

THE GOLDEN ANNIVERSARY HISTORY  
OF THE  
AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS



ROBERT PHILLIP BOMBOY

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1940-1990



*DR. JAMES M. WATSON*

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## INTRODUCTION

Often a historical account of an organization such as the American College of Osteopathic Pediatricians is consumed by trivial detail and serves only a perfunctory role. Robert Bomboy, an author who has written for many of the nation's leading magazines, has managed to intersperse a panorama of historical fact and appropriate anecdote with the issues and day-to-day necessities that concerned this specialty college over half a century. The historical account of the American College of Osteopathic Pediatricians in the following pages is as significant an accomplishment as has been recorded in the osteopathic profession. For this is more than a fifty-year history of the ACOP, it is a history of the profession and its struggle to gain respect and equality. It is a history of a nation learning the meaning of osteopathy. It is also the story of the rise of osteopathic pediatrics and its progress from something that was little more than a splinter group in 1940 to the full attainment of professional respectability and equality in 1990. The reader can only admire that progress, which was won every day in the trenches of each pediatrician's office. And through it all, depending upon and supporting the pediatricians who were its members, the American College of Osteopathic Pediatricians managed to survive and to thrive.

Though Robert Bomboy has put together our history in a very readable fashion, he did not do it alone. In preparation for the college's golden anniversary, longtime member, fellow and past-president Dr. Martyn Richardson contacted every past and present member he could locate, requesting information about the college history. He went to libraries and uncovered facts not previously known to the ACOP. He acquired photographs - almost all of those in this book - from every possible source. He summarized fifty years of the college's meeting minutes. And finally, in two long interviews, he shared his experience within the college and his understanding of pediatrics. It is easy to perceive his profound influence on this document.

Other members of the American College of Osteopathic Pediatricians deserve recognition. Drs. Arnold Melnick and Harold Finkel, longtime friends and colleagues, also influenced this book as much as they influenced

the course of the college. Their personal dedication to the ACOP becomes evident as the reader moves through this historical account. If there was a lasting adhesive that held this organization together, they were a part of it. In fact, in choosing the photographs for this book from the college's many events over the years, it was unusual to come across one that did not include Dr. Finkel or Dr. Melnick.

Mr. Bomboy personally interviewed dozens of ACOP members. Those tape-recorded interviews will be an oral history for our posterity. Fifty years from now, the actual voices of today's members will be available to our successors on nearly thirty hours of tape recordings. Those interviews served as the paint for the master's brush. Even though Mr. Bomboy did not meet most of our members, his verbal illustrations are photographic in nature. In any fifty-year record such as this, inaccuracies are expected, but Mr. Bomboy checked and double-checked with as many members as he could find to assure the accuracy of this entire book.

The book's final chapter, a look into the future, was contributed by Dr. Benjamin Cohen, the 1989 Watson Memorial Lecturer of the American College of Osteopathic Pediatricians. When Dr. Cohen first presented his lecture, in Boston at the college's annual meeting, many members present thought that, although doomsday in content, the predictions it contained were more than likely to become reality. The final chapter is a fitting and thought-provoking ending to these fifty years.

At some point in time, most people and organizations need to retrace their roots. To know who you are, you need to know where you came from. Too often biographies and histories are buried, individuals or organizations become extinct, and the survivors are left with none but surface roots to anchor them. With this publication of the Golden Anniversary History of the American College of Osteopathic Pediatricians we have created a legacy that will long outlive today's members. It is an accomplishment that will make all osteopathic physicians, and especially osteopathic pediatricians, especially proud of what they have to give.

January 10, 1990

Michael E. Ryan, D.O.

President

American College of Osteopathic Pediatricians

## THE PEDIATRICIAN

*Over the past 50 years, the pediatrician has become part of the lives of millions of American children. Speaking for herself and for so many others, 18-year-old Lynn Klapat, a freshman at Bloomsburg University, one of the state universities in Pennsylvania, looked back at her childhood:*

When I was a little girl, my asthma condition was so bad that, at times, I wished I would die instead of tolerating the hours I would lay in bed and suffer because every breath I took was painful. I had to come inside from playing games with my friends, many times, because that vicious monster had attacked - and I had no defense against it. I always wanted to give up the battle.

But my weekly visits to my pediatrician lifted my spirits and gave me hope. I even enjoyed the long waits in the waiting room, because I was enticed by the Dr. Seuss books scattered around. His office was filled with colorful, smiling clown faces and pictures of his family. He always greeted me with an enthusiastic smile. I laughed at the clip-on monkey that hung from his stethoscope. He always asked me how I was doing in school; he seemed to be concerned about every aspect of my life.

I was troubled by the fact that I had to suffer because of my asthma. But, whenever I saw him, my pediatrician offered me encouragement and assured me that, as long as I cooperated, I would be fine. I didn't even mind the painful shots that I got in my arm, because I knew that I would get a lollipop at the end of my visit.

One day he came up with a plan, because I was so upset. He told me to pretend that I was fighting a war with the asthma: I would be the fighter and he would be the general. He told me he was behind me all the way. He told me, each time it attacked, to remember that I was stronger than it was, and that I could not be defeated, no matter how much of an obstacle it set up for me. My pediatrician's enthusiasm and sincerity made me feel a lot better. His gentle disposition made me feel comfortable. He created a pleasant atmosphere, from the optimism in his voice to his overall cheerfulness. I had

heard that doctors were only concerned about how much money they made, but I knew that wasn't the case with my pediatrician. After years of having him as my doctor, I knew that all those years he had spent in medical school were not for the sole purpose of making a profit. He had gone there to help children and to make an impact on their lives, as he did on mine. He helped me fight asthma, and he helped me through the struggle I had with it.

As I reached my high school years, my asthmatic condition began to get better. It was still there, but it wasn't half as bad as it had been when I was younger. When he noticed my improvement, he said, "Lynn, I told you you would be the winner if you put up a fight."

In my eyes, *he was the winner.*

# THE 1940's



# THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

## 1940's

**H**istorians have pointed out that at the turn of the twentieth century in the United States no more than a handful of physicians - literally not more than a half-dozen - treated children exclusively. As Dr. Thomas E. Cone, Jr., says in his *History of American Pediatrics*, "The most important pediatric milestone during the first quarter of this century was the gradual acceptance of pediatrics as a specialty. The important realization that children and particularly infants were not merely manikins, that they differed profoundly from adults in terms of physiology, biochemistry, pathology and bacteriology was not fully appreciated until a few physicians toward the end of the last and the beginning of this century began to devote their whole time to the study of the diseases of children."<sup>1</sup>

Prior to the institution of formalized training programs and certification protocols in pediatrics, physicians became proficient in a medical area and were recognized as more knowledgeable about a specific kind of disease mainly because of their own interest and continued study. Dr. Arnold Melnick, whose career all but encompassed the first 50 years of the American College of Osteopathic Pediatricians, became a pediatrician exactly that way, as did many others even through the 1950's. "The largest number of 'specialists' in pediatrics were in the bigger medical institutions and the children's hospitals in metropolitan areas," Dr. Martyn Richardson, the former dean of osteopathic medical schools in New England and West Virginia, pointed out in 1989, looking back to those early days. "But I can remember general practitioners whom mothers would universally acclaim as being 'good with children.' They would say, 'He knows how to cure the colic' or some other childhood illness." Those who, in the 1930's and 1940's, wanted to specialize might attend regional meetings or study with well-known or accomplished preceptors. Dr. Nelson King, who was graduated from the Philadelphia College of Osteopathy in 1935, began his career as a general practitioner. But after only a few years of practice, as he became interested in caring for children, Dr. King bought books on pediatric



subjects and began to attend conferences three times a week at the Children's Hospital of Boston and at Tufts Medical Center. He also attended conferences and made rounds at the Boston Floating Hospital with such great names as Drs. Sidney Farber and James Beattie, and he heard Alexander Fleming, the discoverer of penicillin, deliver a lecture there.

During the early twentieth century the physician who wanted to learn more about the subject in which he was specializing sometimes went to Europe to study, as did Dr. James Milton Watson, who received his M.D. degree from the University of Bern in 1924. "One of his cherished memories was that of working in the Von Pirquet Group in Vienna," said his friend and colleague, Dr. Betsy B. MacCracken, in her unpublished history of the Los Angeles College of Physicians and Surgeons. "As a result of that experience he felt that Old Tuberculin had several therapeutic uses, including the treatment of migraine headache." By studying on the continent, he was following in the footsteps of Dr. William Hayden, a Los Angeles doctor who had been one of the earliest osteopathic physicians to see the possibilities of the profession. Dr. Hayden and his wife, Dr. Daisy Hayden, studied in Vienna. In 1912 Dr. William Hayden was one of the clinicians at the Parent Teachers Association Clinic of Los Angeles, where he was instrumental in having osteopathic physicians appointed to the staff. Dr. Watson was chief of the osteopathic section of what came to be called the PTA Clinic for many years. Dr. Daisy Hayden, who had studied obstetrics and children's diseases in London, also helped train Dr. Evangeline Percival, a thin, meticulous woman, who, with Dr. Watson, would found the American College of Osteopathic Pediatricians.

Dr. Watson, who is widely considered the first osteopathic pediatrician on the West Coast, had received his D.O. degree in Los Angeles in 1915. In Los Angeles County Hospital records, his name first appears in 1925, listed as a pediatrician in an advertisement for the Los Angeles Clinical Group. In 1928 when Los Angeles County Hospital opened its osteopathic unit, the hospital placed Dr. Watson in charge of its Pediatric Service. Dr. Mary O'Meara, one of the early interns, remembered that they assigned one room to pediatrics. "In 1928, there were 20 major drugs to become familiar with," Dr. O'Meara recalled. "Now we get information about that many new ones almost every month. With little support from laboratory and x-ray, we made our diagnoses mainly by careful history-taking, examination and the development of a certain intuitive sense."

By 1933 the patient load at the hospital had increased enough to require a larger staff and Drs. O'Meara, Percival, Roy Rifenbach, Blanche Root and Fred H. Stone were the first physicians the hospital appointed. All would

become early members of the American College of Osteopathic Pediatricians. Dr. O'Meara later recalled treating cases of carotenemia during that time, because many southern Californians during those Depression years had little to eat but the carrots they could scavenge from farmers' fields. In the 1930's, in addition to making house calls to such benighted sections of Los Angeles as Fickett Hollow, where housing and sanitation were completely inadequate, Dr. Percival taught Infant Feeding and the Care of the Newborn. Dr. Watson lectured on General Pediatrics. There were no antibiotics and few vaccines, so lecturers often showed, as best they could, how to treat communicable diseases. "Most of us do not recall Dr. Watson discussing anything but infectious diseases," wrote Dr. MacCracken. "He was a very poor lecturer but a marvelous bedside clinical instructor. He used the technique of differential diagnosis, which was fine for advanced students, interns or residents. The poor junior student who didn't know one disease from another was hopelessly confused."

During those years one out of every five osteopathic physicians practiced in California; the state boasted 45 staff and county meetings of osteopaths every month. By convening regular meetings of California physicians who found treating children especially appealing, Dr. Watson encouraged others who were interested in pediatrics. He began formal and informal training programs in pediatrics, and, after Los Angeles County Hospital established its pediatric ward, he conducted ward walks and formal discussions about pediatrics almost daily. The osteopathic unit at the Los Angeles County Hospital was a measure of the strength of osteopathic physicians in southern California at that time. It was a fully staffed and equipped hospital within a hospital, into which house officers randomly placed indigent patients being admitted from the emergency room. That guaranteed that osteopathic physicians saw the same variety of cases that allopathic physicians treated.

In Dr. Watson's Los Angeles group were pediatricians who would become the first officers of the American College of Osteopathic Pediatricians, and members of its certifying board, and who, over the next two decades, would be active in the college's affairs. Among them, in addition to Drs. Percival and MacCracken, were Drs. Wayne Peyton, Robert Magrill, Norman Lavet, and Robert Austin. Many years later, Dr. Magrill would describe the gray-eyed, silver-haired Dr. Watson "as a source of inspiration to all who came in contact with him. He devoted himself to pediatrics and was truly the father of the Pediatric College. His wisdom and counseling served to stimulate interest in our group among the newer and older members alike."

It was only as specialty colleges organized, and as government and other interest groups began to insist on formal training and certification, that formal pediatrics developed. By 1938 the American Osteopathic Association saw the need to form specialty groups and to establish qualifying criteria for membership in them.

The concept of osteopathic medicine to which the Los Angeles pediatricians subscribed had been developed by Andrew Taylor Still (1828-1917), a roughhewn frontier doctor who believed that the drugs of his day were either "inert therapeutic agents or toxic burdens imposed upon an already diseased body."<sup>2</sup> A ramrod-straight Kansas abolitionist who had fought in the Civil War, Dr. Still was the son of a Methodist circuit rider and physician. He applied his osteopathic theories for the first time to treat patients in Kansas in 1879. Later he settled in Kirksville, Missouri, where - in a one-room frame building in 1892 - he taught his first osteopathic classes. Dr. Still established the American School of Osteopathy there on October 30, 1894. He believed that the musculoskeletal system, representing the body's greatest mass of tissue, had been relatively ignored through the thousands of years of medical history, and, from his treatment of patients over the years, he considered the bones, muscles, tendons, tissues, nerves, and spinal column central to a patient's well being. Dr. Still taught a fundamental concern with the whole body - preventive medicine, holistic medicine, proper diet and keeping a patient fit. From the 20 students in his first class, osteopathic medicine grew rapidly. At the time of Dr. Still's death in 1917, more than 5,000 osteopathic physicians were in practice.

Alumni of the Andrew Taylor Still College of Osteopathic Medicine at Kirksville, remember that in its infancy pediatrics was taught there as part of another course, frequently obstetrics. "Since the early days of Dr. Still's development of his theories, people had brought their children to Kirksville for treatment after M.D.'s had told them their cases were hopeless," Dr. Martyn Richardson said. "Dr. Still and others achieved good results using manipulative therapy, particularly in conditions that were chronic, such as cerebral palsy and chronic seizure patterns." From the early part of the twentieth century, Kirksville had pediatric referrals from all of the states in the Mississippi Basin. By the late 1930's, pediatrics there constituted a combined approach by all of the surgeons, internists and generalists - all of whom carried on active practices and made house calls. One was Dr. William Kelly who told of attending a critically ill baby in northwest Adair County, Missouri. To get to the house he had to drive to the flooded Chariton River, take a boat across, then ride a tractor to the farmhouse. When he finally arrived, the baby was dead. The young parents had fed the child

nothing since birth but milk of magnesia and water. Dr. Kelly, who had begun to teach at Kirksville during the depths of the Great Depression, remembered going on a house call with a consulting physician. As they were leaving the family's simple home, Dr. Kelly mentioned that the consultant might charge if he wished. The man turned to him and said: "How much do you charge? I'll charge the same." "Well," Dr. Kelly answered, "they don't have much money, and I don't charge."

Dr. Richardson described the applications of Dr. Still's work to pediatrics.

Pediatric specialists are trained to approach the whole child not specific organs or systems. We approach the child from the nutritional, social, mental, physical and parental viewpoints. We use (such) adjunctive measures as biologicals, pharmaceuticals and, in fact, all the medical modalities and specialists. But the neuromusculoskeletal evaluation aiming at prevention of poor body mechanics is an additional method osteopathic pediatricians utilize in disease prevention and recovery.

The osteopathic pediatrician is, by his constant awareness of structure and function, constantly observing for abnormal body curvatures, leg lengths, foot positioning, levels of the hips and shoulders, and for symmetry of comparable areas of the body, noting mass atrophy, hypertrophy and tenderness.

The ill child is not alone in having somatic dysfunction problems; the well child may also be structurally ill and, by a complete whole-patient approach, these problems may be corrected. Our main thrust in treating the pediatric patient who has a disease is by applying a holistic approach and returning the patient to a homeostatic base.

Dr. Richardson, whose father, Dr. Martyn Locke Richardson, was one of the nation's earliest osteopathic physicians, remembered how the osteopathic philosophy applied in his boyhood home: "In World War I, in order to preserve the food they were sending to the troops overseas, manufacturers had introduced white flour and butter with salt - neither of which had

been available commercially before in this country. My father, as an osteopathic physician who had graduated from the Philadelphia College of Osteopathy in 1908, didn't hold with that, so I was reared on whole wheat bread, sweet butter, and food cooked without grease. We never had anything fried in our house, and it wasn't until I went away to college that I discovered white bread - or that fried hamburgers tasted *good*."

Osteopathic physicians interested in pediatrics were not confined to the two coasts. By 1940, at the Andrew Taylor Still College of Osteopathic Medicine in Des Moines, Dr. Mary Golden, who had been graduated from Des Moines in 1912, was professor of pediatrics there. Several other pediatricians were on the faculty or in the area at that time, including Dr. Mamie Johnston and Dr. Rachel Woods, who later practiced in Missouri and Idaho.

The Chicago College of Osteopathy had Dr. Margaret Barnes and Dr. Everett Borton. Dr. Barnes was a native of Waltham, Massachusetts. She had been graduated from Wellesley in 1931, entered the Chicago College of Osteopathy in 1932, and became an osteopathic physician in 1936. She immediately joined the faculty of the Chicago college and became a member of the staff of the Chicago Osteopathic Hospital. Later she became head of pediatrics at the Chicago College and Hospital, where she taught embryology, pediatrics and gynecology and gave teaching clinics. A slim, spectacled woman, with a piercing mind and a brilliant, somewhat shy, smile, she would receive one of the first certificates issued by the American Board of Osteopathic Pediatrics. By 1939, students at her institution were examining hundreds of school children from nearby communities each year. Even in a late spring blizzard, on May 1, 1940, she and her students examined 100 children as a way of observing Child Health Day.

The pediatrician's love of children shines through her clinical notes: "An emergency call came in one day to see a seventeen-month-old baby overcome by smoke in a trailer camp. The child's respiration and pulse were normal when seen about twenty minutes after being taken from a smoke-filled trailer. However, the baby would not stay conscious for long at a time and had a very hoarse cry. He developed a severe bronchitis and because of the inadequacy of the surroundings it was thought best to bring the little fellow into the hospital. Here he was treated every three hours for two days, then less frequently. It truly was a miracle to see this youngster unfold from an almost unconscious form who could be roused only when treated or when food was forced into his mouth, to become a lively bright-eyed, laughing

and irresistible boy in the space of a week's time," she wrote.

In a report titled "Nursery Technic" for the American Osteopathic Association section in 1942, Dr. Barnes, pictured the state of the pediatric art at that time:

Care of the Newborn Infant in a modern hospital today is almost an ultra-scientific procedure. The large hospitals have the need for accomplishing routine tasks with a minimum of unnecessary detail which is time-consuming. The small hospital, on the other hand, is handicapped by the lack of equipment and the use of personnel for duties other than strictly nursery work. The aim of any nursery, outside of satisfying the infant as to food and physical comforts, is to keep all contamination and possibilities of infection at a minimum. It is a well known fact that much of the reduction in infant mortality is due to improved hygiene and care, particularly of the institution-born infant. An aseptic isolation technic(que) would be ideal theoretically but the practical aspects of such a procedure in most instances are out of the question. Undoubtedly, 'The Cradle' at Evanston, Illinois, has the most complete set-up available for prevention of cross-infection of infants in a nursery. Here each baby has its separate cubicle, all of its own equipment, sterile formula delivered to the nursery door, one nurse to bathe and feed the baby and a second nurse to diaper the baby - thus permitting a minimum of contamination. In osteopathic hospitals, which for the most part have relatively small maternity departments, the problems encountered are largely ones of equipment, which is consistent with the available funds and yet adequate for proper care.

There also was a well-organized group of osteopathic pediatricians in southeastern Pennsylvania. Dr. William Spaeth had been graduated from the Philadelphia College of Osteopathy in 1925 and was practicing with Drs. Leo Wagner, F. Munro (Jim) Purse and Ruth Tinley, who was the chairperson of the Department of Pediatrics there. A fellow physician pictured Dr. Tinley as the actress Ethel Barrymore, a stately if somewhat

stocky, white-haired matriarch. She loved to tell of going on a house call and examining a sick child. While she was performing the examination, the little boy turned to his mother and said: "Mommy, that was nice of the doctor, wasn't it? He couldn't come so he sent his *mother*."

Farther west in Pennsylvania, Dr. George B. Stineman of Harrisburg, Pennsylvania, who had been graduated from the Philadelphia College of Osteopathy, decided, after several years of general practice, that he liked pediatrics. He obtained his pediatric training by traveling to Philadelphia, usually one day a week, studying with Drs. Purse, Wagner and others, and attending conferences at Children's Hospital there. Dr. Mary Hough, who graduated from the Philadelphia College of Osteopathy in 1927, practiced until she was 90.

The dawn of modern pediatrics was at hand. Physicians could refer to the *Journal of Pediatrics*, which had begun in 1925, and to a few already-classic textbooks, John L. Morse's *Clinical Pediatrics*, William P. Lucas's *The Modern Practice of Pediatrics* and the four-volume *Practice of Pediatrics*, edited by Joseph Brennemann. In the next few years, penicillin G, sulfathiazole, sulfadiazene, demerol, the first deoxycorticosteroid, dexadrine, nembutal, seconal and a host of other medications would come on the market. The Rh factor would be identified. Sudden infant death syndrome was receiving its first attention. In only a few years Dr. Benjamin Spock would publish the first edition of his *Baby and Child Care*, which, over the next three decades would sell 33 million copies, counteracting authorities who had taught that all the problems of individuals and the world were the result of their mothers.

It was at the confluence of those currents - the new critical mass of pediatric specialists clustered around the osteopathic medical schools, the emerging desire of American physicians to specialize in pediatrics, the growing insistence on formal training and certification programs, and the new developments in medical techniques and pharmaceuticals - that Drs. Watson, Percival, and Florence Whittell in the autumn of 1939, representing the Los Angeles Pediatric Society, decided to form the American College of Osteopathic Pediatricians.

Writer Richard Reinhardt remembers 1939 as "a year that was both terrible and wonderful, threatening and reassuring, germinal and terminal. . . . the pivot of the century."<sup>3</sup> War had broken out in Europe, and many Americans realized that there would soon be gunfire all over the earth. But there were happier landmarks as well: The Hollywood studios in Los Angeles had just produced *Huckleberry Finn*, remaking for the motion picture screen Mark Twain's immortal classic of American childhood.

There were two World's Fairs, one in New York, and one to the north of Los Angeles, in San Francisco. Dr. Watson, Dr. Percival, or Dr. Whittell might well have visited the fair's Treasure Island, which floated like Venice in San Francisco Bay. Architect George Kelham's Court of the Moon glowed with blue floodlights. And anyone fascinated by childlike imagination would have marveled at the pre-Disney amusement park, or at the Court of the Pacifica, where green and white fountains offered their tribute below the statue of a goddess whose origins were all but impossible to define in the fair's gaudy mixture of Assyrian, Egyptian, Astec and Oriental architecture.

On November 20, 1939 Drs. Watson, Percival, and Whittell directed a letter to all five of the osteopathic colleges, identifying themselves as members of a committee appointed by the Los Angeles Pediatrics Society to contact other pediatricians across the nation "concerning the organization of an American College of Osteopathic Pediatricians." They asked the men and women to whom they addressed their letters to talk with others in their areas who were devoting major portions of their time to pediatrics, and to communicate with the Los Angeles committee. In their letter to specialists such as Dr. Margaret Barnes, they said, "It seems that there is a small group of practitioners in the osteopathic profession who have given much of their time in practice and in clinical work to the pediatric specialty, and there are younger individuals coming along in the profession who have aspirations to practice as specialists. We feel that an organization composed of already organized pediatric societies throughout the United States, or separate individuals, would form an active educational body which would do much to further the practice of osteopathic pediatrics."

There is no record of the response Drs. Watson, Percival, and Whittell received. Dr. Mary Hough, in Philadelphia, recalled later that she was in Europe at the time and so was not a charter member of the new pediatric college. Apparently, however, there was enough interest for the small corps of Los Angeles pediatricians to meet and work out the basic principles of the organization they wanted to create. The three founders signed the Articles of Incorporation of the American College of Osteopathic Pediatricians the following spring, on June 19, 1940, listing themselves as "incorporators and directors" of the organization.

They filed their Articles of Incorporation with the Clerk of Los Angeles County on June 24, 1940. Accompanying the Articles of Incorporation is Dr. Watson's affidavit, dated June 8, 1940, affirming that the American College of Osteopathic Pediatricians was a "not for profit" organization. The college bylaws show the principal address of the college as Room 600 at 609 South Grand Avenue, Los Angeles, Dr. Watson's office. Typically,



the bylaws specify that the corporate powers of the organization were vested in the three-member board of directors. Directors were to ascend the organizational hierarchy year by year, so that the one who had been a director for three years would automatically become president of the college. The bylaws also specified classes of membership in the college, starting with the Fellow; next were senior members, who were automatically grandfathered into the college if they had graduated from medical school before 1935. From that year on, a senior member had to have at least a year's internship in a recognized hospital or clinic, or at least two years as an assistant to a recognized pediatrician, or five years, recognized by his or her peers, as a specialist practicing pediatrics. The bylaws specified that the new college might require applicants "to pass a written and/or oral examination by committee." A junior member had to be a member in good standing of the American Osteopathic Association, and a divisional society, and, at the same time, engaging in study or beginning pediatric practice. An associate member also had to be a member in good standing of the American Osteopathic Association and a divisional society and practicing in pediatrics or an allied branch of osteopathy. Honorary members and charter members were all members who joined the American College of Osteopathic Pediatricians before its affiliation with the American Osteopathic Association.

The bylaws provided that all senior charter members would be recommended, without examination, to the American Osteopathic Board of Pediatrics, when it was formed, for certification as pediatric specialists. The certification fee was \$25. The first senior charter members were Drs. Percival, Watson, Nellie Conway, Lavertia Schultz, Almira, Stone, Rifembach, and Whittell, all West Coast pediatricians. The first associate members were Drs. Phillip Morris and Louise Light. The original junior members were Drs. Coliani and Alexander Lourie. The bylaws, which the founders drew up at a pre-organization meeting on June 5, 1940, also vaguely provided for the board of directors of the American College of Osteopathic Pediatricians to set up a membership committee. That committee was to investigate applicants for membership and to conduct whatever written or oral examinations were necessary to determine whether applicants were qualified for membership.

In the beginning, the college required a \$10 membership-registration fee and charged members \$5 annual dues. Almost immediately, however, the founding members had to assess themselves an extra \$2.50 each to meet unexpected expenses. The founders who attended the June 5 meeting were Dr. Watson, who presided, Drs. Rifembach, Withey, Schultz, Stone, O'Meara,



*Among the early members of the college, pictured in this 1950's photo are (left to right) Drs. Betsy MacCracken, Ruth Tinley, William Spaeth, Mary Golden, Evangeline Percival, James M. Watson, and Mamie Johnston*



*Members of the Auxiliary of the American College of Osteopathic Pediatricians*

Root, Percival, Whittell, Morris, Colani, Light, Conway, Lourie, Blake, and Judge Lewis P. Russill, who charged \$100 for drawing up the incorporating documents. Dr. John Blake became the first secretary.

The first board of directors meeting after the college was chartered was on July 3, 1940, and all three directors - Watson, Percival and Whittell - were present. The directors formally adopted their bylaws and elected Dr. Watson president, Dr. Percival first vice president and Dr. Whittell second vice president. Judge Russill presented a proposed Seal of the Corporation and a membership certificate. Some members received the certificate, but, over time, the directors found that when physicians joined the organization, then dropped out and stopped paying their dues, there was no way to redeem the membership certificate. So later, instead, the college gave members cards with dates on them. At that first meeting, the directors authorized Dr. Watson to represent the new college at the American Osteopathic Association's national convention in St. Louis and voted him \$75 for his expenses there.

Convening again a week later, the three directors appointed Dr. Anne Rumsey assistant secretary and agreed to waive her registration fee and first year's dues to compensate her for her work. On July 17 Judge Russill presented the official seal of the corporation and a minute book.

On July 24, 1940 there was a special meeting of all the members to elect permanent officers. Dr. Fred Stone asked that nominations include "eastern doctors," but, during the discussion that followed, someone pointed out that the directors had been meeting weekly to get the college organized and that it was advantageous to have three directors from the same community to facilitate meetings. The members elected Dr. Watson as a director and president, Dr. Percival as a director and first vice president and Dr. Mary O'Meara as the other director. Dr. Robert Rough had been appointed to the Board of Credentials and Certification, the committee set up in the bylaws to evaluate and certify members of the college. At the July 24 meeting, Dr. Rough, a guest at the meeting, discussed the steps that the college would have to take to be recognized by the American Osteopathic Association. Dr. Watson reported on the osteopathic association's St. Louis Convention. Others who attended that special meeting were Drs. Conway, Lourie, Morris, Mabel N. Purtil, Anne Rumsey, Root, Stone, Judge Russill and a guest, Dr. W. P. Erbest.

Ten years earlier, in 1930, the American Academy of Pediatrics had organized with 30 members in Detroit, as an amalgamation of regional allopathic pediatric societies. Within the American Medical Association, a section on pediatrics had preceded the academy's formation. The certifica-

tion process for pediatrics had begun in 1928. Prior to that, in 1923 according to Dr. Waldo Nelson, the American Medical Association had tried to censure regional pediatric groups for "being too independent." Prestigious specialty groups in the past had frequently recognized individuals for their knowledge and expertise, but membership in them was usually by invitation only. The American Pediatric Society had formed in 1896, and there were other specialty groups - for instance, for pediatric surgery. In 1937, the American Academy of Pediatrics began requiring certification to be mandatory for admission, a rule that has endured within the Academy for more than half a century. "Considering the small number of osteopathic pediatricians in the 1930's," Dr. Martyn Richardson observed, "Dr. Watson's group was on the ball in deciding to form a specialty college as quickly as it did."

The board of directors of the new American College of Osteopathic Pediatricians met on August 14, to conduct routine business, and then not again until October 24, 1940, when the directors met at the Mona Lisa Cafe in Los Angeles; all of the previous meetings had been in the physicians' offices. The college welcomed Drs. H. Mayer Dubin and Alfons Wray as new members and decided to give Dr. Percival \$91.95 so that she could represent the college in Chicago at a meeting of the Board of Trustees of the American Osteopathic Association. The college's board of directors met for the last time in 1940 on December 5 and then again on January 23, 1941 at the Savoy Hotel in Los Angeles. Dr. Evangeline Percival, reporting on her mission to Chicago, announced that the American Osteopathic Association had recognized the college. Dr. Watson and Dr. Tinley of Philadelphia would represent the college on the AOA's advisory board. Attending the meeting, besides Dr. Percival, were Drs. O'Meara, Rumsey and Floyd Trennery. At the next meeting, on March 13 at the Savoy, the board of directors set June 25, 1941 as the date for the college's first annual meeting at the American Osteopathic Association's convention in Atlantic City.

On April 29, 1941, the directors chose five members to serve on what would become the American Osteopathic Board of Pediatrics: Drs. Margaret Barnes of Chicago, Dorothy Connet of Kansas City, Missouri, Percival, Stone and Tinley. On May 16, 1941 the new examining board elected Dr. Percival its chairperson and Dr. Stone its secretary/treasurer. Dr. Percival would serve through 1942.

The examining board's first recorded meeting was in Atlantic City on June 25, 1941, during the American Osteopathic Association convention. The board gave its first pediatric certification examination the next day and awarded its first certification to Dr. Margaret Barnes a year later, on July 21, 1942.

Over the years, as might be expected, the American Osteopathic Board of Pediatrics would embrace modifications in its requirements for pediatric certification, amend its constitution, and necessarily update its examinations. Those changes have kept the board a vital organization for measuring the quality of the physicians selected in osteopathic and allopathic hospitals. As the board approached its golden anniversary, it was preparing to administer subspecialty examinations in neonatology, pediatric cardiology, pediatric infectious diseases, pediatric nephrology, pediatric allergy and immunology, pediatric hematology and oncology, pediatric intensive care, and pediatric pulmonary diseases.

Nearly half a century after its founding, the board would define pediatric practice in 1989 as "the use of all those procedures necessary to the study and management of the care of infants and children, as well as to the prevention, diagnosis and treatment of the diseases of infants and children through adolescence." The board's purposes at that time would be much the same as they were in 1941, i.e., to:

1. Define the qualifications required of osteopathic physicians for certification in pediatrics and any other specialty or field of practice that may be assigned to this board.
2. Determine the qualifications of osteopathic physicians for certification in pediatrics and of any other specialty or field of practice that may be assigned to it.
3. Conduct examinations in conformity with the *Bylaws* of this Board.
4. Issue certificates subject to the recommendation of the Advisory Board for Osteopathic Specialists and to the approval of the American Osteopathic Board of Trustees, to those osteopathic physicians who are found qualified.
5. Recommend revocation of certificates for cause.
6. Use every means possible to maintain a high standard of practice within the osteopathic profession.

