

the log book

College of Osteopathic Medicine and Surgery
VOLUME 48 • SUMMER 1970 • NUMBER 1



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ON THE COVER

Commencement

COMMENCEMENT 1970

An academic procession composed of members of the Board of Directors, faculty, and the 71 graduating seniors proceeded COMS commencement exercises. Stanley D. Miroyiannis, Ph.D., Professor of Anatomy and Chairman of the Department, once more headed the procession as the College Marshal.

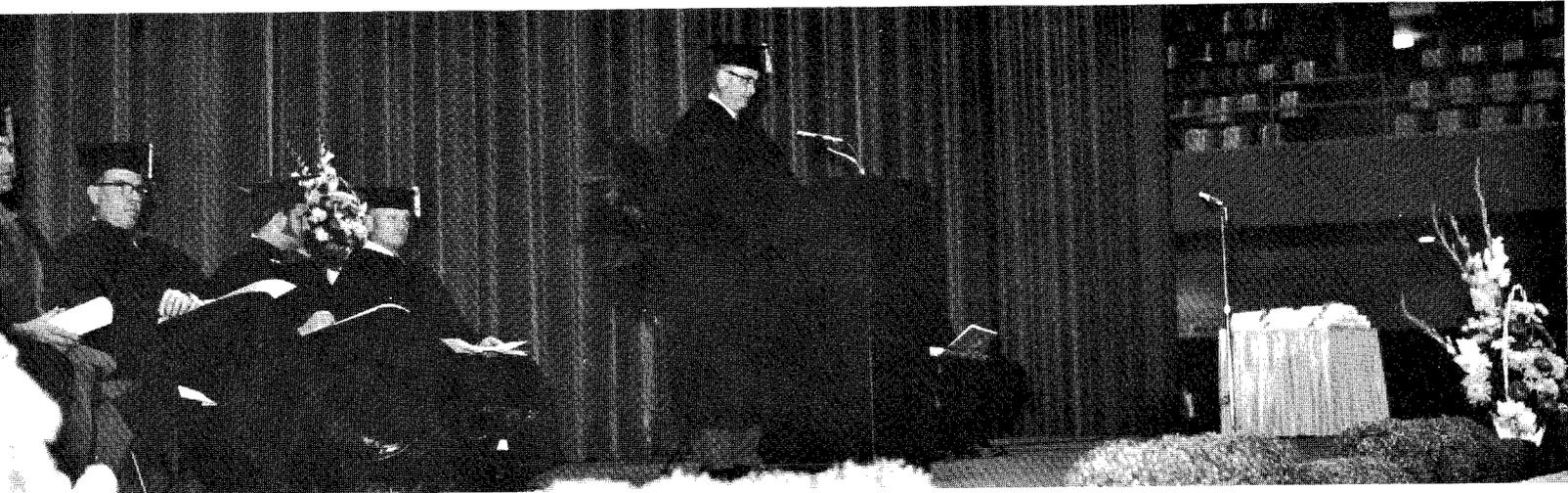
Bob Scott, General Association of General Baptists, delivered the Invocation. Scott is special program consultant for the Harrison Treatment and Rehabilitation Center and an Instructor in Psychology on the College faculty.

The honorable George O'Malley, retiring state senator, was the keynote speaker. (see "Commencement Challenge" on page 4) He and Russell M. Wright, D.O., Detroit athletic physician, were awarded the honorary Doctor of Humane Letters Degree from the College.

D. R. Celander, Ph.D., Professor of Biochemistry and Chairman of the department, and Robert J. Connair, D.O., Associate Professor of Osteopathic Principles and Practice and Director of the Division of Physical Medicine and Rehabilitation were the class sponsors.

Following Commencement, the families and friends of the new doctors were invited to relax together at the Faculty Wives' Tea.





COMMENCEMENT CHALLENGE

Twenty-one years of service as a respected member of the state legislature came to a close this Spring. The Honorable George O'Malley retired. During his term in office, he has done much to promote the interest of the College and its affiliations. In appreciation, he was asked to deliver the keynote address and receive the honorary Doctor of Humane Letters degree from the College.

"Challenge and change are the attributes of youth," he began. "Now as the sixties end and we march in to the seventies, how do we assess the challenges and changes? The children of change have established a place in our society that they did not enjoy before. They have been prime movers in many transformations. There is activity, unheard of ten years ago, at all levels of society.

"Most of all, the children of change have been responsible for many adult Americans re-examining their way of life and their system of values and becoming seriously concerned about both...

"But I feel there has been very little change in individual man or in man's responsibility for moving our world in a direction which I hopefully feel is forward...



“How do we make more certain that our nation moves forward? There is a basic fact I have learned in my many years as a legislator.

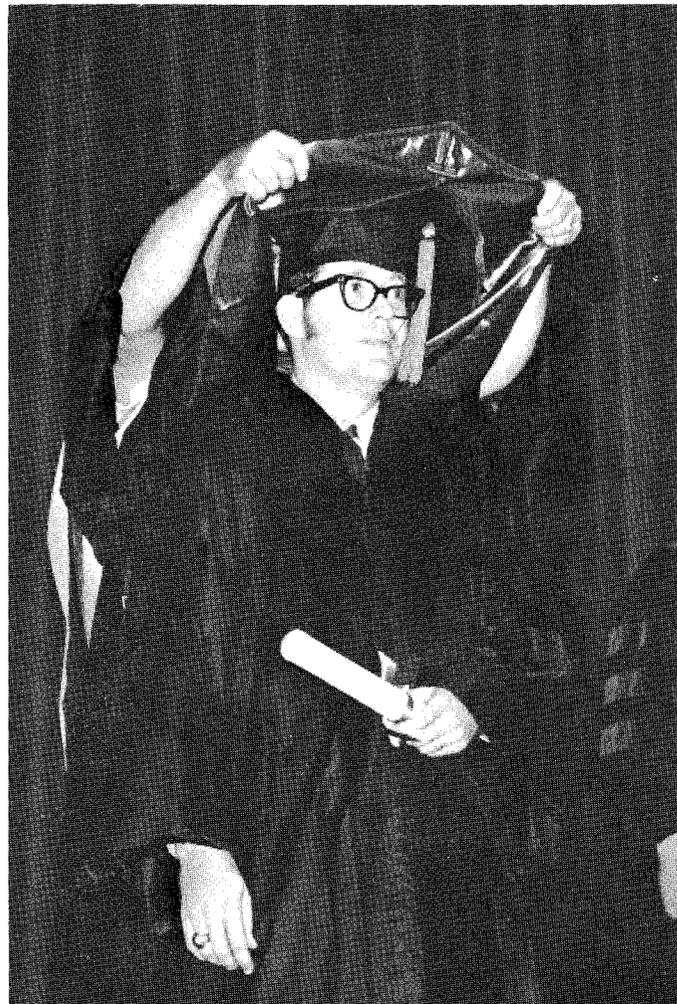
“**Eventually, what is good for the public prevails.** In this democratic process of ours, it would seem sometimes we move so very, very slowly. Sometimes, too, it is crystal clear to you and to me that this or that is absolutely right and proper. There is no need for time or discussion. The solution which is best for the public eventually works to everyone’s advantage, whether it be our original thought or not...

“The seventies are starting out as the sixties ended. The seventies must have cool and thoughtful solutions applied to the injustices and inconsistencies of the past decade. As a community leader, you can help reach the proper solutions...

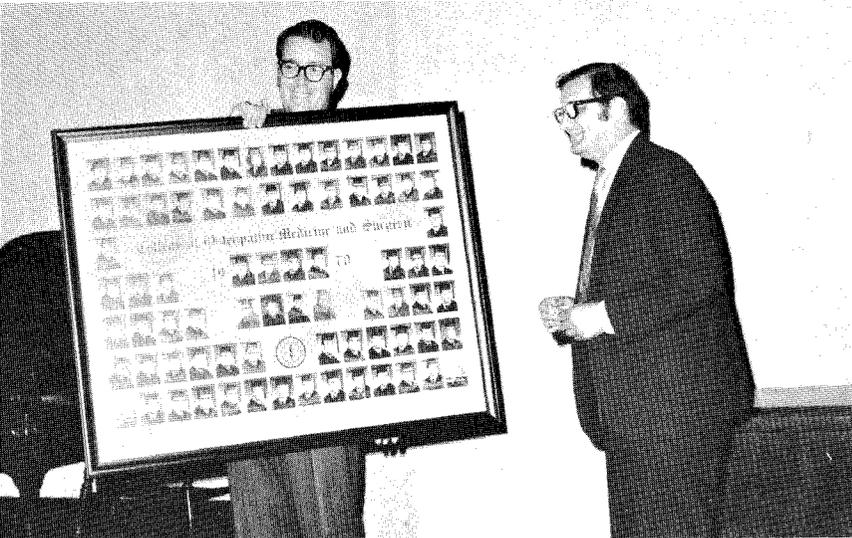
“You serve yourself and your profession to the utmost when you love what you are doing and you do it well, as you expend your maximum professional effort **every time for every individual.**”

O’Malley first served as a state representative for two years; he has been a senator for the last 19 years.

Following the conferring of the doctorates on the 71 seniors, O’Malley received the hood for his honorary Doctor of Humane Letters.



AWARDS CONVOCATION



The annual Awards Convocation was held at 1:00 p.m., June 3rd in Moingona Lodge. Samuel Williams, D.O., Dean, was the Master of Ceremonies.

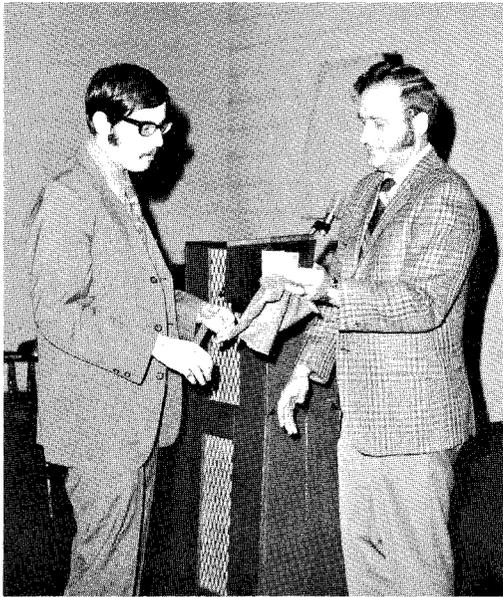
The five winners of the Mosby Scholarship Book Awards were John Anderson of Ashland, Oregon; William Artherholt of West Des Moines; Alison Clarey of Auburn, Michigan; Paul Forman of Southfield, Michigan; and Jeff Perkins of Margate, New Jersey. All five were second year students.

1 The Irvin Merlin Award, presented each year by a former colleague, Dr. Robert Kremer, is given to an individual in the senior class who demonstrates qualities most like Irwin Merlin. This year the award was given to James Thullen.

A check for \$150 will be given to Joel Rubin for his winning entry in the Marion Laboratories Scientific Paper Writing Contest. Rubin's paper, "Destructive Obliterative Pulmonary Emphysema", will enter competition with the first place winners from the other schools for the grand prize of an all expense paid trip to the annual AOA convention in San Francisco.

Runners-up were Pat Frankl for "Parental Fluid Therapy" and Floyd Jones for "Bronchoplastic, Bronchiol Obstructive Disease: The Big Three".

2 The Upjohn Achievement Award, based on the highest scholastic average for all four years, was presented to Joel Nass.



2

The Russell McCaughan Scholarship, given in memory of 25 years of service as the Executive Secretary of the AOA, was awarded to W. H. Haynes, a first year student. The scholarship carries a \$400 stipend.

The Charles Reed Memorial Award was first presented in 1968. It was originated to honor a member of the class of 1967 who died before his commencement. Carl Toben was the recipient.

3 Graduation with Distinction, the highest recognition given by the College, was given to James Watson. The award is granted on the basis of scholastic average, clinical aptitude and service, personality and scientific and literary initiative.

4 The "Pacemaker", the school's yearbook, was dedicated by the class of 1970 to Dean Williams. The dedication read, in part, "As a friend, as a teacher, as an administrator, Samuel Williams has devoted himself to his ideals of education, living for it, working, and safeguarding it... He not only deserves our respect, he commands it."

Various student organizations and honor fraternities also awarded their outstanding senior members.



3



4



1

GRADUATING CLASS OF 1970

Richard D. Arnott
Girard, Ohio

Gerald Leon Berkley
Wyoming, Michigan

Wade Brantley
Benton Harbor, Michigan

Harold J. Brink
Bancroft, Iowa

James A. Budzak
Moon Township, Pennsylvania

Gary A. Burnstein
Detroit, Michigan

Gary Lee Castle
Shenandoah, Iowa

Earl M. Chernoff
Chicago, Illinois

Peter J. Cirigliano
Brooklyn, New York

Carlos Felipe Corrales
Miami, Florida

William Davidson
Detroit, Michigan

Richard Ellenbogen
Detroit, Michigan

Joseph M. Esposito
Trenton, New Jersey

Michael Failor
Ada, Ohio

Anthony Fichera
New York City, New York

Charles M. Fleish
Bronx, New York

Robert Fox, Jr.
Fort Worth, Texas

Gerald Friedman
Detroit, Michigan

Youngstown Hospital Association
Youngstown, Ohio

Grand Rapids Osteopathic Hospital
Grand Rapids, Michigan

Des Moines General Hospital
Des Moines, Iowa

U.S. Air Force Medical Center
Wright Patterson, Dayton, Ohio

Green Cross General Hospital
Cuyahoga Falls, Ohio

Martin Place Hospitals
Madison Heights, Michigan

Mercy Hospital
Des Moines, Iowa

Phoenix General Hospital
Phoenix, Arizona

St. Barnabas Medical Center
Livingston, New Jersey

Osteopathic General Hospital
North Miami Beach, Florida

Garden City-Ridgewood Osteopathic
Garden City, Michigan

Zieger/Botsford Hospitals
Detroit, Michigan

Youngstown Hospital Association
Youngstown, Ohio

Pontiac Osteopathic Hospital
Pontiac, Michigan

Walter Reed Army Hospital Center
Washington, D.C.

Flint Osteopathic Hospital
Flint, Michigan

Oklahoma Osteopathic Hospital
Tulsa, Oklahoma

Zieger/Botsford Hospitals
Detroit, Michigan

James D. German
Des Moines, Iowa

Andrew Michael Giuliani
Detroit, Michigan

Harvey A. Green
Little Neck, New York

Howard C. Greenspan
Bayside, New York

Stephen Ira Greenstein
Maplewood, New Jersey

Gordon L. Grenn
Detroit, Michigan

Donald Warren Gross
Detroit, Michigan

Robert A. Hemphill
Saginaw, Michigan

Mortimer Isaackson
Jersey City, New Jersey

James P. Jensen
Waterloo, Iowa

Richard Kale
Grangeville, Idaho

Leroy P. Kareus
Detroit, Michigan

James C. Kelly
Rock Island, Illinois

Dennis Kolarik
Erie, Pennsylvania

Robert L. Krauss
Brooklyn, New York

Sigmund L. Kulesa, Jr.
East Brunswick, New Jersey

Michael Kwiker
Detroit, Michigan

Joseph Latella
Springfield, Pennsylvania

Mercy Hospital
Des Moines, Iowa

University Hospitals
U. of Wisconsin, Madison, Wisconsin

Interboro General Hospital
Brooklyn, New York

Public Health Hospital
New York City, New York

Detroit Osteopathic/Bi-County Community
Hospital, Detroit, Michigan

Martin Place Hospitals
Madison Heights, Michigan

Zieger/Botsford Hospitals
Detroit, Michigan

Saginaw Osteopathic Hospital
Saginaw, Michigan

Memorial General Hospital
Union, New Jersey

Flint Osteopathic Hospital
Flint, Michigan

Doctors Hospital
Seattle, Washington

Phoenix General Hospital
Phoenix, Arizona

Doctors Hospital
Columbus, Ohio

Doctors Hospital
Columbus, Ohio

Doctors Hospital
Columbus, Ohio

Lancaster Osteopathic Hospital
Lancaster, Pennsylvania

Public Health Hospital
New York City, New York

Cherry Hill Medical Center
Cherry Hill, New Jersey

Members of the 1970 graduating class, their home towns and their internship hospitals are:

Jerold V. LeMar Des Moines, Iowa	Des Moines General Hospital Des Moines, Iowa	Arthur Rendziperis Pontiac, Michigan	Pontiac Osteopathic Hospital Pontiac, Michigan
Samuel Lizerbram Rego Park, New York	Metropolitan Hospital Philadelphia, Pennsylvania	Charles Resseger Willard, Ohio	Doctors Hospital Columbus, Ohio
Michael Lyszak Huntington Woods, Michigan	Traverse City Osteopathic Hospital Traverse City, Michigan	Louis Reznick Brooklyn, New York	Flint Osteopathic Hospital Flint, Michigan
Stephen Margel Youngstown, Ohio	Doctors Hospital Columbus, Ohio	Edmund Rieder Wayland, Michigan	Mercy Hospital Des Moines, Iowa
Thomas Mayer San Francisco, California	Providence Hospital Seattle, Washington	Craig A. Rose Muskegon, Michigan	Mercy Hospital Des Moines, Iowa
Alonzo McLeod Houston, Texas	Mercy Hospital Des Moines, Iowa	Ronald Rosen Brooklyn, New York	Green Cross Hospital Cuyahoga Falls, Ohio
Paul A. Mobley Vinita, Oklahoma	Hillcrest Osteopathic Hospital Oklahoma City, Oklahoma	Gene E. Rostermundt Phoenix, Arizona	Phoenix General Hospital Phoenix, Arizona
Herbert J. Mosberg Forest Hills, New York	Interboro General Hospital Brooklyn, New York	Frank Rotella Jersey City, New Jersey	Metropolitan Hospital Philadelphia, Pennsylvania
Edward Myal Yukon, Pennsylvania	Corpus Christi Osteopathic Hospital Corpus Christi, Texas	David Earl Ryder Northville, Michigan	Garden City-Ridgewood Hospitals Garden City, Michigan
Joel Nass North Bergen, New Jersey	Metropolitan Hospital Philadelphia, Pennsylvania	Anita Schmukler Philadelphia, Pennsylvania	Cherry Hill Medical Center Cherry Hill, New Jersey
Richard G. Newhouse Inglewood, California	Tucson General Hospital Tucson, Arizona	Gary M. Silverstein Southfield, Michigan	Detroit Osteopathic/Bi-County Community Hospital, Detroit, Michigan
James O'Neill Doylestown, Pennsylvania	Wilford Hall, U.S. Air Force San Antonio, Texas	George D. Smith Fort Worth, Texas	Oklahoma Osteopathic Hospitals Tulsa, Oklahoma
Stephen Papish West New York, New Jersey	Metropolitan Hospital Philadelphia, Pennsylvania	Charles W. Starbuck Whittier, California	Waldo General Hospital Seattle, Washington
Gerald W. Peterson, Jr. Richmond, Utah	William Beaumont General Hospital El Paso, Texas	David Alan Steenblock Buffalo Center, Iowa	Providence Hospital Seattle, Washington
Rodney H. Poling Fulton, South Dakota	Riverside Osteopathic Hospital Trenton, Michigan	James D. Thullen Lowellville, Ohio	Youngstown Hospital Association Youngstown, Ohio
Harvey Lee Raimi Detroit, Michigan	Martin Place Hospitals Madison Heights, Michigan	Carl E. Toben Westfield, Iowa	Grand Rapids Osteopathic Hospital Grand Rapids, Michigan
Douglas Reece New Providence, Iowa	Lakeview Hospital Milwaukee, Wisconsin	James R. Watson Fairfield, Iowa	University Hospitals Iowa City, Iowa
Richard Reel Mount Ayr, Iowa	Mercy Hospital Des Moines, Iowa		

FACULTY FACTS

George Taylor, Ph.D., Assistant Professor of Anatomy, is spending ten weeks at the Duke University Marine Laboratory in Beaufort, North Carolina. While at the Laboratory, Dr. Taylor will conduct research on the cytochemical and fine structural analysis of cell differentiation during early embryonic development.

Harry B. Elmetts, D.O., Clinical Professor of Osteopathic Medicine and Chairman of the Division of Dermatology, presented papers on "Skin Problems of the Adolescent Girl" and "The Neurodermatidites" during the June 20th program of the annual post-graduate course given following the commencement exercises at KCOS. Dr. Elmetts recently completed 25 years of lecturing as a member of the College faculty.

Jean LeRoque, D.O., Professor of Osteopathic Principles & Practice and Director of the South Des Moines Clinic, was president of the Iowa Public Health Association 1969-70. He presided during the 43rd annual meeting of the Association held in Waterloo in early May. The program was devoted to improving communications and the discussion of community health problems.

George Pipkin, Ph.D., joined the COMS faculty as Assistant Professor of Biochemistry. Dr. Pipkin was formerly with the Tulane University Medical School in New Orleans.

In 1954, Dr. Pipkin received his Bachelor of Science degree from Centenary College in Shreveport. He earned his M.S. degree from the University of Arkansas in 1956 and his Ph.D. from Louisiana State University in 1962.

A member of the Society for Experimental Biology and Medicine, he was honored as a Fellow in the American Institute of Chemists.

He has published various articles concerning the etiology of urinary bladder cancer.

Harvey R. Newcomb, Ph.D., Professor of Microbiology and Chairman of the department, presented a seminar on "Pollution of the Raritan Bay and Adjacent Interstate Waters" to the seniors in the Department of Biology at Drake University.

The seminar was an enforcement project under the Federal Water Pollution Control Administration of the U.S. Public Health Service.

Dr. Newcomb, M.D. Newcomb, Ph.D., and Nigel da Silva, Ph.D., attended the 70th annual meeting of the American Society for Microbiology in Boston, Massachusetts.

James A. Orcutt, Ph.D., Professor of Pharmacology and Chairman of the department; Mearl A. Kilmore, Ph.D., Associate Professor of Pharmacology; J. P. Clark, M.S., Instructor in Pharmacology; and W. H. Terry, B.S., Lab Technician, presented material on "Comparison of Myocardial Irritability of Selected Anesthetics" during the 54th annual meeting of the Federation of American Societies for Experimental Biology held April 14th in Atlantic City.

Mohinder S. Jarial, Ph.D., Assistant Professor of Anatomy, was named "Professor of the Year" by the members of the freshmen class.

Thomas Vigorito, D.O., President, delivered the keynote address, "Options Available to the Osteopathic Profession" at the annual clinical assembly of the Pennsylvania Osteopathic Association in May.

Milton J. Dakovich, D.O., Professor of Medicine and Director of the Heart Station, was elected President of the Polk County Heart Association at its May meeting.

As President, Dr. Dakovich is responsible for coordinating and directing the Association's public service, information, fund raising, and research activities.

The Association has 40 volunteer members.

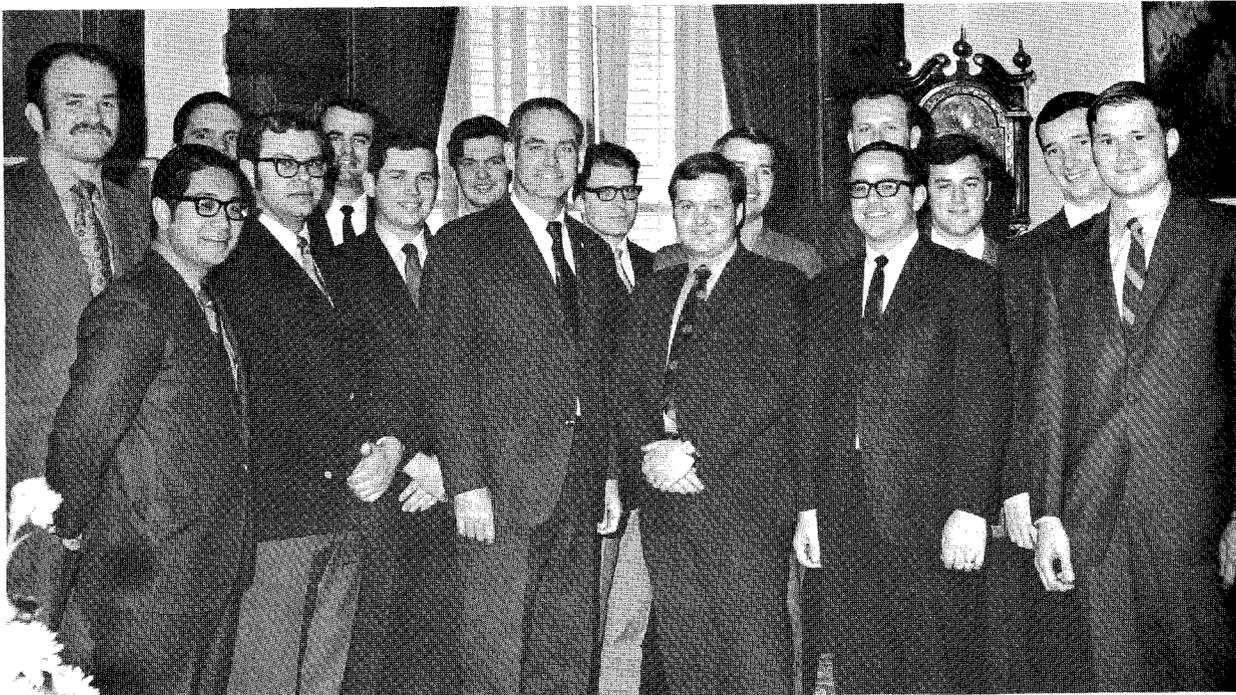
Samuel Brint, D.O., F.A.C.O.O.G., Professor of Obstetrics-Gynecology and Chairman of the department, is a member of the editorial board of MATERNAL AND CHILD HEALTH. He recently published "The Diagnostic Enigma of Ovarian Cancer" in the March issue of that magazine.

Dr. Brint is also serving his third term as a member of the examining board for the American Osteopathic Board of Obstetrics and Gynecology.

In the June issue of MATERNAL AND CHILD HEALTH, Dr. Brint was awarded the "Distinguished Physician Award" for his "dedication and cooperation" to his profession, specialty, and students.

R. Keith Simpson, D.O., Assistant Professor of Medicine and Special Medical Consultant, H.T.R.C., spoke on "Alcohol, Its Use, Abuse, and Treatment Thereof" during the May Rocky Mountain Osteopathic Conference.

CAPSULE ON THE CAPITOL



These COMS students, representing their colleagues in each of the four classes, met with the Governor in late April to discuss the College and its programs.

They are, front row from left: Toby Shimoda, Keith Hansen,

Jim Blessman, Governor Robert Ray, Tom Gillman, Gary Cole, Richard Louvar. Second row from left: Bill Artherholt, Ed Herold, Phil Myer, Bill Manor, Walter Goff, Jim Bates, Fred Burson, Bob Collison, and Pat Frankl.

The second session of the 63rd General Assembly of Iowa adjourned sine die. The Iowa Legislature is now on an annual basis beginning with the first session of the 63rd General Assembly held in 1969. The first session of the 64th G. A. will convene 11 January 1971.

The second session was not planned to be a "budget" session for consideration of major appropriations. State funds for the biennium beginning 1 July 1971 will be voted during the first session of the 64th General Assembly.

Senate Joint Resolution 1005, approved by a

Senate vote of 41-2 and a House vote of 102-0, is of particular interest to the College.

The enacting clause of S.J.R. 1005 provides that the General Assembly "encourage the College to pursue with vigor the fund drives underway and urge the Sixty-fourth General Assembly to give early consideration to making an appropriation adequate to insure that the new facility will become a reality."

The term "new facility" refers to the medical complex being planned for construction in the old Fort Des Moines area.

SPECIAL PROJECT GRANTS

Two special project grants have been awarded to the College under the Health Professions Educational Improvement Program.

A grant of \$97,783 by the Physicians Augmentation Program, which is a supplementary program, will be utilized to increase the full-time first year enrollment to 110 and to increase the basic science faculty to maintain proper student-faculty ratio.

The second grant of \$334,924 will be used to maintain faculty additions made last year under a similar grant. This year's grant includes a cost of living increase.

Special project grants are awarded to schools to improve the quality of their educational programs through faculty expansion, curriculum revision and development, and the planning and implementation of experimental teaching facilities. They are administered through the Division of Health Manpower Educational Services, National Institutes of Health.

GROUND BREAKING FOR THE DIETZ DIAGNOSTIC CENTER

Ground-breaking ceremonies for the Dietz Diagnostic Center are being planned for late July. Dignitaries from state and city governments are expected to attend.

Bids were opened for the Center 16 June 1970. Contracts were awarded to Joe E. Swift Co., Inc.; Johnson Electric Co., Inc.; and Proctor Plumbing & Heating, Inc., all of Des Moines. The building, valued at over \$270,000, was designed by Brooks, Borg, & Skiles, who also are the architects for the major college facility. Both the clinic and the major college facility are to be located on Fort Des Moines grounds.

NEWS AND DUES

NATIONAL ALUMNI ASSOCIATION

MEMBERSHIP DUES

A large influx of dues payments in March and early April was apparently the result of a letter reminding alumni to update their memberships. At press time, 591 membership cards for 1970 have been issued. This total includes complimentary membership cards to the 71 June graduates and the 13 new life-time members. This number compares with 626 members for the entire year in 1969.

The final tally for 1968 was 516 memberships, the final tally for 1967 was 436.

Those alumni who have not paid their dues are again requested to do so. Please accompany your check with your name, address, social security number and the year you graduated. The dues are scaled as follows: Class of 1969—\$1.00. Class of 1968—\$3.00. All others—\$5.00. Life memberships—\$100.00. Make your checks payable to the National Alumni Association.

LIFE MEMBERSHIPS

Thirteen is usually considered bad luck. However, the 13 new life memberships are good luck because they are a larger number than ever before issued in one year.

New life memberships include:

Ira L. Pomeroy, M.D., Cypress, California, Class of 1954.

Josephine Kloetzly, D.O., Tampa, Florida, Class of 1927.

Darrell D. Brown, D.O., Des Moines, Iowa, Class of 1955.

Franklin L. Tepner, D.O., Bode, Iowa, Class of 1961.

B. A. Raines, D.O., Seminole, Florida, Class of 1964.

James Jackson, D.O., Muskegon, Michigan, Class of 1960.

Neil R. Kitchen, D.O., Birmingham, Michigan, Class of 1939.

Edward Lake, D.O., Potosi, Missouri, Class of 1946.

Earl Purtzer, D.O., Scottsbluff, Nebraska, Class of 1931 (January).

Robert Cohen, D.O., Cherry Hill, New Jersey, Class of 1962.

Charles Roman, D.O., Kings Park, New York, Class of 1962.

Eugene F. Trell, D.O., Columbus, Ohio, Class of 1962.

Elias Yurick, D.O., Corapolis, Pennsylvania, Class of 1958.

ANNUAL MEETING

All alumni records have been changed to a calendar basis, rather than the fiscal year basis formerly used. The number of delegates each state is entitled to send to the House of Delegates at the National convention is based on the number of active memberships during the preceding calendar year. Active membership in the N.A.A. is limited to those who pay dues annually.

MID-YEAR EXECUTIVE COMMITTEE MEETING

The Executive Committee of the N.A.A. met 17 June 1970 in Des Moines. Committee members present include: K. George Shimoda, D.O.; William Laven-

dusky, D.O.; Frank W. Myers, D.O.; Robert W. Johnson, D.O.; Walter B. Goff, D.O.; and R. Keith Simpson, D.O. Also present were ex-officio members, COMS President Thomas Vigorito, David A. Dancer, Director of Alumni Relations, and E. M. Meneough, Director of Public Relations.

It was reported that \$10,000 in alumni association funds were used to purchase U.S. Treasury bills which will mature 13 August 1970.

A change in the procedure for validating alumni for the House of Delegates was proposed. Rather than attempting to certify each delegate, it is suggested that business matters assigned to the House of Delegates be acted upon by the active alumni association members who are present.

Other business included adding Dr. Goff and Dr. Simpson to the nominating committee to pick a slate of candidates for office next year.

