, PCOM created two new positions — Assistant Dean for Clinical Education and Director of Student Affairs — devoting full-time attention to these concerns. Given an improved student-faculty advising program, a formal evaluation system developed for clinical rotations, and uniform goals and objectives distributed to all directors of medical education and on-site rotation
instructors, the college has indeed begun to address such issues raised by alumni. You also provided hundreds of thoughtful suggestions, too numerous to categorize here, for clinical and student services programs. The college expects to act on many of your comments, beginning next year with an expansion of ambulatory care training at PCOM's Health Care Centers from a three-month to a four-month rotation.

**Hands-On Practitioners**

During their education, students are taught OPP. The college wants to know to what extent its graduates are practicing what the profession preaches. In other words, who is doing OMT and for what types of problems?

More than 60 percent of the survey participants consider osteopathic manipulation applicable to their medical practices. Of the 1089 physicians who think it relevant, 94 percent actually use OMT. Back pain is clearly the most popular application, with 75 percent of the respondents indicating that they use OMT to diagnose and/or treat lower back pain.

It is interesting to note that graduates of the 70s show a proportionately lower usage of OMT than do graduates of other decades. Respondents in the 1970-1979 classes represent 42 percent of those never using OMT, but only 25 percent of the survey population. This decline occurred during the period when the profession experienced explosive growth and greater acceptance in the wider medical community. The dip in OMT utilization appears to be reversing itself in graduates of the 80s, perhaps reflecting a greater appreciation for the added benefits of OMT in a competitive marketplace.

In conclusion, the college confirmed some long-held assumptions: That our alumni are a clear-eyed bunch who have valid concerns about changes in the profession and also have a vibrant interest in their medical school and a commitment to it. Proof lies in the thousands of valuable suggestions the college received via this opinion survey. Your commentary is and will remain a valuable resource as PCOM plans to lead osteopathic medicine into the nineties and beyond.

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In general, is osteopathic manipulative medicine relevant to your practice?

Alumni who consider OMT relevant to clinical practice and actually use osteopathic manipulation:

- Always: 21%
- Often: 43%
- Sometimes: 30%
- Rarely: 5%
- Never: 1%

No: 38%

Where and how is OMT most useful in medical practice?

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<tr>
<th>Both Diagnostic &amp; Therapeutic</th>
<th>#Respondents (1742)</th>
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<td>1,297</td>
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<tr>
<td>Sports Injuries</td>
<td>893</td>
</tr>
<tr>
<td>Viscero-Somatic Syndromes</td>
<td>732</td>
</tr>
<tr>
<td>Anxiety</td>
<td>600</td>
</tr>
</tbody>
</table>
Alive and well and living in California

THE OSTEOPATHIC PHOENIX

by George E. Hatzfeld

Crowded with sunshine and healthcare providers, California cities such as San Diego still need osteopathic physicians, says Earl Gabriel, DO, below right, who left landlocked Allentown, PA to help establish a College of Osteopathic Medicine of the Pacific in Pomona, and to anchor his boat in the waters off Long Beach.

It has been just over a year since he retired as associate dean for clinical affairs, but when Earl Gabriel, DO, '54, glances around the College of Osteopathic Medicine of the Pacific, his eyes glisten with memories. In the mid-seventies, as president of the AOA, he helped spearhead the effort to re-establish an academic presence for osteopathic medicine in California.

The college in Pomona is the new osteopathic mother lode for the state accustomed to golden opportunities. Now educating its eleventh class, COMP enjoys enviable student application-to-admission ratios, the comforts of a well-integrated campus, and financial solvency. Its former clinical dean and chairman of family practice is proud of these achievements, which he credits to an original, hard working and enlightened board, and to Philip Pumerantz, PhD, who left the AOA at Gabriel's urging to become COMP's president.

Why was Pomona selected?

"There was a bit of a power struggle between San Diego and here," Gabriel remembers. "We were able to take over the mall building that became our academic center, which was a J.C. Penney store. They got it for peanuts."