In the intervening years, its chairpersons had been Dr. Margaret W. Barnes (1942-1949), Dr. William E. Spaeth (1949-1963), Dr. Thomas F. Santucci, Sr. (1963-1965), Dr. Martyn E. Richardson (1965-1970), Dr.

Arnold Melnick (1970-1972), Dr. James Powell (1972-1978), Dr. Patricia A. Cottrille (1978-1980) Dr. K. Patrick McCaffery (1980-1982), Dr. David Leopold (1982-1984), Dr. Dwain L. Harper (1984-1987), and Dr. Michael Ryan (1987-1989). Its chairperson in 1990 was Dr. Ronald V. Marino, director of ambulatory pediatrics at Interfaith Medical Center, Brooklyn Jewish Hospital.

During his term as chairman of the examining board, Dr. Martyn Richardson had offered this description of its work:

The manner in which the American Osteopathic Board of Pediatrics examines each candidate in the distinctive aspects of the principles and concepts of osteopathic medicine is by written examination, oral examination and by an on-site office and hospital examination. . . . Consultations and management of cases are evaluated to see if a structural evaluation has been included. Charts are reviewed to note type of care given and, when indicated, documentation of osteopathic manipulation, in the manner of active corrections, soft tissue manipulation and lymphatic thoracic pump. In the office setting the entire physical, including the area of body mechanics, as well as often-neglected areas (such) as eyegrounds, genital and rectal examinations are noted. The entire office chart is reviewed to make sure the candidate is offering complete care.

The college's annual meeting in 1941, at the Hotel Dennis in Atlantic City, elected Dr. Ruth Tinley to the board of directors. Present, in addition to Dr. Tinley, were Drs. James Watson, Margaret Barnes of Chicago, Dorothy Connet of Kansas City, Helen C. Hampton of Cleveland, Beryl E. Arbuckle and Leo C. Wagner of Philadelphia, William Spaeth of Drexel Hill and F. Munro Purse of Narberth, both Philadelphia suburbs. Dr. Beryl Arbuckle had a center in Pennsylvania for the treatment of cerebral palsied children.

Dr. Nelson King of Boston, as the president of the Massachusetts Osteopathic Society, was a delegate to the American Osteopathic Association convention. He and an obstetrician friend, who was also a delegate, drove to Atlantic City and found that they would have to choose which convention programs to attend. "He suggested going to the OB seminars, which we did the first day. And then I suggested we go to the pediatric

seminars, and he attended with me the next day. From then on, he went back to the OB section and I stayed with the pediatrics group, the ACOP. And all at once I realized that what I wanted to do in my practice was to take care of infants and children," Dr. King remembered.

The second annual meeting was on July 16, 1942 at the Stevens Hotel in Chicago. The United States was at war with Japan, Germany and the Axis powers. Cross-country travel was more difficult; only five members attended: Drs. Barnes, Connet, E. Jane Cunningham, Percival, and Tinley, who presented a scholarly paper on deep X-ray therapy for pneumonia, constituting what may have been the college's first educational program.

The 1943 annual meeting was on July 16 at the Book Cadillac Hotel in Detroit. Present were Drs. Helen Hampton of Cleveland, Dorothy Connet of Kansas City, Margaret Barnes of Chicago, Mary O'Meara of Los Angeles, Ruth Tinley, William Spaeth and Munro Purse of Philadelphia, who was secretary-treasurer. The college voted to contact Dr. Ray Holbert of the American Osteopathic Association to ask that it be permitted to "censor" all pediatric papers submitted for publication by the osteopathic association. The following day, the college accepted Dr. Mary Golden of the Still College of Osteopathy in Des Moines as a senior member.

In a time of uncertainty, the Second World War accelerated the education of many physicians. Martyn Richardson had been studying at the College of William and Mary, in its Norfolk division. He took a third year of classes, he said, "while I was trying to determine what I was going to do and whether the world was going to fall apart. In Norfolk, we could occasionally go down to Virginia Beach and watch ships being torpedoed by the German submarines, within sight of the shore."

The American College of Osteopathic Pediatricians had begun to function in the years when the United States was clenched in that paroxysm of world war. After Pearl Harbor, all physicians had been subject to draft into the armed forces. But, later, because military physicians didn't want osteopathic physicians in their midst, if osteopathic physicians were drafted they served as pharmacist mates or medical assistants. General Lewis Hershey, who directed the Selective Service from its inception until the 1960's, instructed all local draft boards to defer osteopathic physicians to care for patients on the homefront. As a result, most osteopathic physicians were left to take care of their practices. Physicians concentrating on child welfare saw an enormous wartime challenge. "The increase in birthrate and the number of premature births offer the pediatrician an unparalleled challenge and opportunity," wrote Dr. Tinley, who was president-elect of the college. "We are fully aware that a nation is only as strong as its people grow up to be. It

is our responsibility to see that these wartime babies get their proper start in life. . . . It is the tendency of our people to be passive about the problems of child health. We as physicians are facing a crisis because of conditions that should have been combatted and overcome long ago." Writing a year later, in 1944, Dr. Tinley would observe:

We have not experienced the hardship we anticipated in food rationing, as adequate nourishment has been provided for infants and children; any difficulties are really due to distribution and are only temporary. On the whole, I think, rationing has been good for many women, as it has made them food-conscious and thus concerned them with children's diets.

Present at the 1943 annual meeting, in addition to Dr. Tinley, were Drs. Watson, Barnes, Spaeth, Hampton, Connet, and Arbuckle. The college formed a committee to ask the Board of Trustees of the American Osteopathic Association to permit a separate pediatrics section at the osteopathic association's annual convention. Someone suggested that the educational program be on manipulative therapy.

In 1945, because of wartime travel restrictions and government regulation, the college had no annual meeting. Its officers met in July and elected Dr. Fred Stone second vice president. The meeting's handwritten minutes, on the stationery of the Children's Clinic of the Osteopathic Hospital of Philadelphia, are all but illegible. During wartime, gasoline had been rationed, food had been rationed - as Dr. Tinley pointed out - and hospitals had been understaffed because nurses were in the service; there was a period during which only the most acutely ill patients - children or adults - could be admitted to American hospitals. Osteopathic colleges suffered a severe decline in admissions during that time, but, even so, their faculties were overburdened with patient care and teaching; the situation did not improve until men and women returning home from war could enter professional schools under the GI Bill of Rights.

After World War II, the American College of Osteopathic Pediatricians was better able to function. The 1946 annual meeting was at the Waldorf Astoria in New York. Dr. Dorothy Connet was chairman of the board of directors. Dr. Jane Cunningham was the secretary. It was at that meeting that the directors decided to stop issuing membership certificates and, instead, to provide an annual membership card.

Dr. Arnold Melnick of Philadelphia attended his first ACOP meeting that



year. "At that time the membership was about 20," he recalled more than four decades later. "We met in a small conference room. It was only a half-day meeting. But the night before Dr. Helen Hampton, who was the incoming president that year, got hold of me, gave me a pile of papers on some new discovery in pediatrics, and asked if I would read them that night and make a presentation the next day. I was the only non-member who attended."

Also at that New York meeting in 1946 were Dr. Tinley, soon to retire as chairperson of the Philadelphia College of Osteopathy's pediatrics department, and Dr. Spaeth, who would succeed her. Arnold Melnick remembered both fondly.

"Bill Spaeth was the fairest person I ever met," he said. "There was a time at the Philadelphia College of Osteopathy when certain minority groups just didn't get appointed to the faculty. When Bill Spaeth became chairman, the first three men he appointed to his faculty were Arnold Melnick, who was Jewish, Otto Kurschner, who had a heavy German accent, and Tom Santucci, who was of Italian descent. Bill Spaeth wanted to pick the people he felt would do the job, and he didn't care whether they had three heads, or whether their color was green, or anything else." In his years at what would become the Philadelphia College of Osteopathic Medicine, Spaeth trained many of the physicians who would take the most active roles in the American College of Osteopathic Pediatricians over the next three decades. "It was not because of his dynamism," Melnick said, "because Bill Spaeth was, if anything, *adynamic*. But he picked people who worked, and, by doing so, he picked people who turned out to be good leaders."

Dr. Ruth Tinley, as chairperson of the pediatrics department, had given Dr. Melnick an opportunity that vastly enlarged his grasp of pediatrics. It was 1944, the climactic year of World War II, and he and Dr. Herman Frank Cohen, who would also become a member of the American College of Osteopathic Pediatricians, were seniors in medical school. The Philadelphia College of Osteopathy had a home service in which students followed up expectant mothers throughout their pregnancies and, when their time came to give birth, actually went to their homes to deliver them. "Imagine that!" Dr. Melnick gasped, telling the story more than half a century later. "Just imagine *that* in today's malpractice atmosphere. There were no great catastrophes that I know of - but imagine the chance of one happening!"

To supervise its home delivery service, the medical school would normally appoint two graduate Fellows - one in obstetrics and the other in pediatrics. That year, because of the war, the school didn't have an appropriate pediatrics graduate supervisor. Dr. Melnick continued:

Dr. Cohen and I, both senior students, went to Ruth Tinley and said we were both interested in pediatrics. We told her we would love to do it, that we were willing to make any sacrifice. She didn't have to name us fellows - we would like to run that service and go out and check the babies. And so in my senior year I had the opportunity of examining about a thousand newborns, and I did about a thousand deliveries. It was in the homes of the people, and that gave me a pretty good leg up on pediatric training. I would come back and talk with my instructors and my chiefs about any problems, so I learned a lot while I was doing it.

Dr. Melnick also looked back on the difficulties osteopathic physicians faced when they tried to acquire the knowledge that would permit them to specialize. Colleagues readily described him as brilliant - ("He had more ideas than Heinz had pickles," said longtime friend Dr. Harold Finkel.) Dr. Melnick characterized himself as aggressive. He had an unquenchable thirst for knowledge. As a young intern his teacher had been Dr. Leo Wagner, whom many students and colleagues considered the most knowledgeable pediatrician they had ever known. In his own search for information about new pediatric techniques and treatments, Dr. Wagner would travel across town to the gray stone eminence that was the allopathic Children's Hospital of Philadelphia, where he would try to attend the regular Friday conferences. Dr. Wagner later told students that the director of the hospital approached him and said, "Sir, you will have to leave. This conference is only for physicians." Dr. Wagner replied: "Well, I am a physician - I'm a pediatrician, an osteopathic pediatrician." But the man shook his head and said, "We don't recognize that. You will have to leave."

After he finished his internship, Dr. Melnick ventured over to the conferences at Children's Hospital. "I went with fear and trepidation," he recalled. "Each time I went, I would go in late, so that nobody would talk to me; and, afterward, I would leave as fast as possible so that no one would talk to me. I would sit in the back row, among the residents and the students. And while I was sitting there, grabbing every word, marking it down and digesting it, the students would sit and read magazines; they would sleep, eat lunch or do a million other things. It was available to them, so they didn't pay much attention to it. It wasn't available to me. At one of those conferences, an uncle of mine who was a pediatrician and an M.D. leaned

over to Dr. Jim Purse and said, 'I wonder if they know who's here.' Jim got scared. But the M.D. said, 'I see an osteopath there in the back row.' The osteopath was me. My uncle recognized me, but he didn't know the man he was speaking to, Jim Purse, was also an osteopath. The antipathy between M.D.'s and D.O.'s extended into families - so deeply that he would dare say something like that. He was upset that a D.O., even his nephew, was allowed to come to a real doctors' conference."

Dr. Melnick recalled many other instances of professional discrimination. One was during a graduate seminar at Yale University with Dr. Arnold Gesell, the noted pediatrician whose influential theories changed contemporary thinking about child development:

It was on Mondays, and I used to fly up to New Haven, go to the conference and come back. I think the course cost \$150. I filed for it, but in those days we could not give our real names or our real degrees - we wouldn't be accepted. So I registered, of course, as Arnold Melnick, M.D.; I didn't have to give any other information. When I got to the course the first day, I saw a crowd around the doorway to the room, and I hesitated. I waited until the crowd dispersed, and, when I went up to the door, I saw that they had been gathered around a registration book. I looked at the book and saw names: *Joseph Jones, M.D., Johns Hopkins, 1936*. Everybody had written down his school, his year, and his degree. I knew I just couldn't sign the book; so, surreptitiously, I looked around and, seeing the way clear, I walked in without registering. Throughout the course, I did that every week when I got there, and nobody caught me. But about a month after I'd finished the course I got a letter from the Gesell Institute. My heart skipped a beat, and I thought, "Aha! they've found out." I opened the letter and read: "*Dear Dr. Melnick, we're sorry you couldn't make it to our course. Here's your \$150 back.*"

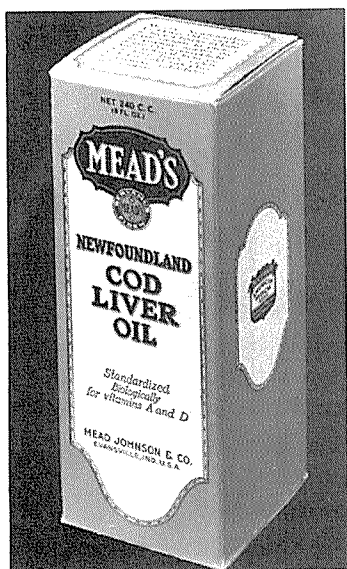
At about that same time, I took a course at George Washington University. The registration form asked for my degree, my school, and my year - if I had put down D.O., that's as far as I would have got. I hap-

pened to have a cousin who had graduated from Thomas Jefferson Medical College the year after I graduated from medical school. I figured nobody would know about it, so I registered as *Arnold Melnick, M.D., Jefferson, 1946*. Near the end of the course's first day, I noticed a big crowd of registrants gathered around the bulletin board. When they drifted away I went up to see what they had been looking at. There was a list of the registrants for the course, with their schools and their years. In great panic, I went through the list, name by name, to make sure there were no other Jefferson graduates there, for fear that somebody from Jefferson might look at the list and say, "Hey, there was no Arnold Melnick in the class of '46. I wonder what's going on." And the next thing I'd know, I'd be out of the class.

That was the way we had to get our training in those days. It has gradually improved over time, but there are still plenty of places where there is discrimination, where they just don't accept D.O.'s. And there are places where D.O.'s are accepted, but reluctantly and with reservations.

As late as 1966 Dr. Monroe James King, who had been graduated from the Chicago School of Osteopathic Medicine in 1963, would find that, on completing his pediatric residency, he would be refused rank as an osteopathic pediatrician in the military on grounds that the military did not recognize his pediatric residency. The military would accept Dr. King, who had previous military service, only as a general practitioner. Dr. King practiced as a pediatrician for 11 years in the Detroit area, until, in 1977, the Navy accepted him as a pediatrician. In 1989 he held the rank of captain in the Medical Corps of the United State Navy.

Dr. Melnick, who would later be the first osteopathic physician to be president of the American Medical Writers Association, began writing and editing the *Bulletin of the American College of Osteopathic Pediatricians*, in 1947, a task he would continue in various capacities for the next 35 years. The college had actually produced its first *Bulletin* in 1942; its 14 typewritten pages, stapled to a goldenrod cover, contained a list of 30 members and articles on seven subjects - pyloric stenosis by Dr. Dorothy Connet,



*A staple of the early pediatrician*



*Dr. Beryl Arbuckle*



*American College of Osteopathic Pediatricians' meeting in San Antonio*

respiratory allergies by Dr. Ray E. McFarland, infant digestive problems by Dr. Roger Abbott Peters, the nervous child by Dr. Spaeth, and the premature infant by Dr. Tinley. In a foreword to that first issue, Dr. Mary O'Meara said the job had fallen to her as first vice president and she had so little time to prepare it that the articles had gone in unedited. The intent was to publish quarterly, but the first three issues actually became annuals. An illustration on the goldenrod cover of the July 1943 *Bulletin* showed a physician who looked remarkably like Dr. Watson examining a two-year-old boy. The 1944 *Bulletin*, breaking tradition, appeared in a brown cover; Dr. Spaeth, as first vice-president, was that year's editor, and his *Bulletin* contained five articles. The college had no *Bulletin* in 1945, according to Dr. Dorothy Connet, because of a wartime paper shortage. The baby blue cover of the 1946 *Bulletin*, published for the annual meeting in July, showed illustrations of children in six stages of development; its theme was "Health: Their Heritage." With its regular publication, beginning in 1947, the *Bulletin* became the third journal available to American pediatricians. The *Quarterly Review of Pediatrics*, was published from 1946 until 1962. *Pediatrics*, the official journal of the American Academy of Pediatrics, began publication in January 1948.

Physician salaries were still much what they had been prior to the war. House call or office visit, the charge was \$3. Doctors during the Great Depression had often considered themselves fortunate to get produce and livestock as payment. Even later, Dr. Martyn Richardson, practicing in rural St. Louis County, had a cow handed to him. He had taken care of a sick newborn and had sat up with the infant for several nights. The infant recovered and the parents were grateful. "The family had no money, but one day the baby's father came in and paid me \$35, or whatever. He was a big man, with curly blond hair and the large calloused hands and ruddy complexion of someone who worked outdoors. I looked at him and I asked, 'How did you get this money?' He said he'd sold his cow. It was his *only* cow. I looked at him and I said, 'Go buy back that cow. You need it more than I need this \$35.' And I handed him his money."

Whatever their incomes during those years, many later looked back on the 1940's as the golden age of pediatrics. Epoch-making discoveries had introduced the sulfonamides, antibiotics, the adrenocortico steroids and the antimetabolites. Physicians for the first time understood the implications of fluid and electrolyte disorders. Dr. Melnick, in Philadelphia, had good reason for remembering the advent of penicillin, which had to be administered every four hours. "I was a senior in medical school," he recalled. "A doctor who had recently graduated had a patient suffering from syphilis, and

the doctor didn't feel like staying up all night to give the man his penicillin every four hours. So he paid me to run out to see that gentleman and give him shots of penicillin around the clock. I think it was for two days. The doctor gave me two dollars every time I did it. So I made the magnificent sum of \$12 a day for two days - *and I felt very rich.*"

The important thing was that penicillin and the antibiotics relieved pediatricians of the stress of having to fight infections by the other, inadequate, means that had been available to them, and of struggling to save lives every day. And, as the era of the antibiotics came in and infections came under control, the pediatrician recognized the economic reality that his world had to expand if he would maintain his practice.

"In my early days - and I went into practice in 1947," Dr. Melnick said, "I can recall pediatricians who expanded from taking care of children up to one year of age to taking care of children up to two. Before that, when the patient reached his first birthday, pediatricians would send him back to the *regular* doctor. When I left practice in 1976, I was concentrating on adolescent medicine. I was even taking care of patients through college, because that is the way things shifted." As Dr. Spock had foretold, physicians could begin to think more broadly and concern themselves with questions such as: What about the child's background? What about his family? How is he being managed? How do his parents handle behavioral problems? That, in the early 1960's, would lead to the psychosocial or psycho-educational aspects of child development in which many pediatricians would specialize.

In 1947 the board of directors met on June 20 at the Stevens Hotel in Chicago. A report read into the minutes noted that there were 19 certified osteopathic pediatricians; two applicants took the examination that year. The college's members met two days later at the same hotel and heard that osteopathic physicians on the East Coast had organized an Eastern Division on May 2, 1947 and were submitting their bylaws. The sectional organizations were the idea of Dr. Spaeth, who believed that the college's few members, scattered across the nation, needed to get together between annual meetings. The previous summer he had proposed establishing six sectional divisions of the college. Dr. Harold H. Finkel, who would become a pillar of the American College of Osteopathic Pediatricians, remembered the local meetings in Philadelphia: "We met once in Art Snyder's office. There were that few of us, we could do it." The American Osteopathic Association wrote to inquire about a pediatric supplement to its journal, and the college authorized Dr. Arnold Melnick to cooperate on that project. There was no action on a recommendation that college membership be a requirement for continued pediatric certification.

On July 21, 1948 at the Hotel Statler in Boston, Dr. Beryl Arbuckle was president. Others attending the annual meeting were Drs. Barnes, Spaeth, Purse, Ruth Jones of Flushing, New York, Lavertia Schultze, H. W. Breitman of Philadelphia, Nelson King, Rachel Woods of Des Moines, Melnick, and Josephine VanCampen of Grove City, Pennsylvania. A suggestion that the annual publication of scholarly articles be a requirement for continued membership was tabled and was defeated at the following year's annual meeting.

In 1949 the college met at the Statler Hotel in St. Louis. The president was Dr. Roger A. Peters; Dr. Margaret Barnes was first vice president; Dr. Munro Purse was second vice president. Dr. H. Mayer Dubin was secretary-treasurer. Members of the membership committee were Dr. Stone for the West, Dr. Cunningham for the Midwest, and Dr. Purse for the East. Dr. Spaeth was the chairman of the membership committee. Drs. Purse and Arbuckle constituted the bylaws committee.

Dr. Dubin reported that the college had 50 active members and was evaluating six new applications. The college had written checks totaling \$1,650 over the previous 12 months. Assets on July 12, 1949 were \$1,876.

The board of directors amended the final draft of the bylaws for the Eastern Division and sent it to the American Osteopathic Association, asking for approval. New officers were Dr. F. Munro Purse, president; Dr. George Shaw, first vice president; Dr. Mary Golden, second vice president. The directors elected Drs. Dubin and Stone to three-year terms on the American Board of Osteopathic Pediatrics.

Dr. Dubin was on the board when Dr. Melnick took his certifying examination: "He and I knew each other on a first-name basis, which was unusual for someone taking an exam," Dr. Melnick smiled. "He said, 'I have a case I'm going to give you. If you get the diagnosis, I'm going to give you 100 for your examination.' Well, I thought, that's a pretty good challenge. He started to describe the case, and - by the purest serendipity - I had seen a case exactly like it within the previous two months. Before he finished describing the case, I blurted out the diagnosis. He fell off his chair, and I got 100. . . ."

The college membership, meeting July 14, 1949, also at the Statler, appointed a committee to study pediatric facilities and education for osteopathic pediatricians. The committee included the heads of pediatric departments at all the osteopathic colleges. Dr. Dubin reported that the college had 55 active members. The college's status with the American Osteopathic Association was still probationary, and officers pledged to meet with Dr. McFarland Tilley of the American Osteopathic Association



to resolve that issue. Members heard that the American College of Osteopathic Obstetricians wanted a joint meeting in 1951.

## NOTES ON THE 1940's

<sup>1</sup>Dr. Thomas E. Cone, Jr., *History of American Pediatrics* (Boston: Little, Brown and Company, 1979), p. 151.

<sup>2</sup>Dr. George W. Northup, F.A.A.O., *Osteopathic Medicine: An American Reformation* (Chicago: American Osteopathic Association, 1972), p. 7.

<sup>3</sup>Richard Reinhardt, "The Other Fair," *American Heritage* 40;4 (May-June 1989), pp. 42-53.

<sup>4</sup>In 1988 Dr. Waldo Nelson would become the first non-osteopathic physician to deliver the American College of Osteopathic Pediatricians' Watson Memorial Lecture.

# THE 1950's



## 1950's

**I**n the 1950's, when areas of medical expertise were becoming more clearly defined, and the number of specialists was beginning to rise, patients began to seek out specialists for their health problems. "Many patients had between three and six specialists who were taking care of them for various problems at the same time. That led to confusion, multi-pharmacy and a failure to consider the whole person," said Dr. Martyn Richardson.

General practitioners - the "regular doctors" Arnold Melnick called them - thought early pediatricians were valuable for the acute diseases of childhood, and perhaps for advice about formulas and for administering immunizations. Obstetricians took care of the newborns and would continue that care in their offices for weeks or months. In more than a few hospitals well-established obstetricians simply refused to turn over the care of the newborn - in many cases even sick newborns - to the upstart specialist, the pediatrician. Well into the 1960's many insurance companies would not pay for any care of the infant until after he was six weeks or, in some cases, three months of age. "But as people began to recognize the specific problems of the newborn," Dr. Richardson said, "pediatricians began to be more in demand for attendance at difficult deliveries and caesarean sections, and their value for the direction of care of the infant child, and even the teenager, was more recognized by the professional and the non-professional population. Coincident with that was the increasing inclusion of that age group into the insurance programs that were provided by employers and others, leading to better financial remuneration for the pediatrician."

Pediatric specialization was developing slowly. In the few pediatric training programs, pediatric residents found themselves being taught newborn care by obstetricians, juvenile diabetes by endocrinologists, bone and joint problems by orthopedists - all because the staff of the pediatric service did not treat those cases. "When the resident pediatrician finished training and went into an area where other specialists were not available, and he was the

only pediatrician, that lack of breadth became a cause of considerable consternation," said Dr. Richardson. "For a number of years the pediatric journals were filled with letters to the editor about the young pediatricians' discouragement and ineptitude in those areas." Dr. F. Larry Reed of Tulsa, who completed his residency at the Philadelphia Osteopathic Hospital in 1950, recalled that most other osteopathic hospitals had an area they called their pediatric unit but had no trained doctors to head them "simply because there were very few certified D.O.s in the profession, especially in the areas where there were no schools." The only formal osteopathic programs in pediatrics available at that time were at Los Angeles County Hospital, and in Des Moines and Philadelphia.

Dr. Reed had gone into general practice after his graduation from the Kansas City College of Osteopathic Medicine in 1942. "I soon became very busy doing the usual things that a young physician practicing in a rural community does," he said. "I was delivering babies in the home, caring for acutely ill individuals of all ages, taking out tonsils and adenoids and many other procedures that should have been done in a hospital. After a few months of that type of practice, I made two decisions: (1) I wanted to confine my practice to children, (2) I wanted never to deliver another baby unless it became impossible to do otherwise."

Forty years after he first came east, Dr. Reed still fondly remembered making rounds at Philadelphia Children's Hospital in Philadelphia. He was able to go to Children's Hospital because a fellow resident at Philadelphia Osteopathic, Dr. Andy DeMasi, had a brother-in-law whose *brother* was Alfred Bongiovanni, a resident at Children's Hospital. DeMasi used that tenuous relationship to see and to learn from interesting cases at Children's, the M.D. hospital. "Al Bongiovanni was also willing to help a D.O. from Tulsa," Reed remembered in 1988. "Bongiovanni's chief, Dr. Irving J. Wolman, was also very kind and permitted me to join them on their resident rounds. There were several D.O.s attending a monthly seminar being offered by Children's Hospital, but I was the only one making resident rounds, thanks to my friend Al Bongiovanni." Sandy-haired Dr. F. Munro Purse, who was president of the American College of Osteopathic Pediatricians as it completed its first decade in 1950, had opened a similar avenue: An allopathic pediatrician who took care of his relatives' children invited him to attend weekly conferences at Children's Hospital.

In 1950 the American College of Osteopathic Pediatricians met on a hot and humid July 12 at the venerable Stevens Hotel in Chicago. The college formally objected to the fact that the American Osteopathic Association had appointed representatives to that year's White House Conference on

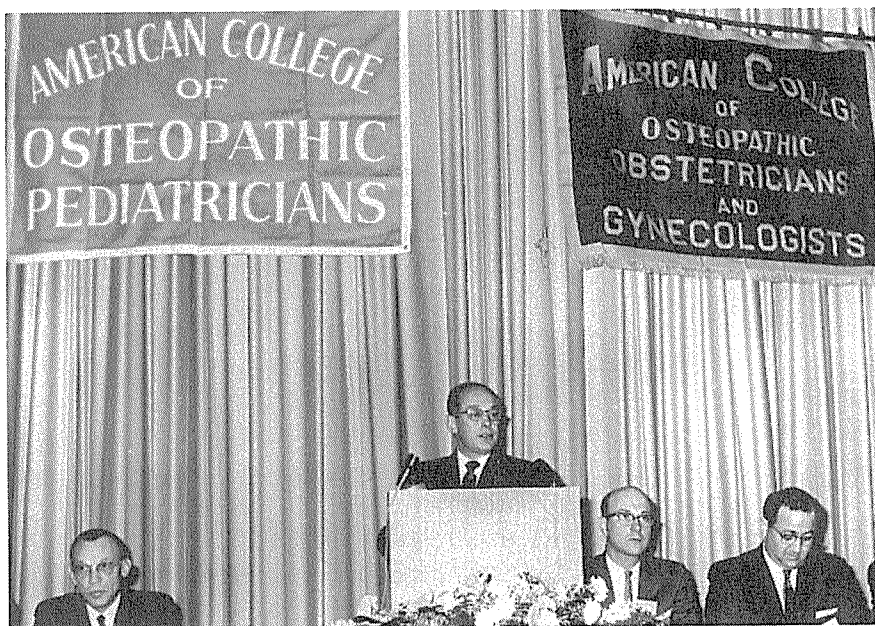
Children without including any pediatricians. Over the years, the college's bittersweet relationship with the AOA would always have the taint of friction about it. A full decade after the founding of the American College of Osteopathic Pediatricians, the college's status with the AOA remained probationary. To the American Osteopathic Association, organized to serve thousands of osteopathic general practitioners, the ACOP and other specialty colleges were tiny appendages. The ACOP and other specialty groups had no vote in the American Osteopathic Association House of Delegates. Perhaps as a result, over the next 20 years or more, the American Osteopathic Association would make appointments to important national organizations, committees and task forces dealing with child health issues - without consulting the college or its members. During the 1950's the college would make its first break with the AOA by meeting separately from it. Even as late as 1956, the American Osteopathic Association's trustees would maintain their right to appoint to government advisory boards and national conferences whomever they thought best qualified, without consulting the osteopathic specialty colleges.

When the college held its annual meeting on July 10, 1951 at the Hotel Schroeder in Milwaukee, it had 67 active members. By 1951, Dr. William Spaeth's regional meetings were flowering. Region I in the northeast had met three times in 1950 and continued to meet regularly. Region II on the West Coast, founded the previous year by the Los Angeles Pediatric Society, had met in Fresno, California, and Region III - which Dr. Mary E. Golden, that year's president, had worked diligently to organize in the Midwest - had conducted a pediatrics refresher course in Des Moines and received 10 new applications for membership in the American College of Osteopathic Pediatricians from among the 50 physicians who attended that course. Dr. Nelson King wanted the eastern pediatricians to come to Boston, where he lived. "We did hold the meeting in Boston," Dr. King recalled. "At that time the eastern states meetings were usually in Philadelphia, but I remember that Arnold Melnick, George Stineman, Otto Kurschner and Sherwood Berman came to the Boston meeting." The college in 1951 granted Dr. Patrick Philben of Texas permission to organize Region IV in the Southwest. Dr. Philben was second vice president that year. The college's other officers, elected at the annual meeting, were Dr. Betsy MacCracken of Los Angeles, president; Arnold Melnick of Philadelphia, first vice president; and Dr. Mamie E. Johnston of Kansas City, secretary-treasurer.

Although he practiced in Boston and had a cerebral palsy clinic at Massachusetts Osteopathic Hospital, Dr. King drove to Kittery, Maine,



*ACOP members meeting with Irving J. Wolman, M.D., (second from left) are Drs. H. Mayer Dubin, Arnold Melnick, M. Michael Belkoff, and Robert Magrill*



*Banners symbolized the joint meetings of the American College of Osteopathic Pediatricians and the American College of Osteopathic Obstetricians and Gynecologists beginning in the 1950's*

every Thursday to conduct a pediatric clinic there. "That was quite a challenge for us all," Dr. King said. "I remember driving back to Boston from Kittery one day in a snowstorm. The whole scene was just one beautiful white blizzard. I could hardly see the road, but fortunately a Greyhound bus passed me. All I could see was its taillights, but I followed that bus all the way back to Boston. If it hadn't been for the bus, I might not have made it."