The Executive Committee, as directed by the members of the association, selected Frank W. Myers, D.O., as President-elect for the remainder of this term. Dr. Myers, a 1959 graduate of COMS, has a joint practice with Norman W. Jankowski, D.O., another 1959 graduate of COMS, in Northfield, Ohio.



He is a member of the Cleveland Academy of Osteopathic Medicine, the American College of General Practitioners in Osteopathic Medicine and Surgery and is a member of the Board of Trustees of the Ohio Osteopathic Association. He is a member of the board of editors of the "OP" publication and chairman of the department of General Practice at Brentwood Hospital. Dr. Myers is married and has two daughters.

When asked about hobbies, Dr. Myers indicated a clinic building presently under construction precluded any hobbies, but he did try singing in the church choir.

For the future of the National Alumni Association, Dr. Myer "hopes to explore the possibility of promoting interest in the National Alumni Association by advancing the influence of the Alumni Association in the direction of the College. This, of course, must be accompanied by a renewed interest of the alumni in the financial status of the college."

Dr. Myers is a member of the national, state and local osteopathic associations.

To the Members of the National Alumni Association of COMS.

You are hereby notified that the regular annual meeting of the N.A.A. will be held in San Francisco 6 October 1970.

The meeting will consist of the annual banquet at 12 noon in the Room of the Dons, Mark Hopkins Hotel, to be followed by a meeting of the House of Delegates.

At least 30 days prior to 6 October 1970, the secretary of each divisional (state) society shall certify its delegates to the secretary of the national association in writing (or by wire). Such delegates and alternates must be active members in good standing of the association.

R. Keith Simpson, D.O.
Secretary-Treasurer
National Alumni Association

Certification of Delegates

Return to:

R. Keith Simpson, D.O.
Secretary-Treasurer of C.O.M.S. Alumni Association
722 Sixth Ave.,
Des Moines, Iowa 50309

This will certify _____

as a delegate from _____ to the House of Delegates of the C.O.M.S. Alumni Association.

Alternate delegates are _____

Secretary

OUR RESPONSIBLE YOUTH

AOA Editorial...George Northup, D.O.

So many adverse comments are being made about young people that little attention is given in the press to the more positive things in which they engage.

Sometime ago, the Student Council of the Kirksville College of Osteopathy and Surgery passed a resolution concerning the use of the title of D.O. Addressed in the form of a letter to the AOA [See p. 10 of the June 1970 issue of THE D.O.], the resolution stated: "It is with great concern that the students and members of the Student Council of the Kirksville College of Osteopathy and Surgery view the current trend toward merger with the allopathic profession. To most of us, it appears that a great majority of those seeking the title of M.D. after their name are doing so to improve their prestige."

They pointed out that the osteopathic physician who merely lists himself as Dr. John Smith, Physician and Surgeon, discredits himself and the profession. In fact, when the D.O. practitioner, whom everyone admires and respects, fails to display his title, the acclaim and praise that "should naturally be credited to the osteopathic profession" is instead credited to the allopathic profession."

Thus, the members of the KCOS Student Council strongly urged "all osteopathic physicians to uphold the Osteopathic Code of Ethics, and to display proudly and conspicuously the title that they worked so long to achieve—D.O."

With the increasing growth of the profession, the public begins to wonder why the osteopathic physician is ashamed of his title when they, the public, are not. This reminder from the 1970 Student Council of KCOS is a fine act of faith and of confidence in the profession. All practicing osteopathic physicians should respond with the same self-confidence and should proudly declare the title of the degree which has made it possible for them to enjoy the full rights and privileges of osteopathic medical practice in an overwhelming majority of states.

THE ROLE OF PROFESSIONAL COLLEGES IN WESTERN SOCIETY—OR,

WHAT SHOULD OSTEOPATHY DO?*

by Thomas Vigorito, D.O.



Western Civilization

Contemporary Western civilization is a complex, changeable and constantly changing amalgam of beliefs, values and aspirations.

Basic to, and pervading virtually all our beliefs, values and aspirations has been the constant evolution of the Judeo-Christian ethos. For more than four thousand years this ethos—this way of thinking about people, their rights and their responsibilities—has been refined by all of us who live under its influence.

The most obvious single trend in the evolution of this ethical system throughout the centuries has been an increasing emphasis upon the worth of the individual and the rights of the individual.

This trend is unrelenting. Although the early years of the industrial revolution caused ethical systems and common law alike to overemphasize the significance of private property as a desirable societal goal, most of

us, since the time of Charles Dickens, accepted as paramount the need to reconcile the concept of property rights with the rights of the individual.

The Rights of Man

Everyone interested in the activities of the College of Osteopathic Medicine and Surgery should be vitally concerned with the inalienable rights of our students, faculty, staff, board members and patients.

I would like to discuss each of these concerns in detail, but time limitations necessitate some selectivity. Accordingly, I will discuss only the rights of students and the rights of patients, not because they are necessarily more important, but rather because they will probably have the most immediate effect upon our thinking.

Rights of Students

Students have the inalienable right to seek as much and as good education as they are willing and able to get. Each also has the right to seek less education, or to avoid education. In each instance the society in which that student functions will determine what benefits accrue to a particular type and quality of education. In general, our society, at this time, definitely rewards more education and better education.

*Prepared at the request of the Executive Committee of the National Alumni Association.

The notion that a political organization, such as the Michigan Association of Osteopathic Physicians and Surgeons, can declare as unethical any D.O. who strives to advance his educational status by taking an M.D. internship is repugnant to me. In fact, M.A.O.P.S. has recently done precisely this. They are morally accountable for that action.

Rights of Patients

Patients, by which term I mean all those people who ever have, or may have occasion to seek and/or utilize the professional services of physicians, have certain rights. One is the right to have access to health care. Another is the right to decide whether or not they will utilize such access to health care. A third right, and the one of immediate interest to us, is the right to health care which meets the highest standards attainable by the current state-of-the-art. In our affluent society, where high standards are attainable, any health care system which does not meet the prevailing standards must immediately upgrade its own standard or cease to function. Failure to do so will cause an increasingly sophisticated patient population to avoid that system.

Medical Education as an Academic Issue

There is an obvious trend toward public subsidization of education at all levels. Although this trend should be the subject of further study at a later date, my main concern today is one very specific aspect of medical education—the accreditation process. Society tacitly endows accrediting agencies with the responsibility and authority to set educational standards and to enforce them. Any individual who receives a degree from an institution accredited by the appropriate agency will most likely be accepted by society as possessing a given level of competence.

Completely disregarding this College's most recent accreditation visit, which was an intellectual travesty, not only I, but the officers of other osteopathic colleges have repeatedly and publicly voiced our common opinion that the current system of college accreditation utilized by the osteopathic profession is totally inadequate. It is basically a non-academic process which is uncon-

structive. It is repressive and restrictive at best. In effect, the profession has abandoned the responsibility of accreditation to the individual colleges, and I see no likelihood of change. The question is—who shall set our standards?

Professional Political Strategies

The obvious strategic objective of the American Medical Association, concerning osteopathy, is the eventual elimination of the osteopathic profession. The obvious strategic objective of the American Osteopathic Association, concerning the AMA is "to remain separate and distinct."

I must confess that I am not aware of any sound philosophic reasons for either view, both of which have achieved a certain holiness among their respective constituencies.

Tactical Considerations

There are, however, cogent tactical reasons which explain why the AOA and the AMA maintain their respective postures.

The AOA seeks to continue to exercise organizational autonomy. Many D.O.'s enjoy the relative professional shelter and isolation offered by a smaller group. Many D.O.'s simply resist any change because they have so long been conditioned to avoid change.

The AMA, having as its goal the eradication of the osteopathic profession as a polity, has recently developed a most effective tactic, namely offering various types of professional recognition to our young people. Needless to say, this type of recognition has great appeal. Arguments based upon the premise that large numbers of D.O.'s and students are not impressed by such recognition are totally specious.

The single greatest problem confronting our profession is this issue of professional recognition by the AMA. I am greatly concerned that if we ignore the obvious fact that the AMA is in the process of proselytizing our best young men we will end up with an empty barn. We must either make our own programs much more attractive, or become a part of mainstream medicine. Do we have the time, the will, and the energy to accomplish the former?"

IOWA ALUMNI ASSOCIATION MEETING

The Iowa Alumni Association held its annual meeting during the state convention of the Iowa Society of Osteopathic Physicians and Surgeons. Sam Kuramoto, D.O., class of 1944, Webster City, served as acting president.

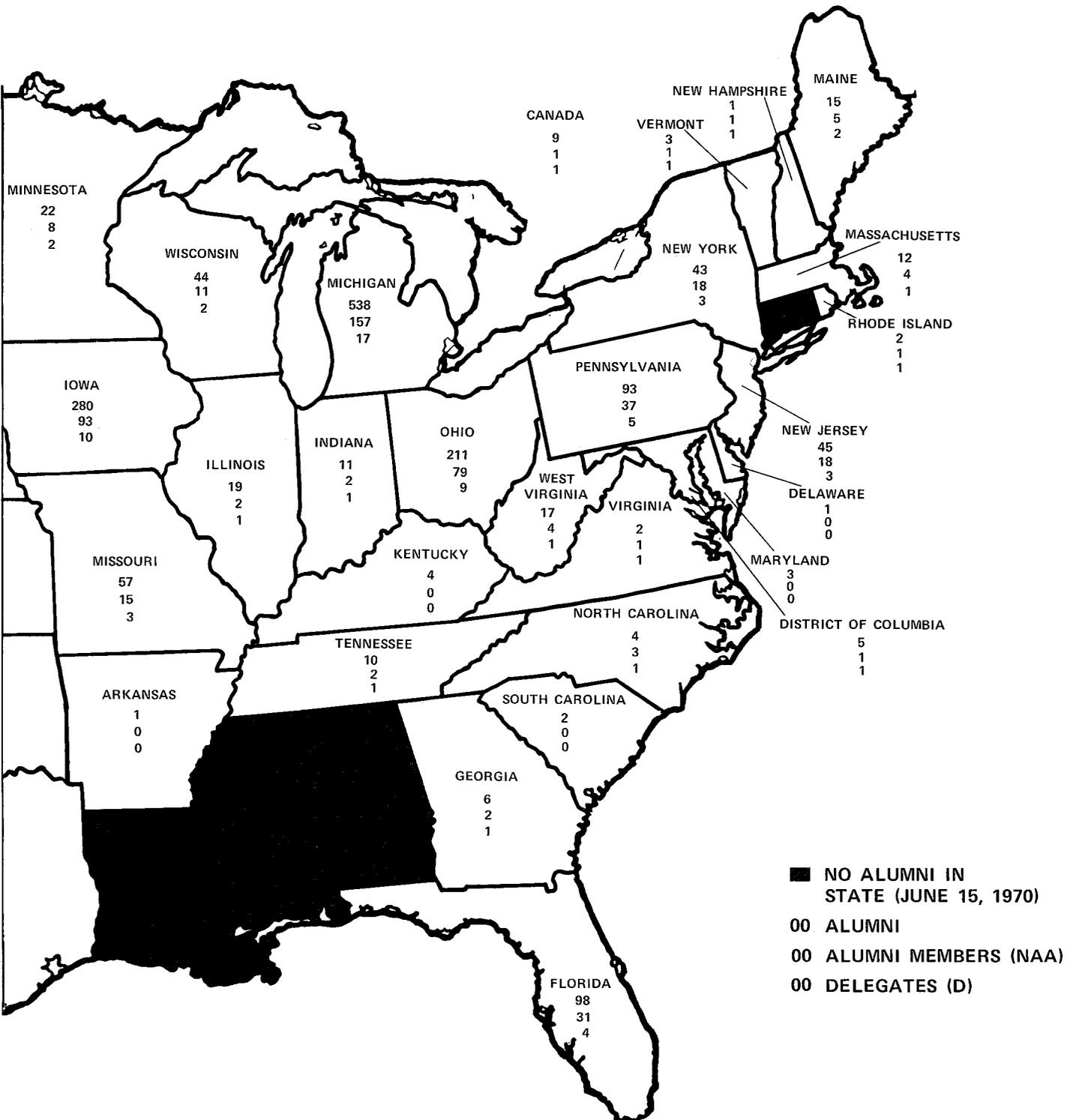
Thomas Vigorito, D.O., COMS president, was the featured speaker. He discussed the present state of the building campaign, the Dietz Diagnostic Center and then introduced a discussion between the alumni, the president of the senior class, James Watson, and himself.

A short business meeting followed. Dr. Kuramoto was elected president of the association; Julius Abramsohn, D.O., Class of 1952, Guthrie Center, was elected Vice-president; Frank Sterbenz, D.O., Class of 1967, Des Moines, was elected secretary; and Chester D. Christianson, D.O., Class of 1963, Tipton, was elected treasurer. Members of the House of Delegates will be selected by the Executive Committee at a later date.



MEMBERSHIP REPORT

This map shows the total number of alumni per state and the total number of Active Members of the N.A.A. Both numbers include the 1970 Intern Class.



ALUMNI

1933

G. A. Whetstone, D.O., presently of Tucson, Arizona, was honored by the Chamber of Commerce of Wilton, Iowa, in April for 35 years of service there. Dr. Whetstone is medical director of a hospital located in Tucson.

1934

Sydney F. Elias, D.O., F.A.C.O.I., Detroit, Michigan, published "Practical Aspects of Water and Electrolyte Imbalances in Elective Surgery" in the May 1970 issue of the J.A.O.A.

Dr. Elias is chairman of the Department of Internal Medicine at Art Centre Hospital and Senior Consultant in Internal Medicine at Zieger-Botsford Osteopathic Hospital. He is a Diplomate of the American Osteopathic Board of Internal Medicine and has been a member of the faculty at CCO and KCOS.

1939

Harvey R. Bridenstine, D.O., Des Moines is program chairman for the American Osteopathic College of Radiology for the 43rd Annual Clinical Assembly.

1942

James N. Fox, D.O., of Dayton, Ohio, recently was elected to the Board of the American Cancer Society.

O. O. Wentling, D.O., Erie, Pennsylvania, has been appointed to serve as a member of the Erie County Health Board for a four year term effective 5 January 1970. Dr. Wentling has been a practicing physician in Erie for the past 28 years.

1951

Myron S. Magen, D.O., discussed "Common Newborn Pathologies Diagnosis and Treatment" during the 8th annual post-graduate course in Surgery at the Dearborn Inn May 11-23rd.

Dr. Magen is Medical Director and Director of Medical Education at Zieger/Botsford Hospitals and Dean of the Michigan College of Osteopathic Medicine.

Harry I. Simmons, D.O., Trenton, Michigan, is 1970 Program Chairman for the A.C.O.S. Thoracic-Cardiovascular Section of the 3rd annual clinical assembly.

1953

J. Dudley Chapman, D.O., North Madison, Ohio, spoke to the "Challenge and Response Group" of the Chapel United Methodist Church of Madison, Ohio. His topic for the Spring meeting was "Growing Child's Attitude."

Lee Walker, D.O., of Grand Prairie, Texas, was a featured speaker at the 66th annual Oklahoma Osteopathic Association Convention held in Tulsa. He discussed "Forceps Application and Misapplication" and "Planned Painless Parturition."

Dr. Walker is a member of the Board of Trustees of the A.C.O.O.G.; Chairman of the post-graduate education and post-graduate course in Obstetrics-Gynecology of the A.C.O.O.G.; and Chairman of the Department of OB-GYN at Mid-Cities Memorial Hospital, Grand Prairie, Texas.

1955

Clifford Sampson, D.O., of Middletown, Ohio, was a featured speaker at the American Business Women Association meeting held recently. His topic was "Use of Drugs."

1956

Dale G. Keighley, D.O., of Dayton, Ohio, was elected to the Executive Committee of the Central State Osteopathic Protological Society.

1957

Donald E. Glanton, D.O., of Centerville, Ohio, received certification in Ophthalmology from the American Osteopathic

Board of Ophthalmology and Otorhinolaryngology during the ceremonial program held recently in Columbus, Ohio.

Walter Wilson, D.O., of Tulsa, Oklahoma, published "Techniques of Exploration of the Common Duct" in the April 1970 issue of the Journal of the American Osteopathic Association.

1958

Gilbert Bucholz, D.O., discussed "Diagnostic Radioisotopes" during the June seminar of the Ohio Osteopathic Association.

Dr. Bucholz, who is certified in radiology, is chairman of the Department of Radiology at Parkview Hospital in Toledo, Ohio.

He is a member of the Kiwanis Club, the Blue Cross, the American Osteopathic College of Radiology, the Society of Nuclear Medicine, and the local, state, and national osteopathic associations.

Francis V. Dono, D.O., of Columbus, was accepted into membership in the American College of Osteopathic Surgeons during the 42nd Clinical Assembly held in Chicago.

1959

Eugene L. Timmons, D.O., of Trenton, Michigan, published "Diagnosis with Contrast Media in the arterial, venous, and lymphatic systems" in the May 1970 issue of the JAOA.

1960

Ralph Levy, D.O., of Huntington Station, New York, was elected Vice-President of the Long Island Society of Osteopathic Physicians and Surgeons during its annual meeting held in April. Dr. Levy was also appointed Chairman of that organization's Workmen's Compensation Committee.

1961

Donald L. Turner, D.O., of Dayton, Ohio was appointed to the Institute Planning Committee on Child Abuse of the Family and Children's Conference of the Health and Welfare Planning Council, in cooperation with the Montgomery County Children Services Board.

Dr. Turner, Saul Bresalier, D.O., also of Dayton, (COMS-1964), and Calvin Dubrow, D.O., (PCOM) opened a Glaucoma Clinic at Wayne High School recently under the

sponsorship of the Wayne Township Lions Club.

1962

Henry Sonenshein, D.O., Madison Heights, Michigan, received certification in Otorhinolaryngology from the American Osteopathic Board of Ophthalmology and Otorhinolaryngology during the ceremonial program held recently in Columbus, Ohio.

1966

Alan Rose, D.O., of Bayshore, New York, was elected Treasurer of the L.I.S.O.P.S. during its annual meeting. Dr. Rose was also appointed chairman of the Regional Medical Program Committee for the Society.

1968

Donald Rochen, D.O., Highland Park, Michigan, is a candidate for membership in the Osteopathic College of Ophthalmology and Otorhinolaryngology.

Captain Edward D. Mastromonaco, D.O., is now with the 173rd Airborne Brigade in Vietnam.

IN MEMORIUM

- 1905 Celia Micks, D.O., Glen Falls, New York
- 1912 E. C. Dymond, D.O., Jackson, Minnesota
- 1918 B. B. Sturges, D.O., Cheshire, Connecticut
- 1923 Mabel F. Martin, D.O., Weslaco, Texas
- 1923 Maisie F. Shideler, D.O., Storm Lake, Iowa
- 1927 John E. Cavanaugh, D.O., Belton, Missouri
- 1929 R. A. Lypps, D.O., Stanton, Michigan
- 1931 Orville Rose, D.O., Des Moines, Iowa
- 1939 Gordon R. Fischer, D.O., Pinellas Park, Florida
- 1940 H. C. Goeken, D. O., Highmore, South Dakota
- 1942 H. E. Gegner, D.O., Sioux Falls, South Dakota

the log book

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HARRISON TREATMENT AND REHABILITATION CENTER



Iowa Governor Robert Ray conferred with Quentin Hunter during a luncheon sponsored by the Harrison Treatment and Rehabilitation Center's Advisory Board May 21st. Mr. Hunter is the Center's Administrator.

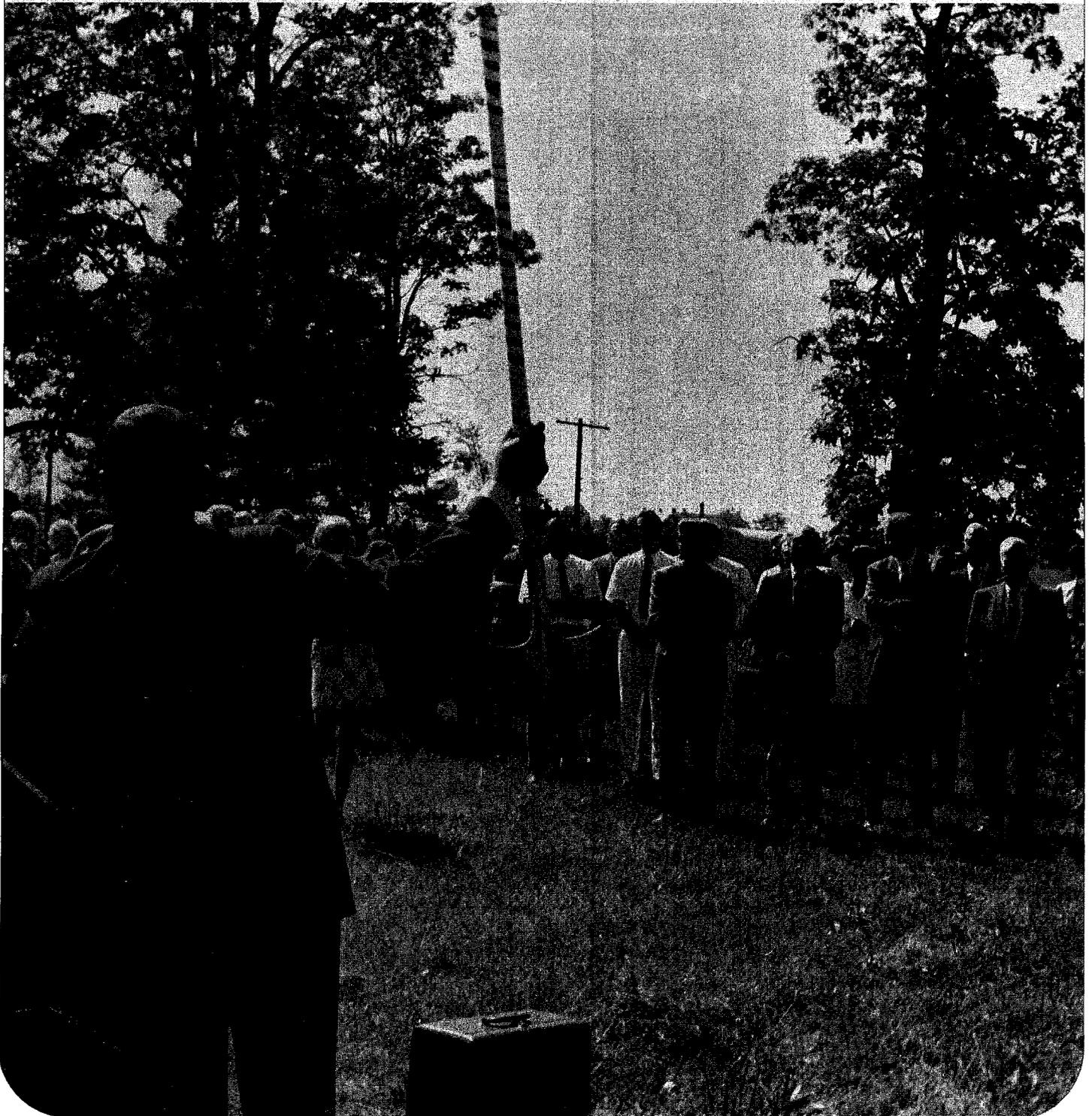
Governor Ray toured the facilities and was oriented to the rehabilitation program offered by the Center.

The Advisory Board, chaired by James Windsor, Assistant Secretary of Equitable Life Insurance Company, is composed of interested lay people from the Des Moines area.

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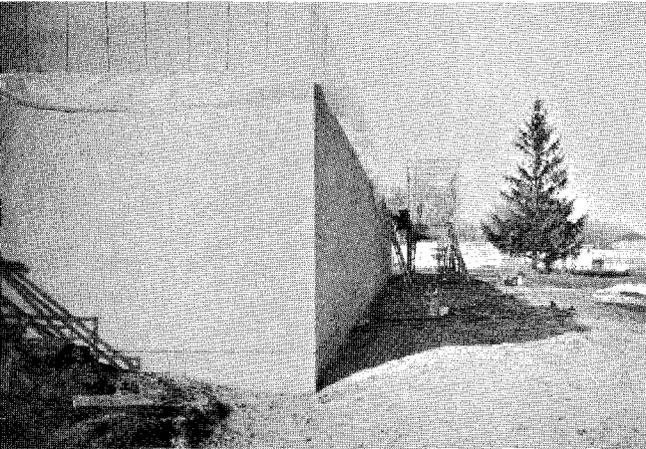
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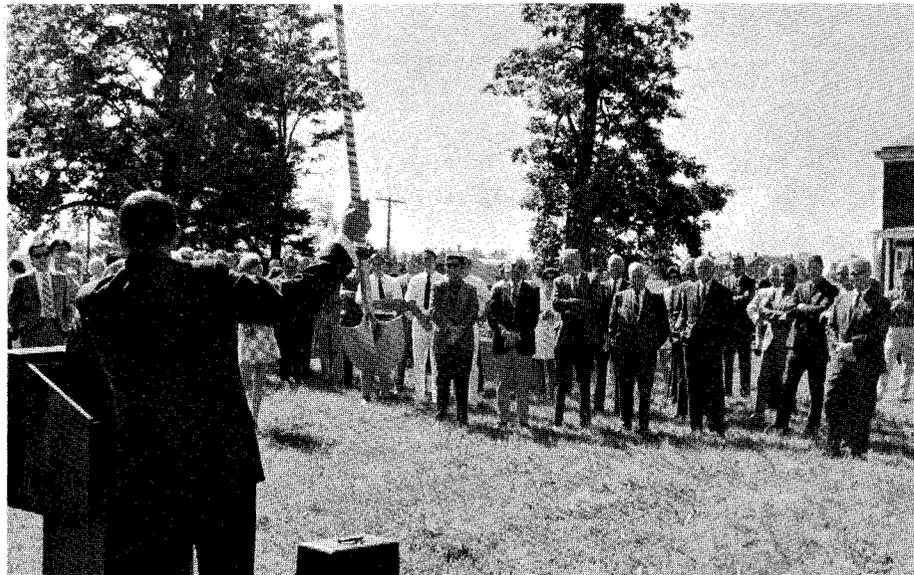
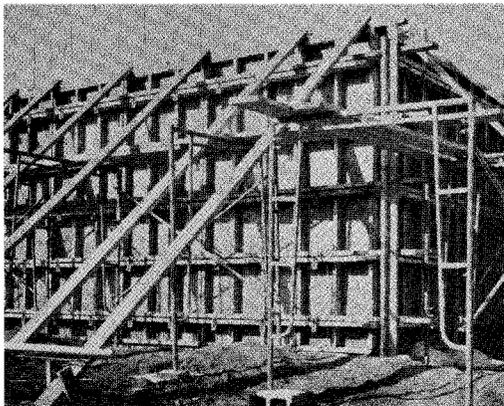
ON THE COVER:

The Dietz Diagnostic Center Ground-breaking.



(A)

(B)



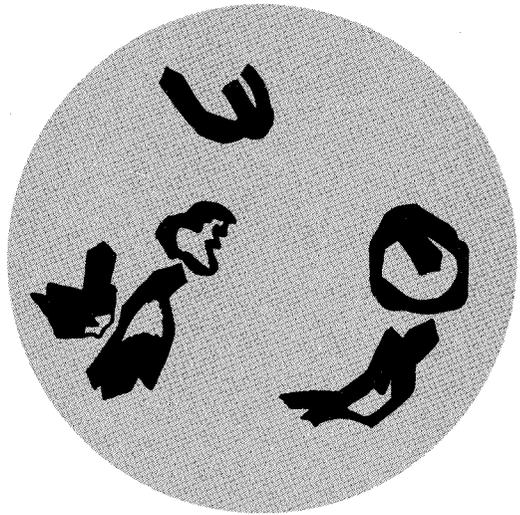
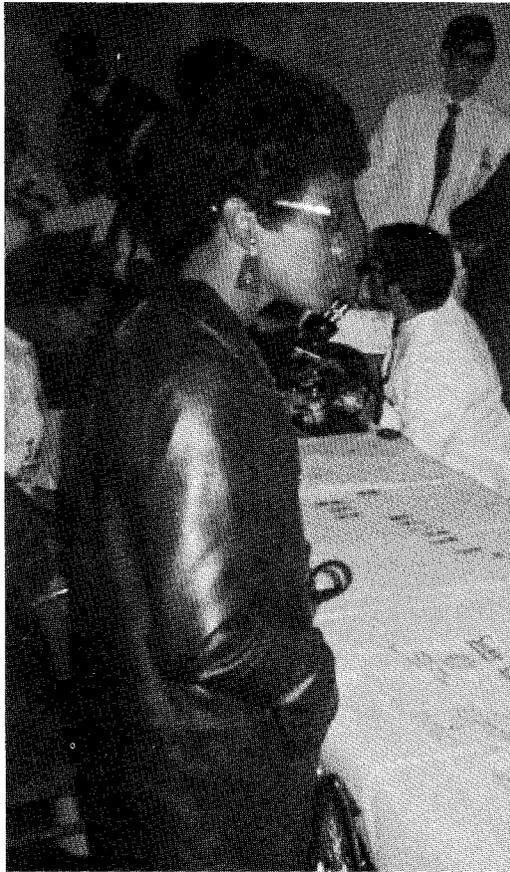
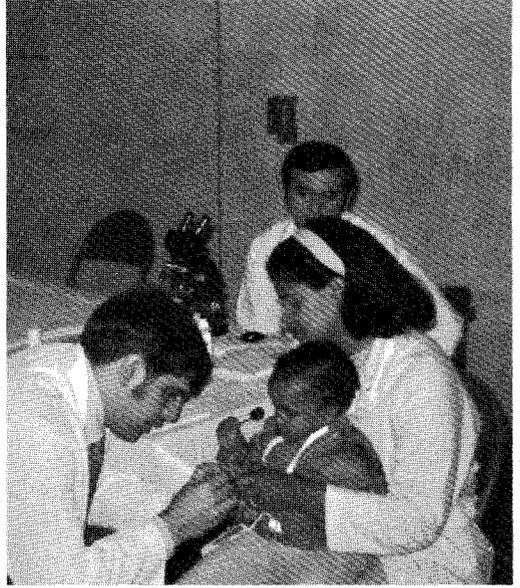
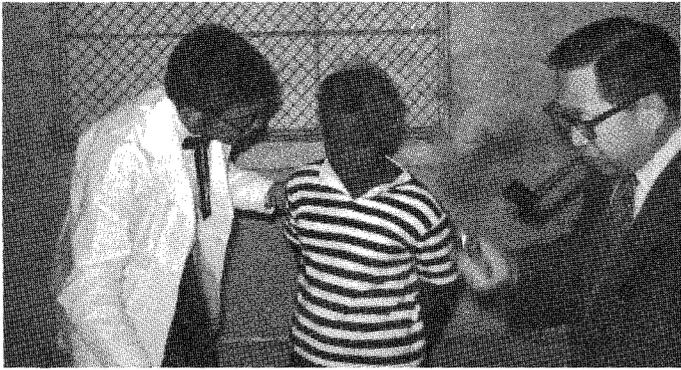
It was just 10:00 a.m., but the dirt really began to fly. First Roy Swarzman, who has been a COMS Board member for almost 20 years, took a turn at the shovel. (A) Then President Thomas Vigorito had his turn. The Iowa Governor's Executive Assistant, John Murray, filled in with the shovel for Governor Robert Ray.

The shovel was then passed around the crowd to let anyone and everyone get in the act. (B)

What was the occasion? The July 21st ground-breaking for the Dietz Diagnostic Center. Since then, work has been progressing along despite truck strikes and rainy weather.

The \$270,000 building is scheduled for completion in February.

DIETZ DIAGNOSTIC CENTER



Almost one in every ten black persons is affected by a red blood cell condition, Sickle Cell, that makes them totally dependent on an adequate oxygen supply. Flying in an unpressurized air plane or physical activity at a high altitude or even surgery under a general anesthetic causes the red blood cells in the affected people to form insoluble "sickles" which clump together blocking the blood supply to the vital organs. Serious damage and, sometimes, death can result.