Pumerantz's had been one of the voices Gabriel had heard, calling him to begin a new family practice in California after his AOA presidency. "I had six or eight offers from various parts of the country," he says, "but this intrigued me, to start a school. It was quite a challenge." Gabriel took on the daunting task of acquiring slots for student rotations throughout the state and beyond. "There aren't enough in California, so we have rotations all the way up to Maine. But because of favorable legislation, doors have opened. The state just passed a nondiscriminatory act which makes it unlawful for a hospital, even one associated with a medical school, to discriminate against DO students. And it goes on into internship, residency and practice. That's a big move."
Philip Pumerantz is an ardent spokesman for the profession and has used his persuasive gifts to attract the people and programs to make COMP successful. "I was fortunate that I was able to share the belief that I have about the future of the profession in California," he says. "As a result today, this is a financially solid institution, all debt-free. Now the task is to build an endowment to secure the institution's continued existence. I think we have a real vision of what the future needs to be, and what it will be. The trick is to go and do it."

Urban sprawl spreads like lava eastward from the center of Los Angeles, and along with it, new hospitals and physicians also are in demand. "My perception is that there aren't too many DOs in any area," says Alan Menkes, DO, '67, who has taught at COMP since it opened in 1978. "Some areas of Los Angeles, San Diego and San Francisco are experiencing physician glut, but in the outlying areas, such as our suburbs and in the high desert, DOs are doing wonderfully well. The patient population prefers American-trained physicians, and they're willing to accept the DO especially because of the manipulative aspect of the practice."

Another adjunct faculty member, Michael Feinstein, DO, '74, agrees. "There's always room for somebody else," Feinstein says, "but it's harder to get started now because of all the contracted medicine. Doctors are looking for established practices, but in terms of osteopathic specialists, they have a leg up because of the built-in referring base, and they'll get a try from DOs in the area." Feinstein left two years of Pittsburgh snow to found, with Sol Lizerbram, DO, '77, a family practice in San Diego that now has six physicians and 12,000 patients. Another PCOM graduate, Howard Hassman, DO, '83, joined the practice five years later.

In the Los Angeles suburb of Yorba Linda, William Fenerty, DO, '73, has been part of a 100-physician group for more than 12 years. Also a member of COMP's adjunct faculty, Fenerty's general practice made more sense in a larger context. His group owns its hospital, and he enjoys not being on call so often, able to spend time with his family. "When I came there was a lot of space and fewer doctors," he says. "Now medicine is different and tougher."
Up in San Jose, John Lovelace, DO, '51, a veteran of considerable hubbub in California's checkered osteopathic history, takes on a normal schedule of patients for manipulation and smiles at the competition. Remembering the "amalgamation" period when some 2,000 of the state's DOs became "Little MDs," Lovelace considers that experience strangely helpful. "It cleaned the profession up," he asserts. "They sold MD degrees for $65. I couldn't do it. It was dirty money. An MD from then on signified, to my mind, moral weakness."

So Lovelace and 800 other unreconstructed DOs stuck to the horse they'd rode in on — osteopathic manipulation. "The DOs who took the MD degree had hospital practices," Lovelace says, thinking of the drug prescription angle, "and most of them were three-fingered osteopaths anyway."

Today Alan Menkes takes what Lovelace had left, manipulation, and makes a virtue of it. "It's the perfect market niche," Menkes tells his students at COMP. "It differentiates you from the 'ordinary' physician. And that's a wonderful marketing position to have." An ordinary physician Alan Menkes is not. In Florida when the word came that a new college was coming to California, Menkes finished his internal medicine residency at Southeast Medical Center in North Miami Beach and headed west in the summer of 1976. Slightly ahead of the college's adjusted opening date of 1978, Menkes secured a fellowship at USC and dove into critical care. He became the first board-certified internist in the state after the change in licensing. Then, to build a practice, he introduced himself to ER physicians in hospitals throughout the region, telling them he was a DO with special training in critical care. "I ended up on the staffs of nine hospitals," he grins. "I was nicknamed 'the freeway doc'. Naturally I got the worst cases — at night and on the weekend. Fortunately, a significant number survived."

Unable to handle an active practice since a car accident and subsequent surgery left him disabled, Menkes still keeps in touch with fellow physicians. He counsels students from personal experience, "Whenever you're about to set up a practice, take a map, pick the city you want, put a pin in the map where all the MDs are, and go right in the middle. They'll be your best source of referral."

In San Diego, Michael Feinstein frets about HMOs, PPOs and IPAs, but taking the bull by the horns, he has learned to survive in a world he didn't invent. "In California, we are moving toward capitation more and more. We are heavily into management of capitated patients. Three of us are co-medical directors for Prudential's PruCare, and we set up the physician network for their plan. So we work aggressively in that market. And because San Diego has such a large military group, we're interested in a capitated plan for Champus patients."