Leonard Fries, who would become a devoted lifelong friend of the American College of Osteopathic Pediatricians and its members, began his association with the college that year. On April 1, 1951 Fries went to work in Philadelphia as a salesman for Ross Laboratories, the infant formula company. "At that time, frankly," he later remembered, "I didn't know what an osteopath was. People at that time believed the osteopathic profession was, to some degree, quackery. They thought it had a greater relationship to chiropractic care than to medical care. People assumed that if someone went to osteopathic school, he couldn't get into medical school. As a consequence, there was a lot of shunning by the M.D.'s"

One of his earliest sales contacts was Dr. Ernest Talone, a handsome, progressive physician who would help guide Riverview Osteopathic Hospital, a converted private home in Norristown, outside of Philadelphia, and make it into what is today Suburban General Hospital, a 150-bed community hospital housed in several modern buildings. In those days, infant feeding occupied a central place in the thinking and daily routines of pediatricians, in ways that seem inconceivable today. At Riverview, nurses mixed and boiled formula in what was really an ordinary kitchen. Physicians there ordered a variety of formula mixtures - a procedure that elsewhere had resulted in a number of infant illnesses and deaths. "Ernie Talone was kind enough to make Similac, the Ross Laboratories product, his house formula. That meant Riverview would put all babies on Similac if a doctor didn't specifically order something else," Fries said.

The search for better infant formulas had a long history. Studies of infant digestion, vitamins, and neuromuscular development in the 1920's and 1930's had created a lasting partnership between physicians and the infant food industry. By the early 1930's - just at the time that pediatrics was developing as a specialty - good scientific groundwork was in place to begin more fully understanding sound infant and child nutrition. In their 1937 medical textbook, *Diseases of Infants and Children*, Griffith and Mitchell had devoted 56 pages to feeding. Among the authors' observations of drugs that might appear in breast milk, or that might affect breast milk production, were "opium, if taken in excessive doses . . . chloral hydrate if taken in large



doses . . . and quinine, to a limited extent. . . . however, the only drug which was found to be harmful to the nursing infant was sodium bromide.”<sup>1</sup>

What many consider the first true infant formula had been developed almost anecdotally by Drs. Henry I. Bowditch and A. W. Bosworth at the Boston Floating Hospital. Most of the difficulties with children at that time were gastrointestinal and included gastroenteritis and diarrhea: those ailments were a major cause of mortality in the first year of life. At Boston Floating Hospital, Bowditch and Bosworth began experimenting with modifications of cow's milk formulas. They found that the closer they got to something that simulated mother's milk, the fewer problems they had with the gastrointestinal function, weight gain, and general well being of the infants. Having demonstrated the value of their modification of cow's milk, and having developed the formula for it, they had provided it to M&R Dietetic Laboratories in Columbus, Ohio, for distribution around the country. M&R marketed it in 1926 under the name of Similac; it is still marketed with the basic 1926 formulation by Ross Laboratories, which succeeded M&R just at the time that Leonard Fries joined the company. Ross was the first infant formula company to exhibit at the American Osteopathic Association convention.

Most mothers at that time fed their babies evaporated milk. In the nineteenth century, Gail Borden (1801-1874) first got the idea of commercially preserving milk by evaporating much of its water and preserving it with sugar. Returning from Europe by ship, he saw immigrant children poorly nourished because their mothers couldn't give them wholesome fresh milk. In 1856 he patented his evaporation process, and evaporated milk became a staple of American households. Evaporated milk during the 1930's and 1940's became the most widely accepted and versatile milk for infant formulas.<sup>2</sup>

Rickets had been eliminated by adding Vitamin D to all milk products in 1936. Megaloblastic anemias were associated with some of the early formulas, but, in 1948, adding Vitamin C had corrected that problem. In the 1950's Leonard Fries and Ross Laboratories were in the vanguard of an explosion of formulas produced by commercial companies to satisfy the increasing number of mothers who wanted to artificially feed their children. “It was a period of affluence,” Dr. Richardson pointed out. “Overnutrition of infants, children, and even adults became a problem that would not be recognized for another 15 or 20 years. Evaporated milk formulas were widely used. Baker's Milk, Nestle's Dextrogen, Pelargan, Mead Johnson's Dextri-Maltose, Lactum, Alac, and Dalactum - even Sealtest, Pet and Carnation - were all trying to capture the infant-formula market.”

Leonard Fries had the idea for the first prepared formula system and helped Ross Laboratories develop it. "It was just after a fatal accident in Binghamton, New York, in which someone accidentally mixed salt with evaporated milk and gave it to babies in the hospital nursery," he recalled. "I went to Dave Cox, who was the president of our company, and said, 'Dave, why don't we try to prepare a ready-to-serve formula under our strict supervision? We could put it in bottles here and they would just feed it to the babies.'" The first hospital in the United States to use Len Fries's prepared liquid formula was Doctors Hospital, an osteopathic hospital in Columbus, Ohio. Within a decade liquid formula would capture a huge share of the market. By 1974, ninety-six percent of all American infants were receiving commercially prepared milk-based formulas.<sup>3</sup> Over the four decades from 1950 to 1990, Ross Laboratories' sales of infant formula would soar from \$3 million annually to \$1 billion.

In 1952, the American College of Osteopathic Pediatricians met at the Hotel Ambassador on the boardwalk in Atlantic City. Its educational program during the American Osteopathic Convention consumed three hours on the afternoon of July 12 and focused on thumb sucking, current pediatric therapy, baby feeding and immunizations. That night at its banquet, the college honored Drs. Mary E. Golden and Margaret Barnes as fellows and presented Dr. Ira W. Drew with an honorary membership. Dr. Betsy MacCracken was president that year. Dr. Arnold Melnick was first vice-president; Dr. Patrick Philben of Dallas, Texas, was second vice-president; and Dr. Mamie E. Johnston of Kansas City, Missouri was secretary-treasurer.

The college convened its annual meeting in the Conrad Hilton Hotel in Chicago on July 12, 1953. The board of directors, meeting the same day, announced that the topic for the first Ira Drew essay contest on osteopathic pediatrics would be "The Relationship of Osteopathic Regions to the Progress and Sequelae of the Contagious Diseases of Childhood." The previous year, Dr. Ira Drew had offered a \$100 annual award for the best student paper on osteopathic pediatrics; his gift became known as the Ira Drew Essay Prize.

When the college met that hot July day in 1953, with Dr. Arnold Melnick as its president, one of its actions was to endorse physicians' use of gamma globulin for the prophylaxis of polio. It is impossible now for young people who grew up with the Sabin polio vaccine to remember when summers were frightening times. Each year, with the first diagnosis of polio in a community, theaters and swimming pools closed, families reduced their travel, and every sign of illness in a child was a moment for panic. Polio was endemic

and epidemic. For decades it had occurred with variable spread and intensity by year and geographic area. One of its most famous victims had been the late President Franklin Delano Roosevelt. "Eventually doctors sent all their cases of polio to the polio unit of a children's hospital - often 100 miles or more away - because parents would accept no less," Dr. Martyn Richardson remembered. "Gradually it became obvious that only about five percent of the polio cases developed paralysis; later, researchers identified non-paralytic 'polio-like viruses.'"

Hospitals admitted and supported the polio-stricken children - treating bulbar cases in their iron lungs - but there was little else that physicians could do. Sister Elizabeth Kenny, the Australian nurse, had developed her methods of hot packs and physical therapy as a treatment during the disease's acute phase. A doctor in North Carolina had claimed good results from megadoses of Vitamin C. Several osteopathic hospitals seemed to get good results with aggressive support and osteopathic manipulative therapy during the acute phase. Dr. James M. Watson had lectured on polio rehabilitation at the 1951 annual meeting. Dr. Betsy MacCracken looked back with pride on the success that the Los Angeles County Hospital had with polio.<sup>4</sup>

In the polio epidemic of 1946 we were notified that no acute cases would be assigned to the osteopathic unit. Dr. Watson felt it was imperative that our house staff should not be deprived of the experience of caring for these patients. In the 1933-1934 polio epidemic our unit had an enviable record. No staff members contracted the disease, whereas 300 staff members, primarily nurses, contracted polio or some "unusual" neurological disease mimicking polio at Unit 1 (the M.D. unit). Our house staff were restricted to the grounds, quartered on Ward 370, and limited to eight hours of duty per day. Mandatory rest and mid-morning and mid-afternoon nourishment were the orders of the day. Therapy for patients involved hot packs, passive manipulation of the involved extremities through the normal range of motion and intermittent cervical traction. That was prior to Sister Kenny's rise to fame.

No one knew polio's cause, but theories abounded: Polio came from eating bananas; it was carried by water; it was carried by house flies or mosquitos - and many other explanations were proposed. "Tulsa was an area where polio was rampant," Dr. F. Larry Reed recalled. "Oklahoma Osteopathic Hospital had one iron lung. When that was in use, there was an M.D. hospital that accepted our patients. We were the only two hospitals in Tulsa at that time equipped with iron lungs."

When Dr. Jonas Salk introduced his first vaccine in 1954, the United States had 18,000 cases of paralytic polio each year; in just six years, as physicians immunized children by the tens of thousands, the number of cases would drop to 2,500 annually. The Sabin vaccine, when it was introduced in 1963, would reduce the number of cases to six per year by 1975 - a 99 percent reduction in 12 years. "But even after the vaccines became available there were several years of discussions about killed versus live-virus vaccines, and neither the American Osteopathic Association nor the American College of Osteopathic Pediatricians immediately recommended the Salk vaccine," Dr. Richardson pointed out. "Looking ahead, by 1980 immune levels appeared to be decreasing worldwide, and the post-polio syndrome was being recognized with increasing frequency, converting men and women who once were acute pediatric patients to chronic geriatric patients."

When it met in Chicago in 1953, the college took note of the Kansas City Child Health Conference and agreed to cooperate with it. The first ACOP-sponsored Conference on Pediatric Education was also held that year, in conjunction with the Child Health Conference. Several years previously, the college had appointed a committee to study pediatric facilities and education for osteopathic pediatricians. The committee included the heads of pediatrics departments at all the osteopathic colleges. "We often used the Kansas City Child Health Conference - because a number of pediatricians were going to be there - as a mid-year meeting for committees," said Dr. Harold Finkel of Lancaster, Pennsylvania. "It was there that I was secretary of the committee on pediatric education. And it was in that period that we tried to develop programs for others to become pediatricians and foster interest in pediatrics, and to send people to lectures at various places." Dr. Finkel was secretary of the Conference on Pediatric Education for two years and then became its chairman for another two years. In 1954 representatives of five of the six osteopathic medical colleges and 11 major osteopathic teaching hospitals participated. The conference passed important recommendations about undergraduate education, residency training programs, and the use of manipulative therapy for incorporation into American Osteopathic Association documents.



*Officers of the Auxiliary of the American College of Osteopathic Pediatricians pictured here are (left to right) Ruth Finkel, Mildred Stineman, Betty Kurschner, Gloria Amalfitano, and Ann King*



*Officers of the college in 1954 were (left to right) Drs. Arnold Melnick, Thomas Santucci Sr., Patrick Philben, Robert Tonkens, and Otto Kurschner*

The educational conference preceded by a day the National Child Health Conference and Clinic, which was then in its twenty-second year. The child health conferences, sponsored jointly by the Jackson County, Missouri, Osteopathic Association and the Kansas City College of Osteopathy and Surgery, were landmarks in American pediatrics. Dr. J. Philip Jones, who later taught at the Kansas City College of Osteopathic Medicine and whose father, Dr. Myron Jones, was on the program of the Child Health Conference, remembered that the Kansas City newspapers, the *Star* and the *Times*, covered the conference on their front pages. "Because it was so big," Dr. Jones added, "the conference put the American College of Osteopathic Pediatricians on the map and gave the osteopathic profession a good image. Many osteopathic family docs were not allowed into allopathic pediatric postgraduate education, so the conference was very necessary for the postgraduate education of our physicians, and I think that they saw that."

Osteopathic physicians from throughout the Midwest and the plains states attended the conferences every year in the cavernous Kansas City Municipal Auditorium. "The Child Health Conference each spring was thrilling and very provocative for me," said Dr. Richard B. Helfrey of Dallas, Texas. "The stalwarts of our college were presented for the 30- to 45-minute lectures. The men were singularly and collectively leaders. My attention to their lectures was intense, and I came away from the conferences fulfilled. It was an opportunity to meet with *our* pediatricians." The attendance at the Child Health Conferences was so large that osteopathic colleges and certain specialty groups scheduled luncheons or meetings of their groups there. Dr. Martyn Richardson estimated the attendance at 1,000 or more, second only to the American Osteopathic Association's annual convention.

In 1954 conference organizers arranged their three-day program, from April 5 to April 7, in three symposia: Structure and Orthopedics the first day; Acute Illnesses the second day; and Pediatric Surgical Problems the third day. Drs. Leo Wagner, F. Munroe Purse, Nelson King, Wayne Peyton, Myron Jones, Martyn Richardson and others examined children in the clinical program. "The midwestern doctors would bring their patients from three or four hundred miles away," Dr. Arnold Melnick recalled. "And they would be examined first by Leo Wagner and then, if necessary, by one of the other specialists. The conference grew, and shortly afterward Jim Purse joined Leo. Jim was a very, very fine teacher. Kids who had been undiagnosed and untreated before got good care. Subsequently others of us were invited out - Tom Santucci, Harold Finkel and I went out. Over the years, the child health conferences sparked the development of osteopathic pediatrics in the Midwest.

It was very, very important, because at that time there were no osteopathic pediatricians in the Midwest. From that Child Health Conference sprang up, among midwestern doctors, an interest in pediatrics, and several subsequently became certified in pediatrics. Dr. Myron Jones, I think, must have been almost 50 when he gave up his practice and took the first residency at Philadelphia. Dr. Larry Reed came from Oklahoma when he was in his early forties. . . . Prior to that time we had, from the Midwest, a number of doctors who were untrained - and I don't mean that in a deprecatory way. One was Dr. Helen Hampton, who was from Cleveland; *she was a pediatrician because she treated kids*. Dr. Everett Borton got some training in pediatrics in Chicago in the mid-1950s. But there were very few pediatricians in the Midwest at that time: There were several osteopathic hospitals in the immediate area, but they had no osteopathic pediatricians at all. Detroit Osteopathic Hospital was the largest osteopathic hospital in the country and they had no pediatricians there, even in the early 1960's. By the 1980's the stronghold of osteopathic pediatrics was the Midwest.

In 1954, the college met on July 10 and 11 at the Hotel Royal York in Toronto and agreed to give the president and secretary first-class rail fare from their hometowns to the site of the convention. Dr. Thomas Santucci, Sr., of Philadelphia was president. Dr. Santucci of Philadelphia had a major influence on the college, and on osteopathic pediatrics. Loved by the men and women he trained as pediatricians, he was an outstanding clinician who had an innate sense of diagnosis and an insatiable thirst for knowledge. "Tom was a battler," Dr. Melnick remembered. "Tom was tolerant of a lot of things, but he wouldn't tolerate anybody being treated unfairly, regardless of the reason - no matter whether it was discrimination on the basis of race, religion, or if they discriminated against you because of the color of your hair. If you were treated unfairly, Tom would lose his cool, and he was always a battler for the right."

Years later, during her presidency in 1988-1989, Dr. Ella Marsh of Orlando, Florida, would credit Thomas Santucci, Sr.: "I would not have been president if it wasn't for Dr. Santucci," she said. "I remember him at

Lake Tahoe in 1985. He was in his seventies and happy as could be, and he got some of his friends together to nominate me for secretary-treasurer. He was terrific. He was short, stocky, a little balding, always on the go. He had lots of students, and they all loved him.”

Dr. Santucci’s son, whom members called Tom Jr., added, “Pop was an excellent clinician, but I think his major contribution was as a superb teacher and a great role model. I don’t think I appreciated the influence he had on D.O. students until I went into my internship in Michigan. In those days it seemed as if he had an impact on everybody there: He had taught them or taken care of their children, or something.

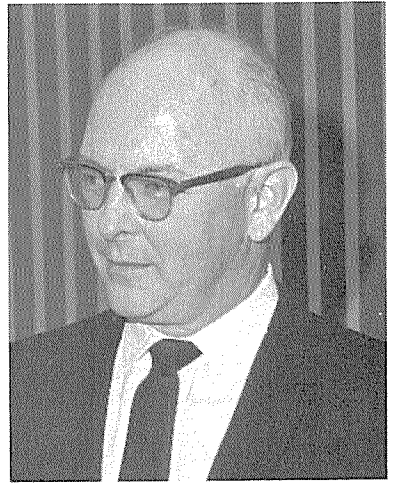
Pop was very active: He was active in the college; he was active in developing the certification exam for the American Board of Osteopathic Pediatrics. He had a tremendous impact in developing caring docs, and in seeing that they had a good base. He was very well thought of and respected as one of the premier teachers - as someone who really cared about the education of students, as well as his physician’s role as someone who cared for children. Pop always talked about its being a privilege to practice medicine; he always thought it was a blessing to be a doctor.

Dr. Thomas Santucci, Jr., would become a professor of pediatrics at the University of Medicine and Dentistry in Stratford, New Jersey, and would follow in his father’s footsteps to become president of the American College of Osteopathic Pediatricians in 1981.

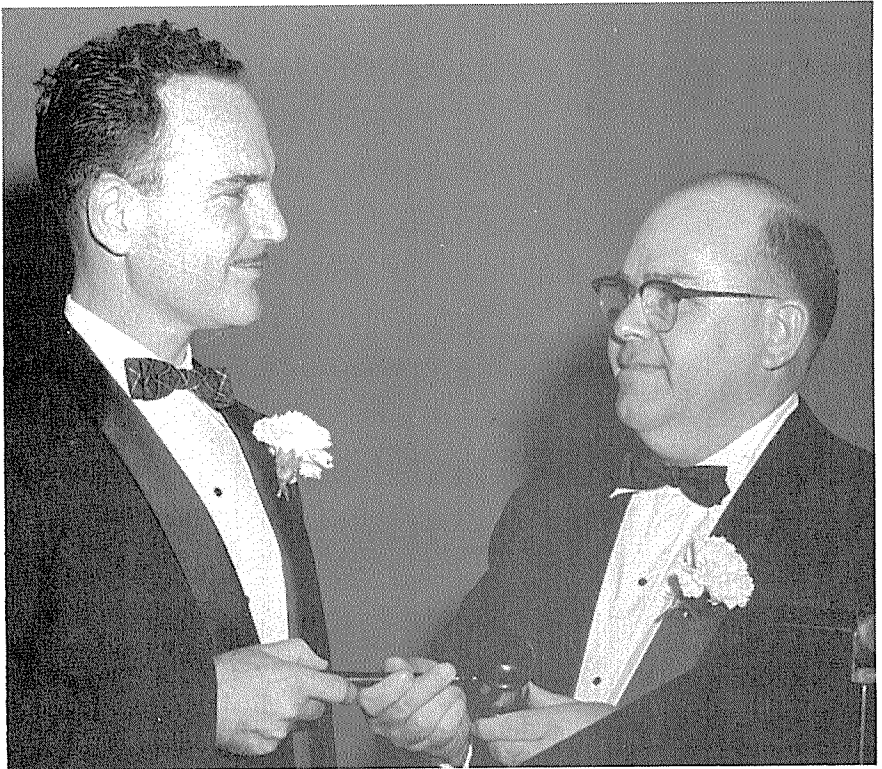
At the 1955 annual meeting of the ACOP on July 16 and 17 in Los Angeles, Dr. Robert R. Tonkens took the gavel as president. There were 23 members present, the largest number to attend an annual meeting up to that time. The membership had been growing steadily. At the 1949 meeting in St. Louis the membership had stood at 55. By 1951 the college had 67 active members. Two years later it had 100 members and a number of applicants. In part its membership increases reflected the growth of the specialty, the interest in pediatrics among new physicians, and the rise of residency programs. Members at the annual meeting voted to increase dues to \$20, but subsequently reduced them to \$15.

Responding to the growth of pediatrics, the college took action that year on the need for minimal pediatric experience for interns in osteopathic hospitals and recommended that interns supplement the manipulative





*Dr. John M. Howard (right)*



*Dr. Wayne Peyton (left) receives the president's gavel from  
Dr. Everett Borton at the Statler Hotel in Detroit in 1959*

therapy attending physicians gave pediatric patients. The college also made recommendations on the developing pediatric residency training programs, specifying reading material and close control of preceptor programs. Residency training was new for osteopathic pediatricians. Like Dr. Nelson King and Dr. Arnold Melnick, most practicing pediatricians had learned their pediatrics at the feet of more experienced preceptors. Dr. Melnick pointed out: "My own training was five years of preceptorship. I would put in between 11 and 15 hours a week of training at the Philadelphia College of Osteopathy, in addition to running a practice. There was also, on one specified day each week, a seminar or a series of lectures on pediatrics. A number of people who were active in the American College of Pediatricians, and who later became certified, used preceptorship as a base of their training. After putting in our preceptorship time, we were eligible to take our boards. But it took five years to get that training, and for a time Los Angeles and Philadelphia were the only two training centers. All of today's pediatricians who trained osteopathically are second, third and fourth generations of those two training programs."

Dr. Wayne Peyton had tailored his own pediatric residency program at Los Angeles County Hospital in 1945 by trading assignments with residents in other specialties until he had a full year's work in pediatrics; the hospital created a formal program the next year, with Dr. Robert Hampton as its first pediatric resident. Philadelphia had established its first pediatric residency in 1947. Dr. Samuel Caruso, who later became chairman of the pediatrics department at the Philadelphia College of Osteopathic Medicine, was the first pediatric resident there. Lean, sandy-haired Dr. Nelson King was invited to take a professorship at the Kirksville College of Osteopathy and Surgery in 1956, became the first certified pediatrician to teach pediatrics there, and trained a large number of pediatric residents during his tenure.

The 1956 annual meeting was at New York's imposingly elegant Hotel Statler. The Borden Company paid for members' dinners, beginning a custom that other infant formula and pharmaceutical companies would later extend to receptions and cocktail parties at the annual meetings. A considerable part of the meeting involved recommendations from the committee on pediatric education. Additional subcommittees were developed to report to the Conference on Pediatric Education, and the members discussed kinds of research that pediatricians could carry out.

Dr. James M. Watson, the founder of the American College of Osteopathic Pediatricians, died on December 12, 1956 in Los Angeles's Monte Sano Hospital, after a gastrointestinal hemorrhage resulting from chronic cholecystitis with cholelithiasis.

Ill health had forced his retirement from practice months before his death. He had been an attending pediatrician at the Los Angeles Osteopathic Hospital and a consulting pediatrician at the Monte Sano Hospital, the Burbank Hospital, and the Glendale Community Hospital. A native of Los Angeles and a past president of the Native Sons of California, he had become professor emeritus and emeritus past executive of the graduate Department of Pediatrics at the Los Angeles College of Osteopathic Physicians and Surgeons. He was a member of the California Osteopathic Association and a founding member of the Southern California Osteopathic Foundation and the Los Angeles Pediatric Society.

"Dr. Watson served as vice chairman and president of the American Osteopathic Board of Pediatrics," Dr. Robert Magrill wrote in the college *Bulletin*. "Our Board was one of the earliest active certifying boards in the profession. For leadership . . . all eyes turned to Dr. Watson. As its chairman, his leadership and foresight gave impetus to activities which have since been instrumental in raising the standards in our undergraduate schools. Consequently, the teaching programs in pediatrics at the six osteopathic colleges have benefited greatly. . . ."

In the May 1957 *Bulletin*, Dr. Magrill also said:

James M. Watson was a devoted man. He was devoted to his family, his patients, his friends and his profession. He had a message to deliver and sought to arouse the learning process in the minds of his colleagues and students. He had experienced the struggle to learn to use his mind to appraise information and to form independent judgment. He was a true educator, as he endeavored to prepare his students to exercise their own judgments and fulfill their potentialities for critical original thinking. He was the father of Osteopathic Pediatrics and he was known and revered and respected from coast to coast. . . . Our present need is to . . . try to emulate his teachings and concerns in the improvement of the health of our children.

Of all intellectual friendships, none are so beautiful as those which subsist between older experienced men and their younger students in the art and science of medicine. It is by these acts of kindness, patience

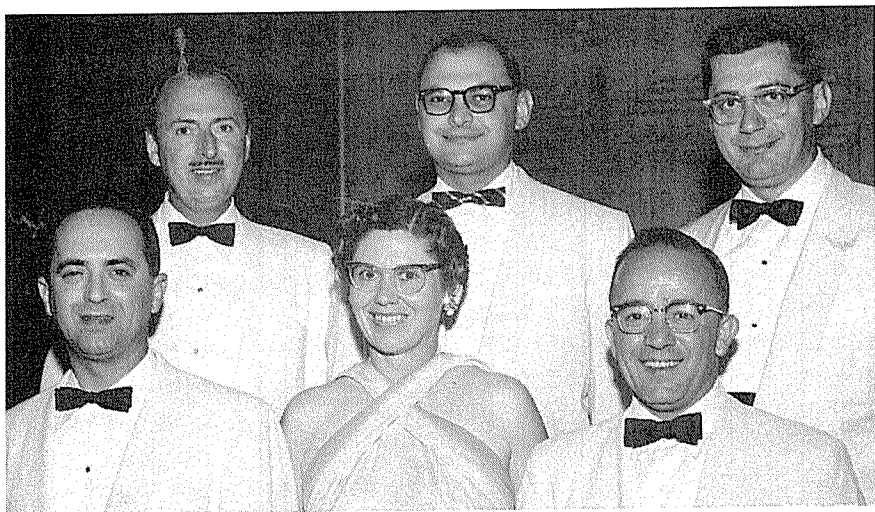
and dedication that the tradition of sound thinking and great doing is perpetuated from generation to generation.

To honor its founder, the American College of Osteopathic Pediatricians would establish the prestigious James M. Watson Memorial Lecture in 1958 at its annual meeting in Washington, D.C. Dr. Evangeline Percival, his longtime colleague, would give the first Watson Memorial Lecture.<sup>5</sup>

In 1957, the college met on July 12 at the Hotel Baker in Dallas, Texas. The college had gained 15 new members during the year, and members were interested in having an annual membership directory printed. The yearly college budget had risen to \$2,500. That year the American Board of Osteopathic Pediatrics charged applicants \$200 to take its certifying examinations. The examination included the preparation of a bound volume of case reports with appropriate descriptions, photographs and references. At various times during the 1950's examiners presented candidates with patients who required diagnosis. That year in Dallas the candidates became deeply discouraged because they could not diagnose the medical problems of several children whom the examiners brought before them. All of the candidates passed the examination, however, because no other physician had been able to offer a diagnosis either. The board was certifying a dozen or more new pediatricians each year but had a budget of less than \$1,000. Examiners did their work gratis. Not until 1959 would the board raise its application fee to \$500.

For many years, wives who accompanied their husbands to the annual meetings had enjoyed socializing with women they had grown to know through the American College of Osteopathic Pediatricians. If the college was a close congenial group in which hardly more than 20 members attended the annual meetings, the women - particularly the wives of men moving through the steppingstone offices to the presidency - became even closer, "a little sorority," Mrs. Anita Melnick called it. Most were about the same age, young wives raising children, and they looked forward to each year's meeting as a vacation. "We felt," said one, "that if the spouses wanted to go to the annual meetings they would encourage their husbands to come." Even before the auxiliary to the American College of Osteopathic Pediatricians formed in 1957, the wives planned fashion shows, city tours and visits to art museums while their husbands attended the annual meetings' scientific sessions.

"I think perhaps the purpose of the auxiliary was to be ambassadors for the profession and for our husbands," said Ruth Finkel, the wife of Dr. Harold



*Honored as ACOP Fellows in 1957 were (left to right) Drs. Robert Tonkens, Patrick Philben, Betsy MacCracken, Arnold Melnick, Thomas Santucci Sr., and Otto Kurschner*

Finkel. “We tried very hard to bring back to our own communities information about osteopathic pediatrics. . . . We had sessions and I think the thrust of the auxiliary was to spread good public relations in our own communities.<sup>6</sup>

We had individuals sometimes come in and talk to us and tell us different ways to do it. If our hospital had a publication, they told us to make sure that positive things about osteopathic medicine were going out. There were many ways.

I remember one brochure. It came out of the American Osteopathic Association, and it asked: “What is an osteopathic physician? What is osteopathy?” What we did was to take those leaflets and see to it that they got into every school, every high school, and every college in the areas where we lived. We even tried to encourage our own hospitals to put on information programs, because at that time there was a real need to know what

osteopathy was. I think a lot of people were ignorant and just didn't know what osteopaths were. People used to confuse osteopaths with chiropractors, and we just wanted to make our husbands' qualifications known, that they were not second-best to anybody, and that they were fully qualified and taking the same exams. That consumed most of the auxiliary's time. I think we did a good job. There were times when we left information about osteopathic medicine in the library - particularly books on osteopathy. We made sure that the library had that information so that if, at any time, there was a student who was vacillating about whether to go into some kind of medicine, and wanted to see what an osteopathic physician was, at least the literature was there. We set up lectures for anyone who might be interested. Our own hospital auxiliaries ran hospital tours, but I think what we were doing in the auxiliary at each year's convention motivated us to do some of that work.

One of Ruth Finkel's photographic albums showed the auxiliary's 1959 officers: Shirley Belkoff, Betty Kurschner, Mildred Stineman, and Mildred Pelsner. The auxiliary operated from 1957 to 1962, had its own bylaws and received some monetary support from the college. Over those years the auxiliary's presidents were Mrs. Lee Philben (1957-1959), the wife of Dr. Patrick Philben who was president of the ACOP in 1953, Mrs. Bonita Peyton (1959-1960), the wife of Dr. Wayne G. Peyton whose year as president was the same as his wife's, Mrs. Lois Borton (1960-1961) the wife of Dr. Everett Borton who was president from 1957 to 1959, Mrs. Mildred Stineman (1962-1963) the wife of Dr. George B. Stineman, who would be president of the college in 1962-1963, and Mrs. Ruth Finkel (1963-1964), whose husband was president in 1960. A compact, four-inch by six-inch directory, made of pink construction paper, would list 32 members of the auxiliary in 1960 and 34 in 1962. Annual dues were \$2.

The 1958 meeting was at the Sheraton Park Hotel in Washington, D.C. There was a motion that the college meet with the osteopathic obstetricians and gynecologists. The American College of Osteopathic Obstetricians had asked for a joint meeting with the pediatricians as far back as 1949, and, though nothing ultimately developed, in 1951 the college had actually agreed to hold its annual meeting with the obstetricians during the Ameri-

can Osteopathic Association convention. In 1951, Dr. Evangeline Percival had suggested for the first time that the College of Osteopathic Pediatricians meet independently of the AOA. The first joint meeting, however, in which the college participated would not take place until 1959 when it met with its sister specialty college, the osteopathic obstetricians and gynecologists: 175 physicians and 50 spouses registered for that meeting at the Hotel Statler in Detroit.<sup>7</sup> “We were a small group. And we found out that the obstetricians wanted to break away,” observed Dr. Arnold Melnick, who was the pediatricians’ program chairman at that first joint meeting. “Harold Finkel was our first liaison. He ran most of the programs. He also ran a lot of the programs and made a lot of the meeting arrangements for the American College of Osteopathic Pediatricians before we had an executive secretary.”

When it came to convention management, his colleagues considered Dr. Finkel something of a wizard. Dr. Finkel, who had joined the American College of Osteopathic Pediatricians in 1949 and had been rising through its leadership positions throughout the decade, recognized that member registrations didn’t really pay the cost of a convention; exhibitors did. He discovered that he had an eye for layout. He could tell almost at first glance whether a hotel had enough exhibit space, lecture space, and the necessary public rooms for smaller groups. As an instinctive convention planner he also understood the needs of the pharmaceutical companies, which, for the first time, were exhibiting at the joint meeting. “Once you get the technique down, and a number of contacts, it’s not so difficult,” Dr. Finkel smiled. “What happens in so many organizations is that the second vice president automatically becomes convention chairman. He may not know a ding-dong about being a convention chairman, but that’s his job, so he repeats the same mistakes as the guy before him - who repeated the mistakes of the man before him. And, because each year the first vice president is new, the drug companies don’t know who’s in charge and they lose contact with the organization. Don’t forget, we were fighting for recognition from the drug companies.”

Dr. Finkel advised the American College of Obstetricians and Gynecologists, which had never had exhibitors at its meetings but stood to bring in a previously untapped source of pharmaceutical companies offering a panoply of products foreign to the pediatricians. “We broke away from the American Osteopathic Association convention for a number of reasons,” Dr. Finkel said:

First of all, at the AOA we had to meet when the AOA decided to meet. Second, because of the size of the AOA and all its subsidiary groups, we were limited to meeting in certain cities and at certain facilities. And the AOA was rather arbitrary about what they would give us and what facilities we would have. In a joint meeting we could perhaps choose nicer facilities in a smaller setting. So we said, "Hey, we don't need that." And we broke away. Both colleges were feeling their oats about the same time, and we had a lot of things in common. We met together for five years. Eventually they grew at a much more rapid pace than we did, and that's why they broke away from us. They learned how to run their own convention, and then they went off on their own. We went back to the AOA for a short time, and then we went off on our own.