Another form of the disease, sickle cell anemia, makes the person more susceptible to liver, bone and heart diseases, multiple strokes and general heart deterioration.

A third inherited disorder affecting black people, G6PD, is an enzyme deficiency that causes reactions to various non-prescription drugs.

Most physicians do not test for the disorders.

Four black soldiers, who had the sickle cell disease, died early this year while undergoing basic training at a base located at 4,060 feet. If the Army had tested for the trait, the deaths probably would not have occurred. Some third year students at COMS, realizing from this report the need for testing, initiated three sickle cell detection clinics.

The clinics, held on three consecutive weekends, tested 212 people. Several Des Moines physicians and approximately 35 students staffed the clinics which were financed by a \$1150 grant from the College.

Seventeen of the 212 persons tested had positive reactions.

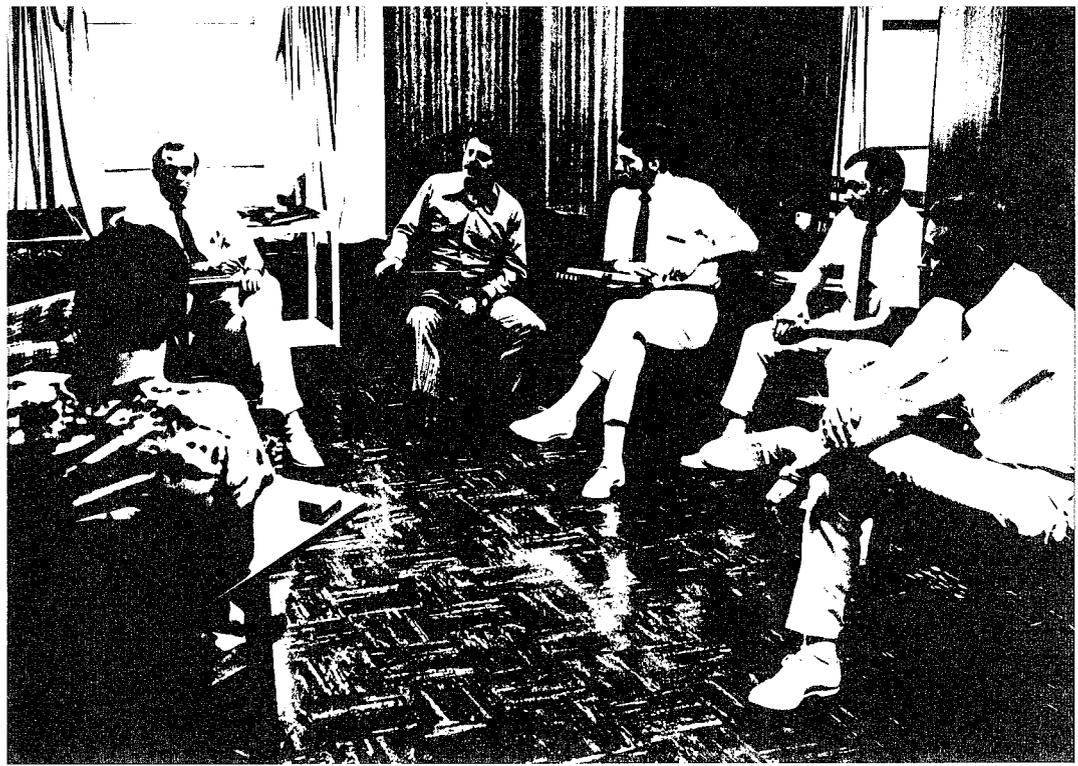
Following the sickle cell clinics, a proposal was made by Julius Connor, M.D., Director of the Polk County Health Department, to urge the Iowa Legislature to pass legislation making sickle cell testing mandatory.

SICKLE CELL DETECTION CLINICS

Two senior students, Jim Mitton and Gary Romp, took part in a summer camp program designed for diabetic children, Camp Hertko Hollow.

The Camp, named after a Des Moines physician, Dr. Edward J. Hertko, incorporates all the usual camping activities with special emphasis on education and diabetes control.

The two students taught informal groups of campers throughout the week.



DRUGS: A NEW APPROACH

A woman tries on a dress for a party and has trouble with the zipper. She goes on a diet using diet pills instead of will power.

A man has trouble keeping alert during long business conferences. He starts taking pep pills—once in a while—until it becomes daily.

These two people are part of today's "hippie" drug culture.

Most adults regard their pill taking as "acceptable"; their children's they do not. It is difficult, if not impossible, to bridge the opinion-impression gap between adults and young people, especially where drugs are concerned. What better way to bridge all gaps and communicate with young people than through their own peers? Peers who have been on drugs and are now on the way to rehabilitation.

A program funded by the Model Cities Occupational Upgrading Project was established at COMS this summer to do just that. Fifteen residents of the Model Cities area are being trained by the Department of Psychiatry to be drug and alcohol counselors.

Incorporated into the \$74,146 program are encounter groups, psychodrama, and didactic presentations.

In the encounter groups, problems and experiences are talked out. The psychodrama, which usually grows out of the group sessions, provides an outlet in which problems are acted out. Roles are changed to increase sensitivity to the "other" position.

Didactic presentations are made by members of the faculty, representatives of community organizations, welfare agencies and the police. The presentations include training in the physio-pharmaceutical effects of drugs, psychology, pharmacology, interview techniques and the principles of counseling.

Members of the group also work with the therapists on the staffs of the Harrison Treatment and Rehabilitation Center, Reality House and the Together House.

The first portion of the program lasts for six months. The second half of the year will be a "practicum lab" which gives the participants an opportunity to utilize what they have learned.

It is hoped that this new approach to the problem of drug use will result in employment for these rehabilitated Model Cities residents.

Their employment as counselors will, hopefully, bridge that communications gap and result in greater empathy for young people on drugs.

SEAL CAMPAIGN STARTS



The 1970 Osteopathic Seal Campaign officially opened October 21 when Governor Robert D. Ray accepted the first sheet of osteopathic seals.

Making the presentation on behalf of the National Osteopathic Foundation were Mrs. Duane Hinshaw (far right), chairman of the College of Osteopathic Medicine and Surgery's Students' Wives Club Osteopathic Seal Campaign and (far left) Dave Evans, Vice President, Sigma Sigma Phi, national honorary service fraternity, and Mrs. Arthur Wittich, President, Students' Wives Club.

Mrs. Hinshaw told the Governor that funds raised by this campaign go to support osteopathic student loans and research projects. Since the Osteopathic Seal Campaign started in 1931, about one in every ten osteopathic

physicians now in practice has been helped by these loans. Since 1949, the fund has also helped support osteopathic research at each of the profession's six colleges.

"It is the only time of the year," Mrs. Hinshaw said, "that the osteopathic profession goes to the general public for financial support of any of its projects".

The Osteopathic Seal Campaign is sponsored by the National Osteopathic Foundation, philanthropic affiliate of the American Osteopathic Association, and administered by the Auxiliary to the AOA.

In addition to the written solicitation of alumni, faculty, and friends of the College, Mrs. Hinshaw is making articles to be sold at a bazaar in late November. Proceeds from the bazaar will be given to the seal campaign.

FACULTY FACTS

Erle W. Fitz, D.O., Professor of Psychiatry and Chairman of the department, was one of the speakers during a two week Drug Education Workshop at Drake University. The Workshop, designed for school nurses, administrators, teachers and others who work with the drug problem, provided a general knowledge about drugs and their use and abuse through understanding drug definitions and clarification of terms.

Dr. Fitz's talk, entitled, "Growing Hope or Grim Illusion" discussed the benefits and bad points of the withdrawal and maintenance methadone programs for heroin addicts.

Robert J. Connair, D.O., Associate Professor of Osteopathic Principles and Practice and Director of the Division of Physical Medicine and Rehabilitation, passed his written and oral certification examination during the annual meeting of the American Osteopathic Board of Physical Medicine and Rehabilitation. Dr. Connair is now eligible to take the practical section of the exam during the next board meeting in 1971.

Harry B. Elmetts, D.O., Clinical Professor of Osteopathic Medicine and Chairman of the Division of Dermatology, was elected President of the American Osteopathic College of Dermatology during its annual meeting last October. He was also re-elected Chairman of the American Osteopathic Board of Dermatologists for the twelfth time.

Dr. Elmetts appeared in a panel discussion on "Venereal Disease" on closed circuit television during the AOA's annual convention.

Mrs. Mary Morrow, COMS Librarian, attended the meeting of the Council of the Midwest Regional Health Science Librarians in early October at the University of Indiana Medical Center in Indianapolis.

Jean LeRoque, D.O., Professor of Osteopathic Principles & Practice and Director of the South Des Moines Clinic, was unanimously elected Speaker of the AOA House of Delegates during the annual meeting in July.

Dr. LeRoque, who has been a member of the COMS faculty since 1946, was elected President of the Faculty Senate in September. The Faculty Senate is the ruling body of the faculty.

Byron E. Laycock, D.O., Professor of Osteopathic Principles & Practice and Chairman of the department, published "Manipulation in musculo-skeletal problems and visceral pathology" in the September issue of "OP/The Osteopathic Physician".

Samuel Brint, D.O., F.A.C.O.O.G., Professor of Obstetrics-Gynecology and Chairman of the department, was part of the "Ecology" program at Kirksville College October 21st. Dr. Brint's topic was "The Obstetricians View of Population Control".

Three grant awards totaling over \$20,000 have been given to three COMS faculty members to finance on-going research. The awards, presented by the AOA's Bureau of Research, went to David Celander, Ph.D., Professor of Biochemistry and Chairman of the department, for "Osteopathic Manipulative Therapy and Factors Regulating Blood Pressure"; Mohinder S. Jarial, Ph.D., Assistant Professor of Anatomy, "To Investigate the Ultrastructure of the Subcommissural Organ in the Brain of the Mongolian Gerbil"; and Mearl A. Kilmore, Ph.D., Associate Professor of Pharmacology, for "Hemodynamics of Essential Hypertension as Affected by Abdominal Reflexes".

Members of the Department of Pharmacology attended the Fall meeting of the American Society for Pharmacology and Experimental Therapeutics and presented the following papers:

"Interactions of Stress, Food Intake, and Drugs in Producing Peptic Ulcers"—Mearl A. Kilmore, Ph.D., Associate Professor, William Noel, B.S., Wayne Terry, B.S., and James Orcutt, Ph.D., Chairman of the Department.

"Cardiac Dynamics of dl-Propranolol, d-Propranolol, and Practolol"—John Clark, M.S., Instructor, Mearl A. Kilmore, Ph.D., William Noel, B.S., and Wayne Terry, B.S.

The meeting was held at Stanford University in Stanford, California.

Samuel Williams, Jr., D.O., resigned as Dean of the Faculty and returned to private practice in Maquoketa, Iowa, this summer.

A personal farewell from Dr. Williams was printed in the September issue of "OP/The Osteopathic Physician." Dr. Williams is a member of the Editorial Consulting Board of that magazine, specializing in General Practice.

Two 1969 graduates, John A. Weibel, D.O., and William Reinwasser, D.O., have joined the COMS faculty as Assistant Professors of Osteopathic Principles & Practice and Clinic Supervisors.

Dr. Weibel, who earned a bachelor of science degree in Education from North East Missouri State Teachers College in 1964, is originally from Chariton, Iowa. Prior to his enrollment at COMS, he taught elementary school in St. Louis, Missouri. He served his internship at Des Moines General Hospital.

Dr. Reinwasser, originally from Philadelphia, Pennsylvania, is known to Des Moines area residents as Bill Reiner, a local radio personality. Dr. Reinwasser was an instructor at Point Park College and Duff's College while working toward his Bachelor of Arts in Business Administration from the University of Pittsburg in 1965.

He served his internship at Richmond Heights General Hospital in Cleveland, Ohio.

Martin Sachs, Ph.D., joined the faculty this summer as Assistant Professor of Anatomy. Dr. Sachs received his bachelor of science degree in biology from the University of Miami and his doctorate in zoology from the University of Massachusetts.

He is the author of various articles on artificial parthenogenesis in certain sea creatures.

Dr. Sachs is a member of the American Association of University Professors.

ADD NEW BOARD MEMBERS

During the September meeting of the Board of Trustees of the College, twelve new members were selected. They include: Julius Abramsohn, D.O., (term expires 1973), Guthrie Center, Iowa; Paul E. Emmans, D.O., (1972) Seattle, Washington; D. V. Goode, D.O., (1973) Bondurant, Iowa; Irwin G. Groff, D.O., (1973), Des Moines, Iowa; Richard M. Kotz, D.O., (1973) Des Moines, Iowa; Max H. Lamb (1973), Des Moines, Iowa; Dorothy V. Mullin, D.O., (1973), Ellsworth, Iowa; Jack Pester, (1973) Des Moines, Iowa; K. George Shimoda, D.O., (1973) Marshalltown, Iowa; Eugene Sikorski,

D.O., (1973) Pontiac, Michigan; William Steigman, (1973) Chicago, Illinois; Dan Toriello, D.O., (1972) Des Moines, Iowa.

Drs. Emmans, Goode, Groff, Kotz, Mullin, Shimoda, and Toriello, and Mr. Lamb and Mr. Pester are also on the Board of Directors.

All of the physicians are graduates of COMS. Mr. Lamb is President of Automatic Des Moines Inc.; Mr. Pester is Chairman of the Board of Pester's Derby Service, Inc.; and Mr. Steigman is General Counsel for the AOA.

Part III of the National Board Examination will be given 15 January 1971. Applications, which may be obtained from the Assistant Dean's office at the College, must be submitted 30 days prior to the date of the examination.

The examination may be taken after completion of six months of internship in a hospital approved by the American Osteopathic Association.

ORIENTATION

Approximately 113 first year students, the largest number of incoming students in the history of COMS, matriculated during orientation September 3-4.

One hundred four freshmen hold at least a baccalaureate degree; six have earned their masters degrees; one has his doctorate. Two have completed the minimum of three

years of college and have met all pre-med requirements.

Members of the College administration and other guest speakers including John Cisna, D.O., Clinical Assistant Professor of Osteopathic Principles & Practice and a member of the Polk County Society of Osteopathic Physicians and Surgeons, and Kenneth Clayton, D.O., Spirit Lake, Iowa, President of the Iowa Society of Osteopathic Physicians and Surgeons, will address the students.

Twenty-two freshman are from Iowa. Twenty come from Pennsylvania and Michigan respectively. The others' home states are scattered all over the nation.

ABSTRACTS

COMS faculty members and students participated in the Fourteenth Annual Research Conference of the American Osteopathic Association. Because of the importance of continuing research to medicine and medical education, we are reprinting the abstracts of their presentations for our alumni.

Observations on the ultrastructure of the choroid plexus of the Mongolian gerbil *Meriones unguiculatus*

M. S. JARIAL, Ph.D.
Department of Anatomy
College of Osteopathic Medicine and Surgery
Des Moines, Iowa

The ultrastructure of the choroid plexus of the Mongolian gerbil has been studied to determine its role in the formation of cerebrospinal fluid. Animals were obtained from General Biological Supply House, Chicago, maintained at room temperature, and fed commercially available guinea pig food. The animals were anesthetized with chloroform and the brain was removed; the choroid plexuses from the lateral ventricles were fixed at room temperature for 30 minutes in 6 per cent glutaraldehyde buffered with phosphate at pH 7.4, and postfixed in 1 per cent osmium tetroxide for 30 minutes. After dehydration, the material was embedded in Epon 812. Sections were cut on an LKB ultratome and stained with uranyl acetate followed by lead citrate. The sections were examined with a Hitachi 7-S electron microscope.

The choroid plexus was shown to be composed of two distinct cell types. The type A cells had extensive narrow infoldings of the basal plasma membrane and numerous club-shaped microvilli at the lumen border. Many desmosomes and instances of zonula occludens existed between adjacent cells. The type B cells had only a few basal plasma membrane infoldings, and the microvilli were absent. They had, instead, a plain lumen border. Both cell types had numerous mitochondria and vesicles of different sizes. When the lateral ventricles were perfused with ferritin solution, particles were bound to the membrane at the lumen border of B type cells and transported in vesicles.

This study indicates that the ultrastructural features of the type A cells of the choroid plexus are similar to other epithelial cells concerned with fluid transport, such as the proximal convoluted tubule of the kidney and the ducts of the salivary glands. The observations suggest that the type A cells are involved in the secretion of the cerebrospinal fluid and that the B type cells are engaged in the process of absorption from the ventricular fluid. By their combined functions of secretion and reabsorption, these cells appear to determine the final composition of the cerebrospinal fluid.

Supported by an NIH General Research Support grant.

Morphology of human umbilical cord vessels

DONALD F. M. BUNCE II, Ph.D.
College of Osteopathic Medicine and Surgery
Des Moines, Iowa

Blood vessels in normally distended and in collapsed human umbilical cords at varying fetal ages were examined by light and electron microscopy. Spirally oriented smooth muscle cells formed the main component of the endothelial-lined vessel walls. Adjacent muscle cells were linked by fibrous strands, and a variable amount of collagen occupied the intercellular spaces. The tissues of Wharton's jelly formed a common tunica adventitia about the three vessels. No nervous elements could be demonstrated more than 1-2 cm. from the umbilical ring.

Elastic fibers were present in increasing numbers in the inner third of the media of the two umbilical arteries from about 5 months to term. Oxytalin-positive pre-elastic fibers were first seen in 12- and 13-week fetuses.

These fibers cannot be demonstrated by routine stains for elastic tissue, but they react brilliantly with orcein, aldehyde fuchsin, or resorcin fuchsin following pre-oxidation. After the fifth fetal month mature elastic fibers appeared and increased progressively to term, while the number of pre-elastic fibers decreased. The location, distribution, and arrangement of pre-elastic fibers corresponded closely to that of elastic fibers. This suggests that pre-elastic fibers are an immature form of elastic tissue, and that they become transformed into mature elastic fibers between the fourth and fifth fetal months.

An internal elastic lamina was absent in all cord arteries, but was strongly developed in the umbilical vein. The venous media contained a few fine elastic fibers and fibrils situated in close relation to the lamina. Pre-elastic fibers in the vein developed into mature elastic tissue in the same time sequence as the arteries.

Electron microscopy revealed a number of differences between the fetal smooth muscle of umbilical cord vessels and adult vascular muscle. The sarcoplasm in fetuses to 4 months was filled with sharply defined myofibrils; these diminished in number after 5 months and were difficult to discern in term muscle.

Early fetal muscle cells contained large amounts of granular endoplasmic reticulum. The number of these channels similarly decreased progressively up to term. Numerous pinocytotic vesicles and a few multivesicular bodies were present, and the cross-linking filaments identified as collagen were associated with distinctive electron-dense areas in the sarcoplasm. Amorphous, electron-dense material arranged in long strands in

close relation to the basal lamina of the muscle was found in the inner arterial media. Its position corresponded approximately to the location of the pre-elastic fibers distinguished histochemically by light microscopy. Functional mechanisms of the umbilical blood vessels suggested by these morphologic findings are discussed.

Electron microscopic studies of the effect of tolinaftate on *Trichophyton schoenleinii*

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The ultrastructure of several dermatophytes has been extensively studied during the last decade and has revealed both variability and complexity in the structural organization of these fungi. This paper presents a comparative study of the normal fine structure of *Trichophyton schoenleinii* with the altered structure resulting from the effects of treatment with tolinaftate (Naphthiomate-T) in an attempt to elucidate the possible mechanisms of action of this topical, antifungal drug by electron microscopy.

Tolnaftate in 95 per cent ethanol-acetone mixture was added to 4-day-old shake cultures of *T. schoenleinii* (CDC strain) grown in Sabouraud's glucose broth at room temperature (25-27 C.). The final concentrations of the antifungal agent in the cultures were, respectively, 0.08 $\mu\text{g./ml.}$, 0.16 $\mu\text{g./ml.}$, 0.31 $\mu\text{g./ml.}$, 0.62 $\mu\text{g./ml.}$, 1.25 $\mu\text{g./ml.}$ and

2.5 $\mu\text{g./ml.}$ After exposure of the organism to tolnaftate for 4, 24, 48, or 72 hours, the fungal pellets were then fixed in 1 per cent Palade's buffered osmium tetroxide at pH 7.4 overnight at 4 C. The fixed specimens were dehydrated in a graded series of ethanol, infiltrated and embedded in epon resin mixture of dodecyl succinic anhydride, Araldite 6005, Epon 812, dibutyl phthalate, and DMP-30. The sections were doubly stained, first with uranyl acetate and second with lead citrate. The sections of treated and untreated fungal pellets were examined with the Hitachi HS-7S electron microscope.

The outer coating of the cell wall of the untreated fungus is composed of an electron-dense fibriform network. The composition of the cell wall appears to consist of electron-lucid fibrils running longitudinally to the hyphal cell and transversely in the septum. The septal granules have the appearance of fine fibrillar material and are limited by a distinct membrane. The cytoplasmic membrane is a unit membrane structure lining the cell wall, septum, and septal pore. It may be straight and continuous or may invaginate into the cytoplasm at various places. The nucleolus is an electron-dense area of the nucleus usually found close to the nuclear membrane.

The effect of tolnaftate in vitro on *T. schoenleinii* was limited to concentrations ranging from 0.62 $\mu\text{g./ml.}$ to 2.5 $\mu\text{g./ml.}$ after its exposure to the agent for a 24-hour period or longer. Below these concentrations of the agent and at less than a 24-hour exposure time, no observable effects upon ultrastructure were detected. The first and major change to occur in the structural make-up of the organism was a decrease in the relative number of ribosomes after 24 hours and ultimately their disappearance at the higher concentrations and longer exposure times. The formation of vacuoles and

development of osmophilic electron-dense lipid bodies were observed. The endoplasmic reticulum, cytoplasmic membrane, and mitochondria showed distortion or dissolution, or they became granular. Tolnaftate appeared to have no demonstrable effect on the organization of the cell wall and outer coating of *T. schoenleinii*.

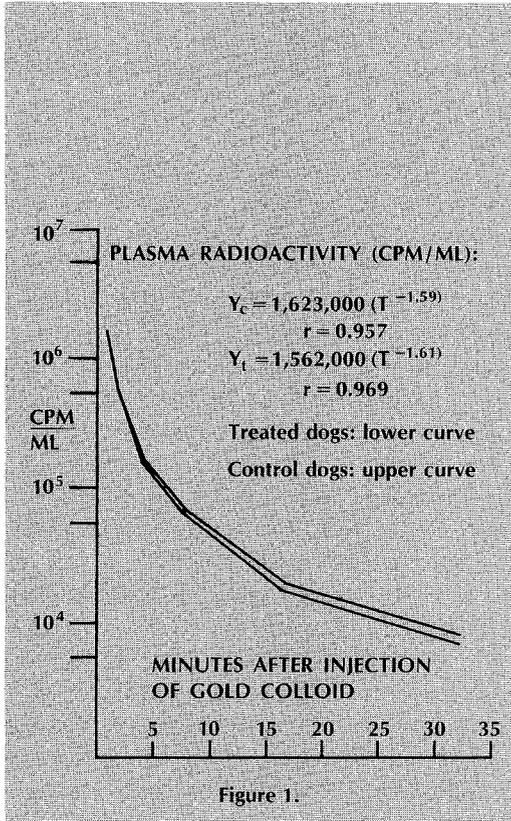
In view of the apparent differences in drug sensitivity which we have already observed with various strains of *T. schoenleinii*, studies are in progress to attempt to determine possible sites at the ultrastructural level that may be unaffected by the action of tolnaftate on resistant strains of this organism.

The authors gratefully acknowledge the tolnaftate (Tinactin) furnished by Schering Corporation, Bloomfield, N.J., for this investigation.

Effect of Thiotepa upon clearance of radioactive gold colloid by the reticuloendothelial system

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It is known that there is a correlation between the phagocytic ability of an organism as determined by its ability to clear foreign colloids from the blood and its resistance to neoplastic invasion. That is to say, increased phagocytic ability confers upon the host an advantage, and similarly decreased phagocytic ability confers a relative disadvantage to the host in terms of survival. Thiotepa (N, N', N'', triethylenethiophosphoramide), which is used in the palliation of various neoplastic diseases, is a polyfunctional alkylating agent that is related to the nitrogen mustards. Because of the relatively high



toxicity of this therapeutic agent, it was decided to assess its effect upon the reticuloendothelial system (RES) in light of the role played by the RES in the host's defense against neoplasia.

Thiotepa was given intravenously to mongrel dogs in doses equivalent to those prescribed for humans (0.85 mg./kg.) 2 weeks before the clearance studies, with a supplemental dose equal to half the original dose given intravenously 2 hours before the clearance study. A bolus of radioactive gold (^{198}Au) colloid was injected into the femoral veins of anesthetized dogs using Rochester plastic cannulas. Dynamic imaging of the in vivo distribution of the colloidal ^{198}Au was performed with a Pho/Gamma III scintillation camera and the clearance of colloid from the blood was determined by counting sequential plasma samples in a well-type scintillation detector.

No significant alterations were observed either in organ distribution or in plasma clearance rates (Fig. 1) of the colloid with the administration of Thiotepa. Also, there was no evidence of the increased splenic or bone marrow uptake of colloid which usually accompanies severe RES inhibition. These results suggest that Thiotepa, in the doses employed, is relatively nontoxic to reticuloendothelial functioning as determined by colloidal ^{198}Au clearance.

These studies were supported by NIH grant #CA-8079-0181. Thiotepa was supplied by Lederle Laboratories Division, American Cyanamid Company, Pearl River, N.Y.

Correlation of the etiology and clinical findings of upper respiratory disease

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This comprehensive project was undertaken in an attempt to correlate the clinical picture of upper respiratory infection (URI) with the etiologic agents involved. The initial phase of this work involves the determination of the etiologic agents involved in two different groups of patients: pediatric and adult. Two general groups of microorganisms have been studied. In the first group, bacteria, the primary emphasis was placed on the role of *Staphylococcus aureus*, *Streptococcus pyogenes*, *Mycoplasma pneumoniae*, *Haemophilus influenzae*, and *Neisseria* species in URI. Viruses, which constituted the second

group, were detected by means of tissue culture methods and serum antibody titers in acute and convalescing patients.

Results indicate that different etiologic agents can cause similar, if not identical, clinical syndromes. This observation is in accord with the findings of Evans and Dick.¹ In addition, many clinical syndromes appear to be caused by two or more etiologic agents in some instances. Viruses seem to play the major role in the URI cases thus far investigated. The role of the various virus groups involved in this study is discussed in detail. While a significant percentage of URI—35.9 per cent, according to Evans and Dick¹—has been reported to be of unknown etiology, thus far in this work only a small percentage of the cases studied has been placed in the unknown etiology category.

1. Evans, A. S., and Dick, E. C.: Acute pharyngitis and tonsillitis in University of Wisconsin students. *JAMA* 190:699-708, 23 Nov. 64

A proposed mechanism for osteopathic manipulative therapy effects on blood pressure

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The effectiveness of soft tissue manipulation applied to the cervical and thoracic paraspinal muscle masses in reducing blood pressure has been studied in 86 patients, 42 normotensive and 44 hypertensive. In addition to blood pressure measurements taken as described previously,¹⁻² a number of

blood studies have been performed to correlate factors affecting either the viscosity of blood or those giving evidence of alteration in autonomic activity, with changes in blood pressure.

As reported previously,² significantly larger proportions of the hypertensive group showed a decrease in systolic pressure of 4 mm. Hg or more in response to manipulation than did the normotensive group (Table 1). Corresponding differences in response of the diastolic pressure were seen between the two groups. Decreases in hematocrit, fibrinogen concentration, and cold lytic activity³ and increases in fibrinolysin activator level (as measured by fibrin plate assays⁴), which were seen uniformly in the manipulated hypertensive subjects, occurred to a lesser extent and less uniformly in manipulated normotensive subjects. Of particular interest was the greater incidence of concomitant occurrence of decreases in fibrinogen concentration and systolic pressure among manipulated hypertensive subjects than among manipulated normotensive subjects (Table 2). In untreated representatives of both populations, changes in blood pressure and the other factors cited tended to be random or actually in the opposite direction to those indicated.

Eight hypertensive subjects have been studied for periods of up to 8 weeks, with prolonged salutary effects on blood pressure levels being observed in 5 of them (average decrease of 17 mm. Hg in systolic pressure and 9 mm. Hg in diastolic pressure in this group). At least 2 of these subjects were studied for periods up to 4 weeks without intervening manipulation and both systolic and diastolic pressures were found to have been maintained below the starting level.

Of particular interest have been observations made on those who were being maintained on other medication. Several of the subjects were receiving drugs of the reserpine type, either with or without diuretic

therapy. Even though their blood pressure was in what would be considered the normotensive range (that is, less than 140/90), all these subjects showed further significant reductions in both systolic and diastolic pressures upon manipulation. Two patients who were receiving ganglionic blocking agents such as Ismelin were found to have blood pressures well into the hypertensive range (for example, 160/115) but failed to respond to osteopathic manipulative intervention as long as they continued on this medication. However, their blood pressure was susceptible to reduction through osteopathic manipulation when the drug had been discontinued for at least 24 hours. Data on these patients are presented in Table 3.

Most of the patients studied have been those with what could best be described as mild hypertension, a group for which Gifford⁵ strongly recommended the use of antihypertensive drugs. However, he listed precautions which must be taken into account for each of the most widely accepted drugs and at least one or more specific contraindications. The results reported here would seem to provide a basis upon which properly administered osteopathic manipulative therapy might be considered along with various pharmacologic agents as a treatment modality for mild to moderate hypertension.

Cardiac dynamics of dl-propranolol (Inderal), d-propranolol, and Practolol (AY 21011, ICI 50172): A preliminary study

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In a relatively short period the field of beta-receptor blocking drugs has grown tremendously. At present *dl*-propranolol (Inderal) is that best known and is currently used in patient therapy in the U.S. However, other beta-receptor-blocking drugs which are more specific in the blocking of beta-receptors are being developed; *d*-propranolol and Practolol are presently being investigated in our laboratory and compared to *dl*-propranolol. For this comparison mongrel dogs weighing 10-20 kg. were anesthetized with intravenous sodium thiopental, intubated with an endotracheal tube, and maintained with 50 per cent nitrous oxide and 50 per cent oxygen with occasional sodium thiopental supplements. The dogs were then prepared to record the following: central arterial pressure and central venous pressure by Satham pressure transducers, cardiac output and right coronary blood flow by a Satham electromagnetic multiflow meter, myocardial contractility by a Walton strain gauge arch, and electrocardiogram. A Grass polygraph was used as the graphic recorder. At present five, four, and five dogs have been given, respectively, *dl*-propranolol, Practolol, and *d*-propranolol. The drugs were given intravenously according to the following schedule: a dose of 0.1 mg./kg. every 3 minutes for the first six doses and a dose of 1 mg./kg. every 2 minutes for the last seven doses. *dl*-propranolol decreased myocardial contractility, heart rate, cardiac output, and arterial pressure at the lowest dosage, but increased venous pressure. It also produced some fluctuation in the coronary artery flow

1. Celander, E., Koenig, A., and Celander, D. R.: Effect of osteopathic manipulative therapy on autonomic tone as evidenced by blood pressure changes and activity of the fibrinolytic system. *JAOA* 67:1037-8, May 68

2. Fichera, A. P., and Celander, D. R.: Effect of osteopathic manipulative therapy on autonomic tone as evidenced by blood pressure changes and activity of the fibrinolytic system. *JAOA* 68:1036-8, June 69

3. Guest, M. M., and Celander, D. R.: Fibrinolytic potentiality of blood plasma. *Fed Proc* 17 (no. 1, pt. 1) (Abstr. 246):63, Mar 58

4. Astrup, T., and Mullertz, S.: Fibrin plate method for estimating fibrinolytic activity. *Arch Biochem* 40:346-51, Oct 52

5. Gifford, R. W.: Report of lecture given at 1969 annual meeting of Maine Osteopathic Association. *Osteopathic News* 10:1, Sep-Oct 69

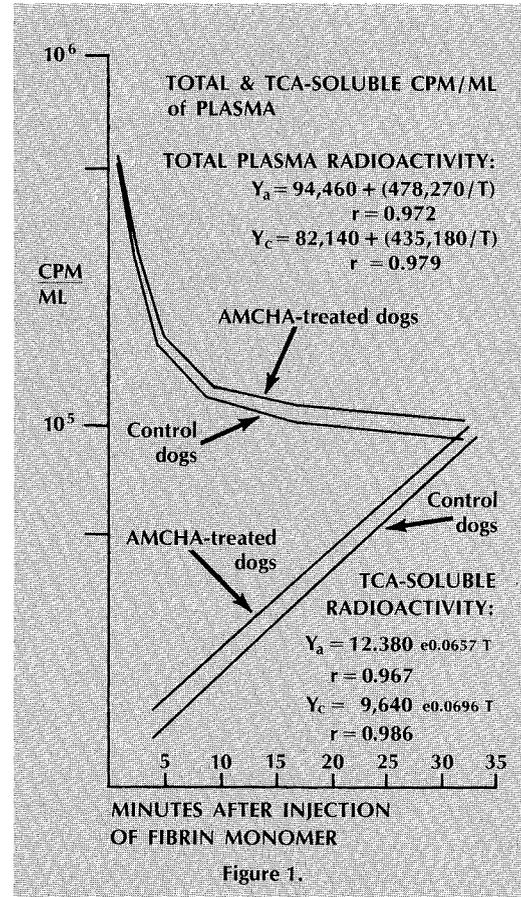
but no significant change occurred until 1 mg./kg. was given and a decreased flow resulted. In contrast, *d*-propranolol seemed to have little effect on myocardial contractility, heart rate, cardiac output, arterial pressure, and venous pressure when doses of 0.1 mg./kg. were given. However, coronary artery flow tended to increase during this time. Doses of 1 mg./kg. of *d*-propranolol produced results comparable to those with *dl*-propranolol. When AY 21,011 was compared with *dl*-propranolol, considerable differences were noted. Heart rate decreased initially but did not decrease further with the subsequent doses. Venous pressure and coronary blood flow remained about the same throughout the experiment irrespective of dose. However, myocardial contractility, cardiac output, and arterial blood pressure gradually increased when doses of 0.1 mg/kg. were given, but when doses of 1 mg./kg. were given, these parameters returned to their control level.