Feinstein sees the California patient differently, as well. "When I was in a farming community near Pittsburgh," he says, "people would come to the office closer to death than life. Here, along with routine patients, you get those who smoke only natural grass, grown without chemicals, and they think antibiotics are dangerous."

Feinstein cites the lack of physician loyalty as a fact of life in his city, populated as it is with military personnel. But the capitated plans, with "deductible wars," have made patient transience even more common. Younger people simply switch when the insurance changes. Big employers reducing benefits have joined the co-pay confusion, so each year during enrollment periods companies drop plans and doctors on those plans, leaving patients to scurry for new physicians. Compounding this situation, Feinstein says, is California's normal mobile society, in which people switch houses in something less than three years, on average.

To defend against this hostile environment, Feinstein has established a four-office network to cover all of San Diego County and be in a better position to control physicians and manage pre-paid plans. "It's getting harder for the solo guy out there," Feinstein acknowledges. The osteopathic physician in California, seen in these lifesize examples, is prospering, if somewhat tenuously. There is a lingering suspicion that the California Medical Association would still like to absorb DOs and control all aspects of medicine in the state. But as long as the likes of Galen Young, Earl Gabriel and College of Osteopathic Medicine of the Pacific are there to challenge the unifiers, the osteopathic phoenix will fly free and far from the ashes of amalgamation.
California’s Osteopathic Profession Inherits a Turbulent Past

In 1962, the tidal wave of politics and medicine broke against the rugged California coast, heading west. California voters had just approved “amalgamation,” a 22-year effort by the California Osteopathic Association to allow DOs in the state to choose, “at the stroke of a pen and the payment of $65,” to become MDs in a state-wide 41st Medical Society. The effort had at first caught the American Osteopathic Association by surprise when in 1958 the new president-elect, Galen S. Young, Sr., DO, ’35, discovered the secessionist movement.

“We opposed the MDs taking over the profession,” Young said in a recent interview. “There was a minority group in California who said they were going to deliver the profession to the American Medical Association, and they had built a ‘war chest’ to lobby for legislation.”

Young and the AOA put enormous pressure on the California physicians to cease and desist, but it was clear that the Californians had no intention of abandoning their efforts. “They were in a very good position from a legislative standpoint,” Young continued, “because they had their own examining board and college, and they had little respect for any of the colleges then in existence. The strategy was to start in California and later come to Philadelphia. When I found this out, I was very much upset.”

The negotiations between the COA and the AOA became deadlocked. Each side had “moles” who relayed the other side’s position. Young remembers vividly the stormy sessions in which officials of the California Medical Association and his AOA leadership debated the efficacy of osteopathic manipulation, which was characterized as “physical therapy.”

Asked to prove through research that osteopathic techniques were valid, Young responded by challenging the president of Loyola University’s medical school to cite the formulas for a specific medicine. A blackboard was available to write the chemical reactions until the end products were eliminated from the body. “Nobody knows exactly,” Young remembers him answering. “But you get results clinically, don’t you,” Young persisted. “He said, ‘Yes.’ I said, ‘We use osteopathic manipulation, and we get results, and our approach to prevention and treatment is more holistic.’” The AOA revoked the California charter in 1960, and the stage was set for a massive split from mainstream osteopathic medicine.

Strangely enough, it had been the success of California DOs that had brought them to this position. Arriving in Los Angeles in 1895, Dr. A. C. Moore began a thriving practice that led to the establishment of the Pacific Sanitarium and School of Osteopathy at Anaheim in 1896. Its academic program of 20 months had been styled after Philadelphia’s Jefferson Medical College; by 1910 Pacific College of Osteopathy, now located in Los Angeles, required a four-year course and offered a degree of MD-DO. This nod to the allopathic profession caused a stir, and the Californians dropped the MD. But the itch was still there, caused in part by a lack of state accreditation. That problem was solved in 1922, with a state board of osteopathic examiners able for the first time to grant licenses to osteopathic physicians and surgeons. But by 1940, unification discussions with the CMA began and continued without AOA knowledge or sanction for the next 20 years.

That medical/political process produced a state-wide referendum, opposed vigorously by the AOA but supported by both the state’s allopathic and osteopathic associations. It carried by an overwhelming 69-31 percent.

The twilight years of osteopathic medicine in California, 1962-74, had begun. The College of Osteopathic Physicians and Surgeons in Los Angeles became the California College of Medicine, with a link to the UCLA system and a new campus in Irvine. On July 14 and 15, 1961, some 2,000 DOs meeting in Los Angeles County General Hospital received their new MD degrees. The DO was reduced to an academic degree. The new MDs blended into the healthcare system with some snags from a still- unconvinced allopathic community. The 800-plus DOs who resisted the MD tide confined themselves to office practice, manipulating and referring.