As observers, Leonard Fries and others felt that the obstetricians dominated the annual meetings in those years when the American College of Osteopathic Pediatricians met with them. Throughout the 1950's - with Dr. Arnold Melnick as its spearhead - the college had been developing the quality of its educational programs. "Each year we were able to get better and more prominent lecturers," said Dr. Finkel. "That was where I first met Heinz Eichenwald, the great specialist in infectious diseases from Dallas, Texas. He was a young man and he was willing to come and lecture to us. The Californians had connections to men like Dr. Ben Kagan at UCLA. Once we got names like those, when we'd go out to get the next year's speakers, we'd say, "Well, Dr. Kagan spoke to us last year." They'd say, "Well, if it was good enough for Ben Kagan, I guess it's good enough for me."

Recruiting M.D.'s to speak at an osteopathic meeting was problematic from the outset because of the relationship between the allopathic and osteopathic professions. The American Medical Association, even at that time, considered any voluntary professional association with osteopathic physicians by M.D.s "contrary to the Principles of Medical Ethics." Many M.D.s termed osteopathic medicine *a healing cult*. Even so, Leonard Fries made a number of efforts to sign up allopathic speakers for the osteopathic pediatricians' scientific programs. His warm personality and outgoing friendliness had made him as welcome in the homes of M.D.'s as he was with osteopathic physicians. "Eventually," Fries recalled,



I went to the chiefs of pediatrics at each of the medical schools in Philadelphia, all of them my close friends, and asked if they would have any objection to people on their staffs talking to the osteopathic pediatricians. They agreed, and then I went to the osteopathic physicians. They felt some hostility, because of the hostility they had encountered from the allopathic profession. At any rate, we started out, and, though I don't remember all of the M.D. speakers, I know one was Dr. William Rashkind of Children's Hospital in Philadelphia who developed balloon angioplasty.

Later, to help clarify misunderstanding about the osteopathic profession, Fries would also visit colleges and develop a slide presentation on osteopathic medicine.

Among the technological developments that changed the practice of pediatrics in the 1950's was the intensive care incubator. Its forerunners harked back as far as 1935, and over the years physicians struggling with the problems of prematurity had worked to provide heat, humidity, visibility and mobility for low-birthweight infants. During the 1950's designers had improved the circulation of air and the humidification of the incubator. The next major advance was the development of servo-controls in which the infant's body temperature regulated the heat supplied, so that body temperature remained constant. By 1959, it was possible to provide adequate oxygen and humidity and keep sick babies in full view for constant observation. In the 1960's, the first highly specialized regional neonatal intensive care units would push forward tremendous advances in the care of premature and distressed newborns.

By 1959, the United States stood tenth among the world's nations in infant deaths. The 1950's had brought an even larger number of medical advances than the previous decade. Hyaline membrane disease was recognized. Pediatricians now had meprobamate, dextromethorphan, terramycin, neomycin, erythromycin, achromycin, N.P.H. and lente insulin, darvon, dimetane, betadine, orinase, librium, the fluothane anesthetics and the tricyclic antidepressants. Researchers had identified 29 types of Coxsackie viruses and 31 types of Echo viruses. The first exchange transfusions had begun. Dr. F. Larry Reed of Tulsa recalled: "I did one at Philadelphia Osteopathic Hospital, and we had to improvise, using a small infant nasogastric feeding tube as an umbilical catheter. It took two, three-way stopcocks attached to

a blood transfusion set-up in order to carry the blood for transfusion on one line and the receptacle for the infant's discarded blood on another line. Later an exchange transfusion outfit could be purchased. I've forgotten how many exchanges I completed in the first year I was in Tulsa, but it was a lot."

Winer and Landsteiner had discovered the Rh factor in 1940. By 1950 Diamond and others had demonstrated the efficacy of exchange transfusions. "A number of pediatricians shudder to recall when they performed exchange transfusions using superior sagittal sinus or bilateral cutdowns on saphenous veins," Dr. Martyn Richardson pointed out. By 1957, Diamond and Little described the single-cannula technique through the umbilical vein. A significant problem was educating the hospital staff to anticipate a problem and notify the pediatrician early. "Usually, we were called late, when the infant was jaundiced and our exchanges had to be done at less than optimum times," Dr. Richardson remembered. Many insurance policies did not cover exchange transfusions, and most patients could not pay the \$75 cost in 1959, when Rh disease was claiming the lives of between 5,000 and 6,000 fetuses and newborns each year. Exchange transfusions were commonly done in the late 1950's, and, during the 1960's, general practitioners would do them in rural hospitals. Not until the late 1960's, three or four years after RhoGam became available, would the number of exchange transfusions began to decline.

For pediatrics and pediatricians, the world was changing. The Barbie Doll had made its debut; over the next 30 years more than 500 million would go into the hands of children. Many pediatricians and psychologists wondered what messages Barbie and her expensive clothes were giving to American children. For boys, the same question applied to the new GI Joe doll and the image it was creating in immature minds. Fewer and fewer physicians were climbing the stairs to patients' homes. "The change in relationships between the physician and the patient is probably the most traumatic thing that's happened to me during my years in practice," Dr. Finkel said, "because I enjoyed the relationship and closeness with my patients and their families. I enjoyed making house calls and really seeing how people lived.

For 18 years I had my office in my home. It was partly a matter of convenience and partly because that way I could keep in contact with my children. The other thing was that I was more available. If my car was parked out front, even though they knew it wasn't my office hours, they'd knock on the door and say, "Doc, I saw your car out there, and Johnny is sick. Could you just take a look at him?" It went with the territory.

In addition to Drs. Finkel, Golden, MacCracken, Melnick, Purse, and Santucci, the other presidents who built upon the accomplishments of the college's first decade - wrote for its *Bulletins*, strengthened its finances, welcomed its new members, spread its influence - and generally consolidated the work of the college founders, were Drs. Patrick Philben (1953-1954), Robert R. Tonkens (1955-1956), Otto Kurschner (1956-1957), who would die of cancer in 1965, and for whom the Tri-County Hospital in Springfield, Pennsylvania, would name its pediatric pavilion, Everett C. Borton (1957-1959), and Californian Wayne Peyton (1959-1960).

California pediatricians had founded the college, but their influence had been supplanted, in the late 1940's, by that of East Coast pediatricians. One



*Dr. F. Munro Purse*

longtime college member, describing the periods of college leadership over its fifty-year history, pointed out that the early years in which the California physicians dominated were “days of getting started.” In the 1950’s, as the preceding pages have shown, the leadership concentrated on developing programs, building organizational structures, and encouraging an interest in pediatrics among osteopathic physicians.

“The Philadelphia influence started with Bill Spaeth back in the mid-1940’s,” Dr. Melnick said, reading through a list of the college presidents. “It really persisted straight through Harold Finkel until the early 1960’s. That was a period of influence. That’s putting it very crassly, but the presidents each year were named by the Philadelphia group. Just as, a few years before, they had been named by the California group, and in subsequent years by other groups - which is the way most organizations work.”

The American College of Osteopathic Pediatricians ended its second decade with 124 members. Examples of the organizational structures and trappings that the college had developed in the 1950’s were: committees for education, hospital training, undergraduate training, residency training, and immunizations; rules for reimbursing outside speakers (and for not awarding honoraria to college members giving papers at annual meetings), for bonding the college treasurer, for auditing the college’s financial records and for requiring two college officers to sign all checks. In 1952, the college officially had adopted the design of an academic hood that it would award with the degree of fellow. By 1959, it had designed a banner for its annual meeting banquets, created a plaque that it would henceforth award to each year’s James M. Watson memorial lecturer, and begun work on an official organizational seal. The seal, which the college would use in its original form until 1983, was created by Dr. Harold Finkel and was a six-sided figure framing a doctor, a nurse and an infant. A medical emblem, the caduceus, formed the lower right of the six sides, and along the others were the words, *The keystone of good health . . . pediatrics. Inc. 1941.*

## NOTES ON THE 1950’s

<sup>1</sup> J. P. Crozer Griffith and A. Graeme Mitchell, *Diseases of Infants and Children*, second edition, (Philadelphia: Saunders, 1937).

<sup>2</sup> Dr. Thomas E. Cone, Jr., *200 Years of Feeding Infants in America*, (Columbus, Ohio: published and distributed by Ross Laboratories, 1976), p. 84.

<sup>3</sup> *Ibid.*

<sup>4</sup> On the third page of her unpublished manuscript *History of the Pediatrics Department, California College of Medicine, University of California, Irvine*, Dr. MacCracken notes that, as a result of Dr. Watson's efforts, "The order was rescinded and there were no further discriminations after that episode." The manuscript is the property of the American College of Osteopathic Pediatricians, 172 West State Street, Suite 303, Trenton, New Jersey 08608.

<sup>5</sup> The Watson Memorial Lecturers from 1958 to 1989 are listed in the final chapter.

<sup>6</sup> In 1955, Raymond Keesecker of the American Osteopathic Association had told student doctors' wives that opportunities to expand public awareness of osteopathy gave the women "the best opportunity in the world for some important public relations work." See Norman Gevitz, *The D.O.'s: Osteopathic Medicine in America*, (Baltimore: Johns Hopkins University Press, 1983), p. 97.

<sup>7</sup> Dr. Evangeline Percival's son, Dr. David Percival, was program chairman for the obstetricians and gynecologists.

# THE 1960's



## THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

### 1960's

**A**s the 1960's began, house calls cost \$8, an office visit \$4.75. National opinion surveys found patients' confidence in their physicians running at 73 percent. A lot would happen in the Sixties. John F. Kennedy would be elected president; and a few years of romantic idealism typified by words like the New Frontier, Camelot, and the Peace Corps would be devastated by the Vietnam War. The baby boom - that burst of post-World War II births that would eventually number close to 60 million - pushed the total United States population in 1960 to 179,300,000. There were so many young children in the United States that the median age of the population dropped to 29.6 years. The medical advances of the previous decades meant that, in 1960, the average American could expect to live 69.7 years.

"The 1960 census marks still another great divide, between the end of the post-1945 flush of victory and the problem-haunted decades that have followed," said *Forbes Magazine* in a retrospective.

Some plain numbers tell the story of the Eisenhower prosperity. The number of homeowners was 32.8 million. And while the census did not count all the gadgets within those homes, it did measure one that was crucial: There were 45 million television sets glowing each night in those millions of living rooms. . . . A best seller by Michael Harrington, *The Other America*, noted that 40 million Americans had incomes below the official poverty line. Sociologists and editors warned that the decaying inner cities were time bombs. The urban poor, long invisible, became the focus of efforts to create a "Great Society." Awareness of the disparity between black and white income and educational levels fed more fuel to the civil rights revolution that had begun in the fifties.<sup>1</sup>



The flower children would come of age. New drugs - colymycin, cephalothin, lincomycin, methicillin, oxacillin, ampicillin, afrin, periactin, tinnactin, valium and quaaludes - would appear on the market.

The 1960 White House Conference on Children and Youth, unlike the 1950 conference, would have American College of Osteopathic Pediatricians representation: Drs. Arnold Melnick and Leo Wagner would attend. Dr. Philip Jones, who was a resident under Dr. Wagner, remembered him as "the epitome of a physician. He was genial, hospitable, kind. He knew medicine and he continued to learn even into his late sixties. He had blue eyes and a little bump on his head, which he called his birthmark. He always said he had crawled into the wrong burner." Many colleagues revered Dr. Wagner. He took good care of his patients and had great compassion for people who were critically ill, and for their families. "He was tall and quite thin. He reminded me a lot of my father," said Dr. Patricia Cottrille, who studied with Dr. Wagner in Philadelphia and later practiced with him in Michigan. "I think all the pediatricians during my residency years had trained either by working with or by watching Uncle Leo, as we called him; he had taken more steps toward pure pediatric education than anyone else in his time." To support the National Committee on the White House Conference on Children and Youth, the ACOP board of directors voted a \$500 contribution. The college's financial resources were growing; the directors had a proposed budget of \$6,897 for the coming year.

The American College of Osteopathic Pediatricians met that year from February 22 to February 25 in sunny San Antonio. The convention co-chairmen for the joint meeting of the pediatricians and the obstetricians and gynecologists outdid themselves, in ways the colleges had never done before, to promote attendance. Dr. Harold Finkel sent picture postcards of the impressive red brick San Antonio Hilton, the convention hotel, to all members. A pink flyer enclosed with the hotel reservation form that winter asked: "Have you ever dreamt of being in the Alamo? Have you ever wished for the biggest steak in the world? You can have a 72-ounce steak free if you can eat it in one hour in San Antonio."

Dr. Bernard Kay, who would later head the pediatrics department at Michigan State University's College of Osteopathic Medicine, remembered that San Antonio meeting: "I was a resident at the time and I spoke down there. I recall feeling a warmth toward the organization. I never realized its importance until I was out about five or six years and really needed to belong to something. As time went on, the college became more and more important to me."

Among the pediatricians on the program, besides Dr. Kay, was Dr. Walter

M. Pelser, who had worked with Dr. Nelson King in his Boston cerebral palsy clinic, and who participated in a panel on *PeriNatal Factors and Their Production of Brain Injury*. Dr. Robert Magrill, the college's first vice president in 1960, who taught at the Los Angeles College of Osteopathic Physicians and Surgeons, moderated a panel on common problems. Other speakers were Dr. Patrick Philben, who asked, *What Does the Obstetrician Expect of the Pediatrician?* and Dr. Thomas E. Jarrett, chairman of pediatrics at Grandview Hospital in Dayton, who discussed *Inborn Errors of Metabolism*.

Dr. Harold Finkel took the gavel that year in San Antonio. He had done yeoman service on behalf of the American College of Osteopathic Pediatricians for more than a decade. As president in 1960, he would focus on education. "Somebody taught me," he said, expressing his philosophy as president. "My job is to teach you. Then it's your job to pass it along - and that was what I encouraged. I wanted to encourage D.O.'s to go into pediatrics. I wanted to improve the facilities in the osteopathic institutions. We wanted to gain respect in the overall pediatric community."

Dr. Finkel, who would earn many honors over the course of his long career, never regretted his decision to become an osteopathic physician. An



*Delegates to the 1960 White House Conference on Children and Youth were Drs. Myron Magen, Frank Souders, M. Virginia Poole Ellis, Arnold Melnick, Leo C. Wagner, and Kenneth Mahoney*

extraordinary number of college members became osteopaths because of the influence of single individuals. Dr. Finkel, who trained as a pharmacist and had been accepted at the allopathic Hahnemann Medical College in Philadelphia, went to osteopathic school because of a twist of fate:

I had been playing tennis in Lancaster at Franklin and Marshall College, and I hurt my knee. Because it was wartime, there were very few physicians around: I hobbled down College Avenue, and I saw a sign that said *Osteopathic Physician*. I went in, and there was Dr. George Wolf, who treated me very successfully. That was on a Tuesday. On Saturday I visited him again, and that afternoon I was able to go horseback riding. And he asked me why I didn't look into osteopathy. I didn't know anything about it. He said, "Well, you're from Philadelphia. Stop down at the college and talk to them." I did the next time I was home, and they, in turn, put me in touch with Dr. David Green, an osteopathic physician in our neighborhood, whose office I had walked by hundreds of times without paying attention to it. He happened to be an academic. He offered that if I were to go to the osteopathic school I could study at his office. It would be a review for him, and he, in turn, would show me any interesting cases that came along. I could get into the osteopathic school in October, and I figured I would try it. If I liked it, I'd stay. If I didn't, I could go across town to Hahnemann. That's what I did: *I tried it and I liked it.*

Practicing among the Amish has been satisfying. For many years I had my office in Ephrata, outside of Lancaster. I saw many, many anomalies due to inbreeding that are not seen elsewhere. I have probably seen more Ellis-van Creveld syndromes, the dwarfism common to the Amish, than Ellis and van Creveld put together.

I knew there were prejudices against osteopathic physicians, but I think because I was born into a

minority group, I learned to cope with them. As long as someone respects himself, nobody is going to put him down. My father taught me one thing - that if you can't respect yourself, nobody else will respect you. I went into the allopathic institutions for one purpose only: To learn as much pediatrics as I could.

Dr. Finkel's close friend and associate, Dr. Arnold Melnick once told of attending a week's course in pediatrics taught by Dr. Manny Perez, M.D., at the Mayo Clinic. Throughout the week, in casual conversation, a group of M.D. pediatricians from Texas repeatedly complained about the "damned osteopaths." At the final meeting, a dinner, the individual physicians were introduced, with their degrees, and the M.D. pediatricians were redfaced when they found that they had been working with three osteopathic physicians all week.<sup>2</sup>

Osteopathic pediatrics had become a firmly established specialty, and one measure of pediatricians' newfound confidence was the college's interest in the depth and breath of pediatric training. At a February session in Las Vegas during the 1961 joint meeting, the college board of directors reviewed a report from the Committee on Hospital Education. The committee had analyzed routines at 39 osteopathic hospitals that had responded to its inquiries; it was seeking to standardize rules for pediatric departments in those hospitals. The college wanted pediatricians to inspect pediatric residencies and was making an effort to coordinate pediatric residency training and preceptor programs with the American Osteopathic Association's Advisory Board on Osteopathic Specialties.

Twenty-four members attended the general meeting on February 7, 1961 at the Stardust Hotel in Las Vegas. One of the highlights of that year's joint meeting with the obstetricians and gynecologists was a tour of Boulder Dam. The membership agreed that the ACOP would meet with the American College of Osteopathic Obstetricians and Gynecologists in 1962, but - marking the end of the joint meetings with the obstetricians and gynecologists - the college decided, in response to a request from the American Osteopathic Association, that it would resume meeting with the AOA in 1963.

On July 7, 1961 the board of directors of the American College of Osteopathic Pediatricians met in Chicago. Dr. Martyn Richardson, who wrote the minutes, noted that, "For the first time, mention was made of the status of the California members." The American Osteopathic Association had notified the ACOP that any California osteopathic physician or surgeon

who was not a member of an AOA-affiliated divisional society by July 15, 1961 would not be considered a member in good standing of the specialty colleges. Dr. Nelson King, who was president of the college that year, remembered that, "We had to say goodbye to Betsy MacCracken and Wayne Peyton, and to Bob Magrill, who would have been president of the college the following year."

At that time California could boast of a disproportionate percentage of all the osteopathic doctors who were practicing in the United States. They saw themselves as the best-qualified osteopathic physicians and surgeons in the nation - at the same heights of excellence that Dr. Watson and the other founders of the American College of Osteopathic Pediatricians had exemplified. They were a united group - the majority worked closely with each other - and they wielded such political power that they had been able to block legislative measures to eliminate osteopathy in California. As Norman Gevitz observed in his study of osteopathic medicine, *The D.O.'s*, "This combination of elements - namely a group of D.O.'s thinking of themselves as a breed apart from the rest, along with the other problems that faced the profession generally, such as poorer educational opportunities, lack of public recognition, and a decline in the use of distinctive osteopathic procedures - led an increasing number of California practitioners to consider seriously the possibility and advantages of leaving organized osteopathy for organized medicine."<sup>3</sup>

The group of physicians who wanted to leave the osteopathic profession had been an active force within the California Osteopathic Association for many years, and they controlled key political offices. In fact, as far back as 1943, a joint committee of the California Osteopathic Association and the California Medical Association had worked out a plan to amalgamate California osteopathic physicians into the ranks of the state's allopathic doctors. The California members could cite past differences with the American Osteopathic Association over legislation and the setting of standards, problems of obtaining adequate postgraduate training, inadequate financing for osteopathic education, the poor status of the osteopathic degree and the exclusion of D.O.'s from group health insurance plans. Throughout the 1950's they had conducted quiet negotiations and had marshalled a number of initiatives to convince the American Medical Association that osteopathic physicians and surgeons in California were not practicing "cult medicine." By May of 1961 those patient efforts had resulted in a contract to merge the California Osteopathic Association with the California Medical Association.

For its part, the House of Delegates of the American Osteopathic Asso-

ciation had resolved to revoke the charter of any divisional society negotiating to amalgamate or merge with any other organized profession. The merger went ahead nevertheless. It provided that the College of Osteopathic Physicians and Surgeons in Los Angeles change its name to the California College of Medicine and offer to all of its living graduates and those D.O.'s from other schools who held valid California physician and surgeon licenses a Doctor of Medicine degree. Those D.O.'s who accepted that degree would cease to identify themselves as osteopathic practitioners. The California College of Medicine and all other osteopathic colleges in the state would become medical schools affiliated with the Association of American Medical Colleges and would end their teaching of osteopathy. The California Medical Association would absorb ex-D.O.'s within its existing forty-county medical society structure, although during the transition period they would be segregated into a special forty-first society. The terms of the merger also provided that the former California D.O.'s would support legislative action implementing the agreement, including revision of the 1922 osteopathic initiative that had given osteopathic medicine an independent licensing board in California - to insure that there would be no future licensing of D.O.'s in the state. So it happened that, "on the fourteenth and fifteenth of July, some two thousand D.O.'s, meeting in the auditorium of Los Angeles County General Hospital, received their new M.D. degrees."<sup>4</sup> Even 30 years later, members of the American College of Osteopathic Pediatricians would derisively term those who had accepted the proffered degrees "\$65 M.D.s" - the amount each physician and surgeon was charged for the degree that day. Dr. Mary O'Meara, who was practicing in Idaho at the time but later came back to California, recalled: "After the schism in the osteopathic profession . . . I qualified and was granted an M.D. degree but continued practicing with the D.O. degree, using the M.D. only when it was expedient."

Even so, California's osteopathic general practitioners were largely satisfied with the change, because they could obtain admitting privileges at hospitals that had once barred them; their malpractice rates as a result of joining the California Medical Association were substantially lower, and they could freely consult with a wider range of specialists. "The vast majority," Gevitz said, "seemed to be quite happy with the new M.D. initials behind their name."

At their July 7 meeting, the board of directors of the American College of Osteopathic Pediatricians wrestled with the question of what to do. "Unfortunately," Dr. Richardson said, "the California members of the board did not attend the meeting, and telephone conversations with them were not

productive of any additional ideas to maintain their membership in the college. The board was extremely reluctant to undertake any steps which would sever our intimate and mutually beneficial relationship with our many friends in California." The board even suggested - and Dr. Richardson, as the college's secretary-treasurer, communicated to the Californians - that they might secretly join the American Osteopathic Association affiliate in California, or that they might consider joining a state osteopathic association in a neighboring state.

The board of directors, however, ultimately concluded that it had no choice. The college bylaws required members to be in good standing with the American Osteopathic Association and with their divisional osteopathic societies; the California pediatricians could meet neither requirement. In a letter to all members of the American College of Osteopathic Pediatricians dated July 15, 1961, Dr. Richardson quoted the bylaws: *Failure to maintain these memberships shall automatically terminate (their) membership in the American College of Osteopathic Pediatricians.*

"It is with regret that we must notify all members over the country of the present status," Dr. Richardson wrote. "It is hoped that the members in California will be able to comply with the requirements and will immediately notify this office of such action. We again remind all members of the college that they are subject to the same requirement in whatever state they practice."

For the California pediatricians, their situation under the new amalgamation was far from clear. Unlike the general practitioners, specialists who had been certified by an American Osteopathic Association board could not receive any consideration for similar certification from its AMA counterpart. The California Medical Association agreed to inspect the D.O. specialists' osteopathic credentials and then issue a certificate stating that they were in order. "But," said Gevitz, "while this document may have been suitable for hanging in the office to impress one's clients, it could not help the practitioner in gaining staff privileges at other than osteopathic hospitals." Observers later said the lack of proper certification resulted in fewer patients being referred to the ex-D.O. specialists. The familiar fraternity of osteopathic practitioners had once been willing to send patients even an inconvenient distance to see a D.O. pediatrician. But as they made new professional acquaintances, they began to refer their patients to specialists more on the basis of their credentials and proximity. And established M.D.'s who had graduated from allopathic schools were unwilling to send patients to "acquired M.D.s"

Not all of the good things promised in the merger came about. Even after many years, members of the college noted with ill-concealed satisfaction

that a significant percentage of the ex-D.O.'s were not granted membership in local chapters of the California Medical Association. Many who had taught part-time or as volunteers at the former Los Angeles College of Osteopathic Physicians and Surgeons were no longer required. And Gevitz pointed out that, "A number of fulltime ex-D.O.'s, while not removed from the staff, found themselves maneuvered out of positions of authority in favor of congenial M.D.s."<sup>5</sup>

Years later, the University of Osteopathic Medicine and Health Sciences in Des Moines, would accept graduates of the Los Angeles College of Osteopathic Physicians and Surgeons as honorary alumni. "They had been left homeless," said Dr. Leonard Azneer, president of the Des Moines college. "They had no school. They'd come to a conference and all the alumni of the osteopathic colleges would be having a meeting. They could only meet with each other out in the hall. I decided that wasn't right; and so we accepted them as honorary alumni of our association at Des Moines if they wanted to be members."

The California schism, as Dr. Mary O'Meara called it, cost the American College of Osteopathic Pediatricians 23 percent of its membership. Dr. George Stineman of Harrisburg, Pennsylvania, replaced Dr. Magrill of Los Angeles as president in 1962.

Meeting in February 1962 prior to the fourth, and last, combined meeting with the American College of Osteopathic Obstetricians and Gynecologists, the board of directors sent its sister college a resolution formally terminating their joint-convention agreement. In other action, the directors raised annual dues for senior and candidate members to \$50. That amount included registration at the 1963 American Osteopathic Association's annual Clinical Assembly, in which the ACOP would participate instead of meeting with the obstetricians and gynecologists. The Clinical Assembly offered members of the college an opportunity to hear outstanding clinical instructors from other specialties. With the American Osteopathic Association sponsoring the occasion, audiences were larger than any single specialty college could muster. Moreover, the AOA had been concerned about the specialty colleges' separate meetings - particularly after what had happened the previous year in California - and had urged all D.O.'s to meet together to present a "united front." The American College of Osteopathic Pediatricians board of directors took note of that desire in its formal note to the obstetricians and gynecologists, saying, "It seems that cooperation of all colleges with the American Osteopathic Association Clinical Assembly is desirable, if not a necessity, for strengthening the central organization."

At its annual meeting on February 19, 1962 at the Americana Hotel in Bal



Harbour, Florida, the American College of Osteopathic Pediatricians endorsed fluoridation of community water supplies. The addition of fluoride to public water systems to prevent the decay of children's teeth was controversial and often generated virulent attacks upon its proponents; opponents in the Southwest at that time were parading with banners that said fluoridation was a Communist plot to poison Americans. The American College of Osteopathic Pediatricians' support of fluoridation, and its representation at the 1960 White House Conference on Children and Youth, marked the beginning of the college's heightened awareness of the role it could play in child advocacy. Controversy was uncharacteristic. As many observers have said, pediatricians are rarely controversial; they are reluctant to call attention to themselves. "Pediatricians are so laid-back and low-key that it's hard for them to be assertive," Theresa Goeke, the college's executive director in the 1980s, would point out. "It's hard for them to take an active position on legislation. So many of them have gone into pediatrics because they didn't want confrontation." Yet as family instability increased and the turbulent Sixties wore on and gave way to the problem-haunted decades that followed, the pediatrician would become, for many children, the only person who remained constant in their lives. Pediatricians, whose offices were characteristically decorated with the crayoned *billet-doux* of the children they cared for, felt a special responsibility to their patients.

Pediatricians identify strongly with one another. Many will admit that they can actually predict in medical school those students who will eventually specialize in pediatrics - such is the sameness of their personalities and characters. Dr. Michael Ryan, who was a student in the 1960's and who would be president of the American College of Osteopathic Pediatricians in its fiftieth year, once jokingly told a reporter that he had become a pediatrician because his mother had crept into his room every night when he was a child and had whispered subliminally in his ear: *You're going to be a doctor. You're going to be a doctor.* "I don't know whether the personality makes the pediatrician or the pediatrician makes the personality," Dr. Ryan said. "We are pounded on a daily basis by parents, and that does mold us into very easygoing, pliable people who can tolerate anything. Many parents say to pediatricians, 'This screaming child in the examining room doesn't seem to bother you.' Well, of course not; I've had 40 others just like him today and how many thousands of others over the years. We don't even hear the kids screaming most of the time."

Later that year, in Kansas City, Missouri, on April 15, facing the prospect of future conventions without the support of the obstetricians and gynecologists, the board of directors discussed the possibility of seeking greater support from companies manufacturing infant formula. The 34 exhibitors at the 1962 convention had included nearly a dozen formula and infant-food companies; the directors didn't want those exhibitors to slip away.



*Members (left to right) Dr. Gilbert Roth, Dr. Gordon Lerch, Dr. Donald Pelino, Dr. James Powell, and Dr. Louis Amalfitano*



*Drs. Nelson King, Wayne Peyton and Otto Kurschner help Dr. Rachel Woods with the honorary hood that was part of the college regalia*

The 1963 annual meeting of the college was at the Hotel Fontainbleu in Miami Beach on January 28. Twenty-three members attended. One of the incentives the American Osteopathic Association had offered the ACOP and other specialty colleges to participate in the Clinical Assembly was a dollar-return based on the number of registrations from each college. Dr. Myron S. Magen, the secretary-treasurer that year, reported that the AOA had given the pediatricians \$1,461, based on 31 registrations. The college's budget for the coming year, in which Dr. F. Larry Reed would be president, was \$3,185.

Dr. Dwain Harper, who would later become vice president for professional affairs at the Kennedy Memorial Hospital University Medical Center in Stratford, New Jersey, affiliated with the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine, completed his osteopathic training in 1963. New graduates that year were told that they must rush into the gap to fill the national shortage of physicians. Within a year President Lyndon Johnson would announce his Great Society, which would require an even larger supply of physicians as the federal government sought to improve medical care for the poor. "I think we first began to hear the words cost-containment and quality, but I don't think there was much attention paid to that," Dr. Harper said. "We gave a lot of lip service to it for quite a while."

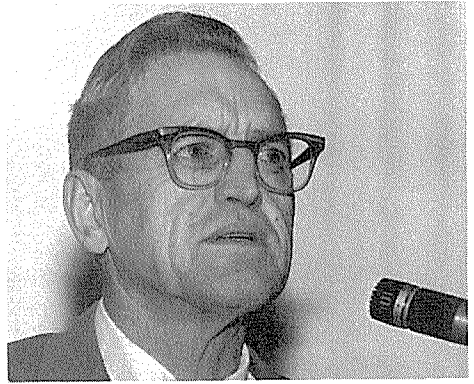
The Sabin live polio vaccine was introduced that year. The United States experienced the worst rubella epidemic in its history. There would not be a rubella vaccine until 1969. "Looking back," Dr. Harper said,

one of the major things that I saw happen in pediatrics, was the advent of new immunizations that brought under control diseases that had always been very dangerous to children. When I began practice, I recall, we had DPT and polio vaccine. We were still using the original Salk vaccine. Later on, the measles, mumps, rubella vaccines were developed, and we no longer saw children who had major complications from those diseases. I remember my tours through the basement of Children's Hospital in Columbus, Ohio, where I was a resident and later practiced, and the goose bumps I'd get when I saw the old iron lungs sitting down there. Thank God I didn't have any need in my career to see or use them.