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Effect of an inhibitor of fibrinolysis upon the intravascular clearance of fibrin monomer in dogs

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AMCHA (trans-4-aminomethylcyclohexane carboxylic acid) is a potent micromolecular inhibitor of fibrinolysin and its activators.¹

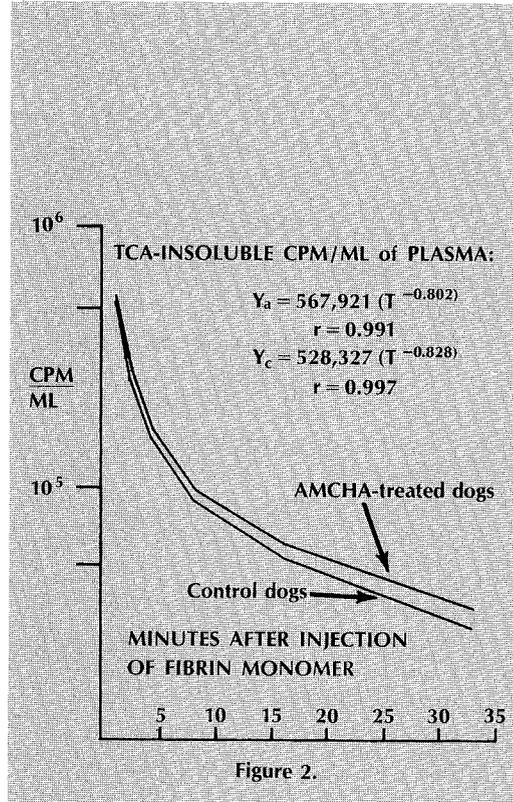


In our laboratory the clearance of colloidal carbon from the blood by the reticuloendothelial system (RES) of AMCHA-treated animals was inhibited.² Experiments with this drug on the in vivo distribution of ⁷⁵selenium-labeled erythrocytes injected intraperitoneally indicated that AMCHA also produced an apparent increase in either capillary or lymphatic permeability.³ However, notwithstanding the potency of AMCHA as a fibrinolytic inhibitor, systemic administration of the drug has been reported not to produce fibrin deposition or other histologic alteration.⁴ In the light of the foregoing, it was decided to determine the effects of AMCHA on the in vivo distribution of fibrin monomer, an intermediate in the conversion of fibrinogen to fibrin.

Electrophoretically homogeneous fibrinogen was isolated from fresh canine plasma,⁵ dissolved in 0.055 molar sodium citrate, and clotted with thrombin. The clot was wound out on a glass rod, washed with fresh citrate solution, and dissolved in 5 molar urea. Immediately after assay of the fibrinogen,⁶ the protein was labeled with ¹³¹iodine⁷ and stored at 4 C. until ready for use. Experimental dogs were given 400 mg. of AMCHA in a meatball twice daily for 2 weeks; their counterparts, the control dogs, received only a meatball on the same schedule. In addition, each of the experimental dogs was given 1 gram of AMCHA in a meatball 12 hours before the clearance studies were to be performed.

After the period of treatment, each dog was anesthetized immediately prior to intravenous injection of the labeled urea-soluble fibrin monomer. Injection of 5 molar urea alone in amounts equivalent to those used in this experiment produced no change in respiration, heart rate, or blood pressure in another group of control dogs. Dynamic imaging of the in vivo distribution of the labeled monomer using the Pho/Gamma III scintillation camera revealed no apparent change in the organ distribution of the colloid in the treated animals.

The plasma radioactivity was fractionated into "free" (TCA-soluble) and "protein-bound" (TCA-insoluble) fractions by the addition of 10 per cent trichloroacetic acid (10 ml./ml. plasma). The clearance of protein-bound radioactivity from the blood of both treated and untreated animals was nearly identical, as were the rates of appearance of free radioactivity in the plasma (Figures 1 and 2). The differences observed in the three pairs of curves indicate differences between the two groups of animals only in that the total radioactivity in the blood, whether free or bound, was higher in the AMCHA-treated animals in every case. This is not indicative, however, of a



diminished global phagocytic capacity or increased ability to metabolize phagocytized fibrin monomer, but rather that there is a smaller volume of distribution of the labeled fibrin monomer in the treated animals. In fact, the mean hematocrit reading of the treated dogs was 4 per cent greater than the 44 per cent hematocrit reading for the control group, reflecting a relatively smaller plasma volume in the AMCHA animals. These observations are congruent with those previously reported by Koenig and colleagues,³ who found that AMCHA greatly increased the return of intraperitoneally injected erythrocytes to the circulation based

on a presumed increase in capillary or lymphatic permeability. This latter phenomenon could well account for the difference in hematocrit reading between the two groups of dogs.

In summary, prolonged oral administration of large doses of AMCHA has been found not to alter the clearance or catabolism of ¹³¹iodine-labeled fibrin monomer, although changes in tissue permeability seem likely on this dosage regimen.

1. Okamoto, S., and Okamoto, U.: Amino-methyl-cyclohexane-carboxylic acid: AMCHA. A new potent inhibitor of the fibrinolysis. *The Keio J Med* 11:105-15, Sep 62
2. Koenig, A., et al.: Effect of aminomethylcyclohexanecarboxylic acid (AMCHA) on the reticuloendothelial system. *Fed Proc* 26:759, 1967
3. Koenig, A. J., Celander, D. R., and Pratt, H., Jr.: Effect of aminomethylcyclohexane carboxylic acid on the behavior of erythrocytes injected intraperitoneally. *JAOA* 67:1063-4, May 68
4. Steenblock, D., et al.: A histologic study of the systemic effects of trans-AMCHA. *JAOA* 65:987-8, May 66
5. Kazal, L. A., et al.: The preparation and some properties of fibrinogen precipitated from human plasma. *Proc Soc Exp Biol Med* 113:989-94, Aug-Sep 63
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7. Pressman, D., and Eisen, H. N.: Zone of localization of antibodies: Attempt to saturate antibody-binding sites in mouse kidney. *J Immunol* 64:273-9, Apr 50

Further studies on the hemodynamics of tension on an abdominal incision

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It has been reported earlier¹ that tension on an abdominal incision can cause a precipitous fall in arterial blood pressure. Investiga-

tions are in progress in our laboratory to determine the hemodynamics of this fall, the stimuli which produce the reflex, and methods to block the pressure fall.

Experiments were performed on adult mongrel dogs weighing from 10-20 kg. All dogs were anesthetized with intravenous sodium thiopental, intubated with an endotracheal tube, and maintained with 50 per cent nitrous oxide and 50 per cent oxygen with occasional sodium thiopental supplements. Preparations for recording central arterial and venous pressures were made by inserting catheters into the femoral artery and femoral vein, respectively, and threading them into the thorax. The catheters were attached to Statham pressure transducers using a Grass polygraph as a graphic recorder. After the dogs had been prepared for recording the blood pressures, a high abdominal incision of approximately 4 inches in length was made on the midline. The incision was stretched by hooking either the fingers or a retractor underneath each side and lifting. This produced an average fall in the mean arterial pressure of 11 mm. Hg and an increase of 1.9 mm. Hg in the central venous pressure.

To characterize the reflux further, the thoracic cavity in six dogs was opened to insert an electromagnetic flow-probe around the ascending aorta to record cardiac output. Also, a Walton Strain Gauge Arch was attached to the right ventricle to record myocardial contractility. When tension was placed on the abdominal incision, the mean arterial pressure again fell an average of 11 mm. Hg and venous pressure rose an average of 1.7 mm. Hg. Cardiac output fell approximately 100 cc./minute and myocardial contractility decreased 5-10 per cent. An intravenous injection of *dl*-propranolol alone or in combination with tolazoline failed to abolish the fall in blood pressure. However, when the superior mesenteric artery was clamped and tension then applied, the fall in arterial blood pressure was

completely abolished or greatly diminished. Thus, the fall in arterial blood pressure is probably due to a pooling of blood in the abdominal cavity. The pooling of blood can also account for the decreased cardiac output and decreased myocardial contractility.

1. Rostermundt, G. E., and Kilmore, M. A.: Hemodynamics of tension on an abdominal incision. JAOA 68:1057, Jun 69

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Effect of stress and restricted food intake on corticosteroid-induced ulcers

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One of the hazards of corticosteroid therapy is peptic ulceration. However, the mechanism for producing these ulcers has not been elucidated. Thus, specific prophylactic therapy to prevent the peptic ulcers from occurring is usually not instituted along with corticosteroids. The aim of our project was to investigate the interrelationship between other factors known to produce ulcers, namely, stress and restricted food intake, and corticosteroid therapy, with the hope that this investigation would aid in understanding why the ulcers occur.

Eighty 200-gram male Sprague-Dawley rats were divided into 8 equal groups and fed Purina Rat Chow ad libitum for 3 weeks. During the last 2 weeks of the feeding period each group received daily subcutaneous injections with either saline (groups 1 and 7) or variable amounts of hydrocortisone (groups 2 through 6 and 8). At the end of this period the susceptibility of groups 1 through 6 to

ulceration was determined by "restraint stress," which is complete immobilization of the rat. This was accomplished by wrapping the rat in a wire mesh and then stapling the mesh tightly enough to prevent movement of the rat but not so tightly as to interfere with its breathing. Groups 1 through 6 were maintained in this state without food or water for 24 hours, at which time all groups were sacrificed. The stomach and duodenum were examined for ulceration and the ulcers graded 0-8 according to severity. The results indicated that ulcer severity increased as the amount of hydrocortisone increased, and that the superimposed stress of restraint was a significant factor in increasing the severity of peptic ulceration. In addition, the higher amounts of hydrocortisone caused weight loss which could have been due either to the catabolic effect of the corticosteroid or the reduced food intake which occurred when increasing amounts of hydrocortisone were injected, or both.

After completing the first experiment, a second experiment was performed under identical conditions except that the rats were fed a restricted diet of one-third the ad libitum daily quantity consumed by the rats in the previous experiment. In this second experiment, the restricted diet plus restraint produced a marked increase in ulceration of the animal given saline injections. The rats treated with hydrocortisone and subjected to "restraint stress" in this second experiment also had a marked increase in ulceration as compared to that observed in the first experiment. Thus, our data suggest that an inadequate diet during corticosteroid therapy could be extremely hazardous, especially if additional stress is imposed.

Supported in part by an NIH General Research Support Grant.

SEPARATE & DISTINCT

**An Editorial
reprinted
from "ACOS NEWS"
July, 1970.*

At the recent Congress on Osteopathy, Workshop No. 5 studied "The Profession in the 70's". A transcript of the remarks made by the panel members under the chairmanship of Murray Goldstein, D.O., is not available, but the panel's recommendations have been reported.

That the guidelines are in tune with the health care trends of the 1970's cannot be gainsaid; that some and the import of many of the suggestions are likely to be shunted aside or overlooked seems almost a certainty.

Thumb through the pages of history, and you become increasingly aware of the fact that "leadership" is frequently behind the trend of the times, behind the inchoate thought of the mass mind.

"The public is demanding more and better health care."

The workshop formulated this declarative sentence, and it is far more pregnant with implications for future change than would appear on the surface, even though it has been accepted for many years as a mass consensus.

If we accept the axiom that the historic relation between physician and patient represented the finest example of free enterprise, we must now accept the fact that the relationship of the past has come to any end.

It is not particularly pertinent to this discussion to go into the reasons for its demise, but it is important to note that this changed relationship has and will continue for some-time to come to affect attitudes, practices, procedures, etc. within this and other health-care professions.

The Workshop panel further pointed out some of these implications in the following paragraphs:

“The methods by which physicians are paid for their services are being re-examined at all levels; national health insurance and the possibilities of dissolution of the fee for service reimbursement concept are being seriously considered.

“The health services delivery system is being reconsidered. The system developed by physicians for physicians is no longer sacred.

“The role of the physician, D.O. or M.D., in this system is being questioned. The concept of regular periodic relicensing has been raised. The respective roles of the family physician and the specialist are being re-defined; the use of allied health personnel as members and in some areas perhaps even as leaders of the health team are being considered.

“...the osteopathic physician also is faced with proposed changes in his relationship with non-osteopathic medicine. These changes obviously impinge upon the political, the functional, and the educational precedents of osteopathic medicine.”

In its first “guideline” the panel recognized the need for professional identification, but not isolation.

Without this prologue, the title of this essay might well seem arcane. There is, however, no secret in the fact that this is the progeny of the osteopathic profession.

It played a significant role in the history of this profession; it called from the house-tops of the world that osteopathy was separate and distinct from all other health-care professions; it built a coterie of follower who sought its services and who contributed to its growth.

Now our graduates find themselves serving on the battlefields with M.D.’s; both giving to the wounded substantially the same care.

In the small-county community hospitals, D.O.s and M.D.s work side by side.

Rarely does an osteopathic postgraduate course or seminar fail to list M.D.s on their program. This could never be were there not a basic mutual respect.

M.D.s are beginning to invite D.O.s to participate in the medical profession’s programs.

In some instances, M.D.s have been honored with membership in osteopathic organizations.

One could continue ad infinitum the list of cooperative endeavor; the foregoing were largely voluntary, but the pervasive hand of government—the only one that can help the pauper pay his \$100-a-day hospital bill—most certainly will be the added ingredient that will insist upon integration, coordination, cooperativeness, in reaching a goal that all health-care professions will readily agree is the most effective care that can be given the patient.

We are, after all, patient-oriented, and in the future the profession may find itself speaking of separatism and distinctness in a tone of sotto voce.

This can be easily misunderstood. Being separate and distinct is not the same as speaking of it. Psychology broke away from philosophy which severed its connection with religious teaching; educational courses broke away from liberal arts, etc. Certainly they became separate and distinct, but, as with all divisions of a previous discipline a point in history is always reached when integration, coordination, and cooperation supersede the need for ballyhooing the original separateness.

Perhaps that time has come for osteopathy.

ALUMNI

1927

J. Glenn Garton, D.O., who has practiced in Chariton, Iowa, since 1927, will leave there for Lake Placid, Florida, in early December.

Dr. Garton has served on the Chariton City Council and was a member of the Rotary Club.

1935

John Bumpus, D.O., of Denver, Colorado, participated in the program of the American Academy of Sclerotherapy during the annual AOA convention.

1937

Myron N. Bos, D.O., of Albia, Iowa, served as an alternate member to the AOA's House of Delegates meeting in Atlanta, Georgia, this summer.

1942

Roger Anderson, D.O., of Danveport, Iowa, is a member of the six-man board of directors of the Rural American Medial Program.

RAMP is an organized commercial program designed to assist rural communities to help themselves in obtaining qualified medical care. It provides professional services, (surveys, fund raising, architectural plans, doctor procurement assistance, and advice and guidance to the doctor on the establishing of the medical center.)

1943

Marvin Hodson, D.O., formerly of Jewell, Iowa, was program chairman for the American Osteopathic Academy of Sclerotherapy during the AOA convention in San Francisco.

1942

James N. Fox, D.O., of Dayton, Ohio, delivered the Trener Lecture during the 43rd Annual Clinical Assembly. His topic was "Pediatric Radiology".

1943

John R. Shafer, D.O., Denver, Colorado, was chosen as president-elect of the Colorado Osteopathic Association during its annual meeting.

Dr. Shafer has served as President of the American Osteopathic College of Proctology, the Western States Society of Proctology, has served as Chief of Staff of the Rocky Mountain Osteopathic Hospital and is on the AOA committee on post-doctoral training.

1943

R. William Westfall, D.O., of Boone, Iowa, and his wife were guests of President Richard Nixon at the dinner given in honor of Mexican President Gustavo Diaz Ordaz at the Hotel Del Coronado this summer.

Dr. Westfall and his wife are active in the Iowa-Yucatan Partners of the Alliance program.

Dr. Westfall has headed several volunteer medical-dental teams that have flown into remote jungle areas of the Yucatan Peninsula.

1948

Dorothy Mullin, D.O., of Ellsworth, Iowa, hosted a special meeting of the fourth district of the I.S.O.P.S. in late September.

Emphasis at the meeting was placed on encouraging young doctors to enter rural practice.

Five student doctors and their wives were guests.

1949

G. J. Leuty, D.O., of Earlham, Iowa, attended the seventh annual training session of the American College of General Practitioners in Osteopathic Medicine and Surgery this summer.

The Earlham "Echo" reported that this was the first year that Dr. Leuty was able to attend because he has always presented the fireworks display for that area. This year the display was canceled because of conflict with the Earlham Centennial.

Dr. Leuty also attended the AOA annual convention in San Francisco and assisted at the Haight-Ashbury Free Clinic.

1950

J. B. Baker, D.O., of Greenfield, Iowa, was the guest speaker at the Adair (Iowa) Commercial Club October meeting. He explained his "on-the-job" training program for senior medical students (preceptorship program from the College). Senior student Pat Frankl accompanied Dr. Baker.

1958

James F. Brown, D.O., of Cuyahoga Falls, Ohio, Chairman of the Section of Urology at Green Cross General Hospital, published "Subtotal nephrectomy for hypernephroma why hypoplasia of contralateral kidney" in the July issue of the Journal of the American Osteopathic Association.

1962

Carl W. Otte, D.O., of Greeley, Colorado, took part in a panel discussion of clinical problems during the Aspen meeting of the Colorado Osteopathic Association.

1963

Kae Patrick McCaffery, D.O., Fort Worth, Texas, presented "Pediatric Radiography" to the Academy of Applied Osteopathy during the San Francisco convention of the AOA.

1965

John Vargo, D.O., Manitou Springs, Colorado, took part in a panel discussion of clinical problems during the Aspen meeting of the Colorado Osteopathic Association.

1965

Jerold M. Lynn, D.O., of Oak Park, Michigan, published "Shoulder dystocia" in the August issue of the J.A.O.A.

1966

Major Louis B. Walk, D.O., was awarded the Bronze Star for "meritorious achievement in ground operations against hostile forces in the Republic of Vietnam..." on March 22, 1970.

Major Walk is currently serving with the Green Berets of the 5th Special Forces Group Airbourne, First Special Forces. In addition to the countrywide responsibilities on the medical reaction team, Major Walk has been responsible for preventive medicine health activities for approximately 3600 U.S. and 80,000 mercenary troops and dependents.

1967

Glenn Bigsby, jr., D.O., was at the Des Moines college this fall as a part-time faculty member following completion of his military service.

Dr. Bigsby is now at Metropolitan Hospital in Philadelphia doing a residency in radiology.

1968

David C. Horowitz, D.O., Royal Oak, Michigan, was one of the authors of "Xanthoma Diabeticorum: Eruptive xanthoma and diabetes mellitus" published in the August issue of the J.A.O.A. The other authors include Jules Altman, M.D., and Coleman Mopper, M.D., from the Department of Dermatology at Wayne State University School of Medicine.

1968

Donald Rochen, D.O., Detroit, Michigan, published "Congenital anomalies of the urinary tract in pediatrics: A review of two cases" in the August issue of the J.A.O.A.

1968

Captain Burton N. Routman, D.O., is Flight Medical Officer at Nellis Air Force Base near Las Vegas, home base of the U.S. "Thunderbirds".

As Thunderbird Flight Surgeon, Captain Routman's duties often require that he accompany the team on its cross country appearances as representatives of the entire U.S. Air Force.

Called "America's Ambassadors in Blue", the Thunderbirds recently performed in Puerto Rico, Panama, Caracas and Venezuela. Dr. Routman often flies in the rear seat of the Thunderbirds F-4E Phantom II aircraft.

1969

Jefferson C. Emery, D.O. has set up practice in Greeley, Colorado.

1969

Jack Hufford, D.O., has set up practice in Denver, Colorado.

1969

Michael F. Wright, D.O., of Flint, Michigan, was one of the authors of the article, "Efficacy of glucagon therapy in heart failure" published in the July Journal of the American Osteopathic Association. Other authors include Earl E. Congdon, D.O., Traverse City, Michigan and Donald Vixie, D.O., Flint.

Many of our alumni are now serving in the Armed Forces. Below is a list of our alumni that we were able to collect from various sources. If you know of an alumnus that is not included or has completed his military service, please let us know.

Class	Name
1954	Louis H. Eske, Jr., Lt. Cdr. U.S. Naval Hospital F.P.O., New York 09521
1965	Robert E. Inman, Capt. Detroit Osteopathic Hospital 12523 Third Ave. Detroit, Michigan 48203
1966	Laurence H. Baker, Capt. 12th Evacuation Hospital A.P.O. San Francisco, California 96353
1966	Robert B. Bell, Lt. R#4 Hillsdale, Michigan 49242
1966	Paul F. Benien, Jr., Capt. 2518 Plaza St. Arlington, Texas 76010
1966	Jacob Goldberg, Capt. U.S. Army Hospital (W2Q4) Box 394 Fort Ord, California 93941
1966	Frederick C. Green, Capt. Davenport Osteopathic Hospital 1111 W. Kimberley Rd. Davenport, Iowa 52806
1966	Joel K. Leib, Capt. 22171 W. Hampton Oak Park, Michigan 48237
1966	Fred G. Margolin, Capt. 4358 Riverside Dr. B#1 Dayton, Ohio 45405

1966 Alan M. Matez, Lt.
104 Old Orchard Rd.
Cherry Hill, New Jersey 08034

1966 Roger A. Primrose, Capt.
2111 Templeton Gap Road
Colorado Springs, Colorado 80907

1966 James E. Tate, Lt.
364 N.E. 163rd
Seattle, Washington 98155

1966 Louis B. Walk, Major
HHC FIFTH S.F.G.
(A bn.)
First Special Forces
A.P.O.
San Francisco, California 96240

1966 George Y.M. Wang, Lt.
Naval Station B.O.Q.
Room 518
F.P.O.
San Francisco, California 96610

1967 Irving Gold, Capt.
21110 Harvard
Southfield, Michigan 48075

1967 Lawrence M. Horowitz, Capt.
Company "B", 4th Med. Btn.
4th Inf.
A.P.O.
San Francisco, California 96265

1967 John K. Podgore, Capt.
Pediatrics Dept.
Brooke General Hospital
Fort Sam Houston, Texas 78234

1967 Michael M. Silverman, Capt.
716 Bridgeman Terrace
Towson, Md. 21204

1968 John R. Kozek, Capt.
1313 Pleasant Drive
West Des Moines, Iowa 50265

1968 Eugene L. Fealk, Lt.
216 El Camino Real
Oceanside, California 92054

1968 Burton N. Routman, Capt.
2134 Caravelle Ave.
Las Vegas, Nevada 89105

1968 James S. Snow, Jr., Lt.
Beaufort Arms Apartments
Apt. 10-D
Southside Blvd.
Beaufort, South Carolina 29902

1968 Bruce Rosenberg, Capt.
M.C.
U.S.P.M.F.S.S.
Ft. Sam Houston, Texas 78234

1968 John W. McDonough, Capt.
U.S. Army Hospital
Fort Devens, Massachusetts 01433

1970 Anthony G. Fichera, Captain
Walter Reed Army Hospital
Washington, D.C.

IN MEMORIUM

1911 Arthur W. Brockway, D.O.
Waukesha, Wisconsin

1917 . . . Charles F. Samp, D.O.
Des Moines, Iowa

1926 David Skidmore, D.O.
Detroit, Michigan

1932 William D. Shideler, D.O.
Storm Lake, Iowa

1943 Carl Crow, D.O.
Des Moines, Iowa

1944 Herbert Harris, D.O.
Seattle, Washington

1947 Dorothy Diener, D.O.
Geneva-on-the-Lake, Ohio

0000 John W. Harper, D.O.
Cleveland Heights, Ohio

the log book

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OFFICE OF INFORMATION
KIRKSVILLE COLLEGE OF
OSTEOPATHY B
KIRKSVILLE MO 63501

PLACEMENT SERVICE

Corydon, Iowa: Near Rathbun Dam area, 38-bed hospital with functioning coronary care unit, potential population 12,000.

Miss Amy Robertson
Promise City, Iowa

Waterloo, Iowa: Three hospitals, population 71,755, will be working with two other physicians.

Charles Waterbury, M.D.
915 West Fourth Street
Waterloo, Iowa 50702

Flora, Illinois: Clay County Hospital.
Alvin J. Uebinger, Administrator
Flora, Illinois 62839

Winterset, Iowa: Population 4,000, 35 miles from Des Moines.

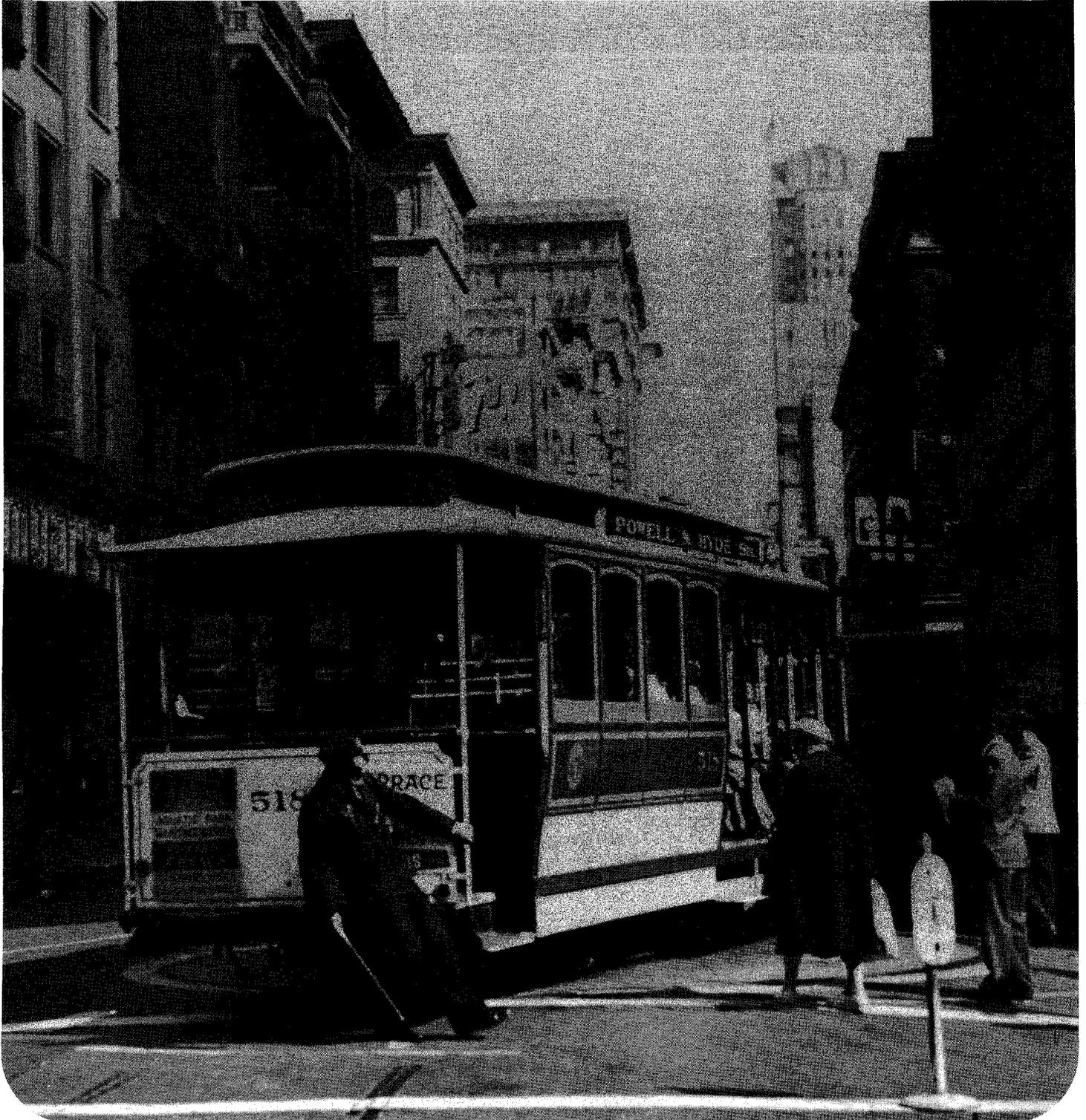
Herbert J. Ehm
309 W. Court
Winterset, Iowa

Cherokee, Iowa: County hospital with recent new addition. State mental hospital. Two osteopathic physicians. Office space available. "Community is in dire need of osteopathic physician". Aggressive industrially, culturally stimulating. Population 8,000.

G. J. Fleig, D.D.S.
617 Sherman
Cherokee, Iowa 51012

the log book

College of Osteopathic Medicine and Surgery
VOLUME 48 • WINTER 1971 • NUMBER 3



the log book

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Graphics The Graphic Corporation

NATIONAL ALUMNI OFFICERS

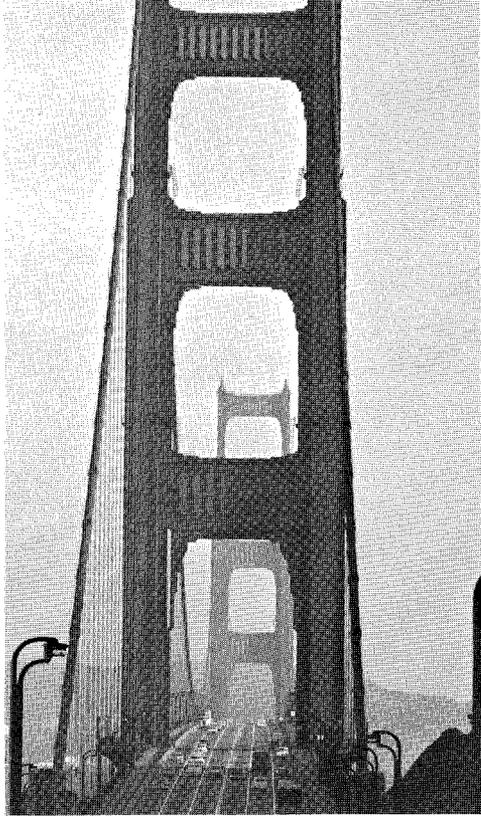
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Past-President K. George Shimoda, D.O.
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Director Walter B. Goff, D.O.
Director Robert W. Johnson, D.O.