Outside California, the AOA and several doctors — denied privileges in California because they possessed out-of-state DO degrees — began a campaign in the courts to render the referendum unconstitutional. In state, the “Little MDs” soon found that because they could not belong to one of the state’s 40 county medical associations but only to the ubiquitous “41st,” they could be blackballed at will. Many were. By 1974, not only were the AOA and the disenfranchised DOs up in arms, many prominent patients were, as well. They appealed to the California Supreme Court, which overturned the referendum restoring the right of physicians from outside California to receive credentials and to practice as DOs there. It also meant the opportunity had arrived for a new college of osteopathic medicine in the state.

“It was the pivotal crisis of the profession’s history,” Young says flatly. “I think it took a catastrophe to open people’s eyes. After they found out how much public support they had, it was a great incentive for them to carry on. Ultimately, it was a blessing in disguise.”
The academic year began with **Daniel Wisely**, DO, FACOS, appointed Dean of PCOM by President **J. Peter Tilley**, DO. "Dr. Wisely has shown tremendous energy and enthusiasm in serving PCOM," the president said. "He joined our faculty in 1983, and given his years as Professor and Chairman of the Department of Surgery, Medical Director of Osteopathic Hospital, and Director of Medical Education, he knows the college well and is liked and respected by students and faculty. I also know that Dr. Wisely is personally dedicated to the future of the osteopathic profession."

**Theodore P. Mauer**, DO, '62, was appointed Medical Director of Osteopathic Hospital. He has been a member of the PCOM faculty since 1965 and became Chairman of ENT in 1977. Dr. Mauer is board certified in otolaryngology — head and neck surgery, and oro-facial plastic surgery. His professional memberships include the AOA, POMA, AOCOO, the Philadelphia Society of Facial Plastic Surgery, and the Philadelphia Laryngologic Society. Dr. Mauer has received the AOA's otolaryngology award and the "Clinical Teacher of the Year" award from Iota Tau Sigma fraternity.

**Albert D'Alonzo**, DO, MSc, FACOI, '56, is the new Chairman of the Department of Cardiology at Osteopathic Hospital. Prior to his appointment, Dr. D'Alonzo was vice-chairman of the Department of Internal Medicine and clinical professor at PCOM. He is board certified in internal medicine and sub-specialty board certified in cardiology. A diplomate of the AOBIM and a fellow of the ACOI, Dr. D'Alonzo received PCOM's 1985 Lindback Award for Excellence in Teaching.

**Mary DeJoseph**, DO, '86, is the new Chairman of the Division of Geriatric Medicine in the Department of Family Medicine. After completing her internship and residency at Osteopathic, she pursued a geriatric fellowship at Penn. Dr. DeJoseph is board certified by the AOBGP and is a member of the AOA, POMA, and the American Geriatric Association.

**James Portlock** is the newly appointed Assistant to the Dean of PCOM. An economics graduate of Howard University, he earned his MBA degree in industrial relations and health care administration from the Wharton School of Business at Penn. Mr. Portlock has taught at West Chester University and Lincoln University and most recently was an instructor at the Harrisburg campus at Penn State. He is a member of the Health Council of Eastern Pennsylvania.
John Kauzlarich, DO, joined the staff of the Department of Physical Medicine and Rehabilitation at Osteopathic Hospital and will develop the sports medicine and Business Express programs of the MSI. A KCOM '73 graduate, Dr. Kauzlarich was previously Medical Director of the Peninsula Sports Medicenter in Ormond Beach, FL. His experience includes positions as team physician for professional soccer teams, also sports medical advisor for the U.S. Olympic Team and national and international athletic events.

PCOM's new Director of Student Affairs is Henry Tomkiewicz. After graduating from the State University of New York at Stony Brook with a bachelor's degree in psychology and English, he earned his masters in English there as well. Prior to his appointment, Mr. Tomkiewicz was Assistant Dean of Student Affairs at Stevens Institute of Technology in Hoboken, NJ. He has also served as Associate Director of College Activities at Barnard College and as Director of Residence Life, Student Activities and Public Relations at Harriman College.

Newsmakers

President J. Peter Tilley, DO, was honored in Orlando, FL, where he was elected a Fellow of the American Osteopathic College of Radiology.