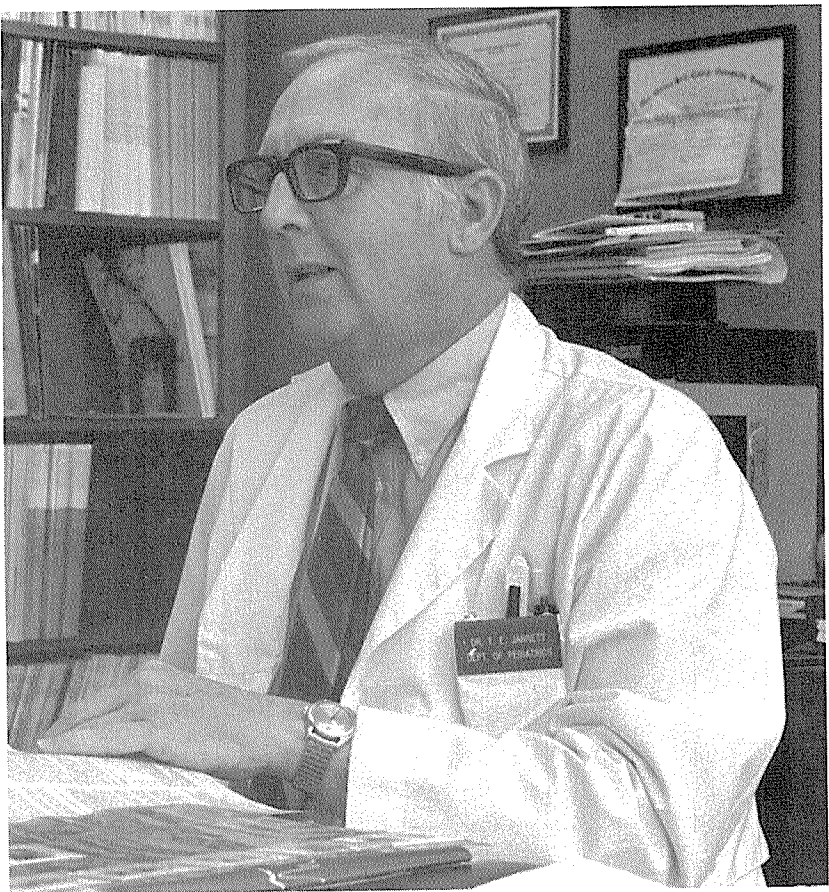
Dr. Harper had grown up in the rust and grime of Massillon, Ohio, an industrial city - a steel town. For his father, who worked in a steel mill, every summer during those years brought a threatened strike or a threatened layoff. Those grim memories determined the boy to go to college. His family doctor was an osteopathic physician:

She happened to be one of those family physicians who gave service like you can't believe, and that included house calls. Not only did she care for our medical needs; she cared for our family needs. I remember Dr. Charlotte Wheaton coming to our home and driving my father to the hospital when he had to go in, because we didn't have a car that worked. That was really service. By my sophomore year in high school, I had decided that I wanted to pursue a career in medicine, but I wasn't sure how I was going to do that financially. I talked to Dr. Wheaton about it. She encouraged me. She helped me get a job when I was in high school. She wrote all the letters that I needed to get into college. She was there beside me the whole way through it. And I never questioned going into anything other than osteopathic medicine.

I think osteopathic medicine attracts a different kind of person overall. Once you are an osteopathic physician you know that you have to be a little bit better, go a little bit farther to gain or retain professional respect. I've heard that for years; it's the Avis syndrome. *No. 2 tries harder*. If you try harder, how are you going to try harder? The penicillin we use is the same; hospital beds look pretty much alike; an X-ray is an X-ray. How are you going to be better? There's no question in my mind: It's by providing that personal, caring service. Dr. Wheaton wasn't the only one who influenced me. By the time I finished high school, I had waited on tables in a restaurant in Massillon. A lot of physicians came into that restaurant - I can see it now, Herman Brothers Restaurant on Erie Street - but two of them were D.O.'s who helped me get my first jobs



*Dr. Myron Jones*



*Dr. Thomas E. Jarrett*

during summer vacations when I came home from college. They took care of me during my illnesses and never charged me a nickel. Even in high school, when I was a junior and senior, they made sure that when the Akron Academy of Osteopathic Medicine met, I went to dinner with them so that I would meet other doctors. You don't see that kind of thing too often.

Dr. J. Philip Jones, who was Dr. Harper's contemporary but lived farther west, in Kansas City, represented another common route into osteopathic medicine. Like many other members of the college, Dr. Jones's interest ran in the family. He was what college members came to call a "congenital pediatrician." His father, Dr. Myron Jones of Kansas City, Missouri, joined the American College of Osteopathic Pediatricians in 1952. Dr. Myron Jones's aunt and uncle, J. L. Jones and Margaret Jones had studied at the Kirksville College of Osteopathy and Surgery in the early years of the century. After interrupting her work at Kirksville to have a child, Dr. Margaret Jones completed her studies at the Kansas City College of Osteopathy and Surgery, became a surgeon, and later was a founding member of the American College of Osteopathic Obstetricians and Gynecologists. "In the early 1920's," Phil Jones recalled,

My dad, Myron Jones, had just graduated from high school and was becoming a lumberjack out in Oregon, when Drs. J. L. and Margaret Jones asked him to come to Kansas City and stay with them. He came back and went to school between 1925 and 1929, graduating in the last class that did not have to have any pre-med education before he went to medical school. After interning, he was asked to fill in for a lady doctor, Dr. Grace Simmons up in Milan, Missouri, who had suffered a back injury and fractured vertebrae. During the time that he kept Dr. Simmons's practice going, he met and married my mother and they moved to Brumley, Missouri, a very, very small town. He practiced there for 15 years and then moved back to Kansas City where he went into practice with Dr. Margaret Jones and received most of the babies she was delivering. In 1950 he decided that if he was going to do a lot of

pediatrics he needed further training. So he went to Philadelphia to become a resident there in pediatrics. He had to ask for a respite from his residency to attend his mother in her last illness, but he went back and finished from 1951 to 1952 and then returned to Kansas City and was given a position as a pediatrician there at the college. And his big salary at that time was about \$10,000 a year. In earlier times most of the physicians who taught in osteopathic colleges had done so gratis. They saw that there was a need to continue our profession, and they would give of their time. My great aunt, Dr. Margaret Jones, for many, many years taught free of charge; so did Dr. J. L. Jones, before they had pathologists who were appropriately trained. They were people who stepped into the gap to make sure that osteopathy survived.

The early years of the 1960's marked a transition in osteopathic pediatrics, from preceptor training to residency training. Most of the early pediatricians had trained at the feet of preceptors. But by the 1960's, formal residency programs were the norm. In 1962 the American Osteopathic Association had approved the American College of Osteopathic Pediatricians' recommendation that requirements for certification in pediatrics include two years of formal training and three years of specialty practice. In 1963 it accepted the college's Syllabus for Pediatric Residency Training Programs. As more and more residency-trained physicians came before the American Board of Osteopathic Pediatrics and sought certification, a struggle began over the right of preceptor-trained pediatricians to examine them, even though the older men were fully certified. "The non-residency-trained group," said Dr. Arnold Melnick, "felt that if a person was certified - had passed his examinations and had been declared a specialist, or if he had taught in other ways - that he was just as qualified. And I believed it then and I still believe it. That big political battle occupied us for several years, but it was a battle that resolved itself, because, from about that point on, everybody was residency- trained."

New physicians entering practice in those years faced a variety of situations, depending on where they lived. Dr. David Leopold, who practiced in the Southwest, came out of osteopathic school in 1962: "Most of the students at that time went right into general practice," he recalled.

Most of us took care of everything that came in the door. In the Southwest, if I had difficulties with a child I referred that case to the internal medicine people. Ultimately, we started using pediatricians when they were available, but that depended on the part of the country one was in. On the East Coast pediatrics was much better developed. When I went for my residency and came back to Tucson to practice, the sum total of pediatrics in my hospital was pinworms, paregoric and pabulum. So I had to build a pediatrics department. And in building a pediatrics department, there were some conflicts between the new specialists coming in and the general practitioners who said, "I've been doing it all these years."

The American College of Osteopathic Pediatricians' board of directors met on October 4, 1964 at the Convention Center in Las Vegas. The directors heard that the American Osteopathic Association had deferred action on the question of subspecialty certification within the ACOP, a question that had first arisen the previous year. At that time the membership had approved an initiative by Dr. Thomas Santucci, Sr., that the college explore the certification of subspecialties related to pediatrics. Among the emerging subspecialties were child psychiatry, pediatric allergy and pulmonary diseases, and pediatric cardiology.

Earlier that year, Ross Laboratories had offered to print the semiannual ACOP *Bulletin*, whose editor, Dr. Everett Borton, had also begun printing a membership directory. Dr. Arnold Melnick, the longtime *Bulletin* editor, remained as the college's director of publications. The cost of publishing the *Bulletin* at that time was a few cents less than \$100; mailing it to all the members cost another \$7.76.

Ross had begun presenting retiring presidents with a handsome bronze plaque commemorating their service to the college. The plaque was the idea of Leonard Fries. "The college was relatively small," he said, "and I felt the more attractive we could make it for members to begin participating, the better it would be for the expansion of the college and the expansion of knowledge."

The following year, at the annual meeting on July 15, 1965, the American College of Osteopathic Pediatricians had 30 senior members, 10 candidate members, 26 affiliate members, and 3 associate members. The directors, meeting on July 17, 1965 at the Drake Hotel in Chicago, considered hiring



an executive secretary for the college, and on September 18 hired Mrs. Esther Martin of Coral Gables, Florida.

In the college's early years, when the board of directors or the membership convened, whoever was willing to take the minutes was designated secretary. By the 1950's, the college elected its secretary-treasurer each year and considered the position a steppingstone to the presidency. The college budget was extremely small and the officers of the college, as well as the examining board, always paid their own expenses to the meetings, a policy that would continue through the 1980's.

After the loss of the California Osteopathic Association in 1961, the college found it increasingly difficult to maintain its records. "Each year," recalled Dr. Martyn Richardson, who was one of the secretary-treasurers, "all the records were transferred from one secretary-treasurer to another. The process usually took several months to accomplish - by which time it was time for another annual meeting and another transfer of records."

Mrs. Esther Martin was the widow of Dr. Orel F. Martin, a Boston surgeon. He had been inspector of osteopathic hospitals for the American Osteopathic Association. In his later years, he had organized certification programs for the American College of Osteopathic Surgeons and had served as an inspector almost full-time for that specialty college's surgical residency programs and for residency examinations at the site of the candidates' practices. Since 1945, Mrs. Martin had been administrative secretary, executive secretary, and convention secretary for the American College of Osteopathic Surgeons; she was also serving as the corresponding secretary for the American Osteopathic Board of Surgery and the American Osteopathic Board of Anesthesiology. In 1961, she had established an office in Coral Gables, specializing in convention management and taking on management of the Atlantic Post Graduate Assembly, the Florida Society of Association Executives, and the Professional Convention Management Association. From 1965 until she retired in 1980, her extensive experience with the early days of osteopathic professional colleges and the organization of certifying boards would be of great help to her and to the American College of Osteopathic Pediatricians as she developed efficient methods of operation, established contact with other professional groups, organized the college's conventions, and sought out smaller, less frequently used convention facilities. The treasurer's books were audited for the first time that year. "I thought Esther went beyond the call of duty in all of her organizational activities," said Dr. Richardson. "She was particularly kind in her charges for performing the work as executive secretary of both the American College of Osteopathic Pediatricians and the American Osteo-

pathic Board of Pediatrics, and for that we are eternally grateful." Once Mrs. Martin settled in as executive secretary, in fact, Dr. Richardson, as chairman of the certifying board, recommended that the American Osteopathic Board of Pediatrics combine its secretarial work with that of the college at an annual cost of \$1,200. The college's directors approved the expenditure.

Because of its implications for the future of American medicine, 1965 was a landmark year. Proposals for forms of federal insurance that would protect elderly Americans against the cost of illness and guarantee them medical treatment had been struggling through Congress since the 1950's. After the



*Mrs. Esther Martin, the college's executive secretary from 1965 until 1980, talks with Dr. Martyn Richardson at an American College of Osteopathic Pediatricians' meeting*

Democratic landslide in 1964, Medicare became the highest priority among President Lyndon Johnson's Great Society programs.<sup>6</sup> The three-tiered bill that President Johnson signed into law on July 30, 1965 included compulsory hospital insurance under the Social Security program, government-subsidized voluntary insurance to cover physicians' bills, and a program of expanded assistance - called Medicaid - to help the individual states provide medical care for the poor. "I recall very well when Medicare was voted in," Dr. Arnold Melnick said:

The physicians did everything except wear black armbands and cry that Medicare was the end of medical practice as we knew it. They said that the government would control medicine, that our incomes would drop, that we would be poor. As a matter of fact, the introduction of Medicare was the introduction of the golden era in medicine. In the 1960's, before Medicare, I knew an internist whose fee was a good hefty fee for those days. Just prior to Medicare he charged \$25 for an office consultation - and it was a good one that included a thorough history, a thorough physical examination, an electrocardiogram, and a little lab work. Immediately after Medicare, his fee went to \$75 for the consultation; and he was paid extra for the EKG and extra for the lab work. That golden era introduced doctors to big money, and they became used to it. That was the beginning of big changes, big fees. Contrary to what the doctors believed, instead of ruining the profession, it *made* medicine. It put doctors, economically, at the top of the ladder.

By 1966, partly as a result of Medicare, osteopathic pediatricians were feeling a warming change in the professional climate. Medicare had recognized the American Osteopathic Association as an accrediting agency over osteopathic hospitals, an action that symbolically improved the osteopathic profession's status. Robert McNamara, the Secretary of Defense, in 1966 ordered all the United States armed services to accept qualified D.O.'s as military physicians and surgeons for the first time. Osteopathic physicians served in Vietnam, where by early 1966, 188,000 Americans were fighting. McNamara's action, permitting osteopathic physicians to serve as doctors in the military, was a major step toward legitimatizing the practice

of osteopathy in the eyes of the American people and would eventually open the doors for osteopathic physicians who wanted to train in allopathic military hospitals. Three years earlier, the U.S. Civil Service Commission had announced that it considered the M.D. and the D.O. degrees equal.<sup>7</sup>

At the same time, the American Medical Association, beginning a concerted effort to absorb organized osteopathy, urged allopathic medical schools to consider students who wanted to transfer from osteopathic schools. Before the end of the decade the AMA would offer D.O.'s membership and encourage its county and state medical societies to change their bylaws so that they might accept osteopathic physicians and surgeons as active members. Allopathic specialty boards - including the American Board of Pediatrics - were urged to accept for examination osteopathic physicians who had completed AMA-approved internship and residency programs. "There was greater mixing," said Dr. J. Philip Jones of Kansas City. "We had to take the same boards that they took; at least we did in Missouri. There was a greater integration between the osteopathic and allopathic physicians at that time, and there was a more general recognition that osteopathic physicians were not the cult - not the two-headed monsters - that prior generations of medical people had described us as."

Within osteopathy, the American College of Osteopathic Pediatricians was still struggling with the American Osteopathic Association. The board of directors that year asked the AOA's Director of Hospital Affairs to allow ACOP representation on the Bureau of Hospitals. The AOA was an irritant to other specialty colleges during the 1960's. The American College of Osteopathic Surgeons, for one, was dissatisfied with a similar inability to establish a liaison with the American Osteopathic Association. By the end of the decade, the pediatricians would again consider meeting apart from the AOA.

At the 1967 annual meeting, Dr. Thomas E. Jarrett took the gavel. Dr. Jarrett had become something of a legend within osteopathic pediatrics. He was tall and lean with penetrating blue eyes and thinning brown hair. His residents regarded him with awe. Several of them would become presidents of the college, including Dr. M. Richard Levinson of Phoenix, who would be president in 1990, and Dr. Ella Marsh of Orlando, Florida, president in 1988. "Tom Jarrett was a fantastic trainer," Dr. Marsh said:

I think he trained the most residents - 22 - of anyone in the college. What made him a great trainer was his toughness. He really made us work. He was a great reader. We always believed that he would keep our

journals away from us for a couple of days until he had a chance to read them first. The journals would be down in the post office, and he would tell the postmaster to hold them. Then, five minutes after we got them, he'd ask if we'd read an article in the new journal. And of course he'd have the whole thing read. You could call him at any time during the night about a patient. It always seemed that he was wide awake. We never felt that we were waking him. We'd apologize and he'd say, "Oh, I was up reading." He was a great clinician. We'd have a patient and we'd be really wondering what was happening. He'd walk in the door and know immediately what was wrong. He had very good observation techniques. We'd be making rounds and he'd say, "How come you didn't . . . do something" - smell the urine, or whatever. He was an excellent diagnostician. He also taught us how to live as pediatricians.



*Drs. M. Michael Belkoff, Mischa Grossman and Thomas Jarrett*

By 1967 the American College of Osteopathic Pediatricians had 127 members and a balance of \$6,369 in its bank account. On October 29, 1967, the board of directors convened during the annual meeting at Del Webb's Towne House, a hotel, in San Francisco. At that meeting they endorsed the concept of a new publication called *Maternal and Child Health* that would be published monthly beginning in April 1968. When it appeared, in a standard magazine size with an attractive green cover, Dr. Arnold Melnick would be its editor and Dr. Harold Finkel would direct its advertising sales. Contributing editors were Dr. Martyn Richardson for the ACOP and Dr. Lester Eisenberg for the American College of Osteopathic Obstetricians and Gynecologists. It would become the official journal of both specialty colleges, and the American College of Osteopathic Obstetricians and Gynecologists would award Drs. Melnick and Finkel fellowships for their work on it over the next five years. That first issue contained articles on contraception, Rh Negative problems, sexual counseling for prospective newlyweds, hypernatremia, congenital birth defects, and acne care.

At its meeting on June 8, 1968, the board of directors changed the way members were selected to serve on the American Osteopathic Board of Pediatrics so that the directors and the membership would select only one candidate to fill each expiring term. The certifying board was working to improve its written and oral examinations. It was seeking to establish a format whereby applicants for certification would meet at a central location and have live patients whom they would examine. The on-site evaluations in which examiners looked at candidates' office and hospital records would continue.

The directors also approved a 50 percent reduction in ACOP dues for members serving fulltime on faculties of osteopathic colleges. The discount reflected a tradition in medicine - courtesies to nurses, medical students and others who were associated with hospitals and medical schools. But with the coming of broad-based insurance programs in the 1960's, regulation in the 1970's and competitive healthcare markets in the 1980's the days of courtesy discounts would be numbered. "I think those days are over," said Dr. Dwain Harper, looking back in 1989 from his position as Vice President for Medical Affairs at Saint Vincent's Charity Hospital and Health Center in Cleveland. "I don't know who's to blame for that, but I believe it's over."

The American College of Osteopathic Pediatricians had completed its third decade. Its annual budget hovered around \$9,000. It had survived the exodus of its California members, weathered the intervention of government into health care, and stood on the threshold of the 1970's with 195

members, of all categories. The president at the annual meeting that year was Dr. James Powell. Taking the gavel would be Dr. M. Michael Belkoff. On October 5, 1969, the board of directors met at the New York Hilton. The Conference on the Delivery of Health Care Services in May had no ACOP representation, but it was time for the decennial White House Conference on Children and Youth, to which, in December 1970, the college would send Drs. Belkoff, Mischa Grossman, Charles A. Kline and Arnold Melnick as its official delegates.

At its last annual meeting of the 1960's the following day, the American College of Osteopathic Pediatricians adopted 0 through 19 as the official age for pediatric cases. The American Academy of Pediatrics had recognized 0 through 18 for the pediatric age group, and the federal Department of Health, Education and Welfare had extended the age through 21. The 1960's had seen even more medical advances than the previous decade. Surgeons had performed the first open-heart surgery, the first heart transplant, the first liver transplant. The Thalidomide disaster had resulted in legislation giving the federal Food and Drug Administration new authority to test and license drugs. The pediatrician's role as child advocate had emerged, along with the battered child syndrome and an accelerated dissolution of families. Manufacturers had introduced radiant heaters, heat shields and oxygen hoods as physicians began to specialize in the care of sick, low-birthweight and premature newborns. At Lancaster Osteopathic Hospital in Pennsylvania, Dr. Harold Finkel had treated a child he would remember the rest of his life:

I was, in effect, a neonatologist in Lancaster, because I enjoyed taking care of little ones. And I had a premature Amish child who weighed one pound ten ounces. I slept on a gurney day and night. But she lived at a time when saving a child that small was unheard of. She was probably in the hospital three months, and her total bill was about \$700. She has some visual problems, because we didn't know that oxygen was toxic, but - other than that - she has done well and she's now married. Her name is Annie Lapp. The hospital I was with would buy whatever equipment I wanted, so long as I used it, because they saw the department grow, and so I had all the modalities that were available at the time. The problem was that there weren't that many modalities.

## NOTES ON THE 1960's

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<sup>2</sup>Dr. Martyn Richardson attended the same meeting. Dr. Melnick also told of his acceptance as a staff physician at the prestigious Children's Hospital of Philadelphia.

I had been connected with Children's Hospital in Philadelphia all my life through personal friends. I knew a number of the chiefs, and I had sent a lot of work there. I was, in effect, a member of the staff of Children's Hospital without portfolio. Finally I was asked to join the staff. Dr. Al Bongiovanni was the hospital's chief of staff. He had become a very good friend, and, one day when I was in his office, he said to me, "Arnold, I want you to apply to be on the staff." I said, "Al, I'm getting what I need without being on the staff. I don't want to embarrass you or put you in a spot where you'll have to fight for me." And he said, "No, I've talked with Dr. Koop. Chick wants you, and I want you. So apply." Dr. Koop was C. Everett Koop, who was a power at Children's Hospital and would become the U.S. Surgeon General. I applied totally on my osteopathic credentials, and after a long time, I was accepted.

When I went on the staff at Children's Hospital, I started to meet doctors I hadn't known before. Somebody would introduce me - "Dr. Melnick, meet Dr. Smith" - and the other man would ask, "What's your name again? Melnick? Oh! You're the osteopath we've taken on the staff." They didn't hurt me, but it was still discrimination: I was different from the rest of them.



At that time, in order to be on the staff at Children's Hospital a physician had first to become a faculty member at the University of Pennsylvania. A couple of years after I went on the staff at Children's Hospital, I was president of the American Medical Writers Association, and I attended an AMWA meeting at Rutgers. Seated next to me was the dean of the Rutgers medical school, who had been an assistant dean at Penn. And he gave me the same kind of reaction: "What's your name again? Melnick? *Melnick* - why do I know that name? Oh, I know," he said. "You're the guy we had so much debate about in the dean's office. We debated for six months whether we could take an osteopath on our faculty. And for the longest time, I had not known that happened.

<sup>3</sup>Gevitz, p. 101.

<sup>4</sup>Gevitz, p. 120. "That was not true of the specialists, especially not of the pediatricians," Dr. Martyn Richardson later said.

<sup>5</sup>Gevitz, pp. 121-122. Ten percent of the original group had not been granted regular local membership by 1967.

<sup>6</sup>Paul Starr, *The Social Transformation of American Medicine*, Basic Books, Inc., New York, 1982, p. 369.

<sup>7</sup>Gevitz, p. 124.

# THE 1970's



# THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

## 1970's

**T**he 1970's would see epidemiologists note the last case of smallpox and scientists develop computed tomography scanners. Between 1970 and 1980, in fact, there would be more developments in medical technology than there had been in the previous 100 years. The 1972 Gerber Infant Nutrition Study would find mothers feeding their infants 563 different food items. Even in the early 1970's, a Gerber specialist would later note, breast feeding was "relatively uncommon" in the United States. The number of American infants three months of age who drank evaporated milk formulas had fallen to less than five percent; but 70 percent of infants that age drank commercially prepared milk formulas, although the cost of feeding the infant evaporated milk was at that time only about half the cost of isocaloric amounts of commercially prepared formulas before the cost of vitamin and iron supplements was included.<sup>1</sup> By 1974, 96 percent of all American infants would be drinking commercially prepared milk-based formulas.<sup>2</sup> Using the National Health Planning and Resources Development Act, Congress would establish "health service areas" directed within each state by Governors' Committees on Health Planning and Development. They would take over the functions of Regional Medical Programs, Area Comprehensive Health Planning, the Hill-Burton Act, and Regional Coordination Councils. Phased out would be Health Service Administrations, Comprehensive State Health Care Coordinating Councils, and Hill-Burton funding. Medicine - and pediatrics - was becoming more complicated.

The 1960's, the Golden Age of medicine, had been - in the words of one pediatrician - *delightful*. Physicians weren't thinking about competition. They didn't have more paperwork than they could handle. Their complete focus could be on patients who were ill: "You placed them in a hospital; you took care of them; they went home," said Dr. Benjamin Cohen, who would become chairman and CEO of 21st Century Health Corporation in Columbus, Ohio. "Nobody looked over your shoulder in terms of how you practiced, as long as you met the quality rules within the hospital itself - and that has all changed; I think forever.

Because there was no business manager watching the store, the excellent technology that developed was very expensive technology. I think it led us to treat patients much differently. There was a higher priority on technology and a lower priority on intuitive and intelligent rationality in patient care. With the advent of new technology, many physicians saw that technology, *unfortunately*, as a way to earn additional revenue. I think that led to a general abuse and overuse of the laboratory and diagnostics. Anybody who was able to, used a tube to peer into the body, whatever the orifice or whatever the vein they could get it in. Certainly, medicine is of higher quality than it was before. But I think that the focus on technology led physicians to begin to view themselves as businessmen and entrepreneurs more than as physicians and, combined with the enormous malpractice cases that developed and the need to practice defensive medicine, super-sophisticated technology changed the way many institutions looked at the practice of medicine.

The board of directors of the American College of Osteopathic Pediatricians, beginning the new decade with a meeting on June 25, 1970 at the Bottsford General Hospital in Farmington, Michigan, at the same time that the American Osteopathic Board of Pediatrics was examining applicants there, discussed "difficulties and lack of communication" between the college and the American Osteopathic Association's Committee on Post-Doctoral Training and Office of Hospital Affairs, which were requiring annual reports from residents in approved training programs and the submission of inspection reports from the ACOP Evaluating Committee. The directors drafted a letter to Dr. Edward P. Crowell, the AOA's executive director, asking for positive action. Copies of the letter also went to members of the American Osteopathic Association Board of Trustees. The directors pointed out that there was no official ACOP representation on the Joint Committee to Study Osteopathic Education of the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine.

On October 4, 1970, the board of directors met at the Sheraton Palace Hotel in San Francisco. Dr. M. Michael Belkoff of Philadelphia was

completing his year as president. Dr. Charles A. Kline, who was the treasurer that year, reported a balance of \$6,283; he predicted a deficit budget for 1971, with receipts of \$8,000 and disbursements of \$8,500. Dr. Arnold Melnick noted that the American College of Osteopathic Pediatricians and the osteopathic profession would be fully represented at the White House Conference on Children and Youth: Dr. Kline had been appointed chairman of the Task Force on Injuries to Children; Dr. Thomas Santucci, Sr., was on the Advisory Committee and would also be representing the American Osteopathic Association; Dr. Melnick was the ACOP's official representative.

Twenty-four of the 35 members who registered attended the 1970 annual meeting of the college the next day at the Civic Auditorium in San Francisco. The American Osteopathic Board of Pediatrics reported continuing efforts to improve its oral examination and parts of its clinical examination; nine applicants had taken the written examination. Only a decade earlier, pediatricians had been concerned about firmly anchoring their specialty and obtaining recognition for its role in medical treatment and diagnosis. As more than one older member pointed out, they had been called upon to see everything from bedwetting to acute kidney failure, from colds to life-threatening infections, from chickenpox to cancer.

By the 1970's, as the explosion of medical knowledge and discovery continued, medicine began to recognize that no single pediatrician could know or do it all. "Like everything else in medicine," said Dr. Thomas Santucci, Jr., who entered practice in 1970, "pediatrics has become very specialized, and that has vastly improved the outlook for children. The emergence of subspecialists and the regionalization of health care has had a tremendous impact on the changing face of how we practice pediatrics." Individual pediatricians were beginning to specialize in the treatment of kidney disease, asthma, cancer, heart disease, and in a host of other subspecialties. The American Osteopathic Board of Pediatrics, in the 1970's and beyond, would have to come to terms with that subspecialization, though there would be differences of opinion about how to proceed. One of the most important impacts of subspecialization upon the American College of Osteopathic Pediatricians was the flood of osteopathic physicians into allopathic subspecialty training programs. Osteopathic medicine at that time had no approved subspecialty programs in pediatrics.

The ACOP board of directors, with Dr. Gilbert Roth as its president, met on November 14, 1971 at the beachfront Sheraton Waikiki Hotel in Honolulu, during the first annual meeting of the American College of Osteopathic Pediatricians outside the continental United States. The direc-

tors endorsed the requirement of a minimum 150 hours of acceptable postgraduate study in pediatrics every three years for continued membership in the college. There also were discussions about drug abuse and venereal disease in children, reflecting the rise of new social and economic issues to which medicine in the 1970's was turning its attention. Looking back on the rise of those concerns among pediatricians, Dr. Arnold Melnick, who gave up his Philadelphia practice in 1980 to become a founder of the Southeastern College of Osteopathic Medicine in North Miami Beach, later saw, as one of the great landmarks of American medicine, its expansion of pediatrics to include the psychosocial aspects of children's lives. "Many things have been done in pediatrics over this half-century," he said. "But, *first*, the control of infectious diseases, and, *second*, the development of a greater psychosocial awareness among pediatricians - those developments stand head and shoulders above the rest. By 1976, when I left practice, I was concentrating on adolescent medicine. I was taking care of my patients through college, because there had been a whole shift in focus, and that is the way things shifted."

On November 15, 1971, the membership met at the Sheraton Waikiki Hotel and approved workshops for American College of Osteopathic Pediatricians' members who would be inspectors for pediatric residency training programs. The American Osteopathic Board of Pediatrics was meeting twice a year to accommodate the workload required to prepare examination procedures and examinations and to handle the many applications they received. Mrs. Esther Martin had materially contributed to the efficiency and functioning of the board, which had been requiring compre-



*Dr. Patricia A. Cottrille (left)*

hensive, objective written examinations for a decade. By 1971 the board was reviewing and modifying those examinations and was testing examination questions. It had introduced a standardized scoring system for its oral examination, which had become a more objective and highly organized evaluation of a candidate. It had divided its clinical examination into two parts: (a) a performance evaluation of the candidate's examination of a patient, using standardized scoring of his approach, history-taking, physical examination, diagnostic ability, and general understanding; and (b), an audit of the candidate's charts and records at his hospital and office with an emphasis on objective evaluation. The board noted that, with its new system, a one-man audit was possible. The board also noted that - regarding its outlook and philosophy - the development of fairness, quality and service had become watchwords of its members.

Dr. Patricia Cottrille, a very attractive and highly intelligent woman who was professor of pediatrics at the University of Osteopathic Medicine and Health Sciences in Des Moines, and who would be its associate dean for students affairs and its coordinator of clinical affairs, became president of the American College of Osteopathic Pediatricians at the Honolulu meeting. Dr. Cottrille had been born into an osteopathic family. "My father had been a D.O. and my brother followed in his footsteps," she said. "My brother was 15 years older than I - so for all intents and purposes I had two adult osteopathic physician role models as I was growing up. I was probably no more than five when my mind was made up about what my career would be, and I've never deviated from that - or regretted it. It was like a religion to me. It really was. It was one thing I could believe in wholeheartedly. It dealt with wellness and holism - all cliches today - but they had specific meaning to me then. It was something I clung to tenaciously when I had trouble finding other things to believe in."

Dr. Cottrille had felt professional discrimination - as an osteopathic physician *and* as a woman in medicine. "The discrimination was always there," she recalled, "but I don't believe I was extremely aware of it or deeply affected by it. I don't know that I was embittered by it or felt that I had a *cause*.

I accepted being in a man's world and felt grateful to be there and wasn't upset by much that I had to put up with. I was the only girl in my class in medical school. I went through a test period with my classmates, and I must have passed because they were very kind to me. But to say that I did not experience prejudice



would be in error. There were very few hospitals that could accommodate a female doctor. I lived in nurses' homes. As far as having a place to sleep or to live - even at the time I went into my residency, which was five or six years later, I still had to live in the nurses' home because there were just no accommodations for a woman physician. I guess attitudes would be the thing that I can still sense - certain attitudes among the male chauvinist pig people, especially those of my generation. I don't think it's as public now as it was, but I still run into a lot of colleagues who accept me, yet make comments about *women in the profession*. I think when I entered medical school in the 1950's everyone thought that a woman wouldn't practice medicine; she would take a seat that belonged to a man - that was an attitude when I entered school - women were quick to get married and have babies and then that education would be lost.

Dr. Cottrille presided at the June 24, 1972 board of directors meeting in Chicago. Dr. Edward Crowell of the American Osteopathic Association, who had received an inquiry from the American Academy of Pediatrics, had addressed a letter to her as ACOP president. In it, Dr. Crowell observed that the Academy had created a coordinating committee on continuing medical education and was offering to make the Academy's continuing medical education courses open to osteopathic pediatricians. The invitation constituted one of the first openings of the allopathic medical group to osteopathic pediatricians. Since 1970, there had been interest in closer liaison with the Academy of Pediatrics on professional matters. At the 1971 annual meeting, the ACOP membership had agreed that state osteopathic societies should individually decide the propriety of osteopathic physicians' holding membership in state societies of the American Academy of Pediatrics.