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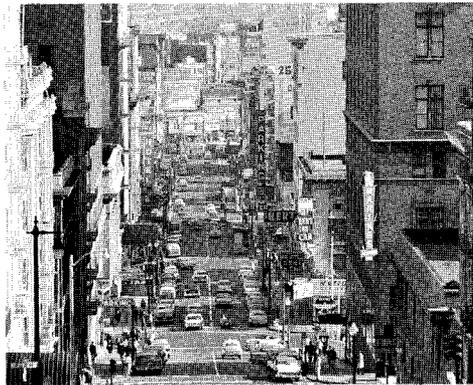
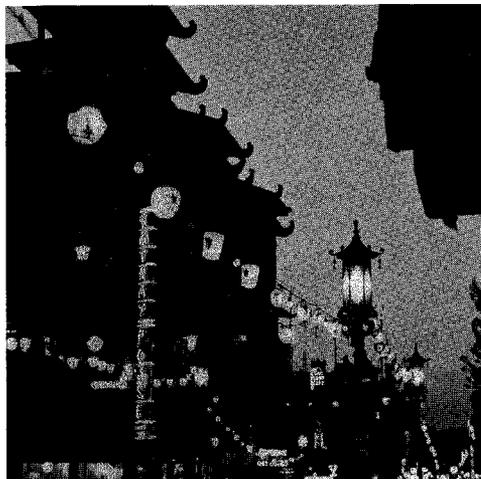
ON THE COVER:

Colorful San Francisco, the setting for the National Alumni Association Annual Meeting.



NATIONAL ALUMNI ASSOCIATION ANNUAL MEETING

A Summation



The alumni association of the College met during the 75th annual meeting of the A.O.A. last October in San Francisco.

Dr. Frank Myers, President-elect of the N.A.A., presided over the meeting in the absence of President K. George Shimoda. Dr. Shimoda was absent because of the illness of his wife. Before the business session of the meeting began, both Dr. W. S. Horn, President of the A.O.A., and Dr. Marion E. Coy, President-elect of the A.O.A., addressed the meeting.

BUSINESS SESSION

During the course of the business session, it was decided to eliminate the roll call since the state chapters had failed to certify their delegates. Those alumni present were considered qualified to transact all association business.

The minutes of the previous alumni meeting were approved without being read.

MEMBERSHIP REPORT

Dr. R. Keith Simpson, Secretary-Treasurer, reported on the paid-up memberships. The association had 691 paid-up memberships

as of 30 September 1970 compared with 652 in 1969, 516 in 1968, and 436 in 1967 as reported in the Summer issue of the "Log Book". (In addition to the thirteen life memberships also reported in that "Log", Robert P. Ogden, D.O., Wayne, Michigan, Class of 1934; Irving Epstein, D.O., Moorestown, New Jersey, Class of 1957; and Leonard R. Chapman, D.O., Vista, California, Class of 1905 also bought life memberships during 1970.)

AMENDMENTS TO ARTICLES OF AGREEMENT AND BY-LAWS

Only a few of the state chapters have been active and no one certified their national delegates. The legality of the N.A.A.'s actions was questioned. The Executive Committee was authorized to appoint a committee to draft amendments to the articles and by-laws to be submitted to the 1971 convention for consideration.

ELECTION OF OFFICERS

The following people were nominated and approved as the N.A.A. slate of officers for 1970-71:

- Dr. Frank W. Myers, '59, President
- Dr. Sidney M. Grobman, '61, President-elect
- Dr. R. Keith Simpson, '62, Secretary-Treasurer
- Dr. Robert W. Johnson, '50, Alumni member, COMS Board of Trustees, 1970-73 term.

CLASS REUNIONS

A suggestion was made to arrange for class reunions in conjunction with commencement and a post-graduate course. No interest was shown by the alumni present.

REPORT BY COMS PRESIDENT

Dr. Thomas Vigorito discussed various aspects of the college. He also encouraged the alumni to find a more workable organizational pattern.

NATIONAL ALUMNI ASSOCIATION FINANCIAL REPORT

RECAPITULATION

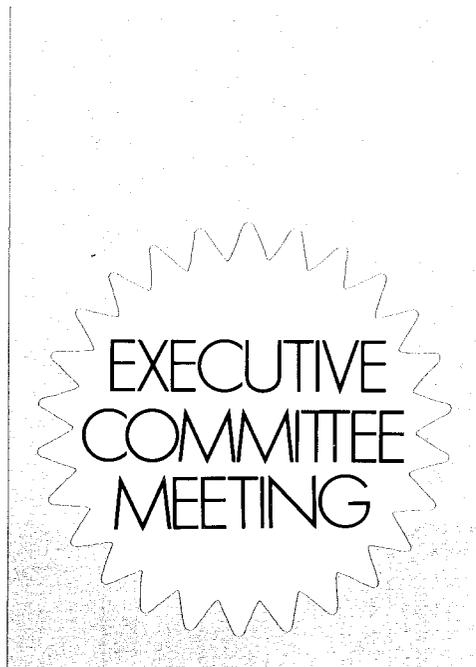
October 1, 1969 to August 31, 1970

Current Receipts	\$ 5,860.00	
Current Expenditures	4,662.00	
General Operation Fund Balance, 31 August 1970	\$ 1,198.00	
Profit on U.S. Treasury Bills—Matured 14 August 1970	157.92	
31 August 1970, Total Net Income for 11 Months	<u>\$ 1,355.92</u>	

TOTAL ASSETS

31 August 1970

Bank Account	\$2,385.08	
Less: Outstanding Checks	409.90	\$ 1,975.18
U.S. Treasury Bills Due 12 November 1970 (Cost) .		9,845.40
Total		<u>\$11,820.58</u>
Total Assets—1 October 1969		10,464.66
Increase in Assets—11 Months		<u>\$ 1,355.92</u>



All members of the executive committee of the alumni association, except two, met in Des Moines the first Sunday in November.

Concern over the apparent inactivity toward fund raising was expressed. The federal grant will expire 1 April 1971 unless matching funds are assured. Even with prospective state funds, a considerable sum of money must still be raised.

It was the consensus of the meeting that alumni have an obligation to assist with the funding of the new campus. Without the alumni support, the community and legislature will not act.

A plan to divide the country into 10 regions was agreed upon. Each region was to be canvassed for pledges by a team of alumni, with support from the Central Office. The goal of the N.A.A. will be \$1 million. The \$1 million will be made up primarily of \$5000 pledges payable over a period of three years. The pledges would not fall due until ground is actually broken for the new building.

Other business discussed included the decision to re-invest the \$10,000 in U.S. Treasury bills following their maturation 12 November 1970.

It was decided not to allocate specifically any more alumni funds, but to use them for fund-raising expense.

Dr. Lavendusky, Dr. Johnson, and Dr. Shimoda were selected to be on the nominating committee.

President Myers submitted a draft of amendments to the articles and by-laws which he had prepared. After review by the committee, it was recommended that they be considered during the 1971 annual alumni meeting.

The Executive Committee, composed of Dr. Frank Myers, Dr. K. George Shimoda, Dr. Sidney Grobman, Dr. William Lavendusky, Jr., Dr. R. Keith Simpson, Dr. Walter B. Goff, Dr. Robert W. Johnson, Dr. Paul Rutter, E. M. Meneough, and David Dancer will meet again in February.

FORMALIZE DEPARTMENT OF FAMILY MEDICINE

The Executive Committee of the COMS faculty has established a formal Department of Family Medicine under the chairmanship of Jean LeRoque, D.O., Director of the South Des Moines Clinic (fort).

Over the years, the College has maintained a loosely structured organization of all clinical physicians, regardless of specialty practice, that was coordinated by the idea of treating the family as a complete social unit. Fourth year students on their clinical services have been assigned families to treat, rather than specific diseases.

During the third year, Dr. LeRoque plans to reinforce the concept of Family Medicine through practice-oriented lectures. Each specialty department will review common complaints which would be seen during the normal practice day. In other words, a lecturer in obstetrics would review normal deliveries, breech deliveries, etc., during this special lecture.

The formalization of the Department of Family Medicine places further emphasis on the concept of family doctors, which has historically been the objective of the College.

John B. Shumaker, Jr., Ph.D., former Dean and Acting President of the College, died of cancer 19 December 1970 at Des Moines General Hospital.

Dr. Shumaker received his baccalaureate degree from Cornell College in 1920 and received his graduate degrees from Iowa State University. He taught at Iowa State, the Des Moines College of Pharmacy, and Drake University.

Dr. Shumaker had been a member of a number of professional societies and fraternal orders, including the American Chemical Society, the Iowa Academy of Science, the American Osteopathic Association and the Masons.

The family suggests memorials to the American Cancer Society or the Polk County Heart Association.

“Here lies the remains of those individuals who bequeathed their bodies to the betterment of science and mankind”.



A brief burial service for the ashes of the 14 persons whose bodies had been contributed to the College was held in late November. The Reverend Kermit Marsh, a Roman Catholic priest who is a counselor at the Harrison Treatment and Rehabilitation Center, officiated.

The service, the first of its kind held by the school, was conducted in Glendale Cemetery at a plot donated by the Des Moines Park Board. A marker denoting the year will be placed by the granite tombstone shown in the photograph following the annual service.

Stanley D. Miroyiannis, Ph.D., Professor of Anatomy and Chairman of the department, Mohinder S. Jarial, Ph.D., Assistant Professor of Anatomy, and Michael Barry, Assistant Dean, attended the service.

Dr. Miroyiannis said the majority of the fourteen bodies were “unclaimed” bodies which were allocated to the school by The State Department of Health. His department uses between 20 and 25 bodies a year in its laboratory.

Before this year, the college delivered ashes to undertakers for dissemination.



FACULTY FACTS

Robert J. Connair, D.O., Associate Professor of Osteopathic Principles & Practice and Director of the Division of Physical Medicine and Rehabilitation, was appointed Medical Examiner by the Polk County Board of Supervisors during a special reorganization meeting in January.

Dr. Connair is replacing Leo Luka, D.O., a 1944 graduate of COMS, who retired after 14 years as county medical examiner.

As medical examiner, Dr. Connair must investigate all deaths that are suspicious in nature or due to accidents, all people who are unattended at the time of death or who have not seen a physician for 20 days, and all homicides, suicides, etc....

George Taylor, Ph.D., Assistant Professor of Anatomy and Martin Sachs, Ph.D., Assistant Professor of Anatomy, attended the American Society for Cell Biology meeting last November 19-22 in San Diego, California.

Roger Senty, D.O., Associate Professor of Surgery and Chairman of the department, published "The current status of treatment of chronic uremia" in the December 1970 issue of the *Journal of the American Osteopathic Association*.

Harry B. Elmets, D.O., Clinical Professor of Osteopathic Medicine and Chairman of the Division of Dermatology, has been asked to serve on the National Commission on Venereal Disease by Roger O. Egeberg, M.D., Assistant Secretary, Department of Health and Scientific Affairs.

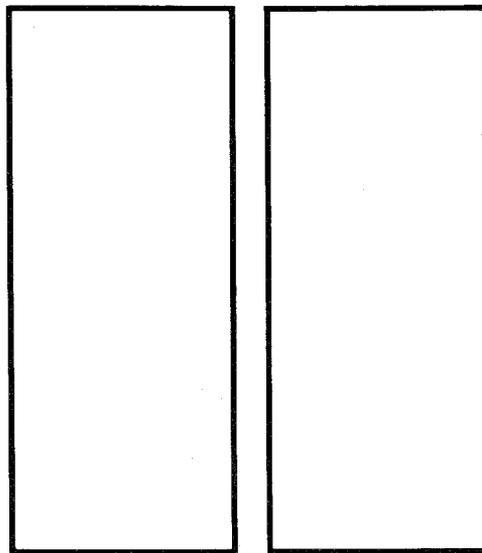
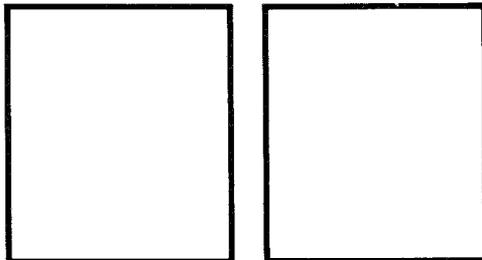
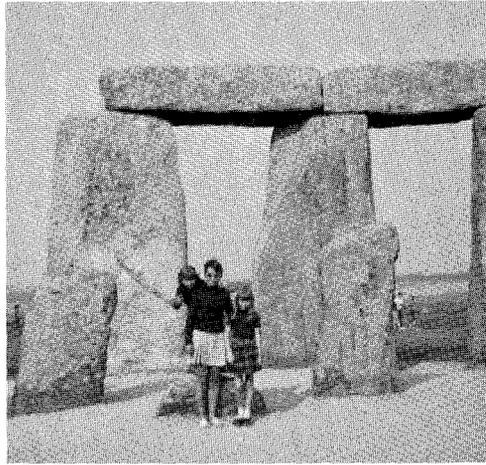
The function of the Commission will be to consider the problems of syphilis and gonorrhea from a national standpoint, study ways of bringing public health and private medicine into closer working relationships, and make recommendations for bringing these diseases under control.

Dr. Elmets, who is president of the American Osteopathic College of Dermatology and Chairman of the American Osteopathic Board of Dermatology, will represent the A.O.A. on the Commission.

Both syphilis and gonorrhea continue to be nationwide public health problems of considerable magnitude. In fact, reported infectious syphilis increased 8.5 percent last year after four straight years of decline since 1965. Gonorrhea continues to increase from 10 to 15 percent each year.

Thomas Vigorito, D.O., C.O.M.S. President, discussed "The Changing Ecology In Medical Practice" in the October 1970 issue of the *D.O.*

DOCTOR IN DENMARK



Roger Senty, D.O., Associate Professor of Surgery and Chairman of the department, spent a year at the Aarhus Kommun Hospital, Aarhus, Denmark, doing post-graduate work in the Department of Urology. Dr. Senty worked with Professor V. Aalkjaer, Chairman of the department. He also worked with hemodialysis and artificial kidneys in the Department of Medicine. The Aarhus hospital, located in the second largest Danish city, has 1100 beds.

Dr. Senty went to Aarhus for post-graduate work for several reasons. First, there is some difficulty in arranging for post-graduate work in Surgery in the States. Secondly, Dr. Senty has wanderlust.

PROFESSIONAL ACCEPTANCE

How were the Senty's received? At first, in the professional community, Dr. Senty was regarded with some suspicion. Did he have proof he was a physician? The reason for the lack of acceptance turned out to be a previous encounter the Danes had had with a bogus surgeon. Once his certification was received, there were no more problems.

The Danish people are friendly, though a little reserved initially. Dr. Senty recalls a lack of violence in the country which he attributes to the less competitive atmosphere. The Danes are content to pay high taxes to support a government which provides them with a college education, central heating, funeral expenses, and medical care.

SOCIALIZED MEDICINE

Medical care is socialized. Training differs from American medical training in that actual medical school begins right after the gymnasium, or high school level. Instead of four years of medical school, the program takes seven or eight years. Hospital staff are on a straight salary; the

amount depends on which of three classifications the physician holds. A general practitioner is allowed returns according to the number of patients he sees. Patients pay the physician according to their income. The government makes up the difference.

A panel of doctors stands by at the Aarhus hospital 24 hours a day. Dr. Senty feels emergency care and the ambulance service are the best in the world. House calls are still made.

PORNOGRAPHY

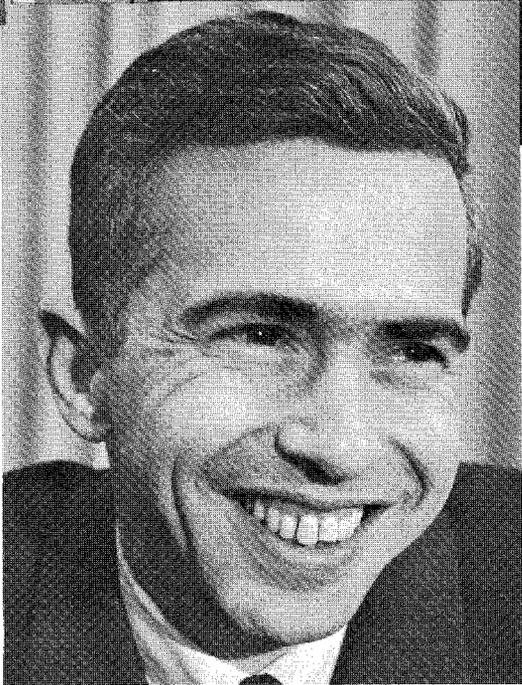
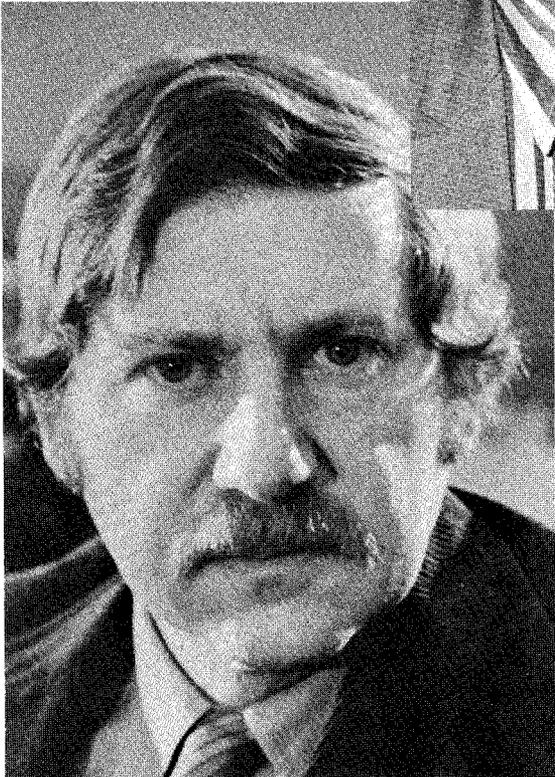
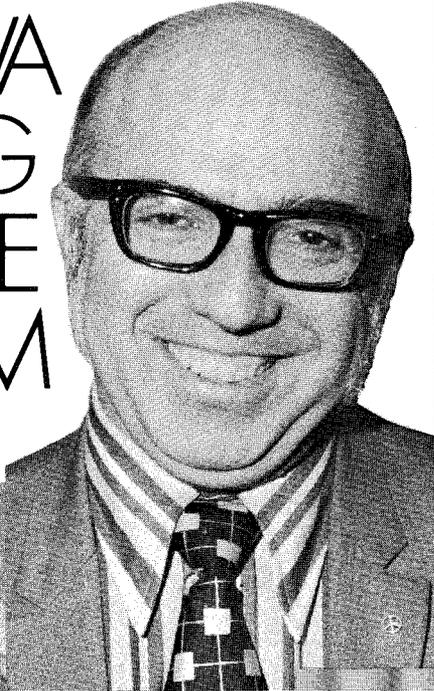
The Danish people have a different perspective of their bodies than we Americans. Their attitude toward nudity and near nudity is blase. Pornography is mainly for the tourists. The incidence of sex crimes dropped with the legalization of pornography and has continued at a comparatively low level.

The Senty children, Kristin, 5, and Lynne, 9, want to go back to Denmark. "The Danes think children should learn independence early. They gear the society to children."

Dr. and Mrs. Senty and their children toured Europe in 1967 after he completed studies in Urology in Oslo, Norway.



MID-IOWA
DRUG
ABUSE
SYMPOSIUM



Public service announcements on radio and television urge parents to learn about drugs for their children's sake. A three-day drug symposium, sponsored by COMS, was held in Des Moines in mid-January to educate the professional community for everyone's sake.

The drug conference, organized and directed by John Mayes and Marvin Borsand, two fourth-year-students, was formally named the Mid-Iowa Drug Abuse Symposium. The program featured well-known authorities on most phases of drug use and abuse.

Joel Fort, M.D., Founder of San Francisco's Center for Solving (Special) Social and Health Problems, began the symposium Wednesday, January 13th, by calling present drug abuse laws "hypocritical and inhumane". Dr. Fort does not advocate legalization of drugs, but wants the "de-criminalizing of all private drug use". Alcohol and tobacco, and even aspirin are considered drugs.

Fort said that over 400,000 people die annually of tobacco smoking. Alcohol annually claims over 55,000 highway deaths. Fort attacked all drug misuse. Drugs are a people problem, not a drug problem.

Fort then participated in a panel discussion regarding the efficacy of methadone in drug withdrawal. Other panel members, Erle Fitz, D.O., Chairman of the department of Psychiatry, COMS, Robert Millman, M.D., Director, Rockefeller University Methadone Maintenance Program, and R. Keith Simpson, D.O., Assistant Professor of Internal Medicine, all concurred. Methadone is the first effective treatment for heroin addiction and should be put to wider use.

Alan Matzger, M.D., former Chief of Drug Treatment Program at the Haight-Ashbury Medical Clinic, told the symposium audience that "persons whose heads

are together and really want to quit say heroin withdrawal is like a five-day case of flu". The horror experienced during withdrawal is the result "more of the fear than of the pain".

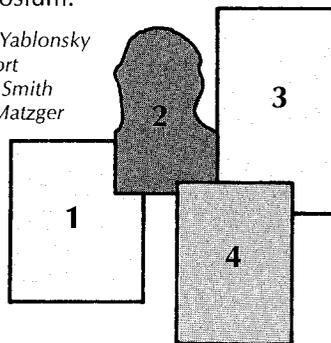
Roger Smith, Ph.D., Criminologist and founder of "Open House" described it as a "community" where you can feel good and like yourself. People do what "turns them on" and help others do the same. He also said that drug programs ought to help people get legitimately high in a non-destructive way instead of aiming for total abstinence.

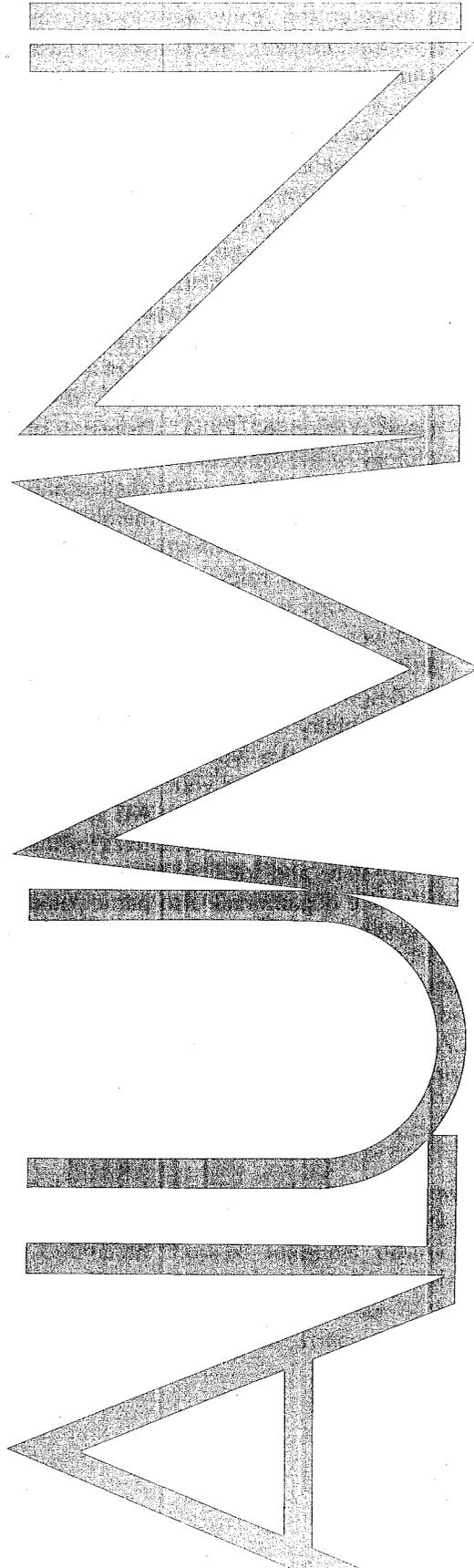
Lewis Yablonsky, Ph.D., Professor of Sociology at the University of California, conducted a psychodrama on the use and attitudes of drugs, utilizing members of the audience. He describes psychodrama, the acting out of roles, as a vehicle enabling persons to learn the truth about themselves.

Student doctors Mayes and Borsand also described their experiences at the Haight-Ashbury Clinic to the audience. They said that the typical clinic patient is a white middle class youth.

Other members of the COMS faculty, civic leaders, and representatives of the federal, state and local narcotic bureau and police departments also participated in the symposium.

1. Lewis Yablonsky
2. Joel Fort
3. Roger Smith
4. Alan Matzger





1933

Edward V. Chance, D.O., formerly of Central Point, Oregon, was appointed to the staff of the Knoxville Veterans Administration Hospital, Knoxville, Iowa, and will participate in the Alcoholism Treatment and Rehabilitation Program.

1935

L. D. Barry, D.O., of Williams, Iowa, was one of the people credited with saving the life of a man injured during Iowa's first major blizzard.

A multiple accident on the nearby interstate caused the injuries, but the heavy snow prevented help from reaching the scene. The heroic efforts of a truck stop employee and police in bringing the man in and the doctor's all night vigil are credited with saving the man's life.

1939

Neil R. Kitchen, D.O. left Detroit, Michigan, for Phoenix where he will go into a restricted private practice after almost thirty years of service on the staff of Detroit Osteopathic Hospital.

Over the years, Dr. Kitchen has been Chairman of the staff of both DOH and Art Centre Hospital, he has served as Chief of the Department of Internal Medicine at DOH, President of Wayne County Osteopathic Association, Chairman of the Board of Medicine of the A.O.A., President of the American College of Internists, etc....

1942

Roger B. Anderson, D.O., Davenport, Iowa, is a member of the board of directors of the Scott County Health Planning Council. This council is half of the parent councils of a two-county area whose function is to provide unified health planning. The project has been approved, but not funded, by the Department of Health, Education, and Welfare.

1943

K. George Shimoda, D.O., Marshalltown, Iowa, has been named a voluntary inspector by the committee on post-doctoral training and residency training inspection of approved hospitals of the A.O.A.

Dr. Shimoda will represent the American College of General Practitioners in Osteopathic Medicine.

1950

Robert W. Johnson, D.O., was elected to a three year term of the Board of Directors of the Assembly of the Wisconsin Division of the American Cancer Society. He also accepted assignment to the medical and scientific committee and the public information committee of that society.

Dr. Johnson is frequently mentioned on these pages of the "Log Book" because of his activities in the state and local osteopathic societies of Wisconsin.

1951

Myron E. Magen, D.O., has been appointed Dean and Chief Administrative Officer of the Michigan State University College of Osteopathic Medicine effective 1 January.

1952

Arden L. Findlay, D.O., of Montreal, was elected president of the newly revised American Academy of Osteopathy. The aim of the new constitution is to develop the science of manipulative therapy and to arrange programs to improve the skill of the individual physician.

1953

Gerard K. Nash, D.O., Amarillo, Texas, has been elected president of District I of the Texas Association of Osteopathic Physicians & Surgeons and president of the board of trustees of the Southwest Osteopathic Hospital.

1953

Sara Sutton, D.O., of Fort Dodge, Iowa, was elected Secretary of the American Academy of Osteopathy during their recent meeting.

1955

Robert Smick, D.O., of Salem, Wisconsin, is chairman of the 1971 Wisconsin Association of Osteopathic Physicians and Surgeons convention program. He plans to touch on ecology, environment, drug problems, and medical malpractice.

1956

Thomas F. Hardin, Jr., D.O., Orange Park, Florida, published "Dextrocardia with transposition of great vessels and multiple associated abnormalities of viscera" in the December 1970 Journal of the American Osteopathic Association.

1962

Henry Sonenshein, D.O., Detroit, Michigan, published "The Auditory Malinger" in the November 1970 issue of the Journal of the A.O.A.

1964

Saul Breaslier, D.O., of Pennsauken, New Jersey, has begun a joint practice of Ophthalmology with Ralph Lanciano, D.O.

Dr. Bresalier was in general practice in Queens, New York from 1965 to 1967 following the completion of his internship at Interboro General Hospital. He attended the Kresge Eye Institute from 1967-68 and did a residency in Ophthalmology from 1968-70 at Grandview Hospital.

He was also appointed recently to the 134 member staff of the John F. Kennedy Memorial Hospital in Stratford, New Jersey.

1965

Jerold Lynn, D.O., Detroit, Michigan, published "Intravenous alcohol infusion for premature labor" in the October 1970 issue of the J.A.O.A. The paper was completed while Dr. Lynn was doing a residency in the Department of Obstetrics-Gynecology at DOH and Bi-County Hospital. He was the 1968-69 recipient of the National Osteopathic Foundation-Mead Johnson fellowship grant.

1966

Arthur J. Cording, D.O., has opened practice in Houston, Texas. Dr. Cording interned at Wilden Hospital, took a residency in Internal Medicine at East Town Osteopathic Hospital and is a member of the American College of Osteopathic Internists.

1966

Eli N. Perencevich, D.O., Columbus, Ohio, has joined the staff of Doctors Hospital in the practice of Internal Medicine. He interned at Doctors and was named "Intern of the Year". He completed a three year residency in Internal Medicine, also at Doctors, during which he was a recipient of the 1968-69 NOF-Mead Johnson fellowship grant and the American Cancer Society Clinical Fellowship.

A paper, "Aberrant nuclear division configurations occurring in the bone marrow of cancer patients", was published in the October issue of the J.A.O.A. which Dr. Perencevich did during his residency.

1967

Robert Driscoll, D.O., Cherry Hill, New Jersey, was one of the authors of the article, "Coumadin induced intestinal obstruction: Case report with surgical intervention", in the November 1970 issue of the J.A.O.A. The paper was written with Dr.

Akimasa Hashimoto during Dr. Driscoll's residency at Cherry Hill Osteopathic Hospital.

1969

Phillip Beyer, D.O., has begun practice in Fort Worth, Texas, following his internship at Oklahoma Osteopathic Hospital.

1969

Several classmates have elected to settle in Houston, Texas, although not in a practice together. They include Dr. James La Rose, Dr. Duane Olson, and Dr. Jack Shepman.

1969

Charles Vonder Embse, D.O. is now associated with R. L. Sliwinski, D.O., in Ashville, Ohio.

1969

Charles Rudd, D.O., who completed his Internship at Oklahoma Osteopathic Hospital is now in practice in San Antonio, Texas.

1969

Richard Schwartz, D.O., of Mercer Island, Washington, published "Injuries on the Slopes" in the November issue of the HEALTH magazine.

IN MEMORIUM

1903 Charles Milliken, D.O., Kirksville, Missouri.

1932 Raymond Lamb, D.O., Des Moines, Iowa.

1934 Frederic McAllister, D.O., Chicago, Illinois

1941 Leonard R. Clifford, D.O., Burbank, South Dakota

Since the 28 September 1970 headline "M.D.'s to help Osteopaths" blared across the front page of the Des Moines Tribune, there has been a continuing written interest in the political and fiscal standing of this school. In order to keep our alumni informed and present a balanced view of what has been reported, we are reprinting the articles and editorials as they appeared in both the Des Moines Register and the Des Moines Tribune. Please take the time to read the entire article; the headlines are sometimes misleading. Your comments are requested.

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SIGNIFICANT MOVE BY POLK MEDICAL SOCIETY

M.D.'s to Help Osteopaths

Will Urge State Aid For School

Sept. 28, 1970
Des Moines
TRIBUNE

Would Assist In Training, Too

By George Anthan

(Copyright, 1970, Des Moines Register
and Tribune Company)

The Polk County Medical Society will urge the Iowa Legislature to appropriate state tax funds to help finance the College of Osteopathic Medicine and Surgery here.

This is the latest development in a recent series of moves leading toward closer co-operation between medical doctors and osteopaths.