OMCP was honored and awarded at the ACOS convention in St. Louis. Leonard Finkelstein, DO, ’59, was appointed vice-chairman of the college's Urologic Discipline.

Robert Fiorelli, DO, ’84, won the "Outstanding Urologic Resident of the Year" award and received the "1989 Editorial Award" for his paper entitled Definitive Management of Hydrocolpos in the Neonate with Bilateral Hydroureteral Nephrosis. The OMCP Urology Division was also honored for exceptional scientific exhibits. Continent Urinary Diversions won "Best of Show," "Best Scientific Exhibit," and "First Place in Urologic Surgery," and The OMCP Experience exhibit took second place in Urologic Surgery.

Ted Eisenberg, DO, ’76, was elected chairman of the Plastic and Reconstructive Surgery discipline of the ACOS at the St. Louis convention. He won yet another First Place Award, "Best Scientific Exhibit," for his Curing Baldness by Scalp Expansion and also lectured on the topic.
Samuel Manfrey, DO, '75, was named chairman of the Fund and Aides Committee of the ACS Division of Urology and co-chairman of the Historical Committee. He lectured at the 16th Annual Urology Seminar on Superficial Transitional Cell Carcinoma of the Urinary Bladder: Treatment and Surveillance Protocols, and at Suburban General Hospital concerning Diagnosis and Management of Urinary Tract Calculi.

Robert Meals, DO, '56, Chairman of the Department of Radiology, was elected a Fellow to the College of Physicians of Philadelphia. Martin Kanoff, DO, '81, was appointed senior instructor at Hahnemann University and named section head of OB/GYN at the Center City office of the Delaware Valley Health Network.

Burton Marks, DO, '62, lectured at the AOA convention on sclerotherapy, discussing MRI and CT Evaluation of Ligaments. Jeffrey Freeman, DO, Division of Endocrinology and Metabolism chairman, was appointed to the Government Relations Committee of the American Diabetes Association. At the Wynnefield Branch of the Free Library, Dominic DeBias, PhD, spoke on Nutrition/Cholesterol and Nicholas Nicholas, DO, spoke on Aching Back.

Irwin Gerson, MD, of OMCP's Sleep Disorder Center published the article "EEG Discriminant Analyses of Mild Head Trauma" in Electroencephalography and Clinical Neurophysiology. Norman Coffman, PhD, OMCP's Toxicology Department director, has been certified as a Toxicological Chemist by the board of the National Registry in Clinical Chemistry.

PCOM students took four out of the last five when second year student Ed Marcelo, Jr., won the 1989 AOA Student Research Competition held at the Anaheim convention with his paper: "Postnatal Neurobehavioral Effects of In Utero Cocaine Exposure in the CF-1 Mouse." The project was funded through the March of Dimes and PCOM's Research Department and supervised by professors Michael Mahalik, PhD, and Henry Hitner, PhD.

PCOM's scholarship endowment recently received $308,000 from the estate of Anna C. Johnson, DO, '28. The late Dr. Johnson lived in Summerville, SC, until her death in September of 1988. In her will, she directed that the majority of her estate be donated to PCOM to establish an endowed scholarship in memory of her late husband, Earnest A. Johnson, DO, '25. According to the terms of the bequest, scholarship preference will be given to qualified PCOM students who are residents of South Carolina.

The Musculoskeletal Institute (MSI) was the beneficiary of an anonymous $100,000 gift in November to help offset the cost of building the new facility on the third floor of Rowland Hall. Opened in October, the MSI houses the clinical departments of Physical Medicine and Rehabilitation; Orthopedic Surgery; Osteopathic Manipulative Medicine; and Rheumatology. The MSI is already on its way to becoming the Philadelphia area's leading center for the coordinated treatment of neuromusculoskeletal disorders and chronic pain.
David Greenberg, PhD, director of Osteopathic Hospital’s Department of Family and Parenting Services, announced the receipt of a two-year grant in excess of $444,000 to continue the Neighborhood Parenting Program. Given by the William Penn Foundation, the grant will be used in the Kensington and Grays Ferry areas of Philadelphia, where more than 275 families have been served in the first year of program operation.

John Angeloni, DO, ’75, Chairman of Family Practice, announced a three-year grant of $175,000 from the U.S. Department of Health and Human Services to the Department of Family Medicine. This grant will be used to develop programs for faculty, residents, and medical students in the area of geriatric medicine. In addition, the Sholler Foundation has awarded Osteopathic Hospital a grant in the amount of $20,000 which will help finance new medical equipment purchased during renovation of the Obstetrics Unit.