During the year that Dr. Cottrille was president, the board of directors noted deficits in pediatric training at the Philadelphia and Des Moines osteopathic colleges - which had no department chairmen or vice chairmen in pediatrics - and resolved to contact the American Osteopathic Association about those deficiencies. The Des Moines Still College of Osteopathy and Surgery was the second-oldest osteopathic medical school. It had been founded as the Still College of Osteopathy in 1898 by a nephew of Dr. Andrew Taylor Still. Dr. Cottrille's husband, J. Leonard Azneer, Ph.D., had

become its president the previous year. "When I came to Des Moines in 1971," Dr. Azneer said:

The California debacle was pretty fresh in everybody's mind and rumor had it that Des Moines was going to be the second school to go. They were in terrible financial shape, and the physical plant was absolutely abominable. When I described the physical plant, I'd say, "We never wash walls here; we just paint them, and that's what keeps the walls standing." One of the buildings had been a shoe factory. Another, smaller building had been a hotel of less-than-savory reputation. Across the street, the building that housed the hospital had been a funeral home. That was the campus - all of it. When I got there in 1971, I remember very vividly at my first staff meeting saying, "I'm going to give you a sense of direction: *Get me out of here!*"

Fifteen or twenty years later we can honestly take the position that this has become the premier school: It is the first real university that has grown out of the profession. It now has a college of osteopathic medicine, a college of podiatric medicine, a college of biological sciences. It has a school for physician assistants, a master's-level program in physical therapy, health administration. And it has more than 1,100 students.

The 1970's were a period of explosive growth for the osteopathic colleges, as the profession sought to cope with the demand for new physicians. In addition to Dr. Azneer's Des Moines Still College of Osteopathy and Surgery, which changed its name to the University of Osteopathic Medicine and Health Sciences College of Osteopathic Medicine and Surgery in 1981, the first five osteopathic colleges had been the Kirksville College of Osteopathy and Surgery - which had combined Andrew Taylor Still's original American School of Osteopathy and the Andrew Taylor Still College of Osteopathy and Surgery in 1924 - and had changed its name in 1971 to the Kirksville College of Osteopathic Medicine; the Philadelphia College of Osteopathy, which had been the Philadelphia College of Osteopathic Medicine since 1967; the Chicago College of Osteopathy, which had

changed its name to the Chicago College of Osteopathic Medicine in 1970; and the Kansas City College of Osteopathy and Surgery, which would change its name, in 1980, to the University of Health Sciences College of Osteopathic Medicine.

To them, in 1970, had been added the Michigan State University College of Osteopathic Medicine at East Lansing, Michigan, where Dr. Myron S. Magen was the founding dean, and the Texas College of Osteopathic Medicine in Fort Worth, which had admitted its first class that year. In 1974, the College of Osteopathic Medicine of Oklahoma State University in Tulsa would enroll its first class, and the West Virginia School of Osteopathic Medicine in Lewisburg would be established in the old Greenbrier Academy as the Greenbrier College of Osteopathic Medicine. In 1976, the Ohio University College of Osteopathic Medicine in Athens, Ohio, would enroll its first class. The following year, the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine in Camden and the New York College of Osteopathic Medicine of the New York Institute of Technology in Old Westbury, Long Island, would enroll their first classes. In 1978, the College of Osteopathic Medicine of the Pacific in Pomona, California, and the University of New England College of Osteopathic Medicine in Biddeford, Maine - where Dr. Martyn Richardson was dean - would enroll their first classes. In 1981, the Southeastern College of Osteopathic Medicine in North Miami Beach - where Dr. Arnold Melnick was dean - would enroll its first class. "Michigan, West Virginia, New Jersey, Texas, Ohio, and Oklahoma are all state-supported, state-owned and state-controlled," observed Dr. Azneer. "The acceptance of this profession is such that states are willing to say, 'We have to train people to be osteopathic physicians.'"

Dr. Martyn Richardson observed in 1989 that "Many pediatricians, M.D.'s and D.O.'s, have proven to be extremely qualified as administrators. Many ACOP members have been deans of medical education or deans of medical colleges at various other levels. In the early 1980's at least six colleges of osteopathic medicine had pediatricians as academic deans or vice presidents. In addition to those mentioned above, they were Dr. John Rutherford at Oklahoma, Dr. Joseph Dieterle at the Philadelphia College of Osteopathic Medicine, and Dr. Benjamin Cohen at New Jersey."<sup>3</sup>

The board of directors of the American College of Osteopathic Pediatricians met at the Americana Hotel in Bal Harbour, Florida, on October 8, 1972. The directors noted that the American Osteopathic Association was considering a program to require continuing medical education annually as a pre-requisite for maintaining membership in the ACOP, and the directors

established a committee to study what continuing education would be acceptable for pediatrics. The board discussed changes in requirements for tuberculin testing of infants and pre-school children, and changes in smallpox vaccination requirements, balancing, against the fact that a number of children died each year as a result of the vaccinations, the fact that smallpox had been all but eradicated throughout the world. The last case of smallpox worldwide would be reported in 1977; in May of 1980 the World Health Organization would declare the world free of smallpox.



*Dr. Patrick McCaffery (left)*



*Leonard Fries with Gloria Hey and Dr. Dennis Hey*

At their next meeting on June 8, 1973 at the Metropolitan Airport Hotel in Detroit, the board of directors raised convention registration fees for members of the American College of Osteopathic Pediatricians to \$30 and provided that guest speakers for the college's next convention would receive travel and hotel expenses and a \$100 daily honorarium. Dr. Charles Kline was president that year. Looking at osteopathic education, the directors passed a resolution that a Department of Osteopathic Pediatrics be a separate and distinct department in all osteopathic hospitals approved for intern training.

Dr. Ronald V. Marino, who would become chairman of the American Osteopathic Board of Pediatrics as the board approached its fiftieth anniversary, entered medical school in 1973. He had taken a long and circuitous route, studying for degrees in health education and human ecology when the environmental movement was in its ascendancy. "That's when the light went on that said, 'Be a doctor and you can impact on human health and population dynamics in an important way,'" Dr. Marino said:

I had no previous contact with D.O.'s: No D.O.'s in my family; no doctors in my family, and I'm from New York where there were no D.O.'s. But I was aware of osteopathic medicine and applied to allopathic and osteopathic medical schools. I made a choice that I was going to be a doctor, and I would be either a D.O. or an M.D., depending on which school took me. It was a time in history when the applicant-to-seat ratio was extremely high. When I applied, I was interviewed at only one school and that was the Michigan State School of Osteopathic Medicine. I was ecstatic when they accepted me. I had been on the waiting list, and they had told me that, being a New Yorker, I had very little chance of being accepted at a Michigan school. I had made other plans. I moved and accepted a new job. I had just started teaching public health at a college in upstate New York. Michigan State called me and said if I could be there in a week, I could be in medical school. So in one week I moved to Michigan, and I was proud and happy to be there. It was not second best to me. It was not an alternative because some M.D. school hadn't accepted me. It was divine intervention in the sense that I was going to medical school and it was an osteopathic school.

During the October 29, 1973 annual meeting at the Marriott Hotel in New Orleans the membership approved a new requirement for attendance at an American College of Osteopathic Pediatricians annual meeting at least once every two years. The previous day, the board of directors, recognizing that all training programs in pediatrics at military hospitals had become voluntary with the end of the military draft that year, declared that military hospitals offering pediatric residency programs would have to qualify under the same criteria of ACOP inspection and approval as non-military hospitals. The question of pediatric residencies in allopathic institutions had been troubling the board for years; Dr. Martyn Richardson recalled its being discussed at least as far back as 1969. To encourage the return to the osteopathic profession of military pediatricians who had taken their specialty training in allopathic institutions, the directors advocated eliminating the required year of residency training in osteopathic institutions that was a condition for certification by the American Osteopathic Association. The board of directors recommended that "previous programs be reviewed on a retroactive basis and be approved on the basis of on-site inspections for adequacy and validity of training." The board also recognized the "necessity for continuing assessment and review of pediatric training programs, particularly in view of peer review and third-party intervention."

That same year, the U. S. Army had accepted its first two osteopathic pediatric residents: They were Drs. Jesse R. Ramsey, who would later enter private practice in Cape Girardeau, Missouri, and become an officer of the American College of Osteopathic Pediatricians, and Christian Yost, who later would go into private practice in Idaho. Dr. Ramsey trained at the William Beaumont Army Medical Center in El Paso, and Dr. Yost began at Fitzsimmons Army Medical Center in Denver. They became the first two pediatricians whose residency training in allopathic institutions the American Osteopathic Association approved. Other physicians followed them into military residency programs.

Dr. James N. Bowen, who graduated from the Chicago College of Osteopathic Medicine in 1975 and went into the Army, later recalled that he and Dr. Gerard Brietzer, a Chicago classmate, followed Dr. Yost to Fitzsimmons Army Medical Center in Denver.

Chris was completing his first year, so we were the only three D.O.'s in the pediatric program at that time. I think the most significant thing was to watch the program grow, not only at Fitzsimmons, but through-

out the Army for D.O.'s in pediatrics. The numbers grew because of the Health Professions Scholarship Program, a federal program that began when I was in my sophomore year of medical school. A number of D.O. students got into those programs, through the Army, the Navy and the Air Force and the Public Health Service. And as the influx of osteopathic physicians came out of medical schools, there was a great surge of D.O. students into the training programs in the Army and the other services.

HPSP would pay for tuition, for books and for whatever medical school equipment students needed. In addition the program granted students a \$400-a-month stipend. In return, for each year they participated in the HPSP program, physicians ultimately incurred a year's military obligation. With the military unable to draft physicians, the Health Professions Scholarship Program's purpose was to guarantee a supply of doctors for military hospitals and fighting units. It succeeded so well that each service had to develop its own matching arrangement for internships and residencies.

Dr. Bowen would practice as an Army pediatrician in Europe until 1980 and then begin a residency in general psychiatry at Walter Reed Army Medical Center. Later he would complete a fellowship in child and adolescent psychiatry at Tripler Army Medical Center in Honolulu. "For the first several years of the matching program," he pointed out, "most D.O. students got picked up - at least for internships, not necessarily always for the residencies. That was true also for the M.D. students, of course. As the years went on, there were more and more students who needed to be matched and, percentagewise, more and more D.O.'s were picked up. So osteopathic physicians came to have a great influence on military programs. When I was a fellow in psychiatry at Tripler, and on staff there, more than half of our psychiatric residents were D.O.'s."

For a while, the military match would provide relief to osteopathic residency programs which, at that time, could not meet the demands that the crush of applicants was placing upon them. There were not enough training slots in osteopathic hospitals to match the number of students coming out of osteopathic schools. So the military became an ideal alternative for those who had an obligation resulting from tuition-guarantee programs. Later the number of applicants would wither. Dr. James Brien, speaking in 1989, would say, "In the five years I've been at Brooke Army Medical Center, the number of applicants has dropped from being between five or six times the

number that we had slots for, to barely enough to fill our slots. Medicine is just not as attractive as it used to be.”

But perhaps the greatest impact of the military program was that it began to train large numbers of osteopathic physicians *allopathically*, as pediatricians and in other specialties. The appearance of good osteopathic physicians among M.D.s throughout the United States helped open the M.D.s’ eyes and, for the American College of Osteopathic Pediatricians, created an urgent need .

In 1974, Dr. Benjamin Cohen, that year’s president, facilitated a growing interaction with the American Academy of Pediatrics, the specialty college for allopathic pediatrics. The previous October, Dr. Cohen had approached the Academy’s executive board about promoting closer understanding, facilitating liaison in areas of mutual concern, and exploring possible areas for joint activities. Robert G. Frazier, M.D., the Academy’s executive director, undertook to bring the two colleges closer together. In a memorandum that spring, Dr. Frazier recommended the appointment of a liaison committee to outline areas of concern or interest and to develop understanding and trust at the policymaking level within the two organizations. Dr. Frazier suggested that the two colleges explore and promote liaison representation. He also suggested that the American College of Osteopathic Pediatricians be represented on the Academy’s Committee on Fetus and Newborn. “Osteopathic physicians are delivering a large number of women yearly, and the osteopathic pediatrician is deeply involved in newborn care,” Dr. Frazier observed. “An effective liaison relationship in this area should be a primary concern to both types of practitioners and to both organizations. It offers opportunities for collaborative effort in improvement of newborn care.” As its representatives on the liaison committee, the Academy appointed its president, James B. Gillespie, M.D., its vice president, John C. MacQueen, M.D., and Dr. Frazier. The American College of Osteopathic Pediatricians appointed Dr. Dennis Hey of the Kansas City College of Osteopathic Medicine as its representative on the Academy’s Committee on Fetus and Newborn, a role through which, over the next decade, he would build bridges of understanding between the two specialty colleges. Writing to Dr. Arnold Melnick at the time, Dr. Cohen said, “I feel that the main core of the American Academy of Pediatrics sincerely wishes and desires a stronger association and an opportunity to overcome all the misunderstandings that both sides had historically.” Many years later Dr. Cohen summed up those initial negotiations this way:



The Academy of Pediatrics in my tenure welcomed (our) representation from a minority pediatric group, and I think that was very, very helpful. It gave us recognition. It also brought closer to our pediatricians some of the quality issues that the larger group was involved with. Ultimately we saw changes in the residency program come about. I'm not saying that the American Academy changed their programs because we told them to, but, as a matter of fact, the American Academy added substantially to their programs in ambulatory and outpatient pediatrics. They started to look at pediatric training as being something beyond the hospital, and if you take a look at pediatric residencies that are offered for the M.D.s - a significant number of them not only have ambulatory training, but many of them are ambulatory-based. That was the way we had always trained people. We used to bring people into our office because we didn't have a clinic. We felt that there was something viable outside the hospital.

But even though the allopathic and osteopathic pediatricians were mending fences, members of the college still saw references - some of them published - denigrating osteopathy. Dr. Cohen wondered at the time if part of the problem was his own college's "inability to have good public relations." In Michigan, Carol Marino saw her husband Ron going out of his way to explain what osteopathic medicine was:

A number of people seemed to have the understanding that a D.O. was a person who might vaguely adjust some bones, or might do some chiropractic kind of techniques, but weren't exactly real doctors. Ron did a lot with education, helping family and friends and colleagues from other fields to better understand that D.O.'s are quite able and qualified to do a variety of things in all fields. I often felt that he was spending his time on a soapbox, giving people mini-lectures on what a D.O. was. I personally was not aware of the historic, political differences in the professions, so following Ron and his career has given me some

insight and some understanding of what it's like to be from a slightly different medical field.

On January 22, 1974 the board of directors met at the Hyatt Regency O'Hare Hotel in Chicago. The directors discussed allopathic training programs vis-a-vis the American Osteopathic Association's requirement of at least one year of training in an osteopathic program. That requirement effectively barred the growing number of allopathically trained pediatricians from participating as equal members of the college. The directors at that meeting also noted their concurrence with proposed resolutions prepared by the AOA's Washington office and submitted to the AOA's Board of Trustees on child abuse and sudden infant death syndrome.

Two months later, on March 19, 1974, the California Supreme Court wrote another chapter in the struggle over osteopathic medicine in California. In 1968 eight physicians who were students in osteopathic colleges when the California Osteopathic Association merged with the allopathic California Medical Association had filed a class-action lawsuit. The osteopathic physicians, among them Dr. Theodore D'Amico, maintained that they were being denied their civil rights in California because there was no mechanism that would allow them to take a licensing examination. Dr. D'Amico was a Californian who had attended college with the aid of federal



*Dr. Robert Berger*



*Dr. Herbert Miller*

funding. After the merger and the subsequent statewide referendum that terminated osteopathic licensure by reciprocity and took from the California Board of Osteopathic Examiners the power to issue licenses to new applicants, Dr. D'Amico and others found that they could not go home to California to practice. With seven other physician plaintiffs, Dr. D'Amico had filed suit, charging that the referendum law was unconstitutional. Six years later, the California Supreme Court agreed unanimously and ruled the 1962 law null and void. The court decision, *D'Amico vs. Board of Medical Examiners*, effectively reinstated all licensing procedures of the California Board of Osteopathic Examiners that had been in force before the 1962 referendum. It restored eligibility for California licensure to graduates of any osteopathic college accredited by the American Osteopathic Association, and it reinstated licensure by reciprocity.<sup>4</sup> "In the process," said Dr. Leonard Azneer, "the court had noted testimony in which respondents in the case admitted that the practice of osteopathy had evolved into a 'full . . . and complete school of medicine.' And it was on that basis, I think, that they struck down the barrier which had precluded our people from coming back." By 1989, the American College of Osteopathic Pediatricians would have six California members.

The 1974 annual meeting was in Portland, Oregon, with the American Osteopathic Association's convention at the Memorial Coliseum. Several California M.D.s appeared on the program as lecturers. One day of the annual meeting was devoted to a joint session with the American Osteopathic College of Rehabilitation Medicine on September 13. The pediatricians heard lectures on the physiatriic approach to cerebral palsy and the orthopedic approach to scoliosis, and they presented their own views on the same subjects. To the \$30 registration fee, the college added a \$20 charge for banquet tickets. Dr. David Leopold, the treasurer, reported that the American College of Osteopathic Pediatricians had an excess in 1974 of \$1,013 in receipts over disbursements after several years of negative cash flow as a result of convention arrangements. Ross Laboratories, Squibb, Wyeth Laboratories, and Mead Johnson provided financial support for that year's annual meeting. Richard Shearer, Mead Johnson's associate director for professional services, later recalled that 1974 was the first year that his company sponsored an opening-night reception at the annual meeting of the American College of Osteopathic Pediatricians.<sup>5</sup> Mead Johnson would expand its participation throughout the 1970's: In 1976 the pharmaceutical company would begin funding speakers' honoraria and other expenses; in 1977, it would institute and host the officers' and directors' annual meeting dinner; in 1978 the company directed that two of its fourteen annual \$2,000

educational awards for graduate training go to osteopathic physicians; and in 1983 it would underwrite the cost of the college's annual meeting syllabus. Over the next decade, the pharmaceutical companies' support would help the college move its marginal bank balance into the black and create a substantial reserve fund.

At the start of the four-day convention, on September 9, 1974, the board of directors met at the Hilton Hotel in Portland. They recommended that the American Osteopathic Association not require a year of residency training in an osteopathic institution for certification in pediatrics. On continuing education, the board of directors reviewed and adopted as official for the American College of Osteopathic Pediatricians a sample of the AOA's Individual Activity Report, which was scheduled to be mailed to all AOA members in January 1975. Dr. Benjamin Cohen, who was completing his year as president, reported on a questionnaire he had sent to all ACOP members on the use of osteopathic manipulative therapy in office and hospital practice and the use of the manipulative therapy approach in diagnosis and in recording findings in the hospital chart. With the passage of the years, a number of osteopathic pediatricians had given up manipulative therapy. Dr. Bernard Kay, chairman of the Department of Pediatrics at Michigan State, who used it extensively, pointed out that pediatricians who didn't do manipulative therapy often treated only small children; those, like himself, who used it, treated adolescents. "I don't use it on 100 percent of the cases," he added, "but my practice would be grossly different if I didn't have it."

Dr. Kay, who came to Michigan State in 1974, felt a deep need for the American College of Osteopathic Pediatricians. He had tried to join the Michigan Pediatric Society, but that allopathic group had told him he could be only an auxiliary member.

At that point I had no place to talk to another pediatrician. We were fairly scattered around in Michigan; none of us saw each other, except occasionally at a staff meeting. I needed a focal point, and this ACOP was the focal point. It was where I knew there were other pediatricians, where I knew there were other guys facing the same issues I did. Five or six years later I was invited to join the pediatric society, but I never really felt the closeness there that I did with this group of people. I was always the outsider. I met pediatricians who referred cases to me, yet - because we

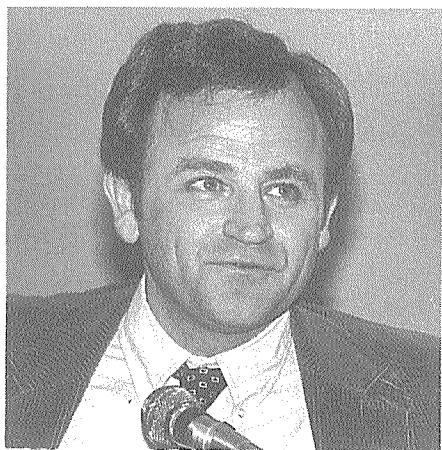
weren't on the same hospital staffs - I didn't feel close to them, because I didn't socialize with them, our wives didn't socialize, we didn't go to the same parties together. I've always felt that this American College of Osteopathic Pediatricians is my parent, my identity, and I feel that the ACOP has remained my identity and has protected me in the sense that I belong to something. This is the group that gave me my certification, gave me the ability to credential myself and show people that I have something.

The October 10, 1975 annual meeting of the membership was at the Hospitality House in historic Williamsburg, Virginia. Dr. Thomas Santucci Jr., who was the program chairman that year, decided to improve the level of the educational meetings. "We were able to get some funding and we developed a different format," he remembered, "so we went from programs that were slipshod to something that was well-planned with topnotch speakers.

We decided to bring in Dr. Robert Blizzard, a world-renowned pediatric endocrinologist at the University of Virginia, Dr. Samuel Katz, chairman of the Department of Pediatrics at Duke University; Dr. J. Lawrence Naiman, a premier and widely published hematologist from St. Christopher's Hospital for Children in Philadelphia; and Dr. William Rashkind, who developed invasive cardiology at Children's Hospital of Philadelphia. We brought in four world-class speakers, gave each one a day, and blended in our own people who presented case problems to them; so the four key speakers had a chance to think on their feet and get a dialogue going with the audience.

The four main speakers were M.D.'s. "The program also exposed the speakers to our group," Dr. Santucci added, "and I think it did much to enhance their opinion of osteopathic pediatrics." The Williamsburg program became a benchmark. Year after year, every program chairman felt obligated to "live up to Santucci."

The M.D.s who lectured in 1975 were somewhat at a loss, wondering what they should say to osteopathic physicians, Leonard Fries recalled. "Dr. Sam



*Dr. Thomas F. Santucci, Jr.*



*Dr. Joseph Dieterle with Richard and Cathy Shearer*

Katz, when he got up on the podium to speak, wondered aloud at what level he should present his material. He didn't mean to be antagonistic or offensive; he just didn't know how capable osteopathic pediatricians would be. Dr. Herbert Greenwald of Georgia was in the audience, and he called out: '*See Spot Run!*' that line from the primary reader. Dr. Katz gave his talk just as he would have to any group; after that he took questions, and in the next hour he participated in a panel. Later he and I were talking. I had known him for many years. And he said, 'I'm astounded. These guys are sharp - a lot of these guys are sharper than our guys.' Coming from someone as renowned as he was, I thought that was quite a comment."

Also on the 1975 program was Dr. Joseph Dieterle, the brilliant young physician whose meteoric rise at the Philadelphia College of Osteopathic Medicine would make him chairman of the Department of Pediatrics and later dean of the medical school there. Dr. Dieterle had graduated from the Philadelphia College of Osteopathic Medicine in 1970 and had become a pediatrician by serving three years as a resident at St. Christopher's Hospital for Children. Even though he was a speaker on the program and an osteopathic physician, he could not be a member of the American College of Osteopathic Pediatricians, because he had trained at St. Christopher's, an allopathic hospital. "Like many other osteopathic physicians training in allopathic programs, I felt I was not welcome in the ACOP, because we were not accepted by the American Osteopathic Association," Dr. Dieterle recalled. In 1987, after the college successfully campaigned to remove the restrictions that had barred allopathically trained physicians from holding senior membership, Dr. Dieterle would become the first allopathically trained president of the American College of Osteopathic Pediatricians.

Osteopathic medicine was becoming more widely known and accepted. Vice President Nelson Rockefeller, who unsuccessfully campaigned for the 1976 Republican presidential nomination, told reporters of using osteopathic principles to help friends who had bone and muscle problems. He recalled one incident in which he reset the dislocated jaw of a friend's daughter. It was on the girl's wedding day, and she was in tears, crying over the pain in her aching jaw. Rockefeller grasped the jaw firmly, popped it back into place, and her pain vanished. He said he knew how to do it because his own jaw had been dislocated and reset the same way. When his own osteopathic physician suffered a sacroiliac pain, Rockefeller told the Associated Press, he solved the problem with a quick pull on one of the doctor's legs.

The cost of care was rising; annual health care inflation would soon enter the double digits. But in 1975, as Dr. Martyn Richardson observed, the cost

of an office visit was still only \$10. A pediatrician might charge \$35 for newborn care and \$4 for a D.P.T. immunization. By the end of the decade, an office visit would cost \$15, newborn care \$50, and a D.P.T. shot \$5.

The November 5, 1976 annual meeting was at the Brown Palace Hotel in Denver; the hotel took its name from its social-climbing nineteenth century founder, Molly Brown, who had survived the Titanic sea disaster and had been immortalized as "The Unsinkable Molly Brown" in a Broadway musical and a Hollywood motion picture. The previous year, in approving the Denver location for the meeting, the membership had endorsed a board of directors' decision to meet apart from the American Osteopathic Association. The reasons for holding a separate annual meeting were much the same as they had been when the college broke away from the AOA convention between 1959 and 1962. Among them were the constraints that the size of the AOA imposed upon a small specialty college like the pediatricians', limiting the choice of meeting sites to large cities and convention halls. In another year, the American College of Osteopathic Pediatricians would change its meeting dates from the fall to the spring. Early registration fees for the Denver annual meeting had been \$75 for members, \$100 for non-members and \$25 for spouses of members. After October 1, registration fees had risen to \$100 for members, \$110 for non-members and \$35 for spouses. The college did not charge registration fees to interns and residents in approved training programs. Thanks to the support of the pharmaceutical and infant formula companies, Dr. Kenneth J. Mahoney of Pontiac, Michigan, the secretary-treasurer, showed a balance of \$20,243. The college had 157 members; among them 48 senior members and 23 Fellow members.

Dr. Robert Berger of Philadelphia was the college's president that year. Continuing its use of prominent M.D.'s at its scientific programs, the college had recruited Drs. G. J. Barbero of the University of Missouri School of Medicine, S. Allen Bock of the National Jewish Hospital in Denver, Benjamin M. Kagan of the UCLA School of Medicine, Lula O. Lubchenco of the University of Colorado Medical Center. The program chairman was Dr. Neil Nickelsen of Tucker, Georgia.

More and more pediatricians were facing the hard realities of the 1970's: family disintegration, economic deprivation, child abuse. Beginning about 1977, Dr. David Leopold in Phoenix found he was seeing more child abuse cases. Looking back, many years later, he believed that the horror of widespread child-battering and deprivation occurred later where he was than it had farther east. Dr. Benjamin Cohen in Columbus, Ohio, recalled a heart-rending case:



I had a 13-year-old child in a diabetic coma. We straightened her out, but the next month she came back, and she was in a coma again. We went through the same process again about six weeks later. When she came out of the coma that third time, I went into her room and I said, "Look, you have to be doing something, because you're not that brittle when you're here." She said, "I'll tell you if you don't get me in trouble. My mom doesn't buy me the insulin." I called the mother over to my office, and the woman said to me, "I'm going to be honest with you. I'd like to give this girl up. I'm a waitress. I'm alone. I can't care for her." I told the mom I'd have to call the police, because it was child abuse. And she said, "I don't want to be in trouble, but I don't want the child anymore." We had the girl on an adult floor because pediatrics was too crowded. I remember that I mentioned the story to the nurses. The next day one of them said a woman I didn't know wanted to see me. She was a patient in a room down the hall. I walked into her room and she said, "Doctor, I was standing behind you yesterday when you were telling the nurses the story about that girl. It's the same girl I've been visiting here every day." Well that was a coincidence. She said, "We have one child; she's diabetic, and she's in college. My husband and I want to adopt this girl you were talking about." To make a long story short, she adopted that child; the hospital sent its attorney to do the adoption free. I believe there really has to be a God for all of those coincidences to occur. The child went home with them and they gave her all the love in the world. She later went to Ohio State University and she's doing quite well.

At the September 25, 1977 board of directors meeting at Marriott's Camelback Inn in sunny Scottsdale Arizona, the directors combined the college's Northeast Region with the Southeast. The Midwest Region had been inactive, but the Southwest Region planned to sponsor a weekend program at the University of Arizona. The American College of Osteo-

pathic Pediatricians had designated committees for each of the regions. In fact, the college's committee structure was well developed. It had committees for liaison with the American Academy of Pediatrics, with the osteopathic colleges, and with pediatric dentistry. Dr. Cohen chaired a public health committee, under which - among others - were subcommittees on child battering and federal government activities. The college also had a representative, Dr. Arnold Melnick, on the Food and Drug Administration's ad hoc Professional Committee.<sup>6</sup>

At that year's annual meeting, on September 28, Dr. Samuel Caruso of Philadelphia was president and Dr. Dwain Harper was the program chairman. Ross Laboratories hosted a western round-up reception as part of the social program, and the Tuesday night dinner was a steak fry. The scientific program focused on such subspecialties as pediatric nephrology, neurology, and rheumatology. The allopathic speakers were Drs. Melvin Cohen of St. Joseph's Hospital in Phoenix, Arnold Gold of the Columbia University College of Physicians and Surgeons, Richard Guthrie of the University of Kansas School of Medicine, and Ralph Wedgwood of the University of Washington School of Medicine.

Physicians were beginning to feel the new calculus of American medicine. The use of hospitals in the United States had peaked in 1975. Observers noted that public and private funds spent on health care were approaching the levels of federal spending on defense. Health care costs, in fact, had risen tenfold since 1960. State regulatory agencies in New York, New Jersey, Maryland and Massachusetts were developing the cost controls that the federal government would apply nationally to health care in the 1980's. The historic style of American medical practice - exemplified by Dr. Smith in his office down the street - was becoming corporate: In 1950, according to one estimate, 5,000 American physicians had been in group practice; by 1978, the number had risen to almost 88,000. The federal government had convened its prestigious Graduate Medical Education National Advisory Committee; after a three-year study, the committee - of which Dr. Myron Magen of Michigan State was vice chairman - would conclude that an oversupply of physicians, a glut, was impending and would overtake the nation before the end of the century.

The 1978 annual meeting was on September 28 at the Omni International Hotel in Atlanta. One of the social highlights was Mead Johnson's dixieland reception. The scientific program continued to follow the 1975 format: Alfred W. Brann, Jr., M.D., from Grady Memorial Hospital in Atlanta discussed neonatology; Thomas S. Morse, M.D., of the Ohio State University College of Medicine lectured on pediatric surgery; George H.

McCracken, Jr., M.D., of the Southwestern Medical School at the University of Texas discussed pediatric infectious diseases, and Frank A. Oski, M.D., of Syracuse University lectured on pediatric hematology. Osteopathic pediatricians presented cases and conducted roundtable discussions. Sixty-nine members registered for the meeting; the ACOP membership was 181. Registration fees for members were \$100 and \$150 for non-members.

Dr. David Leopold was completing his year as president. "At that time we were at a transition from the older guard who really put the college together," he recalled:

Dr. Melnick had been president 25 years before I was. I was an intermediate person: Although we had important business to conduct, I don't remember a lot of really crucial things taking place. I think younger people came along after Dr. Pat McCaffery and I were involved, and then some new and exciting things began to happen as we started to participate more and more with the American Academy of Pediatrics. I think those younger people have made a real contribution in the college's more recent days; the old guard really made a contribution putting the college together, and I guess I see us as kind of welding the two together, the consolidation period that always takes place in organizations.

"Starting around Ben Cohen's year, we had begun to bring in the second generation of D.O. pediatricians," Dr. Thomas Santucci, Jr., observed. "I'm second generation, but I guess I was probably part of the third wave. In the late seventies I think we started to move the college beyond the social meeting, to try to have some impact on the training of residents, and on the kind of educational programs we presented, and also to have our group have some impact on national health care issues."

The last annual meeting of the decade was on April 4, 1979 in Orlando, Florida, at the Contemporary Resort Hotel in Walt Disney World. The choice of the meeting site was popular; the college had 236 registrations, including guests and children. That year's secretary, Dr. Herbert L. Miller of Madison Heights, Michigan, noted that the college membership was 196 - one more than it had been a decade earlier, at the end of 1969.