From a professional standpoint, they hardly spoke to each other until recent years.

Will Assist Also

The Executive Council of the Polk County Medical Society voted recently not only to seek state aid for the osteopathic school but to urge its members to "assist, in any reasonable

way, the clinical training of students attending that school."

The move is expected to have an important impact on state legislators, many of whom are from rural areas and small towns suffering from a doctor shortage.

These legislators are impressed by the emphasis being placed by osteopathic physicians on general or "family practice." Some are critical of the University of Iowa College of Medicine, saying it isn't meeting the needs of the state.

Dr. Ralph Hines, president of the Polk County Medical Society, said Wednesday it's hoped the medical doctors' state organization, the Iowa Medical Society, also will push for state funds for the Des Moines osteopathic school.

"This school will benefit the entire state, not just this area," Hines said.

New College

The state money is being sought to help build a new \$16 million College of Osteopathic Medicine and Surgery at Fort Des Moines. The college already has a federal grant of \$8.5 million, but state money also is needed.

The 1971 Legislature is expected to give serious consideration to providing the funds, but it isn't clear now whether the school would come under state control or remain a private institution.

Support of state aid for the school from Des Moines area medical doctors is considered especially important because it is expected the move will be opposed by officials of the College of Medicine at Iowa City.

The University of Iowa officials fear money appropriated for the Des Moines school would be deducted from state support of the Iowa City facility.

The College of Medicine at Iowa City has developed a new education program at Broadlawn Polk County Hospital here to help train general practitioners or "family doctors."

This move is considered by some as an effort to allay legislative criticism and, possibly, to blunt the development of the osteopathic college as a state supported medical school.

Hines said the decision to sup-

port state aid for the osteopathic school was a result of the steady improvement in the training of osteopaths and in the school's emphasis on scientific methods of treating illness.

Its Background

Osteopathy was founded by Dr. A. T. Still, who felt internal medication did little good and that permanent cures could be effected by "mechanical adjustment" or manipulation of the muscular-skeletal system. Many medical doctors at one time regarded osteopaths as little more than quacks.

Now, said Hines, "we want to be allies rather than belligerents."

Edwin M. Kingery, executive secretary of the Polk County group, called its support of the osteopathic school "a historic thing, really."

Hines said he hopes the move "does have a significant effect on the Legislature. It's a change in our philosophy. I hope they recognize the change."

"Beautiful Thing"

James E. Mebs, executive director of the Health Planning Council of Central Iowa, said, "This was a beautiful thing to come out of a medical society. It will have some impact."

Mebs emphasized that an important feature of the medical doctors' support of tax funds for the school is that "there were no strings attached. They endorsed state financing with no exceptions."

Hines said the medical doctors hope that sometime in the future the College of Osteopathic Medicine and Surgery will start granting medical degrees.

This means that, initially, the

school could grant both medical degrees and osteopathic degrees.

Eventually, the school could become a medical college, granting only medical degrees.

He said "this is a distant future goal" and emphasized that the medical doctors aren't pushing for an immediate change.

College officials are exploring the feasibility of offering medical degrees, but the proposal is highly controversial and is opposed by some osteopaths and by the American Osteopathic Association.

Being Drawn In?

The president of the school, Dr. Thomas Vigorito, has said he believes osteopathy is on the verge of being drawn into the medical profession.

He said Wednesday, "I think the medical profession is realizing that osteopathy is part of medicine and osteopaths are realizing osteopathy is part of medicine."

In other related moves leading to closer co-operation between medical doctors and osteopaths, the Polk County Medical Society has amended its by-laws to open membership to qualified osteopathic physicians. The society's executive council also has adopted a resolution under which osteopathic interns and residents at approved hospitals can qualify for membership.

The osteopathic college has begun using Mercy Hospital as a teaching hospital and Vigorito said six medical doctors are actually teaching courses at the college itself.

Mebs said the real issue facing the 1971 Legislature on the question of financing the Des Moines school will be whether Iowa can afford to lose the gen-

eral practice doctors the osteopathic facility graduates each year.

While the school isn't in any real financial trouble now, officials say state support will definitely be needed in the future in order to maintain a high standard of training.

"Family Practice"

School officials say 267 of its graduates are practicing in 180 Iowa cities and towns. Of these, 119 are in towns under 3,000 population. About 70 per cent of the school's graduates enter "family practice."

Mebs said it is believed about one-half the doctors entering practice in Iowa each year are graduates of the College of Osteopathic Medicine and Surgery.

"So the real issue in supporting the osteopathic school is whether the number of doctors remaining in Iowa will be cut in half," Mebs said.

The whole question of the future of the college here will be studied by an 18-member committee whose members represent the medical and osteopathic professions, hospitals and business and civic organizations.

The committee is headed by Luther Hill, jr., an official of Equitable of Iowa, and will study several proposals.

One calls for the Des Moines school to become affiliated with Iowa State University. Another would have it become a separate state-supported school under the State Board of Regents. A third would have it become affiliated with the University of Iowa.

Iowa's Growing Doctor Shortage

November 3, 1970 Des Moines Register

The shortage of doctors in Iowa is serious and getting worse, according to data gathered by the state's Office for Comprehensive Health Planning.

The data show that in the last three years the number of medical doctors (MDs) and doctors of osteopathy (DOs) practicing in Iowa has declined from 2,911 to 2,614.

In 1967, there were 105 physicians per 100,000 persons in Iowa. By 1970, the number of physicians had declined to 100 per 100,000. The national ratio for 1967 was 144 physicians per 100,000 persons, so Iowa clearly was short of doctors then and is worse off now.

Behind these statistics are oppressive caseloads for many doctors. An increasing number of small Iowa communities are without convenient medical service.

While the number of MDs in the state is dropping, the number of DOs has risen slightly. The figures are:

	MDs	DOs	Total
1967	2,566	345	2,911
1970	2,254	360	2,614

This trend lends backing to the proposal that the state appropriate funds for the College of Osteopathic Medicine and Surgery in Des Moines. The plan recently drew the support of the Polk County Medical Society's executive council.

The presence of the osteopathic college here has helped attract students from other states and helped influence some to settle in Iowa. This alone warrants state aid to maintain and expand the school.

Educating More Doctors

October 13, 1970 Des Moines Register

The dean of the College of Medicine at the University of Iowa has expressed concern that state aid for the College of Osteopathic Medicine in Des Moines would result in lowered appropriations for his institution. Dr. John Eckstein says the record does not support the notion that "providing state tax funds for the osteopathic college . . . will lead to a significantly greater number of family physicians for rural Iowa communities." The dean says only 47 graduates of the osteopathic school between 1955 and 1969 practice in Iowa.

Medical doctors make a much greater contribution to patient care in Iowa than osteopaths because medical schools and graduates are so much more numerous. Only five schools train osteopathic physicians in the U. S., and they graduated only 427 doctors last year. Of the 2,911 physicians providing patient care in Iowa in 1967, only 345 were doctors of osteopathy.

Iowa clearly is dependent on medical school graduates for the bulk of its patient care. But it does not follow that pumping money

exclusively into the College of Medicine at Iowa City is the answer to the Iowa physician shortage.

If graduates of the College of Osteopathic Medicine in Des Moines are prone to leave Iowa, so are graduates of the College of Medicine in Iowa City. Despite an overwhelming preference for Iowa residents in admission to the college, only about a third of the graduates of the state's medical school practice in Iowa. A majority of Iowa's medical physicians received their degrees in other states. As of 1967, the Iowa College of Medicine had 3,729 living graduates, and 2,429 of them had left the state.

While M.D.s in Iowa received their training elsewhere, 70 per cent of the osteopathic physicians were educated at the College of Osteopathic Medicine in Des Moines. This is due in large part to the fact that there are so few osteopathic schools, but the presence of the school in Iowa unquestionably has helped Iowa attract and retain graduates of the Des Moines schools.

The physician shortage is nationwide, and it is particularly acute in Iowa. The country and Iowa need all the physicians that can be trained. The proposal by the Polk County Medical Society's executive council that the state appropriate funds for the Des Moines osteopathic school has merit, therefore, in our judgment. But this need not, and should not, be at the expense of adequate funding for the College of Medicine.

State Funds For School of Osteopathy?

Des Moines Tribune
December 4, 1970

By Norman Brewer

A drive has been launched to win legislative approval for operational as well as building funds to enable the College of Osteopathic Medicine and Surgery in Des Moines to become Iowa's second medical school.

Behind the move is a special study committee of osteopaths, medical doctors and laymen appointed by the Health Planning Council of Central Iowa.

The committee, which will seek council approval of its recommendations at a Dec. 16 meeting, favors transforming the college into a

public institution — providing the college agrees to relinquish private ownership of its assets.

James E. Mebs, the Health Planning Council's executive director, said the college's trustees agreed at a meeting Saturday to turn over its assets if the state would agree to assume control.

A "Committee of 500" is being formed to lobby for the proposal in the Legislature, Mebs said.

Polk Society's Bid

Recently, the Polk County Medical Society—in another of several moves calculated to close the traditional gap between medical doctors and osteopaths—asked the Legislature to appropriate state tax funds to support the osteopathic college.

The study committee report, citing "a crisis in medical manpower" in Iowa, calls for the Legislature to provide for funds to match a federal grant now

available to the college.

Terms of the grant under the Health Professions Educational Assistance Act call for the college to raise \$8 million to match federal funds for construction of a \$16-million facility at Fort Des Moines near S.W. Ninth Street.

Inflation's "Bill"

The college, which owns a 24-acre tract there, has raised less than \$500,000 of the \$8 million in the past two years.

The money must be raised by Apr. 1, 1971, when it is estimated the cost of the facility may have ballooned to \$19 million because of inflation.

Unless money is appropriated by the Legislature before the Apr. 1 deadline, the report declared, "there is small expectation that the matching funds can be raised in time to meet the deadline to prevent expiration of the grant."

"Clash?"

The planning council's special committee also said the Legislature, if it takes over the college, should support it without dipping into funds usually appropriated for other tax-supported institutions.

The report was presented Thursday to a co-ordinating council made up of representatives of Iowa institutions of higher learning, but was not approved by that group.

Some observers foresee a clash between the University of Iowa Medical School and the Health Planning Council of Central Iowa over using tax money to take over the osteopathic school.

The only study committee member disagreeing with the report's recommendations was Dr. John W. Eckstein, Dean of

the U of I's College of Medicine. He cited Board of Regents opposition to a second state-supported medical school.

Among those supporting the recommendations was Dr. Thomas Vigorito, president of the College of Osteopathic Medicine and Surgery.

The report noted that the college, which has an annual budget of about \$2.8 million, is forced to operate on "year-to-year basis" because of financial problems.

Which Degree?

The osteopathic college also faces the loss of both students and tuition income through student transfers to medical schools where they now are welcome.

The report declared: "The creation of a completely new medical school would be much more expensive than the preservation of the existing school."

The study committee did not recommend whether the college, if taken over by the state, should offer D.O. or M.D. degrees.

Committee members have said it is possible that the college could be accredited by both professions.

The report follows by only a few days the announcement of a nationwide effort to merge the osteopathic and medical professions.

That effort is being spearheaded by Dr. Samuel W. Williams, former dean of the College of Osteopathic Medicine and Surgery, who resigned in July. "I feel I'm now free to do what I want to do," he said earlier this week.

Another indication of closer medical-osteopathic relationships is that several medical hospitals, including some in Des Moines, are now accepting osteopathic interns.

Iowa now has 100 physicians per 100,000 population, down five from 1967. The national average in 1967 was 144.

Not supporting or opposing the report was committee member Charles C. Ingersoll, administrator of Broadlawns Polk County Hospital. He contended that the report does not include alternatives to how the number of physicians in Iowa could be increased and that such options "deserve full disclosure."

Also abstaining were Dr. Robert Hardin, vice-president of health affairs at the University of Iowa Medical School, and Dr. John Rhodes, who has both medical and osteopathic degrees. Both are members of an Iowa Medical Society committee studying the future of the osteopathic college.

Supporting the report were:

Luther Hill, Jr., committee chairman and executive vice-president of Equitable of Iowa; Dr. Gordon L. Elliott, representing the Polk County Society of Osteopathic Physicians and Surgeons; John R. Fitzgibbon, president of the Iowa Des Moines National Bank; Kenneth Carroll, representing the Iowa Society of Osteopathic Physicians and Surgeons; Dr. Arnold M. Reeve, Iowa commissioner of Public Health; Lawrence O. Ely, representing the Polk County Medical Society; Austin E. Schill, a medical doctor who chairs the Health Planning Council's medical advisory committee; F. P. G. Lattner, president of the planning council; Frank R. Furbush, a Meredith Corp. vice-president; Kenneth MacDonald, editor and publisher, Des Moines Register and Tribune Company; Robert Riley of the planning council staff; Kenneth J. McCarthy, a vice-president of Younker Bros.; Calvin W. Aurand, planning council treasurer, and Charles

Duchin, president of Younker Bros.

Federal law requires health planning councils to be established to co-ordinate medical needs for various areas.

Med School In D.M. Gets Regent 'No'

Increase in Budget Asked by Board

Des Moines Register
December 5, 1970

By James Flansburg

The State Board of Regents told Gov. Robert Ray Friday that the board is strongly against establishing a new medical college in Des Moines.



STANLEY
REDEKER

Stanley F. Redeker.

Added board member Mrs. H. Rand Petersen: "Just say in light of current financial conditions."

The governor, conducting hearings on preparation of his 1971-73 budget, spent the morning with the regents and asked for an opinion on a proposal to transfer the private College of

"We think it would be very unwise for the state to support a second medical college at this time of tight finances,"

said Chairman

Osteopathic Medicine and Surgery in Des Moines into the state's second medical school.

Ask Increase

The board, in asking Ray for a budget increase for its operations, repeated its earlier opposition to the idea. The regents operate the College of Medicine at the University of Iowa in Iowa City.

In discussing the medical college proposal, Chairman Redeker told the governor: "It should be recognized that the State of Iowa is doing very well in supporting medical education."

"But we've done very poorly in retaining doctors in the state," said Ray. Figures from 1967: 2,429 of the 3,729 living graduates of the University of Iowa medical school have left the state."

Dr. Robert Hardin, former dean at the College of Medicine at the university and now vice-president of health affairs, was invited into the discussion at that point.

"It does appear that the State of Iowa would make a financially unwise move in supporting a second college when the state already ranks so high in supporting medical education," said Hardin.

Get to Stay

"We are going to educate enough people to reverse the drain of physicians away from the state," he continued, "if we can get them to stay here in Iowa.

"But the matter of recruiting physicians is not totally educational, it's a socio-economic problem also."

He did not elaborate, but surveys have shown a reluctance of young doctors to migrate to rural areas where there is a doctor shortage.

A special study committee of the Central Iowa Health Planning Council made the recommendation that the Osteopathic College be made a public institution.

In addition to a downtown campus, the Osteopathic College, which has an enrollment of 387, has control of a 24-acre site at old Ft. Des Moines.

A federal grant of \$8.5 million has been set aside for construction of a new college on the site. The grant will expire next April unless an \$8 million matching fund is raised. The college has raised about \$500,000 thus far.

The study committee's proposal is that the state match the grant and take over the college's operation—a \$2.8-million budget this year.

Hearings Over

The committee recommended

that the state appropriation for the college be in addition to appropriations for the College of Medicine at Iowa City, which now has about 550 students and is operating on a plan to increase enrollment to 700.

Governor Ray completed his two weeks of budget hearings Friday. In all, his department heads asked for about \$775 million a year. That's an increase of 43 per cent over this year's budget of \$527 million.

Ray indicated that most of the askings are in for a slicing—before he presents them as his askings to the Legislature next month—but he didn't indicate the degree of the slice.

He said he plans to meet privately with key department heads to determine priorities on their needs.

Osteopathic College Approves Step to Grant MD Degrees

Des Moines Tribune
December 8, 1970

By Arnold Garson

(Copyright, 1970, Des Moines Register and Tribune Company)

The Des Moines College of Osteopathic Medicine and Surgery is no longer bound to granting only the Doctor of Osteopathy (DO) degree.

Dr. Carl Waterbury, chairman of the college's board of trustees, said Tuesday that a policy resolution recently approved by the board opens the doors to the granting of Medical Doctor

(MD) degrees along with DO degrees.

The policy resolution is intended to strengthen the college's plea for state financial aid, Waterbury said, and to let the state know "where the college stands."

He also noted that the policy resolution might be considered a victory for the new guard osteopaths who have been plugging for closer co-operation with the long-time rival medical profession. But until now, the old guard—osteopaths who have been reluctant to co-operate with the

medical profession—have been in narrow command of the college's board.

Waterbury said that a significant factor in convincing the board to change its policy was a special study committee appointed by the Health Planning Council of Central Iowa.

Public

The committee recommended last week that the college be transformed into a public institution, and a drive to seek state aid has been launched.

Waterbury said the special committee asked the board to consider the policy resolution. "The question was whether we'd give up control of the college," he said.

The resolution says: "The board of trustees of the College of Osteopathic Medicine and Surgery reaffirms its long standing commitment to produce well-educated osteopathic physicians and authorizes college administrators to seek capital financial aid from the State of Iowa, which aid, in conjunction with federal and private funds, will enable the college to build sorely needed new facilities.

"The board further recognizes that acceptance of public funds may be contingent upon acceptance of some measure of public control, but the college must remain an osteopathic college with an osteopathic physician as dean and granting the DO degree."

The crucial part of the policy statement is that it does not state that the college must offer "only the DO" degree, as previous policy statements have specified.

In fact, an amendment to insert the word "only" into the resolution failed to gain board approval.

Waterbury would not disclose the vote of the resolution or the amendment, but one board member said that the policy statement was approved, 36-6, and the "only" amendment was defeated, 21-19.

Accreditation

Last spring, the board reaffirmed its previous policy of granting only the DO degree. This action was prompted by the American Osteopathic Association which threatened to withdraw accreditation after some of the new-guard college board members began investigating the possibility of granting the MD degree.

Waterbury said the national association is aware of the new policy statement and has indicated its approval.

He said the difference between the action last spring and now is that the Health Planning Council's special committee has entered the picture and a major drive to win state aid is now shaping up.

Waterbury said the resolution purposely leaves open the question of what degree of state control the college would be willing to accept along with state aid.

James E. Mebs, the Health Planning Council's executive director, said the college had agreed to turn over its assets if the state would agree to assume control.

No Decision

Waterbury said that decision has not been made. But he added that such a proposal might be put before the board if the state comes up with full support and the full \$8.5 million needed to match a federal construction grant by next April.

But he said that if the state agrees to provide significantly less aid, the college's board would be "irresponsible" to turn over the college's assets to the state.

Waterbury said the policy statement was patterned after one approved a few years ago by a private osteopathic college in Michigan which was seeking state aid. That college has been taken over by Michigan State University and has become a state-operated and supported osteopathic college.

Its board of directors is appointed by the governor. Its dean—an osteopath—is an ex-officio member of the board, as is the dean of the university's medical college.

Second Medical School?

Fri., Dec. 11, 1970 Des Moines Register

The proposal to convert the Des Moines College of Osteopathic Medicine and Surgery into a second state-supported medical school, made by a committee of the Health Planning Council of Central Iowa, deserves consideration by the Legislature. The committee, chaired by Luther L. Hill, jr., executive vice president of Equitable of Iowa, contains osteopathic, medical doctor, health care and public representatives.

The committee is concerned about the nationwide shortage of physicians — particularly acute in Iowa. It cited statistics showing that Iowa has 100 physicians per 100,000 population, compared with a national ratio of 144 per 100,000.

In recent years, about two of every five physicians trained in Iowa have been graduated from the osteopathic college. The committee found that the osteopathic college, a private, non-profit institution, is fighting for survival. Tuition payments provide much of its income. This source is threatened because a number of regular medical colleges have opened their doors to transfers from osteopathic colleges. The committee said the college must find considerable additional operating funds "or so curtail its program of instruction that it would in fact perish."

The committee's plan calls for a state capital appropriation of at least \$8 million — to match about \$8½ million in federal funds — which would be used to construct a new medical college. The new school probably would have authority to offer both MD and DO degrees.

The proposal has drawn quick criticism from members of the State Board of Regents, which is responsible for public higher education in the state. Iowa already is paying more per capita for medical education than most other states, the Regents argued.

This is a logical if somewhat parochial view. State education policy shouldn't be designed just to produce its own doctors, lawyers, engineers and so on. In the course of time, a state may well develop certain educational specialties.

Although the education of more physicians in Iowa would not necessarily guarantee completely adequate medical service in this state (only a small proportion of the medical and osteopathic graduates now stay in Iowa), the committee plan should result in improved medical services.

The Legislature needs to consider also other means of assuring that medical needs of all Iowans are better served. This gets into the often-asked question: How do you get doctors to practice in the state's rural counties?

We don't know the answer. It might involve regional medical centers which offer well-equipped hospitals, a chance to specialize and continue research. It might involve obtaining a commitment from a portion of each class that they will practice in Iowa for a specified period after graduation.

It is clear, however, that there is a real need for more doctors both in Iowa and the nation. The closing of the osteopathic college in the face of this need would be unfortunate.

Will Lobby for Osteopathic Aid If College Will Relinquish Assets

Des Moines Tribune
December 16, 1970
By Arnold Garson

The Health Planning Council of Central Iowa agreed Wednesday

to proceed with a major legislative lobbying effort to make the private College of Osteopathic Medicine and Surgery a public tax-supported institution

—if the college formally agrees to turn over all assets to the state should the drive for state tax funds succeed.

Council members made it clear at a meeting that they are not fully satisfied with the college's present position and that they will not conduct a legislative campaign if the college does not make a firmer commitment on relinquishing control.

"We've got to have a firm commitment. Without that, I would not go out personally to raise money or to talk with the Legislature," said Calvin W. Aurand, a council member.

College Position

The college, at a recent meeting of its board of trustees, approved a resolution saying the college "recognizes that acceptance of public funds may be contingent on some measure of public control . . ."

Dr. Carl Waterbury, college board chairman, said earlier that the resolution was intended to leave open the question of turning over assets until the Legislature takes a position.

F. P. G. Lattner, Health Planning Council president, said that a special committee of community leaders has talked about raising \$25,000 to finance the lobbying effort in next year's General Assembly.

But council member A. Paul Thomposon said that \$25,000 may not be enough. "I think we're going to have a real fight on our hands," he said.

"2 Strikes"

Aurand told council members that with the Board of Regents and the University of Iowa College of Medicine opposed to the idea of public money and control for the osteopathic college, "we've already got two strikes against us."

Dr. Lawrence O. Ely pointed out that this opposition is significant because the University of Iowa's lobbyist, Max Hawkins, is paid with funds from fees earned by doctors at the university's College of Medicine.

The council's action was taken by approving a recommendation from a special committee studying the future of the osteopathic college.

The committee recommended that "legislation should be enacted to make the College of Osteopathic Medicine and Surgery a public institution, provided the trustees of the college agree to assign and transfer all of the present assets of the college to the public institution."

The special committee recommended that the legislation provide both general operating funds and capital construction funds needed to match an \$8 million federal grant that expires next April.

2 Abstain

The recommendation was approved by voice vote with two council members abstaining. They were Dr. Milton J. Dakovich, the only osteopath on the council, and Charles C. Ingersoll, administrator of Broadlawns Polk County Hospital.

Lattner said that passing the resolution "might put some pressure on the college" to approve the conditions put forth by the council.

The next meeting of the osteopathic college board is scheduled for mid-January.

The Legislature convenes Jan. 11 and some council members noted that if the issue drags on much longer, it may be too late to mount an effective legislative campaign in the 1971 session.

Costs of Second State Medical School

Des Moines Register January 23, 1971

The backers of a plan for turning the College of Osteopathic Medicine and Surgery in Des Moines into a second state-supported medical school have found a way to cut its immediate costs.

The special committee of the Health Planning Council of Central Iowa, which prepared the plan, initially sought at least \$8 million in state funds to be used, along with matching federal funds, to construct a new medical school building. However, the tight budget expected for the next biennium, may make it impossible to find \$8 million.

The committee now is proposing that the Board of Regents raise the \$8 million by issuing revenue bonds which would be paid off from the medical school's operating income. This would reduce the state cost of the medical school to between \$1 million to \$1.2 million a year, according to Thomas Vigorito, D.O., president of the Des Moines college.

This is an astonishingly low figure, compared with estimates elsewhere of the cost of starting new state-supported medical schools. However, the state would be acquiring a functioning operation which since 1898 has educated at least 3,300 physicians with no direct state aid. The college's current budget is \$2.8 million, derived largely from federal grants-in-aid, student fees and income from clinics.

The college's most pressing problem is its over-crowded, over-age building. If it can obtain federal and state funds to construct a new building, Vigorito believes operating costs can be kept close to operating revenues.

This could be changed by the decisions of the regents on tuition and enrollment. The college's tuition and fees are now \$2,300 annually, compared with the University of Iowa College of Medicine's tuition of \$870 for residents and \$1,600 for non-residents.

The regents might direct the Des Moines college to give first preference to Iowa students. A spokesman for the Iowa City medical college said it had to turn away 70 to 90 qualified Iowa applicants last spring.

If preference were given to Iowans and if resident tuition were lowered, then the college's student income would be reduced, requiring a larger state appropriation. But more Iowans would be trained as physicians.

Besides training doctors, the college has been responsive to unmet health needs in the Des Moines urban area which are as challenging as those in rural Iowa. Its auxiliary activities include two clinics, two neighborhood health centers supported by the Office of Economic Opportunity, the Harrison Center for Alcoholics, the Polk County jail medical service, the Center for Creative Interchange and a new outpatient drug treatment program.

The continuation of these programs and the training of some 100 physicians a year would be a good return on a \$1 million a year investment.

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Douglas Ferman
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or: Ralph Commenator
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Iowa State House
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College of Osteopathic Medicine and Surgery
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the log book

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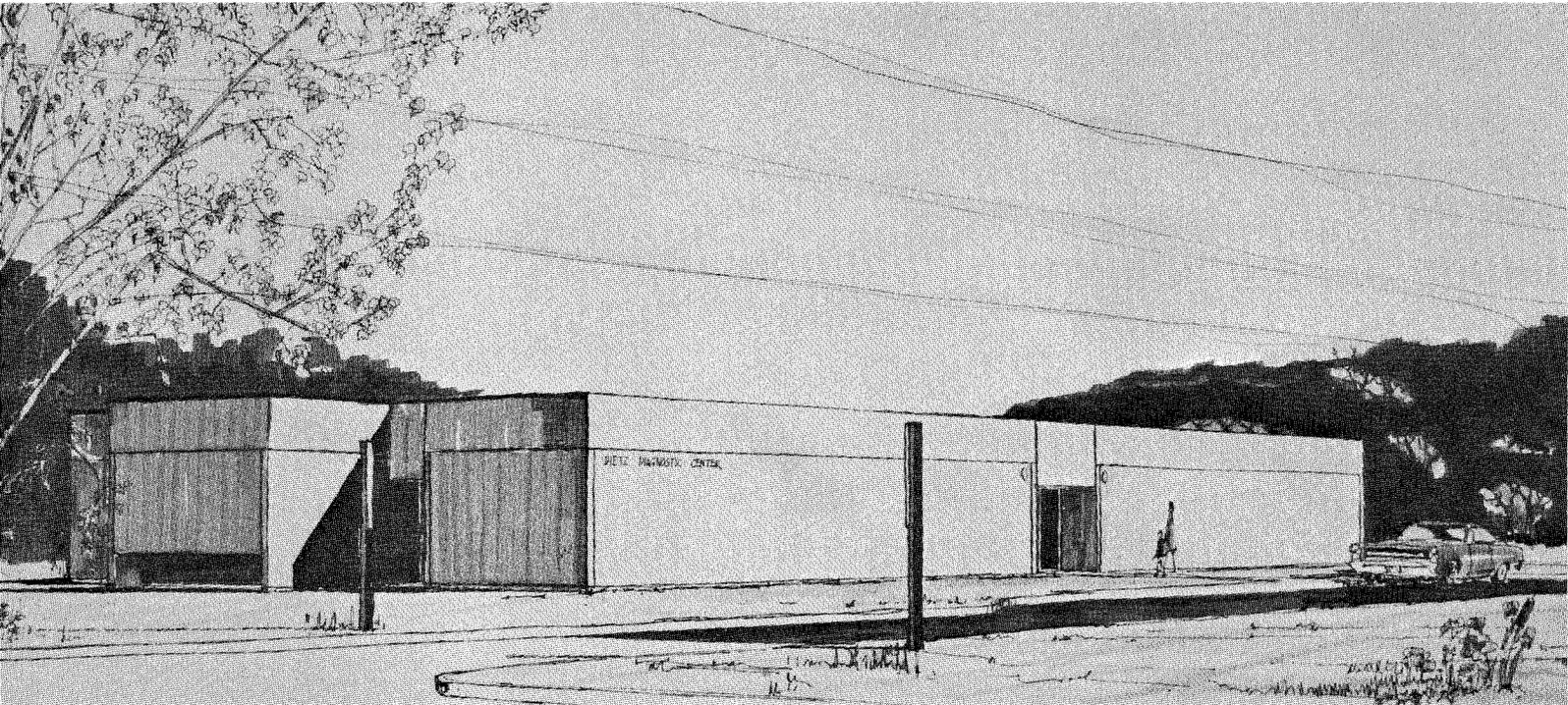
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ON THE COVER:

Doctor Dora Dietz. See page 4 this issue.



No one likes to face the possibility of waking at midnight in the fever of some mysterious disease, only to have to drive miles for medical care. Towns all over the nation are finding themselves in the frightening position of having to face personally the shrinking number of doctors.

The most obvious—and most difficult—solution to this problem is to increase the number of medical students. COMS has been trying to do just that. By increasing the number of students we enroll, we encountered the following problems.

DIETZ DIAGNOSTIC CENTER

PROBLEMS

First of all, the previous increase in the first year class has resulted in a need for more laboratory spaces for the second year class.

Secondly, the first year class will be increased again this fall to 110. This necessitates a larger lecture room than the present one (cap. 100).

Thirdly, some of our basic science departments, in particular, Microbiology, need more area to accommodate on-going activities.

Fourthly, the increasing patient load being handled at the Fort Des Moines Clinic has resulted in a need for more space there, too. The solution? A new clinic, The Dietz Diagnostic Center. How will this solve the space problems at the college?

CHAIN REACTION SOLUTION

The new clinic will be approximately 6200 square feet. It will have facilities for radiology, a laboratory, business office, emergency room, as well as 20 clinical offices.

Most of the present staffs of College Clinic and the Fort Des Moines Clinic will move into the new facility. The administration, with the exception of the Dean and the Assistant Dean, will move into the old Fort Des Moines Clinic building. The vacated administration office space in the College Building will be renovated into a large first year lecture room and academic offices for one of the basic science departments.

The semi-vacated clinical area will be used as the office of the Dean and the Assistant Dean. In addition, the remaining clinic staff will operate the College Clinic as a "branch" of the Dietz Diagnostic Center.

This chain reaction of moving will only momentarily ease the space problem.



FUTURE

The Dietz Diagnostic Center in no way changes the plan for a new college facility. It will be located North West of the building site and may ultimately become a rehabilitation center.

WHO WAS DORA DIETZ?

Funding of the Center comes primarily from an endowment from the late Dr. Dora Dietz. Originally from Middletown, Ohio, she graduated from COMS in 1925 and practiced in Cedar Rapids most of her life. She died October 13, 1957.

No money will be used for the Center that has been ear-marked for the major college facility.

SENIOR WEEK 1970

In 1967, a tradition was initiated: COMS Senior Week.

A change in the curriculum of the fourth year found some seniors out of town almost half of the time. Those students who were not able to attend school functions simply missed them. In order to correct this situation, all of the activities that took place during the school year were combined into one week.

The banquets given by each of the fraternities to honor their senior members, the luncheon during which the other half, (for better or for worse), receives her Putting Hubby Through degree, the annual Senior Class Banquet, and the Pacemaker Ball were moved to June. The week's activities were topped by Commencement.