The program offers physicians a strong foundation in business and management which addresses the growing need for business acumen in medical practice management and executive posts in health care organizations. Contact Ms. Adele Foley, MBA Program Director, St. Joseph’s University, 5600 City Avenue, Philadelphia, PA 19131-1395, phone (215) 660-1690.

MBA Program Open to PCOM Alumni
The Dean’s Office is pleased to announce that the innovative new MBA program cooperatively sponsored by the college and St. Joseph’s University is now available to PCOM graduates. You can do your course work at St. Joseph’s campus on City Avenue, or at the branch campuses in Great Valley, Reading, and Collegeville.

Most of the benefits to PCOM undergraduate students in the DO/MBA program are also extended to alumni. These include waiver of entrance exams, advanced standing or transfer credit for DO program courses completed, and the creation of special courses for osteopathic physicians that reduce the time and course requirements for the MBA degree.

St. Joseph’s will arrange a schedule and course load that meets your individual needs. While the reduction in course requirements depends on your year of graduation and PCOM courses completed, the university will work with you to design an individualized curriculum closely approximating the 12-course MBA evening session program for PCOM undergraduates.
1923
Paul T. Lloyd, Wayne, PA, celebrated six decades of marriage to his wife Eileen, who says of their lasting union: "Today people give up too easily, they don't remember the promises made when they married." Dr. Lloyd says, "She's been patient and put up with me."

1938
Richard S. Koch, Olympia, WA, gave two lectures at the American Association of Osteopathic Specialists meeting in Monterey, CA, on how to strengthen the back and knee permanently without exercise.

1942
Emanuel Fliegelman, Wyncote, PA, was certified in sex counseling and sex education by the American Board of Sexology and lectured at Jeanes Hospital on the medical consequences of the arms race and nuclear war.

1952
Hymen Kanoff, Cheltenham, PA, was elected chairman of the Department of General Practice at Metropolitan Hospital — Parkview Division, and received the "General Practitioner of the Year" award from the Pennsylvania Osteopathic General Practice Society.

1953
Irving Tenenbaum, Cape May, NJ, was appointed chief of the Division of Dermatology at Burdette Tomlin Memorial Hospital.

1956
J. Harris Joseph, Bala-Cynwyd, PA, received the St. George Bronze Medal from the American Cancer Society, Philadelphia Division.

1963
Allan Goldberg, Marlton, NJ, was appointed to the psychiatric staff of the South Jersey Hospital System.

1964
Michael B. Grossman, Stratford, NJ, faculty at UMDNJ-School of Osteopathic Medicine, has served on the State Board of Medical Examiners for eight years and was recently elected president.

1965
Ralph C. Lanciano, Jr., Haddonfield, NJ, has been appointed to the Board of Governors of the New Jersey Academy of Ophthalmology, and was elected chairman of the Camden County Medical Society's Eye Section.

1966
Merrill Jay Mirman, Spring- field, PA, is the editor of the recently published textbook, "Sclerotherapy - Fourth Edition."

1967
Louis D. Ellis, Cherry Hill, NJ, was named acting chairman of the Department of Radiology at the Good Samaritan Hospital.

1968
Allan Goldberg, Marlton, NJ, was appointed to the psychiatric staff of the South Jersey Hospital System.

1969
David Bevan, Gladwyne, PA, spoke on arthritis at Interac, a senior citizen's center in Roxborough.

1971
David DePutron, Sebastian, FI, has opened his practice in Sebastian.

1981
Stephen S. Fedec, Gladwyne, PA, was named a Fellow of the American College of General Practitioners in Osteopathic Medicine and Surgery.

1983
Richard A. Renza, Cape May Court House, NJ, was named "Man of the Year" by the Order Sons of Italy of Greater Wildwood.
Donald Sesso, Norristown, PA, was given the "Teacher of the Year" award by the Suburban General Hospital house staff.

1972
Suzanne B. Repasky, Philadelphia, PA, was appointed Director of Emergency Medicine at Fitzgerald-Mercy Hospital.

1973

Steven Katz, Philadelphia, PA, added a new associate to his practice in general surgery, GI endoscopy and nutritional support.

Stuart D. Levy, West Chester, PA, is affiliated with the outpatient service of West Chester Psychiatric Associates.

1975
Larry M. Espenshade, Erie, PA, received press in Harrisburg about his efforts to communicate the uniqueness of osteopathic medicine.