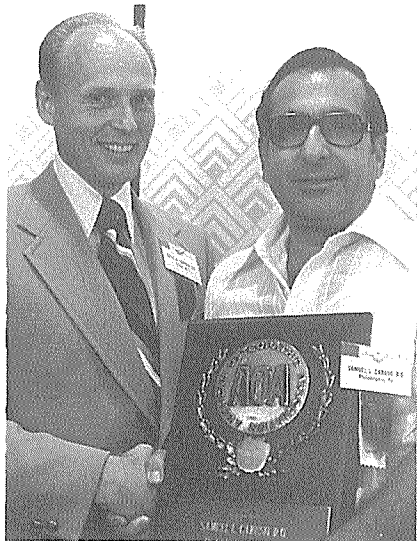
In 1976 the board of directors had decided to discontinue the college's student awards program and replace it with an award that would encourage



*Dr. Thomas F. Santucci, Sr. (right)*



*Dr. Martyn E. Richardson.*



*Dr. Samuel Caruso receiving his  
past-president's plaque  
from Dr. David Leopold*

pediatric residents to submit original research papers. The 1977 winner was Dr. Michael E. Ryan, a resident at the Geisinger Medical Center in Pennsylvania. The 1978 and 1979 winners presented their papers during the scientific program in Orlando. The 1978 winner was Dr. David S. Sciamanna, who discussed "A Case of Mucocutaneous Lymph Node Syndrome with Atypical Features." The 1979 winners were Dr. Albert K. Harvey, whose paper was titled: "Asymmetrical Septal Hypertrophy and its Obstructive Form, Idiopathic Hypertrophic Subaortic Stenosis in Pediatrics," and Dr. Edward M. Klimek, whose paper was titled "Shake Test: False Negative Interpretations Resulting from Surfactant Binding in Gastric Aspirates."

Also on the program were Virgil M. Howie, M.D., of the University of Texas Medical Branch at Galveston, William K. Schubert, M.D., of the University of Cincinnati College of Medicine, Juan F. Sotos, M.D., of the Ohio State University College of Medicine, and Myron Winick, M.D., of the Columbia University College of Physicians and Surgeons.

The college had a four-person liaison committee with the American Academy of Pediatrics. Dr. Dwain Harper of Columbus, Ohio, was its chairman, and Drs. Gordon Lerch, Kenneth Mahoney, and K. Patrick McCaffery, that year's incoming president, served on it. Part of the liaison relationship that had been building for much of the decade involved mutual interest in children's health issues on a national level. The Academy's Committee on Fetus and Newborn had endorsed a statement prescribing proper care of newborns in the delivery room - a statement written by the American Society of Anesthesiologists. Adding their support, the directors of the American College of Osteopathic Pediatricians also endorsed it as the ACOP's official policy.

On September 13, 1979, the board of directors met at the Pheasant Run Hotel in St. Charles, Illinois, during the three-day Conference on Pediatric Education. The college had been working for more than a year to revive the conference, which had been inactive for some time. Ross Laboratories provided the funding; Drs. Thomas E. Jarrett and Arnold Melnick were the conference co-chairmen. The weekend sessions focused primarily on undergraduate education and gave a hearing to a variety of speakers, from medical school deans to students.

During the board of directors' meeting, there was a motion that the American College of Osteopathic Pediatricians make osteopathic physicians who had completed formal training in non-osteopathic residencies eligible for senior membership in the college. The directors had been expressing concern about pediatric training in allopathic hospitals - includ-

ing the rotation of interns to allopathic hospitals - and there was a growing recognition that allopathic residency training, and the concomitantly reduced number of osteopathic residents, would ultimately diminish the college membership if there were no way to bring in those, like Dr. Joseph Dieterle, who had trained allopathically. The motion to make them eligible for membership on a par with osteopathic pediatricians failed that day. Instead, the directors established an alternative membership status called an Allied Membership. But the issue was essential to the future of the American College of Osteopathic Pediatricians, and it would arise again in the 1980's.

### NOTES ON THE 1970's

<sup>1</sup>Dr. Thomas E. Cone, Jr., *History of American Pediatrics* (Boston: Little, Brown and Company, 1979), p. 253.

<sup>2</sup>*Ibid.*, P. 87)

<sup>3</sup>Dr. David Leopold, president of the American College of Osteopathic Pediatricians in 1977 and 1978, expressed a broader view:

This is very important as far as pediatrics is concerned. Look at the number of people who were training residents and who left to go into the colleges to teach. Pediatricians had been very actively involved . . . in teaching residents. As they moved out of practice and more into the university setting to teach and to take deanships and to chair departments, our residency programs got thinner and thinner. Our students started to go out into the allopathic programs, and we went through a time in which we were struggling. In fact, we're still struggling to have osteopathic residency programs.

<sup>4</sup>*The D. O.*, May 1974, American Osteopathic Association, Chicago, IL, pp. 81,83,86. Writing in the same issue, Dr. Viola Frymann, president of the state osteopathic association, Osteopathic Physicians and Surgeons of California, which, since 1962, had represented the 400 California osteopathic doctors who had not accepted M.D. certificates, said:

This is a victory for the people of California in restoring freedom of choice of health care. Secondly, it is a victory for justice. The judicial system will prevail if we're willing to let the process work. Thirdly, this opens the door to new family physicians to come into California, because the osteopathic physician is primarily a family physician - even though he may go into a specialty later on. Fourthly, this increase in the number of physicians in California will take place at no cost to the California taxpayers because they have all been educated out of state.

<sup>5</sup>Richard Shearer, in a letter to Dr. Martyn Richardson dated August 22, 1988.

<sup>6</sup>In 1975, Dr. Melnick had published a book called *Pediatrics: Some Uncommon Views on Some Common Problems*.

<sup>7</sup>Dr. Martyn Richardson was on GMENAC's pediatric subcommittee.

# THE 1980's





## THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

### 1980's

**F**or the American College of Osteopathic Pediatricians, the advent of the new decade signaled a new direction. New leaders in the 1980's would focus on recruitment, reorganization, and political advocacy. Dr. Arnold Melnick, who had previously noted the dominance of members from California in the 1940's and from Philadelphia in the 1950's and in the early 1960's, was one of many who recognized the leadership change. "There was a period that I really can't define," said Dr. Melnick, "probably running from about the mid-1960's to the mid- or late 1970's, in which the presidents of this college were from no apparent geographical group. The last few years have been dominated by a group that can only be described by the word *young*, or, if you talk to older members, a group of Young Turks - which really represents, to me, a group of young people who are eager to see things done. They became active in the organization somewhere around the terms of Pat McCaffery in 1979, Gordon Lerch in 1980, or Tom Santucci, Jr., in 1981. From that period forward those people looked at newer problems, and they looked for new solutions."

Dr. Gordon Lerch of Cleveland took the president's gavel on April 23, 1980 at the annual meeting in San Antonio. It was Fiesta Week, and, in addition to their scientific programs and business meeting, the pediatricians toured the Alamo, sauntered along the Paseo del Rio, listened to jazz bands and watched parading flamenco dancers. Ross Laboratories sponsored a Mexican Fiesta cocktail party. On the lecture program were such allopathic speakers as Dr. Dolores M. H. Carruth of Baylor University, Drs. Philip Brunell and Charles E. Gibbs of the University of Texas at San Antonio, Dr. Leonard Graivier of the University of Texas at Dallas, and Dr. Ralph Rodney Howell of the University of Texas at Houston. Allopathic and osteopathic speakers focused on subspecialization: neonatology, perinatology, pediatric surgery, genetics. Dr. William P. Neal of Fort Worth had organized the program around neonatal problems and birth defects, and the March of Dimes National Foundation had helped to underwrite its cost. The registra-

tion fee was \$150 for the college's 203 members, \$175 for non-members; in all, 99 people registered.

"Recruitment was probably our biggest goal that year," Dr. Lerch recalled. "We even made efforts to find pediatricians in the military.

We knew we had a lot of men hiding in the military, and we couldn't find them. It was hard for the American Osteopathic Association to help us - for reasons which we never determined. As we contacted some of the men who were in the military, they wondered why we hadn't made more of an effort to find them before that. This was important to us, because we really felt we had to get the younger people more involved: They had the ideas we needed, and, of course, they had the energy to go out and do the work necessary to get the job done. To me, that was probably the most important part of my year as president. I think we had something like 23 or 25 pediatricians who surfaced. Not all of them were from the military; some were in allopathic residencies.

We were very aware that our college should really make use of and encourage the younger men to come in. We really wanted them to take an active part. It was essential, in order for this college to maintain its growth and spirit, that we get the younger men, so a lot of our conversations centered around that.

As part of its effort to get new members, the American College of Osteopathic Pediatricians sent questionnaires to 42 osteopathic pediatricians in the armed forces, asking them how the ACOP could help meet their professional needs. Dr. Gerard Breitzer of East Lansing, Michigan, managed that survey.

By 1980, as a physician, Dr. Lerch could almost be said to be swimming against the rising tide of medical economics. He had been in solo practice since 1955. "It was becoming unique to be in practice by oneself," he said, "and at times it was tough." Over those years, he added wryly, he had seen American physicians move from practicing the art of medicine, through the science of medicine, to the business of medicine, and into the politics of medicine. Practicing on Cleveland's east side, he had been the city's first

osteopathic pediatrician, and he had felt the professional discrimination that other members of the American College of Osteopathic Pediatricians talked about. Dr. Lerch recalled times when, to get antibiotics for children in whom he had diagnosed rheumatic fever, he would be forced to have those patients re-examined, and the diagnosis certified, by M.D.s. That process, however, actually helped him build his reputation. "It became a way for M.D.s to get to know that I existed," Dr. Lerch said, looking back on those years. "And, rather than hindering me, it opened the doors to a lot of institutions, including the Cleveland Clinic."

"Specifically," explained his son, Dr. G. Lee Lerch, who completed his internship at the Philadelphia College of Osteopathic Medicine the year his father was president of the ACOP, "he developed the reputation very quickly that he didn't send them the average, everyday upper respiratory infection; he sent them hard, difficult-to-diagnose, complicated cases that would take the experts in this nation, and from around the world, to help diagnose. I didn't know that, of course, until later in life, but he was highly respected by the time I was in high school as the man who sent up cases that belonged at tertiary centers."

At the 1980 San Antonio meeting, the board of directors noted a plan by Dr. Alan Hinman of the Immunization Division of the federal Centers for Disease Control to eradicate measles by October 19, 1982. Ultimately, the United States would miss that deadline, and the disease would prove to be such a formidable enemy that experts would question whether it could ever be wiped out without developing new vaccination strategies. Measles vaccines failed to produce immunity in five percent of those receiving them. "The measles virus is so contagious that if one infected person comes around with it, it will seek out the five percent who aren't immune," a spokesman for the Centers for Disease Control would point out in 1989.<sup>1</sup>

In 1980 Mrs. Esther Martin, who had facilitated the success of the American College of Osteopathic Pediatricians through the 1970's, announced her retirement. She had prepared a job description for her position, and the board of directors used it as they interviewed applicants. To succeed Mrs. Martin, they appointed George K. Degnon of Washington, D.C., who had served the American Academy of Pediatrics as its associate executive director from 1977 to 1979. He also had founded the Academy's Washington legislative office. Following the next annual meeting, the board of directors would change Mr. Degnon's title at the ACOP to executive director.

The 1981 annual meeting was on April 7 at the Key Bridge Marriott Hotel in Arlington, Virginia. It was cherry blossom time along the Potomac, and

the Mead Johnson Nutritional Division sponsored a reception with a cherry blossom theme. Registration fees had risen, somewhat steeply, to \$200 for members, \$250 for non-members and \$50 for guests; 163 people - including 58 pediatricians - attended. Also present was the president of the American Osteopathic Association, Dr. Floyd Kregel. One officer noted that a narrower spectrum of fewer and fewer members was attending ACOP functions. Among the allopathic speakers on that year's scientific program were Drs. Allan M. Drash of Pittsburgh Children's Hospital, Vincent A. Fulginiti of the University of Arizona Health Sciences Center in Tucson, Robert T. Hall of Children's Mercy Hospital in Kansas City, and, once again, Dr. Samuel Katz of Duke.

The incoming president, Thomas Santucci, Jr., pledged that he would explore cooperative arrangements with the American Academy of Pediatrics and the appointment of osteopathic pediatricians to Academy committees; he also hoped to enable osteopathic pediatricians to take part in the Academy's continuing education opportunities, and he wanted to arrange a way for the American College of Osteopathic Pediatricians to make bulk purchases of important pediatric and infectious disease manuals at a discount through the Academy. Over the next few months, Dr. Santucci initiated an active liaison with the American Academy of Pediatrics. He met with Academy president R. Donald Blim, M.D., and its executive director, M. Harry Jennison, M.D. They agreed that Dr. Santucci would present to the Academy names of ACOP members to be considered for appointment to American Academy of Pediatrics committees as liaison representatives. Dr. Blim accepted Dr. Santucci's invitation to attend the American College of Osteopathic Pediatricians' annual meeting and invited Dr. Santucci to attend the Academy's meeting that October.<sup>2</sup> On September 12 in Chicago, Dr. Santucci reported to the board of directors that he was exploring special arrangements for ACOP members to attend the Academy's educational programs, as well as liaison arrangements between the certifying boards of both organizations.

At that September 12 meeting, the directors agreed to endorse an American Academy of Pediatrics statement on the fetus and the newborn. They also approved moving forward with a National Osteopathic Cooperative Pediatric Research Study Group, and, at the request of the American Osteopathic Association, nominated ACOP members Bernard Kay and Robert Berger for membership on the AOA Committee on Postdoctoral Training.

Although no one had taken much notice of it, the first case of Acquired Immune Deficiency Syndrome had been reported. The AIDS epidemic

would grow monstrously through the 1980's, so that by the end of the decade epidemiologists would count 70,000 deaths from AIDS and predict 300,000 more in the 1990's. Among the other signs of the times was a national opinion poll conducted by the Lou Harris organization. The Harris Poll found Americans complaining of high physician fees, lack of communication, and doctors who were overprescribing drugs and unwilling to spend time with their patients.

On March 14, 1982 the directors of the American College of Osteopathic Pediatricians met in San Diego. George Degnon, reviewing his first year's accomplishments as the college's executive director, noted among them: "Reinstatement of a newsletter, procurement of additional outside support from industry for the annual meeting, a new membership directory, improved efforts to promote attendance at the annual meeting, a significant increase in interest income from the management of reserve funds, and improved liaison with the American Academy of Pediatrics . . . ." Mr. Degnon's offices, which became the American College of Osteopathic Pediatricians' offices, were at 1311 A Dolley Madison Boulevard in McLean, Virginia.

The directors also took a number of actions designed to reorganize and chart new directions for the American College of Osteopathic Pediatricians. They decided to conduct a membership survey on the role and future direction of the college, agreed on the need to revise the college bylaws, and authorized Dr. Herbert Miller, that year's president, to appoint a long-range planning committee. The purpose of developing a long-range plan was "so that the directions and priorities of the college will be less subject to change each year because of any special interests of the president," minutes of the meeting noted. In more routine business, the directors appointed Dr. Gerard Breitzer as the ACOP's liaison representative to the American Academy of Pediatrics Committee on Community Health Services. They also discontinued the college's Research Writing Award, which had been created in 1976, saying osteopathic hospitals did not have the resources to financially support research efforts. In its place, the directors combined the Research Writing Award with funds for a National Osteopathic Pediatric Study Group and urged trainers to promote "research-oriented activity" in training programs.

At the same meeting, the directors approved qualifications for service on the American Osteopathic Board of Pediatrics. The qualifications required that, in addition to not serving more than two consecutive three-year terms on the certifying board, members be:

1. In good standing with the American Osteopathic Association;
2. Certified by the American Osteopathic Board of Pediatrics;
3. A senior member in good standing of the American College of Osteopathic Pediatricians;
4. Involved (within the previous five years) with a pediatric residency program, a recognized medical education program, or a faculty or research program related to pediatrics;
5. Able to demonstrate experience or training in evaluation processes; and
6. Active in general pediatric or pediatric subspecialty practice within the previous five years.

The following year, the American Osteopathic Association would approve revisions to the American Osteopathic Board of Pediatrics's constitution and bylaws, as well as the regulations and requirements the AOBP had submitted to it. The board would also raise its application fees from \$250 to \$500.

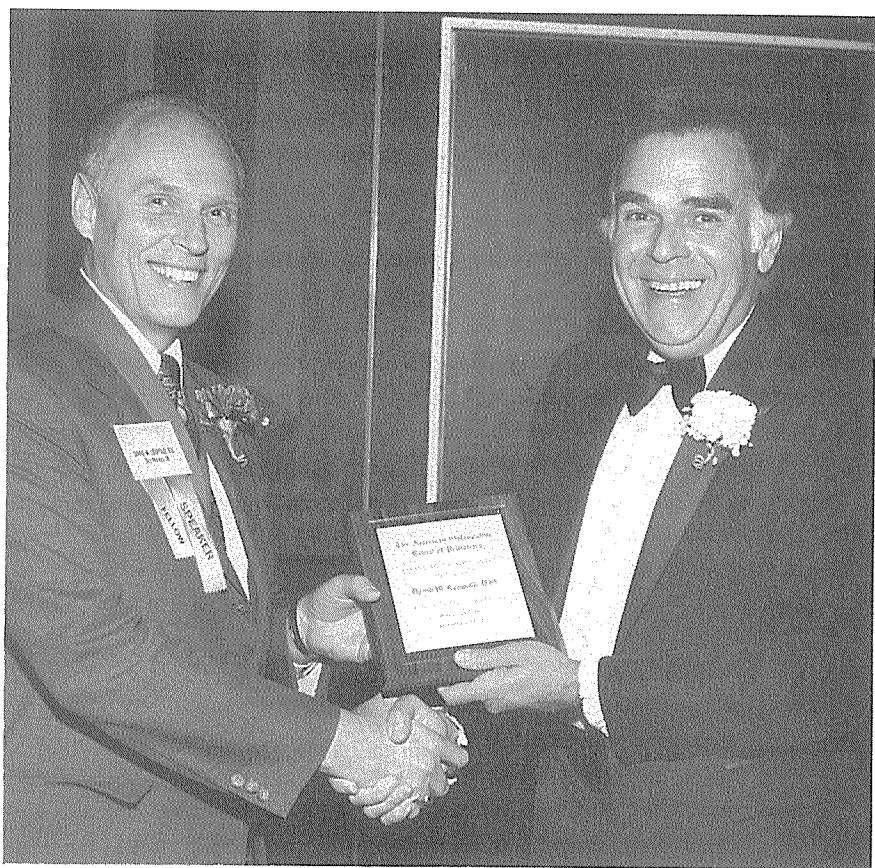
ACOP members serving on the American Osteopathic Board of Pediatrics often traveled to small cities and towns to examine individual candidates for certification. On one of those trips, Dr. Dwain Harper had checked into a hotel late one night in the summer of 1982. Exhausted, he had fallen into bed and had dropped off to sleep, only to awaken a short time later itching and scratching. When he could stand it no longer, he sprang up from the bed, turned on the light, and saw the sheets covered with scurrying black bedbugs. Later, ruefully, he confided in Dr. Patrick McCaffery, who was chairman of the certifying board that year, and in Dr. David Leopold, who would be the board's chairman in 1984 and 1985, and told them what had happened. That fall, at the University of Osteopathic Medicine and Health Sciences in Des Moines, Dr. Leopold enlarged a photograph of a blood-sucking *Cimex lectularius* to the size of a dinner plate. Then he copied the photograph a dozen or so times and carefully cut out the gargantuan bedbugs with a pair of scissors. That winter, during a meeting of the American Osteopathic Board of Pediatrics in Chicago, Drs. Leopold and McCaffery bluffed their way into Dr. Harper's hotel room while he was at dinner. Carefully, they turned down the bed and scattered Dr. Leopold's enormous bedbugs between the sheets. "Then we made the bed again, turned out the lights and left," Dr. Leopold laughed. As Dr. Harper prepared

to retire that night, his two tormentors sat downstairs in the lounge, chuckling as they imagined the discomfiture of his *de'ja vu*.

When the board of directors met on October 2, 1982 at the O'Hare Ramada Inn in Chicago, seeking to enhance membership recruitment, they recommended a new category of member - corresponding membership - for osteopathic pediatricians while they were training in allopathic programs. The category carried no privileges and was



*Theresa Goeke*



*Dr. Dwain Harper (right) presenting a certificate of recognition to Dr. David Leopold at Lake Tahoe in 1985*



applicable only during the three years of residency training. The change would require amending the college bylaws at the 1983 annual meeting. Responding to the new age of health care competition that had been ushered in with the 1980's, the directors also adopted a policy statement recognizing the advent of free-standing emergency facilities as potential cost-saving alternatives to the traditional hospital emergency room. But the board urged that policymakers and the developers of such alternatives address such issues as (1) standardization of the new ambulatory clinics, (2) the public's ability to differentiate between minor and major medical emergencies, (3) quality control, and (4) how to avoid episodic exposure and foster continuity of care.

At the same meeting the directors also established, as a committee of the college, a National Osteopathic Pediatric Study Group, which members had been considering for some time. The study group's purpose would be "to encourage and sponsor scientific research in the specialty of pediatrics." Studies would be primarily prospective in nature and would focus on observational research or interventional research. "Areas of research should include those problems that the general pediatrician encounters on a regular basis," the directors decided. They appointed Dr. Michael Ryan chairman and, as members, Drs. Joseph Dieterle, Dennis Hey, Neil Kantor, Bernard Kay, and Neil Levy.

Dr. Ryan would be featured in a number of magazine articles nationally for his work as a pediatrician and as the organizer of one of the most successful youth soccer programs in the United States. In *United Airlines Magazine*, the inflight magazine thousands of passengers read, Dr. Ryan, who had four children of his own, described the accidental way he had become a soccer mogul. As a pediatrician at St. Jude Children's Hospital, he had been living in Memphis. Soccer was popular there, and his six-year-old son wanted to play. "When I registered my son," Dr. Ryan told the magazine, "the man right behind me in line was named John Ryan. He had played soccer in college and was very interested in coaching. I had never played soccer in my life. A few weeks later I got a call from someone who said, 'Dr. Ryan, we have your team for you.' Well, you know what happened. They got the wrong Ryan." His coaching experience nevertheless taught him something important: "It used to be that winning meant everything to me," he said.

But somewhere along the line it finally clicked in my mind that winning or losing wasn't important: It was the satisfaction those kids got from their game. You

can't take care of a child who has cancer and then go out on the field and get upset at your soccer team for not doing the right thing.

At their meeting on March 11, 1983, the board of directors, after reviewing a letter from Dr. Martin Finkel, who reported that the American Osteopathic Association had no place for the evaluation of pediatric services in an internship, asked President Bernard Kay to send a strong recommendation to the AOA, asking the AOA to elevate departments of pediatrics to the same status in the evaluation process as it accorded other departments of medicine. Dr. Martin Finkel was a son of Dr. Harold Finkel of Lancaster, Pennsylvania. In 1989, looking back on his life and his career on the occasion of his receiving the educator/member award of the American College of Osteopathic Pediatricians, Dr. Harold Finkel said:

The ultimate satisfaction for me is that my sons have become doctors. Martin taught school for a year first, and when he decided he wanted to be a doctor I told him, "Just because I'm a D.O. doesn't mean you have to lean toward an osteopathic school." He replied, "The profession has been pretty good to us, hasn't it dad?" I said it had. And he said, "Well, that's what I wanted to hear."

Then when Larry came along, his father-in-law-to-be was one of the founders of the American Academy of Pediatrics, and Larry, of course, had some deference to him. He applied to Georgetown and was accepted. He also applied to Michigan State, where Martin had studied. He said to me, "I just think I'd feel more comfortable as a D.O." So he went to Michigan State. I don't think I intentionally encouraged my sons into medicine. I wanted them to go into a field where they would be happy and get up each morning eager to go to work; and they are all in that situation.

Throughout the years, and throughout its ranks, members looked upon the profession of osteopathic medicine fondly, and, in the words of many, as "a family affair." Besides the members who were father-and-son pediatricians, Dr. David Leopold pointed out, "There are lots of us who are sons or

daughters of D.O.'s in general practice. My mother and father are both osteopathic physicians. My mother has a brother who's a D.O. My father had two brothers who were D.O.'s and a great uncle who was a D.O. My sister is a D.O. pediatrician. We really are a great big family. That family is how we stuck together and helped each other make things grow."

On April 12, 1983, at the board of directors meeting, the pharmaceutical industry pledged to underwrite, or contribute to, faculty expenses for the 1983 scientific program. Dr. Joseph Dieterle believed that the pharmaceutical companies were recognizing the value of the college's programs. "Once the college improved the quality of its scientific meetings - going back as far as Tom Santucci's program in 1975 - they began to draw more physicians to our annual meetings," Dr. Dieterle said. "The pharmaceutical companies saw that and helped us support the programs. We didn't have the exhibitors' booths that they might have at the AOA convention - we were too small for that - but the drug companies helped support the educational and social aspects of the program. Their support helped us attract good speakers and keep the cost of the program down - and it was the pharmaceutical firms that put that together."

Economics was much on the mind of American medicine in 1983. The federal government was phasing in a prospective payment system for its Medicare programs, which covered one-third of all hospital admissions. Margaret Heckler, the Secretary of the U.S. Department of Health and Human Services at that time, considered the new program the most important change in the history of Medicare. There were predictions that cost-per-case reimbursement would close 1,000 American hospitals by 1990. Medicare was establishing payment guidelines, called diagnosis-related groups, and was fixing the price of hospital services in advance, based on what the government thought ought to be the cost of treating a particular illness or injury. When American physicians and hospital administrators referred to the prospective payment system they called it simply "the DRG's."

"I see the same thing happening with the DRG's as happened when Medicare began," Dr. Melnick said. "Physicians did everything but wear black armbands. I guess if you live long enough you get to see history repeated, or at least you think you do. My own prediction about the DRG's is that doctors are going to come out of it, in the long run, still better. The only thing different from Medicare is that, in the beginning stages of the DRG's, there was some drop in doctors' incomes. Some of that reduction in income may have been justified."

Dr. Dwain Harper had arrived at the Kennedy Memorial Hospital University Medical Center, affiliated with the New Jersey School of Osteopathic Medicine, shortly after New Jersey had begun a cost-containment pilot program that was later used as one of the models for the federal prospective payment system. As the medical center's vice president for professional affairs, Dr. Harper was new in an administrative role. "I think I was beginning to see the whole health care situation come full circle," he later said. "It was the beginning of prospective reimbursement; it was the beginning of controlling costs; we were beginning to hear at that time that we were going to have a perceived or real physician glut, and I think that everything we saw and were concerned about in the early 1980's has come to be. We're beginning to look at a whole different profession than we had 25 years ago when I came out of osteopathic school.

I think that probably the greatest single impact on both physicians and patients is that the payor is really determining how health care is delivered at this point. It's had a tremendous impact; it affects everyone's daily lives. You no longer can say, "Doctor, I want to be admitted and have this taken care of." Someone else decides that, for the most part. Pediatrics is not yet up to speed with the rest of health care, in terms of reimbursement issues and cost-containment issues, but it certainly is being impacted tremendously by them. Many hospitals are experiencing operational losses now, and the dollars are not there to support what were traditionally money-losing services. Pediatrics and obstetrics, in most hospitals, fall into that category.

For hospitals across America, the struggle for survival introduced even higher levels of competition. Services once given freely were abandoned. Department heads were forced to analyze every cost. At Michigan State, Dr. Bernard Kay gave a graphic example:

I have a couple of very good pediatricians who would love to spend two hours with each youngster, on a minor illness. I've had to sit down with them and say, as harsh as this may seem, "Look, the overhead in this office is \$60 an hour. You've got to bring in \$120 an

hour. Now, I don't care if you charge that runny nose \$120 or if you see six cases in an hour. The reality is, I don't think your average parent wants to pay \$120 for a cold, but if you want to give them \$120 worth of service you're going to have to charge them \$120." Those hard facts get them to realize that there is a profession and there is a business that goes along with it, and the two have to get together.

The 1983 annual meeting, where Dr. Kay took the gavel from outgoing president Dr. Herbert Miller, was at the Hilton Hotel in colonial Williamsburg, Virginia. Among the 135 who attended, 82 were pediatricians.

The following September, the board of directors met in Philadelphia at the lavish Four Seasons Hotel. The meeting would be one of the most far-reaching in the college's history. Up to that time, the osteopathic profession had no subspecialty training programs. The American Osteopathic Board of Pediatrics had approved a "certification document" for the subspecialty of neonatology and had forwarded it to the American Osteopathic Association for approval.<sup>3</sup> The AOA in July had given the Osteopathic Board jurisdiction over the examination and certification of neonatology and several other pediatric subspecialties. The day before the September 24 board of directors meeting in Philadelphia, the college's evaluating committee had endorsed revised "Basic Requirements for Approval of Subspecialty Training in Neonatal Medicine" and had sent that document to the American Osteopathic Association for its final approval. The directors noted that the evaluating committee, chaired by Dr. Ella Marsh of Orlando, Florida, would prepare training materials for pediatric subspecialties in (1) allergy and immunology, (2) cardiology, (3) hematology and oncology, (4) infectious diseases, (5) intensive care, and (6) nephrology.

The board of directors also endorsed the recommendations of its Long-Range Planning Committee, submitted by Dr. Dwain Harper. The committee had discovered at least 100 categories of potential new members, Dr. Harper said. To attract new members, the committee recommended that the college embark upon a special three-month recruitment campaign in the last quarter of 1984, during which it would send prospects a new brochure and other materials offering to waive 1985 dues for new candidate members and to halve dues for new senior, associate and general members. The committee also suggested that the ACOP decide its annual meeting locations and dates three years in advance so that members could look forward to them and plan future vacations around them. By 1984, going beyond the recom-

mendations of its Long-Range Planning Committee, the board of directors - by that time renamed the college's Executive Council - actually reduced the 1985 dues of new senior, associate and general members to \$50 - from \$200 - and halved the cost of their annual meeting registration to \$100.

In July the American Osteopathic Association's Board of Trustees had approved the ACOP's revised bylaws. The new bylaws created seven categories of membership: (1) *Fellow* was an honorary category to which any senior member could be nominated after five years; (2) *Senior* members had completed approved training programs in osteopathic pediatrics and had been certified by the American Board of Osteopathic Pediatrics, (3) *Associate* members had completed approved programs in osteopathic pediatrics but were ineligible for senior membership, (4) *Candidate* members were participating in approved medical training programs, (5) *General* members were licensed physicians who were interested in pediatrics, (6) *Emeritus*, or life, members were not required to pay dues but could vote, hold office and serve on committees; (7) *Honorary* members could serve on committees but could not vote or hold office in the college.

At that same September 24 board meeting, the directors also ratified a mail ballot making Theresa Goeke executive director of the American College of Osteopathic Pediatricians, effective October 1, and moving the college's executive offices to 104 Carnegie Center in Princeton, New Jersey. George Degnon became the ACOP's director of government relations and maintained his offices in McLean, Virginia. He would continue to represent the college in Washington until 1988. Ms. Goeke had been the college's associate director for a year and had worked with Degnon at the American Academy of Pediatrics. She had broad association management experience and had previously worked for the Medical Society of New Jersey.

Finally, the directors on September 24 also approved revisions to the seal of the American College of Osteopathic Pediatricians. For almost a quarter of century the college seal had been a six-sided figure framing a doctor, a nurse and an infant. Leonard Fries of Ross Laboratories had designed a new seal consisting of a star, rays of light, rising steps, and an open door. To Fries, "The star designated the new birth; the rays designated the growth and brightness of the future; the steps indicated the rising of medical knowledge and understanding; and the open door indicated the opening of opportunity with new scientific awareness and the door to the future." For his contributions over more than three decades, the directors declared Fries an honorary member. At the spring annual meeting in Williamsburg, the college had presented specially engraved plaques to him and to Richard Shearer of Mead Johnson, recognizing their "support and unique contributions" over the years.

The college had redesigned its quarterly newsletter into a six-page maroon-and-tan foldout. In his summer newsletter message to the membership, Dr. Bernard Kay had asked two important questions: *Where have all the pediatricians gone?* and, startlingly, *Should the American College of Osteopathic Pediatricians continue to exist?* "I knew at the time I might be asking a question to which I really didn't want to know the answer," Dr. Kay later said. Statistics showed that of the more than 400 osteopathic physicians who were pediatricians, hardly more than half held ACOP membership. Of 67 AOA-approved pediatric residencies, only 24 were filled. To his second question, Dr. Kay said, members responded unanimously: "You want the ACOP to function as a sustained advocate for children," he would report that winter in his newsletter, "to continue its dedication to learning and teaching, through contact with each other and with patients; through outstanding scientific programs. . . to be the voice of opinion and integrity in matters concerning the care of patients."