This year's Senior Week pretty much follows this format; the only change is the Pacemaker Ball will be held after Commencement to allow more family members to attend.

At press time the speaker for Commencement had not been announced.

THE PACEMAKER BALL

The annual Pacemaker Ball will feature the nationally known Hines, Hines, & Dad.

This act consists of a father, Maurice (Chink) Hines, Sr., and his two sons, Maurice, Jr., and Gregory. Constantly in motion, the trio sings, dances, and plays various instruments from the drums to the vibes. Everybody doubles; they are all talented.

Dad is the drummer and organizer of the group. He has been a performer for more than 20 years. During the course of his career, he has accompanied such luminaries as Lena Horne as well as having made recordings with other top names.

Maurice and Greg have been in the field since they were 14 and 16 years old, when they were known as Hines Brothers.

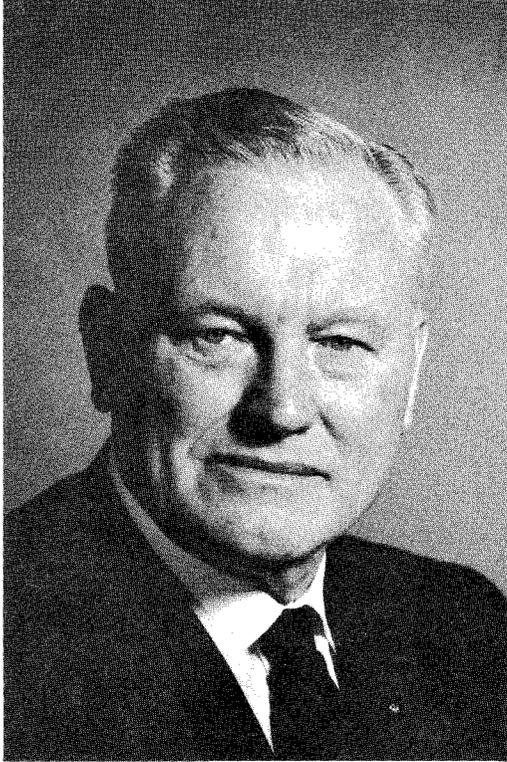
The first big break came when they were signed to appear at the Moulin Rouge in Las Vegas. The newspapers roared their approval and they were promptly booked at the Dunes and Riviera, both in Vegas.

The group has appeared on television and has made numerous nightclub and theatre engagements in the United States and Europe.

Also featured during the Ball will be the crowning of the Pacemaker Queen from among these four women: Mrs. Paul Forman (Karen), Mrs. Richard Louvar (Barbara), and Mrs. Stanley Stockhammer (Linda), all of whom are married to sophomores, and Zoe Kimelman, a first year student.

Don Hoy and his orchestra will again provide the music.





Russell M. Wright, D.O.

SENIOR BANQUET

The featured speaker at the annual Senior Banquet will be Russell M. Wright, D.O., team physician for the Detroit Tigers Baseball Team, Detroit Pistons Basketball Team, and the U.S. Weight Lifting Team.

Dr. Wright, the owner and director of the Athletic Injury and Rehabilitation Center, has been a featured speaker at numerous osteopathic medical conventions on the state and national levels, discussing athletic injuries and their care.

He is Past-President of the COMS Alumni Association and of Sigma Sigma Phi, national honorary fraternity.

He is a member of various sports associations, including serving as president of the medical committee for the International Federation of Weight-Lifting which has over 92 member nations.

A member of the national, state, and local osteopathic medical societies, he is a board certified member of the A.O.C.P.M.R., and a

member of A.C.O.S. He is former Chief of Staff and a member of the surgical staff of Detroit Osteopathic Hospital and the surgical staff of Bi-county Hospital.

A 1929 graduate of COMS, Dr. Wright still maintains a full time practice. In September, Dr. Wright completed 50 years in sports as a player, coach and physician.

A POSITIVE RESPONSE

George W. Northup, D.O., Editor

The problems of medical malpractice and physician-hospital coverage have become a national crisis. Warnings issued over a decade have grown to catastrophic proportions during the past 12 months. At the urging of the American Osteopathic Association's Bureau of Insurance chairman Raymond A. Gadowski, the AOA called the first national malpractice conference in Chicago on February 7 and 8. There, representatives from leading medical organizations, legal associations, the insurance industry, and purveyor and consumer groups faced the problems with candor and objectivity.

Physicians, lawyers, and insurance companies have not always been noted for their harmonious relationships. However, at this conference, all three groups found themselves united by a common problem—namely, the need of securing adequate professional liability insurance for physicians in hospitals at a reasonable premium. It was generally agreed that if this objective was not reached, physicians, and particularly specialists, would be driven out of practice either because of exorbitant rates, or because there are no longer insurance companies willing to take the risks at any cost. As it is, there are only a few companies left who will insure hospitals and physicians in medical malpractice.

The outcome of this conference will be published in detail as a cooperative effort by the AOA and the U. S. Department of Health, Education, and Welfare. But the most encouraging part of the conference was that because of its success, there was overwhelming unanimity that future conferences be held. Thus, with the appointment of a steering committee under Dr. Gadowski's direction, a cooperative effort has been initiated to solve the most urgent problem facing medicine—and the public—in this generation.

Unfortunately, too few see the medical malpractice crisis as a public problem. But it is. As the doctor, aware of his many malpractice risks, performs expensive tests and

orders prolonged hospitalization and other medical procedures (under the urgency of malpractice protection as much as for diagnostic and therapeutic efficiency), the cost of medical care rises. Thus, as the problem increases for the physician, it increases for the public as well.

As malpractice insurance becomes more difficult to secure and financially prohibitive, physicians seek early retirement, institutional positions, or almost anything that removes them from public exposure to

attack through the courts. Young men take a second look at the profession of medicine and find it less attractive every year. This does little to solve the acute manpower shortage among medical professionals.

The positive response taken by the AOA in initiating and calling the first national conference on the medical malpractice crisis is the type of medical leadership long needed. It is hoped that this positive response to such a negative and serious concern will be rewarded with positive results.



FACULTY FACTS

Floyd E. Dunn, D.O., a 1936 graduate of the Philadelphia College of Osteopathic Medicine, joined the COMS faculty as Assistant Clinical Professor of Psychiatry. In this capacity, he will supervise the training program of fourth year students serving psychiatric clerkships at Knoxville Veterans' Administration Hospital. Dr. Dunn is certified by the American Osteopathic Board of Neurology and Psychiatry. He has served as Chairman of the Division of Neurology and Psychiatry at Kirksville College of Osteopathy and Surgery. He has published numerous articles dealing with psychiatry.

Elizabeth A. Burrows, D.O., Director of Medical Education at Des Moines General Hospital, has been named a Fellow in the American College of Osteopathic Obstetricians and Gynecologists.

Dr. Burrows attended the annual meeting of the Directors of Medical Education held in Chicago December 4-6. The meeting was sponsored by a grant from the Department of Health, Education, and Welfare Public Health Service and featured "Communications Programs" as its theme.

Stanley D. Miroyiannis, Ph.D., Professor of Anatomy and Chairman of the department, represented the College at the December 6th meeting of the Iowa Conference of the American Association of University Professors held at Drake University, Des Moines.

Under discussion were the state conference's role in Iowa; consideration of present structures of the state conference constitution; duties of officers; legislative action in regard to higher education in Iowa; status of interim Committee's proposals; attitudes of regents institutions; role of private colleges and universities; mechanisms for dealing with future legislative threats to American Association of University Professors principles.

Harry B. Elmets, D.O., Clinical Professor of Osteopathic Medicine and Chairman of the Division of Dermatology, has been named Medical Consultant in Dermatology at the Veterans' Administration Hospital in Knoxville.

Dr. Elmets was also elected a member of the Advisory Board of Osteopathic Specialists during its January meeting.

Phillip E. Leveque, Ph.D., joined the COMS faculty in mid-February. Dr. Leveque was senior lecturer in the Department of Physiology at Makerere University, Faculty of Medicine, Kampala, Uganda before coming to COMS.

Dr. Leveque received a bachelor of science degree and a master of science degree, both in biochemistry, from Oregon State College; and a master of science degree and a doctorate in pharmacology from the University of Oregon Medical School. While completing his doctorate studies, Dr. Leveque was awarded a two year Park-Davis Fellowship.

He has published over twenty articles in the area of cardiovascular physiology and pharmacology. At the present time, *Quick Drug Reference*, is in contract for publication by McGraw-Hill Book Publishing Company.

Dr. Leveque is particularly interested in the problems of drugs and drug addiction.

Henry J. Ketman, D.O., Professor of Radiology and Chairman of the Department, has been notified of his inclusion in the NATIONAL REGISTER OF PROMINENT AMERICANS.

Nelson D. King, D.O., Professor of Pediatrics and Chairman of the department, has accepted a position on the Editorial Board of MATERNAL AND CHILD HEALTH.

Faculty from the departments of Osteopathic Principles & Practice from each of the six colleges have been holding a series of group meetings. The departments are seeking ways for standardization of teaching methods and nomenclature of osteopathic principles.

One of the series of meetings was held in Des Moines February 21st. Representatives attended from Kansas City College of Osteopathy and Surgery, Kirksville College of Osteopathy and Surgery, Chicago College of Osteopathy and the Michigan College of Osteopathic Medicine. Samuel W. Williams, Jr., D.O., Dean, Byron E. Laycock, D.O., Professor of Osteopathic Principles & Practice and Chairman of the department, and Robert J. Connair, D.O., Assistant Professor of Osteopathic Principles & Practice and Director of the Division of Physical Medicine and Rehabilitation, served as hosts from C.O.M.S.

HARRISON TREATMENT AND REHABILITATION CENTER



Senator Harold Hughes

Early this year, Senator Harold Hughes, former Iowa Governor, was in Des Moines to address the Des Moines unit of the National Council on Alcoholism. Hughes, chairman of a special Senate sub-committee on drug abuse and alcoholism, also made plans for a local meeting of his committee. The meeting took place February 14th.

Among the witnesses called to testify were R. Keith Simpson, D.O., Assistant Professor of Medicine and Special Medical Consultant at H.T.R.C., and Bob Scott, Instructor in Psychiatry and Special Program Consultant, H.T.R.C. They both expressed concern over the practice of hospitals and doctors informing police of addicts seeking help.

With this situation in mind, they also discussed a tentative plan for a drug treatment program involving the use of a synthetic drug. Names of addicts would not be reported to the police. More on this will be reported when a formal program is developed.

While governor, Hughes was one of the original supporters of the Harrison Treatment and Rehabilitation Center.



Quentin H. Hunter



Father Kermit Marsh

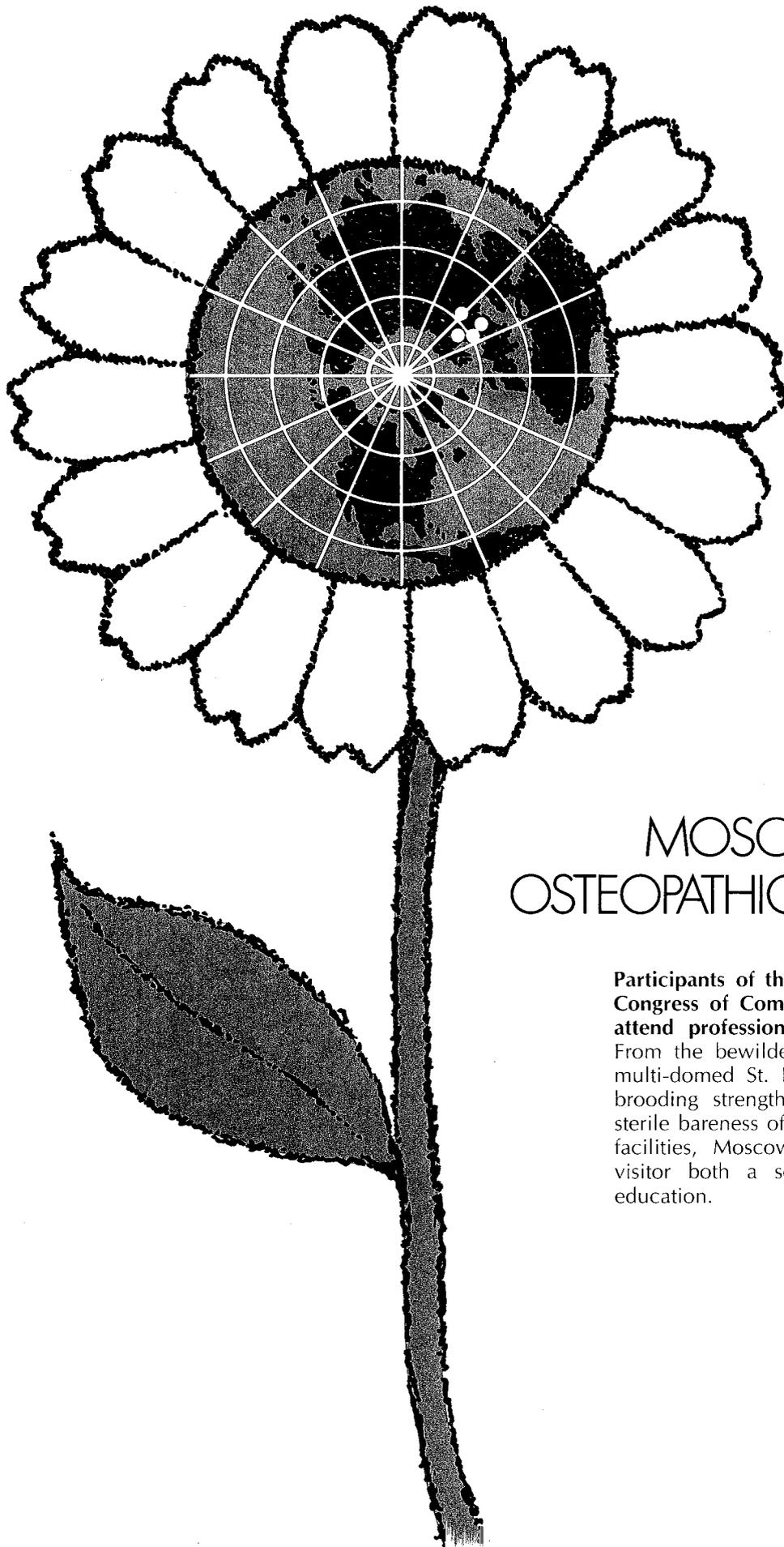
Quentin H. Hunter was named Administrator of the Harrison Treatment and Rehabilitation Center, a hospital for the treatment of alcoholics, late last year. Mr. Hunter, who has successfully completed the intern therapist training program offered by the Center staff, graduated from Loras College in Dubuque, Iowa, in 1955 with a Bachelor of Arts degree in Economics.

A member of the B.P.O.E., he is also a member of the Knights of Columbus and the Junior Chamber of Commerce. He has had his pilot's license for over nineteen years.

Mr. Hunter was formerly employed by Mobil Oil Corporation as manager of the Retail Development Center.

In early February, Father Kermit Marsh joined the Harrison Treatment and Rehabilitation Center staff as a full-time counselor. Father Marsh, who was ordained in 1962, will work with Gene Messenger, Director of the Continuing Rehabilitation Program.

Father Marsh had worked actively with patients and their families for almost two years. In his new position, he will occasionally participate in and direct group discussion sessions to establish rapport with the patients. He will serve a dual role as Family Contact and Clergy Liaison.



MOSCOW MEETS OSTEOPATHIC MEDICINE

Participants of the Spring Soviet-American Congress of Comprehensive Medicine will attend professional seminars in Moscow. From the bewildering enchantment of the multi-domed St. Basil's Cathedral and the brooding strength of the Kremlin, to the sterile bareness of the leading state medical facilities, Moscow offers the professional visitor both a scientific and an historic education.

Soviet and American physicians will hear lectures by C.O.M.S. faculty concerning antibiotics, manipulation, alcoholism, and patient care.

Thomas Vigorito, D.O., President, will present papers on semi-synthetic penicillins, new tetracyclines, and drug reactions. Dr. Vigorito completed his studies for a Master of Science degree in Pharmacology at C.O.M.S.

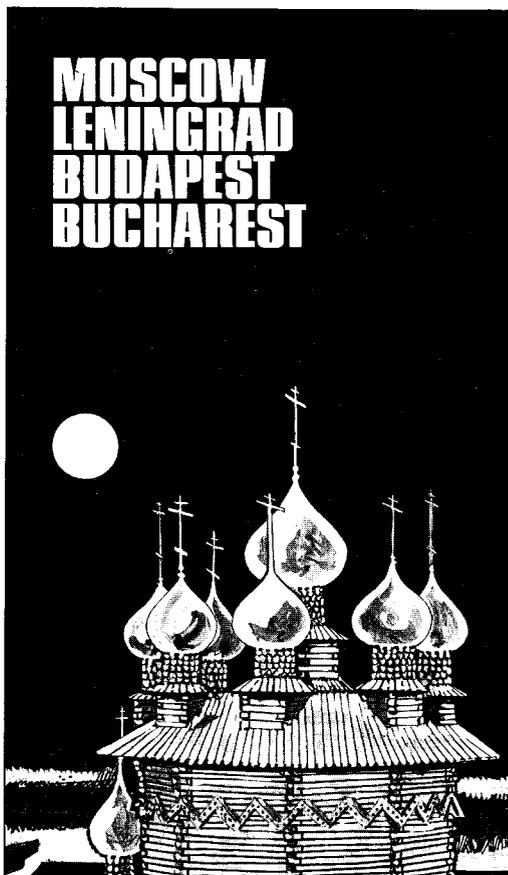
Samuel W. Williams, D.O., Dean, will discuss alcoholism as a medical problem, the operation of the Harrison Treatment and Rehabilitation Center for treatment of patients with alcoholism, and Delirium Tremens as a preventable complication of alcoholism.

A professor of Osteopathic Medicine for over 30 years, Byron E. Laycock, D.O., Chairman of the Department of Osteopathic Principles and Practice, will lecture on techniques of special manipulation and of appendicular manipulation. He will also present a brief history of Osteopathic Medicine.

Joseph B. McNerney, D.O., Clinical Professor of Internal Medicine, will present a discussion of the management of the patient with congestive heart failure, the management of the patient with myocardial infarction, and the management of the patient with gout. Dr. McNerney has been on the C.O.M.S. faculty for 30 years; he also maintains a private practice.

The Moscow seminars will be followed by professional visits and conferences in Leningrad, Budapest, and Bucharest. The tour has been approved by the American College of General Practitioners in Osteopathic Medicine and Surgery for 24 hours of post-graduate credit.

FOR YOUR INFORMATION: Under Internal Revenue Service rules, physicians may deduct the expenses of taking trips for reasons related to their practice. If your wife or other family members accompany you, their expenses are not deductible.



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PRESIDENT
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720 SIXTH AVENUE
DES MOINES, IOWA 50309

ALUMNI

1917

L. V. Cradit, D.O., of Amarillo, Texas, has received a life membership in the Osteopathic College of Ophthalmology and Otorhinolaryngology. Dr. Cradit is also a life member of the American Osteopathic Association.

He interned at Des Moines General Hospital and the U.S. Army General Hospital at Fort Des Moines.

1927

A 94 year old patient of Harold Brown, D.O., of Oxford, Michigan, was the subject of an article in the "Pontiac Press" late last year. In the articles, Lewis A. Hadrill attributed his health to the 43 years of care from Dr. Brown.

1941

Robert D. Berger, D.O., served as the chairman of the Grandview Hospital committee which participated in a research project conducted by Ohio State University to determine the use and usefulness of computer-assisted instruction in the continuing education of health professionals.

1951

Harry Simmons, D.O., of Trenton, Michigan, will be a member of a round table conference on "Indications for Surgery in Acquired and Congenital Heart Disease" during the 72nd annual convention of the New York State Osteopathic Society, May 1-2.

1952

Joseph Sage, D.O., formerly of Longmont, Colorado, opened offices in Chariton, Iowa at the beginning of this year. Dr. Sage, who specializes in general surgery, is a member of Lucas County Hospital and Wayne County Hospital staffs. He is a member of the American College of Osteopathic Surgeons.

John W. Knable, D.O., resident in Internal Medicine, Brentwood Hospital, spoke on "Medical problems encountered in the Emergency Room" during the fifth annual post-graduate seminar of the Cleveland Academy of General Practice held January 21-22 in Cleveland.

1960

Allan R. Crosby, D.O., Wauwatosa, Wisconsin, published "The use of the self-rating depression scale after traumatic injuries" in the November issue of the Journal of the American Osteopathic Association and "Cardiac Injuries produced by contusive and/or compressive forces" in the January 1970 issue of the J.A.O.A.

1962

Richard H. Beck, D.O., of Kirksville, Missouri, published "Allergic Pulmonary Aspergillosis: Report of a Case" in the January 1970 issue of the J.A.O.A.

1964

Kent Rens, D.O., recently opened offices in Milford, Iowa. Dr. Rens, who graduated from the University of South Dakota in Vermillion prior to enrolling at COMS, formerly practiced in Custer, South Dakota.

1967

M. J. Medeck, D.O., of Sturgis, South Dakota, attended the Governor's Rural Health Conference in Pierre. The Health manpower of the state and the needs of rural health were discussed. The meeting was the first in a series being held to study the problems.

1968

U.S. Air Force Captain Burt Routman, D.O., is on duty at Nellis AFB, Nevada. He is assigned to the 428th Tactical Fighter Squadron.

The Iowa Society of Osteopathic Physicians and Surgeons sponsored a meeting where representatives of Iowa towns seeking physicians were able to personally present their plea to COMS seniors and interns and residents at Des Moines General Hospital.

Jack Hannum, D.O., President of I.S.O.P.S., hosted the February 7th meeting. Towns represented included Rockwell City, Wheatland, Sioux City, Monona, Adair, Davenport, Melcher, Manning, Fontenelle, Bayard, and Greenfield.

Melvin J. Krant, M.D., Director, Oncology Division, Lemuel Shattuck Hospital, Boston, Massachusetts, will lecture on "Medical Education and the Care of Dying Patients" at an all-school convocation to be held April 13th.

Dr. Krant's presentation is sponsored by the Helen I. McGarry Lectureship which Dr. William Lavendusky initiated in honor of his wife's mother.

During the annual meetings of the state osteopathic associations, some of our state alumni associations will also be holding meetings. A member of the COMS faculty or administration will be present at most of the state meetings. They will be happy to help you organize your alumni chapter. A manual for this purpose has been prepared and is available from the National Alumni Association Central Office in Des Moines.

A reminder too that \$1.00 of every \$5.00 paid to the N.A.A. for annual dues is returned to your state association. Officers are asked to write to the central office identifying themselves and their state chapter.

Officers elected for 1970 at the December meeting of the Polk County Society of Osteopathic Physicians and Surgeons include R. Keith Simpson, D.O., Class of 1962, President; Gordon Elliott, D.O., Class of 1947, Vice-President; Henry J. Ketman, D.O., Class of 1937, Treasurer; and Jan Davis, secretary.

Lloyd Ficke, D.O., was elected for a three year term to the Board of Trustees of the Society.

SOMA UNITED STUDENTS

Campus turmoil rages across newspaper headlines. Students disrupt political and medical conventions. The reasoning behind student unrest is ultimately a desire for communication. Are our students immune? Prompted by rumors of merger and uncertainty over internships, students from four of the colleges met late last year in Des Moines to establish a national effort at student communication and representation, Student Osteopathic Medical Association.

Interim S.O.M.A. officers include Keith Hansen, President, COMS; Vice-president, Keith Hindman, KCCOS; Secretary, Barry Siegel, KCCOS; and Treasurer, Ron Tauber, CCO.

The impetus behind SOMA began earlier. During the summer, representatives of SOMA attended the meeting of the International Federation of Medical Students Association. International recognition and membership in IFMSA resulted. Later in the year, Don Amerson, KCCOS, was appointed director of the standing committee on medical education and liaison officer between the International Federation and World Health Organization, World Medical Association, United Nations Education and Scientific Consultant Organization, and World University Service. A program of foreign externships is also being formalized.

In January, a meeting with students from all six colleges was held. Plans were made to hold a national SOMA convention in Chicago in March. In addition to the regular business meeting, two symposia, "Environmental Pollution" and "Human Health Rights" are planned.

Narrowing the view from the national to the local, the Des Moines chapter of SOMA has initiated several programs. A speakers bureau was organized and has visited several Iowa campuses and local high schools. The topic presented is usually osteopathic medicine, but may be an aspect of medicine in which the particular student is well-versed. A tour program for high school science clubs, pre-med clubs, and other interested groups, has also proved successful. Plans are also being made for a free clinic in association with the Des Moines Model Cities Project.

Obviously, our students are not immune from the momentum of campus turmoil. They are exercising "preventative medicine" by dealing with the need for communication before it reaches the acute stage.

All osteopathic physicians are invited to become honorary members of SOMA and attend the national meeting. For further information write the national office at S.O.M.A., 5454 South Shore Drive, Chicago, Illinois.

MEDICINE MAN

Leonard Crow Dog, Sioux Indian Medicine Man, was in Des Moines in late January to demonstrate the uses of vegetation, like sage and other grasses, and other materials, such as powdered buffalo and deer bone, as Indian medicine.

Crow Dog, who has been a medicine man for over fifteen years, said an "enlightenment" at age twelve initiated his career.

Of the 72 different kinds of "medicine" he has available, Crow Dog discussed the possible uses of only 21. Remedies range from cures for gall bladder problems to birth control to an herb which reportedly makes women "good".

Crow Dog's lecture was part of a series designed to probe drug use and abuse in our society.

Mrs. John Hayes

Mrs. John Hayes, National Students' Wives Club Counselor, visited Des Moines in early February. Mrs. Hayes, who had served as AAOA recording secretary since 1966, was named president-elect of the AAOA in October.

Each year, the national counselor visits each of the wives clubs at the colleges. During her stay, Mrs. Hayes took time off from her duties to tour the college facilities.

Mrs. Hayes has been active as a volunteer in hospital work, in reading during a story hour at a local library, as a counselor for teenagers and as a Sunday School teacher.

She knits, sews, and enjoys rose gardening.

IN MEMORIUM

- 1917 Clarence Sanford, D.O., Hotchkiss, Colorado
- 1918 Elmer H. Frech, D.O., Lincoln, Nebraska
- 1940 Edward D. Reese, D.O., Kansas City, Missouri
- 1940 E. E. Johnson, D.O., Espanola, New Mexico
- 1943 C. H. Barr, D.O., Fontanelle, Iowa
- 1944 Richard Snyder, D.O., Swea City, Iowa
- 1951 Paul E. Dunbar, D.O., Paducah, Kentucky
- 1952 Gilbert Striks, D.O., Detroit, Michigan
- 1964 Kenneth Neff, D.O., Richland, Michigan

Special condolences to Robert W. Johnson, D.O., in the death of his wife, Ardith. Dr. Johnson is a member of the College Board of Trustees and is a director of the National Alumni Association.

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General Hospital of Iron River
Iron River, Michigan 49935

Monona, Iowa: "A physician could have a very professionally satisfying, fruitful practice and an enjoyable private life".

Samuel J. Curnow
Administrator
Community Memorial Hospital
Postville, Iowa 52162

Greenfield, Iowa: County-supported hospital. Only one M.D. and two D.O.'s in county.

Jay E. Howe
Johnson & Howe
Attorneys-at-law
Greenfield, Iowa 50849

Herreid, South Dakota: New 20-bed hospital.

Melvin J. Rieker
Herreid, South Dakota 57632

Muscatine, Iowa: 23,000 population, county seat. Medical Clinic located across from General Hospital.

Harold Rosenberg
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P.O. Box 591
Muscatine, Iowa 52761

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ON THE COVER

Thomas F. Vigorito, President of C.O.M.S., received the Sidney Weitberg Award at the Lambda Omicron Gamma Thirty-Seventh Annual Convention banquet April 24, at the Shelbourne Hotel, Atlantic City, New Jersey. The award, a silver platter, reads:

"Lambda Omicron Gamma National Fraternity,
With Great Affection
Honors for Outstanding Achievement
In the fields of Medicine and Education
Thomas F. Vigorito, D.O.
Scholar, Educator and Highly Respected Friend"
April 24, 1971

The following speech was given by Dr. Vigorito at the convention:



J. LEONARD AZNEER IS NEW COMS PRESIDENT

The College of Osteopathic Medicine and Surgery has elected a new president at its June 19 Board of Trustees meeting.

He is J. Leonard Azneer, Ph.D., of Youngstown, Ohio, a professor of education at Youngstown University, who will take office July 1.

Dr. Azneer is co-author of a number of medical textbooks and articles and serves on the board of directors of the Michigan College of Osteopathic Medicine and is an educational consultant to the American Medical Association.

Dr. J. R. McNerney, chairman of the COMS board, said Dr. Azneer was chosen on his ability to improve and intensify the college's educational program, and as a professional educator, could serve as "a conciliatory influence" in the controversy over whether the osteopathic and medical professions should remain separate or move toward a merger.

In an exclusive interview with the Des Moines Register, Dr. Azneer said the Des Moines college "is going to remain an osteopathic institution until the profession, at another level, changes its commitments."

But, he stressed, "we do not seek to isolate ourselves, despite the fact that we insist upon the integrity of our profession."

He said the school will continue to cooperate "with the entire medical community" to "provide the highest quality medical education that we can possibly offer," and pledged a high priority on training doctors for family medical practice.

Dr. Azneer is a graduate of Yeshiva College, New York City, and the Jewish Theological Seminary of America and is an ordained rabbi. He earned a Ph.D. in education from the University of Pittsburgh and has been a staff member of Youngstown State University since 1951.

His son, Barry, 24, is a student at PCOM, while his daughter Reva, 21, is married to a medical student at Johns Hopkins University in Baltimore, Maryland.

Dr. Azneer, his wife, Pearl, and son, Ira, 15, will be moving to Des Moines later this summer.

AOA AUDIO EDUCATIONAL SERVICE OFFERS INDIVIDUAL SUBSCRIPTION

The AOA AUDIO EDUCATIONAL SERVICE, which was launched last September with the aid of grants from three pharmaceutical companies, has now begun its first full year of distribution on an individual subscription basis.

The first issues of the AOA Service this year have included major clinical papers by M.D.'s and D.O.'s from the California State meeting and from the ACOOG meeting. Future osteopathic meetings that will be covered by the Service this year include the Eastern and Midwestern Study Conferences, the College of Surgeons meeting, the ACOI meeting, the weekend courses of the New York Post-graduate Institute, the annual meeting of the Academy of Osteopathy and many of the state society meetings.

A special feature of the service to be introduced later this year will be panel discussions by faculty members of the osteopathic colleges. Some of these panel discussions will be supplemented by pictures and illustrations to be published in the *Journal of the AOA* and *The D.O.* magazines.

The service will be of particular interest

to members of the ACGP, since they are allowed post-graduate credit hours for the actual time of the cassettes, up to a maximum of 25 hours annually.

The AOA AUDIO EDUCATIONAL SERVICE is currently being distributed on 90-minute cassettes, and at \$75.00 a year is priced competitively with other audio services that use 60-minute cassettes. AOA members who wish to subscribe, but do not own cassette recorders, can purchase one through the service at great savings over retail cost.

Special arrangements have been made to provide a nationally advertised brand cassette recorder to new subscribers for only \$33.00, or a total of \$108.00 for the recorder *and* one-year subscription. The recorder, incidentally, is identical in features and quality to recorders being sold to the medical profession by other audio services for as much as \$75.00.

Any D.O. who wishes to subscribe can do so by sending a check for \$75.00 (or \$108.00 for recorder and subscription) to the AOA AUDIO EDUCATIONAL SERVICE, 510 N. Dearborn St., Chicago, Ill. 60610.

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Please enroll me as a subscriber to the AOA AUDIO EDUCATIONAL SERVICE. Enclosed is my check for \$75.00.

Please enroll me as a subscriber to the AOA AUDIO EDUCATIONAL SERVICE and send me the cassette recorder. Enclosed is my check for \$108.00.