Leonard A. Rubin, Langhorne, PA, was appointed to the active medical staff at St. Francis Medical Center.

George T. Zahorian, III, Linglestown, PA, was elected secretary/treasurer of the American College of Osteopathic Surgeon's Urological Discipline at the ACOS convention.

1976
Lawrence J. Anastasi, Longport, NJ, was awarded the certificate of competence in sports medicine by the American Osteopathic Academy of Sports Medicine.

Theodore Eisenberg, Philadelphia, PA, was certified in plastic and reconstructive surgery by the AOA through the American Osteopathic Board of Surgery, and received press for his work on skin cancer.

Arthur G. Nahas, Ventnor, NJ, was awarded the certificate of competence in sports medicine by the American Osteopathic Academy of Sports Medicine.

Francis P. Sutter, Philadelphia, PA, began his cardiac surgery practice at Lankenau Hospital and is board certified by the ACOS in thoracic and cardiovascular surgery, also by the American Board of Surgery and the American Board of Thoracic Surgery.

Kenneth Veit, Lafayette Hill, PA, received his MBA degree from Temple University's executive program.

1977
Gary C. Gelesh, Akron, OH, received, for the third time in the last five years, the "Gold Apple Award" as instructor of the year in the emergency medicine residency program at Akron General Medical Center.

Eugene Mochan, Media, PA, was elected president of the National Board of Osteopathic Medical Examiners.

Richard M. Wszolek, Haddonfield, NJ, was named to the medical staff at Community General Hospital in Reading, PA.

1978
Lorraine M. DiSipio, Yeadon, PA, was elected president of the Delaware County Osteopathic Medical Society.

Carl Sharer, Norristown, PA, has moved his office to the Norristown Cancer Center.

1979
Alfred R. D'Angelo, Red Lion, PA, received press in Scranton/Wilkes Barre concerning his involvement with Camp Setebaid.

Frank A. DeLia, Philadelphia, PA, is a family practitioner with an alter ego — Frank Cash D., a White Rapper who grins from under a red Kangol hat while pictured on his cassettes and 12-inch singles being sold in Market Street record stores.

1980
Thomas M. Bozzuto, Atlantic Beach, FL, is medical director of Hyperbarics at Baptist Medical Center in Jacksonville, an assistant medical director of the Emergency Department at First Coast Hospital in Jacksonville Beach.
Philip Ginsberg, Wynnewood, PA, was appointed chairman of the Division of Urology at Albert Einstein Medical Center.

Drew J. Stetz, Huntingdon, PA, was certified in otolaryngology, head and neck surgery by the American Board of Otolaryngology.

Robert S. Warner, Allentown, PA, was certified in otorhinolaryngology and ophthalmology by the AOA through the American Osteopathic Board of Emergency Medicine and Otorhinolaryngology.

1981


John-Paul Bonnet, Sparta, NJ, chairman of the family practice at Dover General Hospital and Medical Center, addressed over 200 employees of Picatinny Arsenal during a health and fitness seminar.

Frank D. Cicenzo, Toledo, OH, worked three years with high-risk pregnancy groups in a Toledo clinic and has joined a practice delivering babies at Sewickley Valley Hospital, where he was born 34 years ago.

Charles C. Eaves, Jr., Fort Hood, TX, chief of the Department of Emergency Medicine and its residency program, was named an oral examiner for the American Board of Emergency Medicine, and for several years has served as a Fellow of the American College of Emergency Physicians.

Michael G. Moncman, Holidaysburg, PA, opened his practice of neurological surgery in Altoona, PA.

1983

Gregory J. Lynch, Hazleton, PA, opened his practice in general surgery and became affiliated with Coaldale State General Hospital.

1984

Steven N. Dorf, Lancaster, PA, was appointed to the active medical staff of Ephrata Community Hospital.

1985

Daniel R. Black, Jr., Mars, PA, is chairman of the Department of Physical Medicine and Rehabilitation at Holzer Clinic in Gallipolis, OH.

Jeffrey T. Kirchner, Washington, DC, is a diplomate of the American Board of Family Practice and works for Health Care for the Homeless Project in DC.

Timothy J. Lilly, Grove City, PA, joined the medical staff at United Community Hospital in Grove City.

David J. Young, Narberth, PA, joined the Department of Medicine — Rehabilitation Medicine at Doylestown Hospital.

1986

David Anderson, Fort Sill, OK, was certified as a diplomate of the American Board of Family Practice.

Anthony Aquilina, Pittston, PA, is pursuing a faculty fellowship in geriatrics at Temple University.