Please send me more information about the SERVICE and the cassette recorder.

MAKE ALL CHECKS PAYABLE TO THE AOA EDUCATIONAL SERVICE, 510 N. Dearborn Street, Chicago, Ill. 60610.

NAA PRESIDENT-ELECT

Sidney M. Grobman, D.O., P.A., has been named president-elect of the National Alumni Association at their annual meeting held in San Francisco last October.

Dr. Grobman is a 1961 graduate of C.O.M.S. and has a private practice in Pedricktown, New Jersey. He is a life member of the Alumni Association and is very active in alumni organizational and fund raising affairs.



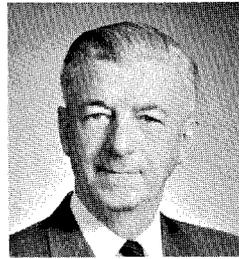
ISOPS APPROVES RESOLUTIONS AT ANNUAL CONVENTION



*Kenneth R. Carrell, D.O.
President, ISOPS*



*James Allender, D.O.
President-elect*



*Herman Walter
Secretary-Treasurer*



*K. George Shimoda, D.O.
DMS-1943*



New officers of the Auxiliary to the I.S.O.P.S. are from left to right: Mrs. Joseph Prior, Davenport, treasurer; Mrs. J. L. Abramsohn, Guthrie Center, secretary; Mrs. J. W. Hatchitt, Des Moines, vice-president; Mrs. Gerald J. Leuty, Earlham, president-elect; and Mrs. W. T. Huls, Blue Grass, president.

The Iowa Society of Osteopathic Physicians and Surgeons recently held their annual convention at the Savery Hotel in Des Moines.

Two resolutions were approved which would bring about a closer working relationship with the AMA. The first resolution would allow osteopathic physicians and surgeons to be affiliated with divisions and subdivisions of both the AOA and the AMA without risking their osteopathic standing.

The second resolution would permit DO's to receive internships and residencies at any accredited hospital approved

by the Bureau of Hospitals of the AOA and the AMA. This would give students a chance to receive advanced training anywhere and still be recognized by the AOA. Both resolutions will be presented at the AOA annual meeting to be held in July in Denver for national approval.

Newly elected officers of the I.S.O.P.S. are: Kenneth R. Carrell, D.O., president, Columbus Junction, succeeding Kenneth L. Clayton, D.O.; James Allender, D.O., Lorimor, president-elect; K. George Shimoda, D.O., vice-president; and Herman Walter, re-elected secretary-treasurer of the organization.



A CONCEPT OF EDUCATION

We are all products of an educational system that purportedly exists in order to train people to become osteopathic physicians.

Apparently, no comprehensive and objective analysis of the nature of osteopathic education exists. My purpose this evening is to provoke such an analysis by describing briefly several of my personal concepts of education. Hopefully, others will challenge, evaluate and elaborate upon them in the future.

First concept: Colleges of osteopathic medicine are first and foremost colleges. They are—or should be—associations of scholars who devote their full energies to elucidating new knowledge, and to transmitting existing knowledge to students. Policies concerning admissions, curriculum, promotion, graduation, and research should be determined by faculty, not by lay administrators nor by external agencies.

The processes of teaching and learning should be vital, vibrant, and exciting, rather than dull and pedantic. Additionally, colleges have academic, moral and legal commitments to cooperate with all legitimate efforts by students to gain access to additional educational opportunities. The refusal of college officials to honor students' requests for transcripts and letters of recommendation is illegal and intellectually dishonest.

Second concept: Colleges of osteopathic medicine are de facto colleges of medicine. This fact is attested to by our

curricula, federal and state statutes, and, most importantly, by the styles of practice of our graduates.

The problems and opportunities currently confronting colleges of osteopathic medicine are virtually identical with those confronting M.D. granting institutions of similar size and structure. Teaching manipulation and the theory and philosophy of osteopathy are interesting, but most likely peripheral activities at all our colleges.

My third and final concept is: Colleges of osteopathic medicine, although national resources as producers of medical manpower, are also heavily dependent upon their local communities for subtle and direct forms of support. In addition, faculty, students and alumni are other constituencies that make various demands of a college. Consequently, every college is constantly challenged to balance its commitments to federal and state governments, local communities, faculty, students, and alumni.

A college that becomes a pawn of any government, profession, individual or self-serving pressure group, simply cannot function as an institution of higher learning. It shall rapidly become a trade school, and its name and published objectives should be changed accordingly.

Thank you for your attention. I hope that I have provoked some of you to undertake a further analysis of your own concepts of education.

MEDICAL TRIPS AID NEEDY IN YUCATAN

R. W. Westfall, D.O., Boone, Iowa, believes in getting involved.

Since 1967, Dr. Westfall (COMS 1943) and his wife, Jeanette, have headed trips to Yucatan, Mexico (in particular, Chetumal, along the British Honduras border), and have traveled to isolated areas aiding the natives. Their latest trip in January of this year, included a group consisting of a whole medical entourage; physicians, dentists and nurses who traveled to health clinics giving instruction to the medical staff there.

The people in these areas are descendants of the ancient Mayans and a rather interesting interpretation setup had to be used. Since the natives speak only Mayan,

A. Dr. Westfall treats this young lady for worms complicated by pneumonia. "She was so infested with worms, she vomited cupfuls of them," Dr. Westfall said.

B. One little girl who didn't make it. Suffering from an advanced case of malnutrition, she died shortly after this picture was taken.

C. The use of manipulation was employed here. Two gunny sacks full of maize corn were used as examining tables. "Due to carrying heavy loads on their heads, from early childhood on, cervical and dorsal spinal lesions were present in just about every patient we examined," Dr. Westfall said.

nurses who spoke Spanish and Mayan were employed to translate instruction to the patients. Since Dr. Westfall spoke only English, the pilot who spoke English and Spanish was needed to translate instructions from doctor to nurse.

The Yucatan medical missions are made in connection with the Partners of the Americas (Iowa division—Iowa-Yucatan Partners of America)—an organization set up whereby various states in the United States obtain a sister country in Latin and Central America and exchange ideas. The medical trips are only part of the work done by Partners of America. Other areas include:

education—exchange students from Yu-

catan have been attending Central College in Pella, Iowa.

agriculture—helping supply the natives with protein to offset certain deficiencies, fertilized eggs were sent to be hatched and egg laying chickens raised by the people, new strains of corn were introduced, and rabbits were also raised as another addition to their diet.

cultural—different aspects of culture are exchanged. For example, the University of Iowa choir recently performed there, and the Mexican Folk Laureate Ballet has toured Iowa.

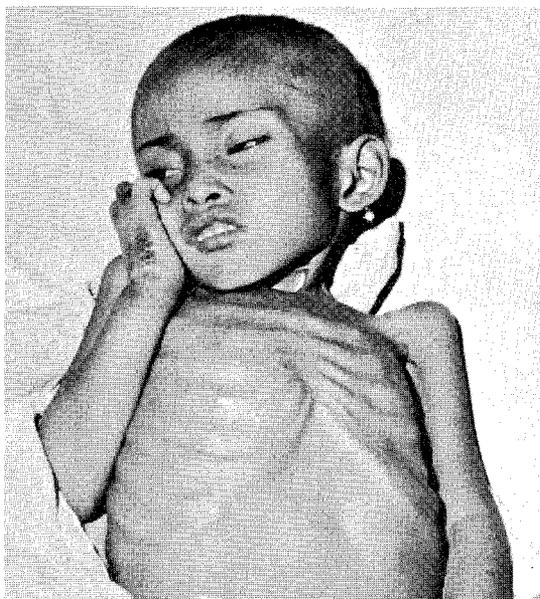
business and tourism—sewing machines were given to the villagers who in turn sent products to Iowa to sell. Trips to



A.



C.



B.

Yucatan are promoted to introduce more tourism dollars to the country.

The most prevalent disease conditions seen and treated by the physicians were various forms of nutritional deficiencies. There is a high mortality rate among infants and Dr. Westfall said that those who do manage to survive, suffer mental retardation due to lack of protein in the diet. Dr. Westfall also said children would eat dirt to fill their stomachs with minerals they needed and in the process ingested worm eggs. Consequently, parasitic infections (roundworms, pinworms, tap worms, and protozoa) were also rampant in these areas.

Because of their isolation, however, the introduction of penicillin to treat disease was so successful that Dr. Westfall said it was possible to obtain "miraculous cures."

One example of this was a little girl who was dying from rheumatic fever. "When I saw her she had a temperature of 105° and her joints were so swollen, she couldn't even move her little finger," Dr. Westfall said. She was given a massive dose of penicillin and was checked again later the same evening. "When I came back later, her temperature was normal and she was sitting up," he said.

Mrs. Jeanette Westfall is quite active in the Partners of America. At the present



Villages are poor and isolated and little is done about sanitation. Malnutrition is prevalent as seen in the bloated stomachs of the children pictured here.



time, she is Executive Secretary of this organization and has served on the international and national executive committees, and was the only woman to serve on the International-American Confederation as a representative from Latin and Central America. She also was the first to investigate Yucatan and start the Iowa medical trips. When President Nixon recently held a state dinner honoring the President of the Republic of Mexico, the Westfalls were one of only two couples from Iowa who were invited to attend.

Besides treating the sick, the physicians instructed local personnel in the use of an X-ray unit which had been donated by the

Iowa-Yucatan group the previous year and set up a fundamental system of record keeping for follow-up checks on patients.

Plans have been made for more trips to Yucatan and physicians are needed for them. Doctors pay their own expenses down and the Mexican government furnishes transportation and interpreters while there.

This article is only a small part of the work Dr. Westfall has done in Yucatan. If you desire more information concerning these missions please write:

R. W. Westfall, D.O.
Westfall Clinic
Boone, Iowa 50036



Mrs. Jeanette Westfall babysits while Mom sees the doctor. Eyes mixed with curiosity and trust make Dr. Westfall's efforts rewarding and worthwhile.

FACULTY FACTS

Harry B. Elmets, D.O., Clinical Professor of Osteopathic Medicine and Chairman of the Division of Dermatology, attended several conferences recently. Dr. Elmets was present at the First International Symposium on Venereal Disease in St. Louis. He attended the first meeting of the National Commission on Venereal Disease in Washington, D.C., and was at the annual board meeting of the American Social Health Association in Chicago, Illinois.

Samuel Brint, D.O., Chairman of the Department of Obstetrics and Gynecology, has been elected President-elect of the American College of Osteopathic Obstetricians and Gynecologists at a recent meeting in Phoenix, Arizona.

John Weibel, former Assistant Professor in Clinical Medicine at the college, has joined the staff of the West Union Medical Clinic in West Union, Iowa.

R. Keith Simpson, D.O., Assistant Professor of Medicine and Special Medical Consultant at the Harrison Treatment and Rehabilitation Center, has been traveling extensively and speaking to various groups concerning the use and abuse of drugs and alcohol.

In April, Dr. Simpson spoke to members of the Iowa Personnel and Guidance Association composed of high school vocational and guidance counselors from the Central District of Iowa, on drugs; their usage among high school and junior high students, and how it relates to the high school.

In May, he spoke on drug and alcohol abuse at the Annual Meeting of the Wisconsin Association of Osteopathic Physicians and Surgeons in Delavan, Wisconsin.

Faculty members D. Robert Celandor, Ph.D., Robert Connair, D.O., Byron Laycock, D.O., and Mearl A. Kilmore, Ph.D., were speakers at the 73rd Annual Minnesota State Osteopathic Association Convention held in St. Paul, Minnesota, May 5-7.

Dr. Celandor and Dr. Laycock spoke on "The Osteopathic Lesion and Osteopathic Research," and Dr. Laycock spoke on "Principles of Osteopathy," and "Low Back Evaluation and Management."

"Stroke," "Upper Spine and Shoulder Technique," and "Manipulation in General Diseases" were the subjects of Dr. Connair's speeches and Dr. Kilmore talked on "Drugs in Cardio-Pulmonary Problems."

SENTRY APPOINTED DEAN



Roger F. Senty, D.O., has been appointed Dean of the College of Osteopathic Medicine and Surgery, effective May 1, 1971.

Dr. Senty has been a faculty member at C.O.M.S. since 1964, and has most recently been serving as Associate Professor and Chairman of the Department of Surgery.

He received his undergraduate education at the University of Wisconsin, and graduated from C.O.M.S. in 1958. Dr. Senty interned at College Hospital after which he served a three-year residency in surgery at Doctors' Hospital in Columbus, Ohio.

MANIPULATION MANUAL REPRINTED



The College of Osteopathic Medicine and Surgery announces the reprinting of "MANUAL OF JOINT MANIPULATION," by Byron E. Laycock, D.O.

Dr. Laycock has taught and practiced Osteopathic Principles and Practice for 32 years at COMS. He has contributed to more than 200 professional programs representing the college.

This teaching manual includes both Spinal and Appendicular Diagnosis and Techniques; 427 pages, mostly pictures on technique in serial sequences.

Available only at the COMS bookstore. \$7.00 postpaid.

TAKES LEAVE OF ABSENSE TO TEACH IN AFRICA

Phillip Leveque, Ph.D., Assistant Professor of Physiology at C.O.M.S., recently took a leave of absence from his teaching duties here, to Africa where he traveled with his family to teach Physiology and surgical procedures to medical students at Makerere (ma-care/ee) University in Kampala, Uganda.

This trip was no new experience for Dr. Leveque. Prior to his association with the college, he taught at Makerere University for two years, with a brief break to teach a course in Pharmacology in Dar-Es-Salaam, Tanzania. The trip was sponsored by Medical Services International which invited Dr. Leveque in 1968 while he was an Associate Professor at Ohio State University Medical School.

African children follow the British school system having eight years elementary education (English is compulsory and is the only language used after third grade),

six years of high school and three years of college to obtain a bachelor's degree in Liberal Arts. Medical students enter a five-year program upon completion of the fifth and sixth year of high school which is roughly equal to the second year of college.

The first year of medical school studies in Uganda is comparable to the last two years of high school and a 12-month basic science course is taken to make up for the lack of high school courses which are either inadequate (offering a minimum of biology, chemistry and basic sciences) or non-existent. "Many students never get into a laboratory until they are in college," Dr. Leveque said.

Third, fourth, and fifth year students clerk at Mulago hospital, a 1,000 bed facility which is connected with the University, and upon graduation receive a MB-ChB degree. Almost all students are on government scholarships and must practice in Africa for five years after graduation, going exactly where the government assigns them.

Dr. Leveque's teaching duties centered upon the first year med students, his main purpose being to teach as much as he could in physiology and surgical procedures. His work in Tanzania produced the first locally trained physicians in the country, graduating 50 students with the MB-ChB degree. Previous to this time, students received a degree comparable to a medical assistant—a combination of an Army or Navy corps medic and a nurse. He could do all the things a nurse could, such as give shots, take blood samples etc., but not all the things a doctor could do (for example, he could only perform minor surgery).

Since dogs are scarce (being either pets of the wealthy Europeans living there or mangy specimens), surgical animals used in Dr. Leveque's courses consisted of goats, rabbits, some rats, monkeys and

baboons. Baboons besides being very vicious, are extremely intelligent and can pick locks on cages. Consequently, great care is taken on security besides care in handling. One baboon in particular, Charlie (respectfully called Charles) caused trouble for Dr. Leveque.

Charlie was a rather large animal—approximately four feet high and weighing close to 65 pounds—and was causing havoc in the baboon colony. He was subsequently ordered to be taken care of and Dr. Leveque decided to use him in a surgical procedure class. Four hypodermic shots and four hours later, Charlie was

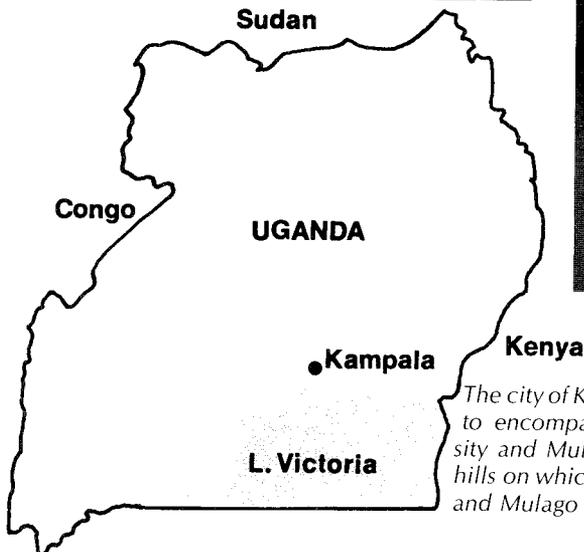
groggy but still not asleep and when he was brought to the operating table he was tied down securely. In fact, when surgery was started, he was still conscious, much to Dr. Leveque's consternation and he said he kept checking the ropes to see they were tight!

Dr. Leveque brought back some interesting pictures, slides and souvenirs; among them, dashikis, shirts with vivid African decoration. His youngest son, Paul, has returned to Makerere University to complete a three year course in Anthropology concentrating on African tribalism.

"Charlie," the baboon who at four feet in height and weighing in at 65 pounds, was definitely respected by man and beast.



Dr. Phillip Leveque shown here with "Charlie" today—obviously a shadow of his former self.



The city of Kampala, Uganda's capital, stretches to encompass seven hills. Makerere University and Mulago Hospital are named after the hills on which they are located—Makerere Hill and Mulago Hill, respectively.

ALUMNI

1931

Bjarne J. Heian, Detroit, Michigan, was a member of a panel reporting on EENT in the USSR at the recent annual clinical assembly of the OCOO held at Mountain Shadows in Scottsdale, Arizona.

1932

John S. Anderson, D.O., has joined the staff of the Knoxville Veterans' Administration Hospital. Prior to his appointment, Dr. Anderson was in private practice in River Falls, Wisconsin.

1933

Edward V. Chance, D.O., has left his private practice in Oregon to accept a position as staff physician and also physician on the Alcoholism Treatment and Rehabilitation Program at Knoxville Veterans' Administration Hospital, Knoxville, Iowa.

1939

Neil R. Kitchen, D.O., has recently been named to the American Osteopathic Board of Internal Medicine.

1941

"What shall be the fate of osteopathic medicine?" is the name of the article writ-

ten by Arthur M. Friedman, D.O., in the March issue of *The Osteopathic Physician*.

1941

Edythe Gates Varner, D.O., F.A.C.N., has recently been elected as President of the American College of Neuropsychiatry. Dr. Varner has also been appointed as a member of the examining board of the American Osteopathic Board of Neurology and Psychiatry.

1943

R. L. Gastafson, vice president of the Iowa Division of the American College of General Practitioners of Osteopathic Medicine, served as program chairman of this organization's recent meeting at the National Motor Inn in Dallas Center, Iowa.

1943

Dr. K. George Shimoda recently inspected two hospitals in the Dallas-Fort Worth area. The inspections were conducted by Dr. Shimoda in his capacity as a voluntary inspector for the committee on post-doctoral and residency training of approved hospitals of the AOA. He represents the American College of General Practitioners and is seeking to establish a stronger Department of Family Medicine by GP's in the hospitals.

1943

President-elect of the Colorado Osteopathic Association is John R. Shafer, D.O., who also served as a panelist at the Rocky Mountain Osteopathic Conference held recently in Colorado Springs, Colorado. Dr. Shafer has been quite active in the profession having served as president of the American Osteopathic College of Proctology, the Western States Society of Proctology, chief of staff of the Rocky Mountain Osteopathic Hospital, and is on the AOA Committee for Post-Doctoral Training.

1947

Frederick A. Martin, D.O., has entered the residency training program in psychiatry at the Cherokee Mental Health Institute in Cherokee, Iowa. Dr. Martin has completed two years of psychiatric training at the State Hospital in Nevada, Mo., and interned at McCormick Hospital, Moberly, Missouri.

1951

Edgar J. Rennoe, D.O., has been named to the Scientific Exhibits Committee and the Special Reference No. 5 (Exhibits Advisory), at the American College of Osteopathic Surgeons.

1952

Joseph H. Sage, D.O., has added a new wing to his clinic in Chariton, Iowa, and will move into the new facilities to make room for a new M.D. moving here to open practice in July.

1952

One of the speakers at the recent luncheon of the ACO post-graduate seminar for

osteopathic physicians held in Colorado Springs, was Arden L. Findlay, D.O., AAO President.

1953

Lee J. Walker, D.O., ACOOG Chairman, was among those selected to organize curriculum and select faculty for the ACOS Ninth Post-Graduate Course in Surgery held at the Marriott Hotel in Chicago in May.

1953

Major Gerard K. Nash, D.O., MC-USAR, has been awarded a diploma from the Army Medical Field Service School for having successfully completed the Army's nonresident course in Hospital Administration.

Dr. Nash is the unit medical officer of the 422nd Logistics Command in Amarillo, Texas, and also heads the Department of Radiology at the Southwest Osteopathic Hospital in that city. He is a member of the Aerospace Medical Association, the Air Medics, the Civil Aviation Medical Association and the Association of Army Flight Surgeons.

1954

Recently selected as a member on the board of the Health Planning Council of Central Iowa, is Dr. G. Robert Loerke of Des Moines, representing the Polk County Society of Osteopathic Physicians and Surgeons.

1954

L. L. Troester, D.O., has recently been elected president of the medical staff of the Brighton Community Hospital, Brighton, Colorado.

1954

Dr. Russel Brown of Denver, Colorado, has returned from a medical mission to Yucatan, Mexico, where he and eight other physicians traveled to remote villages treating the needy. The trip was sponsored by Docare and 1,000 patients were treated.

1955

Program chairman for the 73rd Annual Convention of the Wisconsin Association of Osteopathic Physicians and Surgeons was Dr. Robert J. Smick.

1957

Saul Jeck, D.O., has been elected to the Board of Directors at Delaware Valley Osteopathic Hospital in Bristol, Pa., and named Chief of the Department of Obstetrics and Gynecology there. Dr. Jeck is certified in the Specialty of obstetrical and gynecologic surgery and is also an attending physician in the OB-GYN department at Parkview Hospital in Philadelphia.

1959

Orman Nelson, D.O., has started private practice in Jefferson, Iowa. He formerly was with the Redfield Clinic at Redfield, Iowa, and has been a staff member at Des Moines General Hospital.

1959

Charles F. Libell, Columbus, Ohio, was a moderator at the 55th Annual Clinical Assembly of the Osteopathic College of

Ophthalmology and Otorhinolaryngology held recently at Mountain Shadows in Scottsdale, Arizona.

1961

Robert Campbell, D.O., Inglewood, Colorado, visited Iowa (Tama-Toledo) recently. Dr. Campbell has expressed interest in setting up private practice in this area, and the Tama-Toledo Community Medical Center Inc., sponsored the trip for him and his family.

1962

Roger Primrose, D.O., is a new staff member in Family Practice at The Mamie Doud Eisenhower Osteopathic Hospital in Colorado Springs.

1962

Eugene A. Kopple, D.O., was a faculty member of the Ninth Annual Post-Graduate Course in Surgery, held May 10-22 as a member of the panel on the "Treatment of Uterine Carcinomas." Dr. Kopple is a staff radiologist at the Detroit Osteopathic Hospital Corporation, is certified in radiology by the American Osteopathic Board of Radiology and is a member of the Radiation Therapy Advisory Council in three Michigan counties in the Regional Medical Program.

1962

Arthur E. Angove, D.O., has been elected to membership in the ACOS, at the 43rd Annual Clinical Assembly held in Houston in October.

1963

Dr. K. P. McCaffery, pediatrician on the staff of the Forth Worth Osteopathic Hospital, was a moderator of discussions concerning pediatrics at the Tenth Annual Convention of the Texas Association of Osteopathic Physicians' Assistants held June 11-13 in Fort Worth.

1965

John Vargo, D.O., Manitou Springs, Colorado, spoke on "Blood Serum Gases and Their Significance" at the ACO post-graduate seminar on Osteopathy and Cellular Function in Colorado Springs.

1966

Eli N. Perencevich, M.S., D.O., published an article entitled "Percutaneous lymphangiography: A clinical study," in the March issue of the J.A.O.A.

1966

Floyd L. Miller, D.O., spoke on "Trace Minerals and Other Electrolytes" at the ACO Post-Graduate Seminar for Osteopathic Physicians in Colorado Springs.

1968

Berton N. Routman, D.O., flight surgeon for the Thunderbirds, official aerial demonstration squadron for the USAF, has written an article of his experiences with the squad in the March issue of the OP.

1968

A. B. Vasher, D.O., has joined Dr. Samuel W. Williams, former Dean of C.O.M.S.,

in private practice in Maquoketa, Iowa. Dr. Vasher interned at Detroit Osteopathic Hospital and was in private practice in Lansing, Michigan prior to his association with Dr. Williams.

1970

Michael J. Lyszak, D.O., recently published an article, "The osteopathic management of congenital muscular torticollis," in the March issue of The DO. Dr. Lyszak wrote the article during his third year at COMS and it was a second place winner in the 1968-69 Marion Laboratories Scientific Writing Contest.

New Members In The Iowa Medical Society

Two alumni have recently been approved for membership in the Iowa Medical Society, the first two osteopathic physicians in the society's history. They are James N. Dockum, D.O., Monroe, Iowa, class of 1950 and Richard E. Vermillon, D.O., Ogden, Iowa, class of 1960.

The society's House of Delegates has approved amendments allowing qualified osteopaths and surgeons to become members of county medical societies as well as the Iowa Medical Society.

WOMEN'S LIB VS. WOMEN IN MEDICINE

Madeline Zak, fourth year student at COMS, had a lot to say about women in the medical profession. Her opinions were part of an interview given recently by a local radio station doing a program on the Women's Liberation Movement.

One of the biggest problems confronting female students according to Miss Zak is that there are so few of them. "There should be more women just so everybody gets used to it," she said. In this way, she said, the woman doesn't come through like a "rare duck," but rather like any other doctor.

However, Women's Lib as Madeline sees it (equal pay for equal jobs) doesn't seem to be the answer. In fact, she feels that there is much less prejudice in the medical profession than in business and doesn't figure a doctor's fee is based on whether or not a woman did the job.

Although she doesn't want to liberate the college, she feels her presence and the presence of the other two girls in her class do just that. "With 91 fellas and three girls you have to stand out, even if you don't want to," she said. She considers a 10% ratio of females to males in a school as liberated, but said that as a rule, medical schools don't go past that ten per cent. There is a problem getting into medical school, she said, but once there, she feels it's no more difficult to get through than for a man.

Another problem for the female in medicine is the mental adjustment to her feelings as a woman. "The trouble for a female med student is that she is a woman first and foremost," she said. "You want to be treated as a woman, but there must be a blend." "For example, when you have 91 men going to class, it is hard for them to stop to let the girls go first."

Madeline is currently doing clinical work at Mercy Hospital in Des Moines and has had no problem with prejudice from the male personnel there. Strangely enough, the nurses seem more uneasy about her presence. One example of this she points out is her presence in the doctors' lounge. "I feel as a doctor at Mercy, but the nurses panic when men and women personnel mingle, and when I go into the doctors' lounge." "If they'd stop to realize that maybe five minutes earlier I was giving an examination to a man for a hernia or giving a man a physical, what difference does it make if I go into a room where there are male physicians?"

She feels, however, that the concepts of paramedical personnel of being predominately a women's world is changing. She thinks that doctors and nurses are working together more as a team in patient care and feels as this becomes more common, things will begin to loosen up and nurses will begin to lose their hangup of male doctors in one area and female nurses in another.

Madeline feels married women can handle the situation of being both a mother and doctor just as a man is a father and doctor, and thinks the hesitancy of accepting women in med school because of the fear of their getting married and later becoming pregnant, is unfair. "If a woman is pregnant, she can carry on and can be out of the hospital after the birth of her baby faster, than say, a man who is out with hepatitis, tonsilitis or a bad cold."

The most complaints by women concerning pregnancy occur when she is ready to start a residency. She has postponed long enough and feels she is old enough to start a family. These women say

residencies ask for too much time. Madeline thinks the hospitals could work with them, or the woman could choose a more flexible residency program.

How do men react to a female doctor? Madeline was asked how male patients related to her. She feels that in relating to male patients, she has an advantage over her male colleagues. "When we go in to examine an older gentleman, for example, I find he will confide more honestly with me because he feels that I am not competing with him nor do I make him feel inadequate as a young 24- or 25-year-old male ... men just naturally relate to women, especially when they are sick."

PSG SPONSORS FILM FOR UNDERPRIVILEGED CHILDREN

On May 15, the members of Phi Sigma Gamma of the College of Osteopathic Medicine and Surgery, in conjunction with Tiny Tots Inc., Soul Village and Model Cities Program, presented a full length color film, "The Magnificent Seven" and several cartoons.

The film was a public service and there was no admission charge for children under 16 from the Model Cities area and free popcorn and soft drinks were furnished.

Elliott Schwartz, director of the project and a first year student at COMS, obtained the films while working as a producer-director for a television station in Syracuse, New York, during Easter vacation. Originally, there was to be only one showing, but the response was so overwhelming, the film had to be shown three times!

Elliott has other films and there are hopes to make this a continuing program.

IN MEMORIUM

- | | |
|---|---|
| 1930 Owen O. Taylor, D.O., Grand Junction, Colorado. One of the founders of Mesa Memorial Hospital, Grand Junction, Colorado. | 1917 C. A. Sanford, D.O., Hotchkiss, Colorado. |
| 1935 C. A. Means, D.O., Marietta, Georgia. | 1918 V. A. Englund, D.O., Des Moines, Iowa. |
| 1937 Willis Crews, D.O., Gonzales, Texas. | 1923 John M. Woods, D.O., McCall, Idaho. He was a member of the COMS faculty from 1921 to 1957. |
| 1951 Sturgis E. Johnston, D.O., LaPorte, Indiana. | 1925 William A. Bone, D.O., Marysville, California. |
| 1953 R. L. Boysel, D.O., Detroit, Michigan. | 1926 Olaf H. Oslon, D.O., New Carlisle, Indiana. |

PLACEMENT SERVICE

Shenandoah, Iowa: Hand Community Hospital (58 bed hospital, 48 bed nursing home), needs 3-4 GP's. Has staff of four doctors for town of 7,000 population with new industry employing 500 starting production early 1972. "For any doctors coming to Shenandoah to establish a practice,

the Hospital Board and Civic organizations will make every effort to help him become established. Office space is available and housing can be procured."

Mr. J. C. Rapp,
Chm. Doctor's Procurement Committee
Hand Community Hospital
Shenandoah, Iowa 51601

Thomas F. Vigorito, President of COMS, resigned from his post March 20, 1971 and has accepted a residency in Neurology at the University of Wisconsin School of Medicine in Milwaukee.

The following passage by Roger F. Senty, D.O., new Dean of the College, is an expression of gratitude toward Dr. Vigorito's efforts at COMS, and a sincere wish for much success in his future endeavors.

On behalf of the faculty and student body of the College of Osteopathic Medicine and Surgery, I would like to express our gratitude to Dr. Thomas Vigorito for his efforts at the College as a scientist, teacher and administrator. Dr. Vigorito made his appearance here at the College of Osteopathic Medicine and Surgery in 1964 as a student of the Graduate School and obtained his MS in 1965.

Since this time, Dr. Vigorito has been a teacher and administrator, being responsible for more academic changes and improvements in the faculty than in any period in the history of the College. He is also responsible for starting the first building on the Fort Des Moines campus, the Dietz Clinic. His presence will be missed by us all.

May I say, Thank You!

the log book

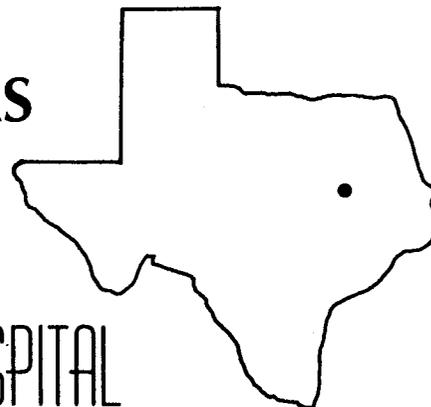
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