Marjean Brauch, Wayne, PA, was appointed to the staff of Paoli Memorial Hospital.

Stephen J. Dietrich, Redlands, CA, completed his Master of Public Health degree at Loma Linda University.

Deanne S. Endy, Harrisburg, PA, opened a family practice office at Hummelstown Family Medicine.


Louis J. Gringeri, Holland, PA, opened a family practice office in the Newtown Square Shopping Center.

Peter R. Honig, Cherry Hill, NJ, was appointed to the medical staff at Saint Agnes Medical Center.

Frank Matrone, Allentown, PA, was approved as an aviation medical examiner by the Federal Aviation Administration.

Thomas J. Moran, Virginia Beach, VA, flight surgeon and staff pilot for Attack Squadron 42, was selected Naval Air Force Atlantic Fleet "Flight Surgeon of the Year."

James A. Uslin, New Oxford, PA, was certified by the AOA through the American Osteopathic Board of General Practice.

The "Zs" got it together when classmates Michael J. Zawisza of Orwigsburg, PA, and Howard R. Zweite of the Pueblo Medical Clinic in Tucson, AZ, teamed up for general practice in New Philadelphia, PA.

1987

David J. Ferner, Etters, PA, was named to the associate staff at Community General Osteopathic Hospital, Harrisburg.

John Lozowski, Emmaus, PA, opened a family practice office at the Thurnmont Professional Center.

Mark L. Mascari, Hummelstown, PA, was named to the associate staff at Community General Osteopathic Hospital, Harrisburg, and opened an office at Chambers Hill Family Medical Center.

Robin Savar, Philadelphia, PA, was appointed to the attending staff, family practice section, at The Chester County Hospital.
IN MEMORIAM

William H. Dickerson

Raymond G. Israel, '43, Ocean City, NJ, died on November 28, 1988, at the age of 76. A life member of POMA, Dr. Israel did his internship training at Lancaster Osteopathic Hospital, and practiced in York, PA, before moving to New Jersey.

William H. Dickerson, '54, Gladwyne, PA, died on September 30 at age 64 after an extended illness. Dr. Dickerson joined the PCOM faculty in 1974 as chairman of the Department of Internal Medicine, and for the last five years had served as chairman of the Division of Infectious Diseases. An early osteopathic specialist in the area, he profoundly shaped the infectious disease instructional program of the college and also developed OMCP's treatment program for people with AIDS. The Lindback Award and the National Lambda Omega Gamma Award were bestowed in recognition of his distinguished teaching career.

Born in Providence, RI, he was an honors graduate of Providence College and received the Navy Air Medal for World War II service in the Pacific. After his Erie, PA, internship and residency training in Portland, ME, he practiced and taught in Michigan before joining our college faculty. Dr. Dickerson was a diplomate of the American Osteopathic Board of Internal Medicine, serving as a member of the board from 1968 to 1984 and 10 years as its chairman. He was vice chairman of the Council of Education of the American College of Osteopathic Internal Medicine from 1965 to 1985. Governor Casey had appointed him to the Department of Health's Advisory Health Board, and he served on the POMA committee on AIDS.

He was a Fellow of the American College of Osteopathic Internists, the College of Physicians of Philadelphia, the American College of Clinical Pharmacology, and the National Academy of Practice and Osteopathy. He was also a consulting examiner of the American Osteopathic Board of Infectious Diseases, and a member of the American Society of Microbiology. Dr. Dickerson is survived by his wife, Margaret O. Gallagher Dickerson, daughter Margaret M. Dickerson, DO, '79, a radiologist, and sons William, John, Paul, and Robert F. Dickerson, DO, '80, an ophthalmologist.

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<td>March 3-11</td>
<td>PCOM Spring Recess</td>
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<td>March 13-18</td>
<td>Florida Osteopathic Medical Association</td>
<td>Doral Hotel, Miami, FL</td>
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<td>March 14-18</td>
<td>American College of General Practitioners in Osteopathic Medicine and Surgery</td>
<td>Peabody Hotel, Orlando, FL</td>
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<td>March 24-31</td>
<td>PCOM Colorado Ski CME</td>
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<td>April 26-29</td>
<td>Eastern Regional Osteopathic Convention</td>
<td>Bally's Hotel, Atlantic City, NJ</td>
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<td>May 15-20</td>
<td>Pennsylvania Osteopathic Medical Association</td>
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<td>Graduation Dinner Dance, PCOM Class of 1990</td>
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