Throughout the decade, the American College of Osteopathic Pediatricians would be politically active. In 1981, with the increasing importance of health care and other lobbying groups in Washington, the ACOP had asked its members to support the national Osteopathic Political Action Committee through individual donations. As President Ronald Reagan's New Federalism reorganized federal preventive medicine and health services programs into block grants, the ACOP had officially "viewed with concern" any loss of federal support for maternal and child health. In March 1982, by mail ballot, the board of directors had approved an ACOP policy statement against consolidation of the Women, Infant and Child feeding program into the Maternal and Child Health block grant and had urged that funding for those two health programs not be reduced. The directors said, "Both programs address different health needs of low-income pregnant women, infants and pre-school children, and they should not be placed in competition with each other."

On abortion, a politically inflammatory issue throughout the 1970's and the 1980's, the membership, at its 1982 annual meeting in San Diego, had tabled an anti-abortion statement, and the board of directors, the following day, had reaffirmed the college's traditional personal-choice position, saying: "Issues of abortion and euthanasia are personal matters of individual conscience, and, as such, it is questionable whether any policy statement from the college could represent the views of all the members." The board of directors at that same meeting adopted and approved the distribution of a statement opposing new federal regulations requiring parental notification when physicians prescribed contraceptives for sexually active adolescents.



*Dr. F. Larry Reed*



*Dr. Bernard Kay*



In 1983, the directors gave a \$3,000 seed grant to Children's Hospice International and asked for representation on its board. The college also forwarded to its membership letters (1) from Dr. Herbert Miller encouraging dialogue with patients "to insure that children are not the innocent victims of economic displacement resulting from rising unemployment" and (2) from Dr. Bernard Kay seeking information for legislative contacts and support. The board, renamed the executive council on October 1, 1983 as part of the college's bylaws revision, supported legislation to include pediatric preventive health care in insurance policies that gave income tax deductions to employers, and a study to determine the financial means available for care to infants with life-threatening problems. To gain visibility at the national level, George Degnon suggested that the ACOP promote one popular legislative initiative, and the executive council selected "concern for the health care of low-income families."

In 1984, in the face of mounting evidence that cigarette smoking caused heart disease, some forms of cancer, and some lung diseases, the membership would pass a resolution prohibiting smoking at all general meetings, at all public functions of the American College of Osteopathic Pediatricians and at its formal scientific sessions. Also in 1984, the college would distribute to its members two recent American Academy of Pediatrics policy statements: supporting automatic passenger-protection systems, and defining the pediatrician's role in working with adoptive families.

In 1985 President Neil Kantor, in letters to members of Congress, would record ACOP positions endorsing a 16-cent-per-package excise tax on cigarettes, and would also support the federal Child Health Incentive Reform Plan, which required employers to cover pediatric preventive health care in group health insurance plans that were deducted as business expenses on federal income tax returns. The college also asserted its strong support for the establishment of a national commission to prevent infant mortality. Nevertheless, by the end of the 1980's, in the face of a steady erosion in what President Ronald Reagan had called the "social safety net," new thousands of American women and children would find themselves on the streets, homeless and without shelter, and without the prenatal health care that would save their babies' lives.

In a variety of other government-related actions throughout the decade the American College of Osteopathic Pediatricians would assert its child-advocacy responsibilities on issues ranging from infant formula to the protection of handicapped children. "We are not, obviously, a very large college or a very powerful college," Dr. Joseph Dieterle said. "But, for a small group, we've made our voice known. I don't think that Washington

listens specifically to the ACOP, but I know Washington listens to the thousands of members of the American Academy of Pediatrics; so on child safety and immunization issues we often joined with them. Jackie Noyes of the American Academy's Washington office would call and ask for letters of support when they went before Congress. And Washington didn't know that we had only a couple of hundred members. We were the *American College of Osteopathic Pediatricians*, and we could have been an army of hundreds of thousands for all they knew."

The American College of Osteopathic Pediatricians' 1984 annual meeting was March 4 to March 8 at the Hyatt Hotel in Orlando, Florida. Once again Orlando was a popular choice. Pediatricians and children alike among the 241 who attended enjoyed the Florida sunshine, toured the national exhibits at EPCOT Center and thrilled to the breathless downhill run inside Space Mountain at Walt Disney World. The program, organized by Dr. Jesse Ramsey and approved for 22 continuing medical education credits, included a "breakfast with the professors" format in which early risers could discuss medical topics over coffee with well-known allopathic and osteopathic physicians. After breakfast, the four mornings of scientific sessions included lectures, roundtable conferences, and case presentations. The 98 members at the meeting represented the largest physician attendance at a scientific program in the college's history. Membership from October 1, 1983 to April 3, 1984 had risen 12 percent, from 209 to 235.

During the executive council meeting that Wednesday in Orlando, the council members expanded the budget for speakers and faculty to \$6,000 for the 1985 annual meeting at Lake Tahoe and asked Theresa Goeke to investigate the cost of a medallion for the more than three dozen Fellows of the college. The bronze medallion was to be worn around the neck at all ACOP functions. On its face would be the seal of the American College of Osteopathic Pediatricians; on its back would be the name of the Fellow and the year of his or her fellowship.

Dr. Dwain Harper, who had taken the gavel at the annual meeting, said his presidential priorities were membership, education and service. "We realized that the most critical thing for the college was membership," Dr. Harper would later recall. "Service was critical but without membership you can't provide service, so the No. 1 focus was put on the recruitment of members - and to come up with individual services that were important to our various constituent groups.

Certainly, for the senior people, I thought recognition for their contributions and their accomplishments was

critical, and I think that has been focused ever since. For the young new people coming in, I thought one of the services we could offer was an introduction into the profession: A face that they could recall when and if they had difficulty going for their boards, or difficulty getting on a medical staff somewhere - they could rely on the membership to help them through that. I can't tell you how many letters I wrote as president, and even as a past-president, on behalf of my colleagues in this college to help them get on a medical staff: To tell the president of that medical staff the kind of training an individual had, or to define the equivalency of his training with allopathic training. And other presidents of the college down through the years did the same thing.

To help chart the future of the American College of Osteopathic Pediatricians, Ross Laboratories that January had underwritten the cost of a nationwide survey by Dr. Michael Ryan's National Osteopathic Pediatric Study Group. The four-page questionnaire had gone to the college's 231 members and to 256 osteopathic pediatricians who were not members. The survey sought to characterize the osteopathic pediatrician of the 1980's. It asked pediatricians about their practices and their patients, their subspecializations and their degree of satisfaction with the services of the American College of Osteopathic Pediatricians. The average pediatrician who responded was male, lived in the midatlantic or east north-central states, had entered practice between 1975 and 1979, was board-certified and worked in a general pediatrics solo practice. He worked 60 hours a week and spent half of his time in his office. He saw 25 office patients a day and took care of another five patients each day in the one hospital to which he usually admitted patients. He had been graduated from one of the older osteopathic colleges and probably belonged to state and national osteopathic organizations. He had completed a pediatric residency. His gross annual income in 1983 had been \$85,000; his net annual income from that was \$65,000.<sup>4</sup>

Among his administrative initiatives, Dr. Harper also strengthened the ability of the college committees to do their work. He appointed committee chairpersons and, with the consent of the executive council, told them that they could develop long-range plans and could count on being in their positions through several presidents' terms, so that they could carry out their plans. The presidents of the college throughout the rest of the decade

all made outstanding contributions; and each attributed that success to the continuing work of his or her committees.

Following up on the January membership survey, Dr. Harper and his membership committee chairman, Dr. Dennis Hey, made a concerted effort to regain lapsed members. "We also focused on new membership before it was born - that is, we went into the universities and hospitals and made contacts during the resident years," Dr. Harper said. As a result of those intense recruiting efforts - and with an attractive membership recruitment package mailed to 300 potential members - Dr. Hey's membership committee brought in 29 new members during that year's fourth-quarter campaign. In all, the college would recruit 35 new members during the year, bringing its total membership to 259.

As an enticement to potential new members, during Dr. Harper's year the executive council also fixed Maui in Hawaii as the site of the college's 1986 annual meeting. "It was a tough decision," Dr. Harper said. "I must tell you that there were many trustees who said pediatricians didn't have the money to go to Maui; that pediatricians didn't go to those kinds of places. But we ended up in Maui. I think it was significant for this college to take that leap; because we suddenly realized that pediatricians did like to go to nice places. The membership grew the year after we went to Maui, and I think it helped us take a major leap forward."

In 1985 Dr. Neil Kantor, director of nurseries at the regional perinatal center of Miami Valley Hospital in Dayton, Ohio, succeeded Dr. Harper as president of the American College of Osteopathic Pediatricians. Wyeth Laboratories contributed \$3,500 for the breakfasts and the educational program during that year's annual meeting, April 16 to April 20, at Lake Tahoe. The lake shone crystal blue below the snow-covered peaks of the high Sierras. The hotel rooms had sumptuous curtained beds and jacuzzi tubs; Sammy Davis Jr. and Shirley Jones were performing in the casinos. Of the 136 persons who registered for the annual meeting, 73 were physicians. Almost all turned out for a friendly roast of Dr. Thomas E. Jarrett, to whom the college gave its first Outstanding Educator Award that year. Roasting Dr. Jarrett were some of his former students: Drs. Anthony Bartholomew, Dennis Cappitelli, Robert Cruse, Neil Kantor, Edward Klimek, Richard Levinson, Ella Marsh, and Malcolm Schwartz. Dr. Benjamin Cohen, who was the master of ceremonies, later recalled: "The man was a genius. I'd have to say that I went into pediatrics because of Tom Jarrett. He was literally turned on by pediatrics - morning, noon and night. He was an exciting, very dynamic teacher." In the remaining years of the decade, the American College of Osteopathic Pediatricians would give the award to four of its most stalwart members: Drs. Thomas F. Santucci, Sr., in 1986,

Martyn E. Richardson in 1987, Arnold Melnick in 1988, and Harold Finkel in 1989.

Dr. Michael Ryan was the scientific program's chairman in 1985. "At Lake Tahoe and the following year in Maui he set a new standard for the programs," Theresa Goeke said. The allopathic speakers were Drs. Vincent Fulgineti of the University of Arizona, Gary S. Rahclefsky of UCLA, Abraham Rudolph of the University of California at San Francisco, and Frank A. Oski of the Upstate Medical School in Syracuse, New York. The American Academy of Pediatrics, for the first time, granted an ACOP program continuing medical education credits. The executive council, at its meeting, increased registration fees for the 1986 meeting in Maui, based on 25 American Osteopathic Association continuing medical education credits, to \$250 for members and \$75 for spouses, \$125 for residents members (\$25 more if they were not members), and \$125 for nurses; the \$375 charge for non-members would be revised in October to \$350.

Later that year, meeting in Chicago, the executive council decided that the college would no longer subsidize the American Board of Osteopathic Pediatrics. There was a major difference in the organization of the pediatric certifying boards in the allopathic and the osteopathic professions. The allopathic American Board of Pediatrics was independently chartered and was responsible to no one but itself; it had traditionally been completely separate from the American Academy of Pediatrics. Certifying boards in the osteopathic profession were under the direct control of the American Osteopathic Association.

"Back then, in 1985," Dr. Harper said, "the college was having some financial trouble, yet it was subsidizing the American Osteopathic Board of Pediatrics and it had been doing that for years. But because the board was a child of the American Osteopathic Association, board certification was a direct responsibility of the AOA. As such, it was clear to us that the board had to be supported financially by the AOA, not by the college. So we went to the AOA. I met with Dr. Douglas Ward of the AOA to appeal to the American Osteopathic Association to support the pediatric certifying board. It took us a year - and it took some screaming and yelling and shouting - but the AOA finally agreed that the board was its problem. That took a major drain off the college.

Without that separation, I don't think we could have set the course that was set to get this college back on its feet. I felt we had to begin to operate in a reasonable fashion as an organization. By that I mean there was a

tremendous crossover between the college and the certifying board, and I think one of the most important things that I was able to get accomplished was to begin to draw distinctions between the two. Our leadership seemed to be on the same track in both organizations. I know that I had to refuse to step in as chairman of the certifying board because I was taking the presidency of the college; I was headed for the leadership position in both organizations during the same year, and that was not unique. We made an important decision that an officer nominated for a second office had to resign one before he or she was eligible for election to the other. It was an interesting fight, but I had it clear in my mind what I thought had to happen.

Philosophically, Dr. Harper and others believed that the environment in which the American Osteopathic Board of Pediatrics examined and certified physicians as pediatricians had to be as objective as possible. As Dr. Arnold Melnick saw it, "This new group asserting its influence felt that there were two separate things: organizational talents and evaluation and examination talents. The new group felt that both were needed, but they were two different aspects, and that people should not necessarily move from one to the other. So, today, it's set up that examiners are mainly independent people; they may never become officers of the ACOP - and maybe don't even want to - but they are interested in matters of the board."

Throughout 1985, in addition to its interest in AOA support for its certifying board, the American College of Osteopathic Pediatricians was developing a growing "want list" in its dealings with the American Osteopathic Association. The executive council was interested in the AOA's handling of issues related to military osteopathic residency and internship programs and wanted AOA support for government reimbursement of medical education costs. The college membership had long been pressing its officers to get the AOA to include more pediatricians on national committees. Even to the end of the decade, the ACOP would put forth resolutions that the AOA grant recognized specialty colleges voting membership in the AOA House of Delegates.

Shortly after the new year, on January 16, 1986, ACOP President Neil Kantor appeared on the ABC-TV network's *Nightline* program with interviewer Ted Koppel to discuss the high costs associated with neonatal care.

The college had recently approved and distributed a policy statement on high-risk newborn care.

That year's annual meeting was at the Inter-Continental Hotel in Maui. Members vied in a Sports Day, walked through the hotel's spacious grounds, swam in the Pacific and watched whales swimming lazily offshore. The annual meeting attracted 161 people, 89 of whom were physicians. The ACOP's membership was 266. Dr. Dennis Hey of Kansas City, Missouri, who had been an important part of the college's leadership since the mid-1970's, became its president. His goal was to increase membership by 25 percent; that fall's special recruitment campaign would result in 39 new members.

For the second year in a row, Dr. Michael Ryan was the program chairman. Among the lecturers were Col. James E. Bass, M.D., chief of the Department of Pediatrics at Tripler Army Medical Center in Hawaii, Donald Char, M.D., professor of medicine at the University of Hawaii School of Medicine, Louis Gluck, M.D., professor of pediatrics and obstetrics at the University of California in Irvine, Sherrel Hammar, M.D., chairman of the Department of Pediatrics at the University of Hawaii, Marian Melish, M.D., associate professor of pediatrics at the University of Hawaii, Irving Schulman, M.D., chairman of the Department of Pediatrics at the Stanford University School of Medicine, Dexter S. Y. Seto, M.D., director of research at the Kapiolani Women's and Children's Medical Center in Honolulu, Diane Schuller, M.D., director of the Department of Pediatric Cardiopulmonary, Allergic and Infectious Diseases and John Spangler, M.D., director of the Department of Pediatric Cardiology, both at Geisinger Medical Center in Danville, Pennsylvania.

In 1984 the executive council had adopted a policy requiring that the college maintain cash reserves equal to one year's operating budget. By the 1986 annual meeting the American College of Osteopathic Pediatricians had accomplished that goal. Much of the credit belonged to Theresa Goeke's management and to support from the pharmaceutical companies.<sup>6</sup>

The membership on April 19, 1986 approved a bylaws amendment to permit the ACOP to accept, as senior members, applicants certified by the allopathic American Board of Pediatrics. To the officers, it was obvious that the college needed to make rules changes so that pediatricians who had been allopathically trained could return to the profession. They saw, in the osteopathic programs, dwindling numbers of trainees; and at the same time they saw markedly increasing numbers of D.O.'s training allopathically. The handwriting was on the wall.

The growing number of allopathically trained pediatricians was forcing

the American College of Osteopathic Pediatricians to confront another issue. For at least two years, in the words of Dr. Hey, pediatricians' use of the term "Fellow" had become a burning issue. The American Academy of Pediatrics conferred the title of Fellow on all of its members upon their certification. In the ACOP, the term "Fellow" had always represented a special honor - a title designating the meritorious service of only 41 individuals in the college's first 46 years. Many osteopathic pediatricians certified by the American Osteopathic Board of Pediatrics thought it would be advantageous to use "Fellow" after their names - meaning that, like their M.D. counterparts, they were board-certified pediatricians. The executive council agreed with that thinking and in early 1987 began to prepare the college's membership for the change in title, which would ultimately take effect in 1989. By the college's golden anniversary, all of its certified pediatricians had the right to use the letters *FACOP* (Fellow of the American College of Osteopathic Pediatricians) with their names. The nearly four dozen who had won the title earlier retained it and were also listed as recipients of the ACOP's Distinguished Service Award.

The American College of Osteopathic Pediatricians held its 1987 annual meeting on April 25 at the Mariner's Inn at Hilton Head, the beautiful seaside South Carolina resort. The college's membership was 292. Dr. Joseph Dieterle took the gavel, becoming, in the ACOP's forty-seventh year, its first allopathically trained president. Among the 182 people who attended that year, 81 were physicians. On the scientific program were Martha Bushore, M.D., of East Tennessee Children's Hospital, Stuart J. Brink of the New England Diabetes and Endocrinology Center in Chestnut Hill Massachusetts, Walter Hughes, M.D., of the St. Jude Children's Research Center in Memphis, John A. Kirkpatrick, Jr., M.D., of the Children's Hospital at Harvard, Donald Ian Macdonald, M.D., administrator of the federal Alcohol, Drug Abuse and Mental Health Administration, Martha Rogers, M.D., of the Centers for Disease Control in Atlanta, Jerome Schulman, M.D., of Chicago Children's Memorial Hospital, and Daniel Schidlow, M.D., of St. Christopher's Hospital for Children in Philadelphia.

Continuing its support of the ACOP's annual meetings and scientific programs, Ross Laboratories had given the college a \$3,500 grant.<sup>5</sup> Earlier that year, the executive council had noted the retirement of Don Bieger after 37 years with Ross. Bieger, who was based in Kansas City, had been attending meetings of the American College of Osteopathic Pediatricians since 1961, hosting Ross's receptions and donating his services as a projectionist during the college's scientific programs. At the annual meet-



ing, the college presented Bieger with a handsome plaque recognizing his service.

Among the committee reports at the 1987 annual meeting was one by the college's Task Force on Pediatric Education. The task force dated back many years and included sub-task forces on pre-doctoral pediatric education, intern education and residency training. Dr. Ruth Worthington of the College of Osteopathic Medicine and the Department of Pediatrics at Michigan State University was chairperson of the sub-task force on osteopathic residency training, which had produced a Model Residency Training Program in Pediatrics that the American Osteopathic Association had approved the previous year. Dr. Robert Berger, the assistant dean for clinical education at the Philadelphia College of Osteopathic Medicine, would chair a newly designated Education Committee to implement the residency sub-task force's work. Dr. Berger also was the coordinator of a program to establish ACOP student chapters in all 15 osteopathic schools.

Since the beginning of the year the executive council had been working at a feverish pace to seek dual membership with the American Academy of Pediatrics. Meeting in February, the council's members had voted unanimously to pursue that relationship for reasons of child advocacy and educational purposes, supposing its benefits in the Academy would be identical to those of the affiliate Canadian Pediatric Society. By April, however, it had become clear that the Academy would not offer dual membership to an osteopathic group. Even so, the ACOP would continue its joint efforts of advocacy for children with the Academy and would be



*Among the college's young leaders in the 1980's were (left to right) Drs. Ella Marsh, Dennis Hey, Joseph Dieterle, Jesse Ramsey, Neil Kantor, Michael Ryan, and M. Richard Levinson*

able to obtain American Academy of Pediatrics' educational materials for college members.

At its Hilton Head meeting, the executive council asked president-elect Joseph Dieterle to attend the July session of the American Osteopathic Association's House of Delegates to support the college's position on the necessity of accepting the credentials of osteopathic physicians who had been certified by the allopathic American Board of Pediatrics so that those pediatricians could join the college as active members. The executive council drafted and the college - during the annual meeting - endorsed its point-of-view as a resolution and sent it overnight to the American Osteopathic Association's board meeting.<sup>7</sup>

On February 26 and 27, 1988 the executive council met at the Inter-Continental Hotel in Miami. Dr. Dieterle reported on the history of issues before the American Osteopathic Association.<sup>8</sup> AOA President Dr. Joseph Stella, as well as other officers and trustees, had assured him that those issues would be resolved to the ACOP's satisfaction. "It was taken care of," Dr. Dieterle later said, "And the AOA went one step further. Not only did they allow us to change our bylaws, but they also would allow allopathically trained people to come back and take (osteopathic) boards - something we hadn't requested. Dr. Joseph Stella of the AOA really helped us get those things accomplished."

The executive council in February had expressed its satisfaction with Theresa Goeke's administration. She could report a 50 percent increase in ACOP membership from April 12, 1983 to February 19, 1988 - taking the college's membership from 209 to 312. Ms. Goeke noted that she had upgraded the college's annual membership directory; redesigned and upgraded a quarterly newsletter called *ACOP PULSE*, which had changed the format of the college's newsletter beginning in the summer of 1986; computerized the membership file so that it was updated weekly; and computerized the college's non-member list, which she updated annually. She also had supported the major 1984 and 1986 membership recruitment campaigns and had developed promotional materials for both.

Among the 170 people who registered for the 1988 annual meeting at the decorously awninged Four Seasons Clift Hotel in San Francisco were 74 members of the college. They visited the Japanese Tea Garden in Golden Gate Park, ate chocolate at Ghirardelli Square and visited the waterfront shops of Sausalito, across the bay.

On the 1988 scientific program were such allopathic speakers as Dr. James Allen, assistant director of the AIDS program at the Centers for Disease Control in Atlanta, Dr. William Balistreri, director of the Division

of Pediatric Gastroenterology and Nutrition at Children's Hospital Medical Center in Cincinnati, Dr. Angelo DiGeorge, professor of pediatrics at the Temple University School of Medicine in Philadelphia, Dr. Norman Fost, chairman of the American Academy of Pediatrics's Committee on Bioethics, Dr. Barry Kogan, chief of the Pediatric Urology Service, and Dr. Abraham Rudolph, interim chairman of pediatrics, both at the University of California in San Francisco, and Dr. Jerome Schulman, chairman of child psychiatry at Children's Memorial Hospital in Chicago.

During the meeting's opening ceremonies on April 14, Waldo E. Nelson, M.D., editor of the legendary *Nelson's Textbook of Pediatrics*, became the first non-member of the college to deliver its Watson Memorial Lecture. Dr. Nelson, one of the giants of modern pediatrics, was the longtime editor of the *Journal of Pediatrics* and had been medical director of St. Christopher's Hospital for Children in Philadelphia. "He was 89 that year," said Dr. Joseph Dieterle, who was chairman of the 1988 Watson Memorial Lecture committee. "Why would an 89-year-old man travel alone to San Francisco, to talk to a group he'd never met? He did it for pediatrics. He did it for kids; that's the kind of guy he is."

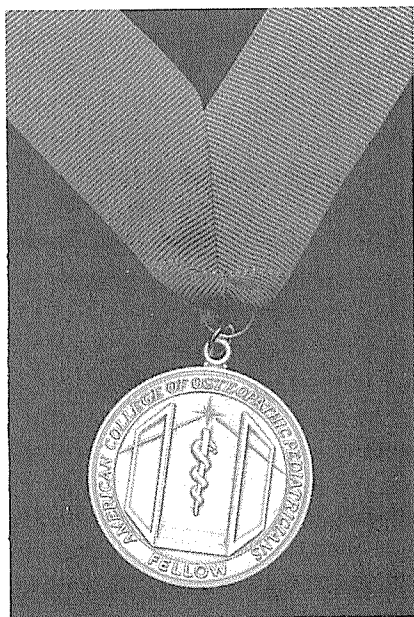
Dr. Ella Marsh became president of the American College of Osteopathic Pediatricians at the April 16 president's banquet in Boston. She had served the college as the chairman of its evaluating committee throughout the decade and had taught at the Chicago College of Osteopathic Medicine before entering private practice in Orlando in 1982 and becoming associate medical director and chairman of the Department of Pediatrics at Orlando General Hospital. At the 1988 annual meeting, the membership had approved the necessary amendment to the bylaws enabling senior members to use the title of Fellow.<sup>9</sup> Looking back, and assessing her year as president, Dr. Marsh would later point with pride to that action and the American Osteopathic Association's long-awaited acceptance of the bylaws amendment enabling the college to admit allopathically certified pediatricians as senior members with full voting rights. "It had taken four years," Dr. Marsh observed. "Dennis Hey went to the AOA. It was an absolute 'No-No' then. We were like heretics, coming to them and asking for that. But it was brought up again the next year, and the next. I was very fortunate that in my year the AOA did listen and did make an amendment so that they could come in. They ultimately realized that our college would become defunct if we couldn't get these new members."

On the practice of medicine, Dr. Marsh said at her inaugural, "Over the past few years, pediatrics has changed more rapidly than it did over the past two decades. I find myself making major decisions practically every day

that, a few years ago, were necessary only a few times a month. I started in practice six years ago, and there is very little now that is the same.

At that time, 75 percent of my patients were self-pay or were reimbursed by their insurance companies. Today the reverse is true. I bill companies for 75 percent of my patients and the other 25 percent pay cash. Today I am on the staff of an osteopathic hospital and two allopathic hospitals. Six years ago I had never heard the terms HMO, PPO, IPO and the other O's. Today I'm a member of no fewer than 30 of those groups; six years ago, I was fortunate to get a child in the hospital, because there was so little hospital space. Today, the child I admit to the hospital is fortunate if there is another child in the pediatrics department to play with. Six years ago, a child could have been placed in any hospital. Today I must send the child to the right hospital, get him pre-admitted and keep his stay within the number of allotted days, or make sure he gets recertification, so his parents don't have to pay extra fees. My office staff has escalated from one to four - plus a computer, and I have recurring nightmares that my computer will develop Alzheimer's disease. Yet we're still having problems keeping up with the paperwork. My malpractice insurance has soared from \$1,200 to \$12,000 a year. My overhead has increased from 30 percent to 60 percent.

I have also noticed a great change in my patients and their caretakers. Six years ago 90 percent of my patient's caretakers were mothers. Today, 60 percent of my patients have fathers who bring them in for health care. My other patients also had fathers, but they didn't bring them in for help. Many times those who know the most about the child are daycare workers. Eighty percent of my practice consists of single parents; 36 percent are dads who have custody of their children. Those are just a few of the changes that have occurred in my own practice.



*Medallion of the Distinguished Service Award*



*Drs. Ella Marsh and Michael Ryan  
with the Distinguished Service Award*

The executive council, meeting on April 17, raised registration fees for the college's 1989 annual meeting. They would be \$300 before the new year, \$400 after. Anyone who waited until the Boston meeting to register would be charged an additional \$25. The executive council also discussed recruitment incentives and modified them to two: The college would pay the registration fees, airfare and hotel accommodations for the 1990 annual meeting on the Caribbean island of St. Thomas for anyone recruiting 25 new members; anyone recruiting 15 members would win five-day hotel accommodations at the annual meeting.

The 1989 annual meeting in Boston on May 6 was at the Four Seasons Hotel across from the historic Boston Public Gardens where Emerson and Thoreau had walked and where swan boats made ever-widening wakes on the quiet pond. Seventy-five members of the college were among the 148 people registered for the annual meeting.

At the meeting the college's newest member, as it entered its fiftieth year, was Dr. Ava Alter, an energetic and slimly attractive mother of three, who had moved from Texas to Maine the previous year to enter a private practice in rural Skowhegan. There, in 1989, Dr. Alter was Maine's only practicing osteopathic pediatrician - "and in New Hampshire and Vermont, too," she laughed. She had trained at the Texas College of Osteopathic Medicine from 1979 to 1983, where - even in 1979 - she had been one of only four women in a class of 90 students. Later, she had become the first osteopathic physician accepted for a pediatric residency at the allopathic Southwestern Medical School's Children's Medical Center in Dallas. "I had a couple of interesting things happen to me," Dr. Alter said. "I was accepted very warmly and I was treated like any of the other residents would have been treated. But when we went down to get our names embroidered on our white lab coats, I had to send mine back twice, because they automatically put *M.D.* after my name."

In Dallas, Dr. Alter recalled, whenever she was in an elevator she found herself explaining what "osteopathic" meant as she responded to questions from patients, nurses and even other physicians. Between the twin cities of Dallas and Fort Worth - even in the 1980's - there was a world of difference in the way osteopathic physicians were treated. Fort Worth had an osteopathic medical school, yet it did not permit osteopathic physicians on the staff of its county hospital. Even though Dr. Alter was the first osteopathic physician to take a pediatric residency at the county hospital in Dallas, only 20 minutes from Fort Worth, osteopathic and allopathic physicians in that city often worked together. "There's just a different mindset in the two cities," Dr. Alter said.

I guess I had been at Children's Medical Center about three or four months when I started rotation on the sixth floor, which is predominantly for children under two years of age. I had just admitted a child; a nurse come up to me as I was getting on the elevator to go back downstairs and she said, "I really don't know how to ask you this question, but I am not real sure if you're a doctor or not." She wasn't sure if she could take my order, or if it needed to be countersigned, because she didn't know what D.O. meant. She was a little short with me, and I suppose I could have gotten ugly with her in return. But I just told her. "It's all right. I've got a certificate on my wall that says I am a real doctor, but I'm a different kind of a doctor, in the sense that my thoughts about how to care for people are a bit different, and someday, when we have more time, I'd be glad to sit down and talk to you about it."

In Maine, Dr. Alter found, the allopathic and osteopathic licensing boards were still separate and she could earn continuing medical education credits only by attending osteopathic programs - "and there just weren't many for pediatricians, so, in order to keep my license, I had to go to a lot that didn't really interest me." In the fall of 1990 she would begin teaching as a clinical faculty member at the New England College of Osteopathic Medicine and would earn CME credits for that. She had been asked to teach at the allopathic Maine Medical Center, but, she said, she had felt drawn to her osteopathic roots. "The Maine Medical Center had many pediatricians - I would have been just one more. The New England Osteopathic College in Biddeford didn't have a soul. I feel compelled to bring my knowledge back to the osteopathic profession. I feel that I got my training from somewhere, I need to give back what I have learned."

In practice, as a woman pediatrician, she felt better able to respond to the traumatic family issues of the 1980's, including child abuse. "I think women have more empathy with young mothers, young parents, especially if we have kids of our own. I think many women feel more comfortable discussing their home life with a woman physician. And, as osteopathic physicians, we are taught open-ended questioning techniques, so we get certain kinds of information whether we want it or not. And instead of writing down a phone number for the mother to call a family violence

project, not only am I going to give her the phone number, I am going to pick up the phone for her and help her talk to whomever she needs to talk to; I'm going to make sure that she has transportation to get there and I'm going to tell her to call me later and let me know what's going on, because I really do care. And I'm going to go to court and testify. In Texas I went every Wednesday for nearly the whole time I had private practice there - that was my court day."

A symposium on the prosecution of child abuse was part of the program in Boston organized by Dr. Ruth Worthington of Okemos, Michigan. In the three-hour Saturday morning symposium, physicians and lawyers, using actual medical and legal records, simulated a child abuse case. The simulation allowed ACOP members to read the case file and question the witnesses. Afterward, the participants discussed ways to prepare and discuss effective medical testimony. The lawyers were Attorneys Kathleen M. Coleman of Milford, Connecticut, Donna J. Grit of Grand Rapids, Michigan, John N. Scott, director of trial advocacy at the John M. Cooley Law School in Lansing, Michigan, and Daniel H. Stephens, chief of the probate division in the office of the prosecutor for Ingham County, Michigan. Representing medical points of view were Stephen R. Guertin, M.D., director of the Department of Pediatric Intensive Care at the E. W. Sparrow Hospital in East Lansing, Michigan, and ACOP members James D. O'Brien, Colleen M. Vallad-Hix, Brian Hager, Kenneth D. Stringer, and Ruth Worthington.

Continuing its tradition of including allopathic physicians on its scientific programs, the college that year also had Drs. Allen C. Crocker, Gary Fleisher, and Michael Shannon of Boston Children's Hospital, and Dr. Richard Lee of Georgetown University as speakers.

A letter in each member's registration packet called attention to the major support the college was receiving from Gerber Products, Mead Johnson, Ross Laboratories and Wyeth Ayerst Laboratories. Other supporters were the Thomas M. Cooley Law School, Allen & Hanburys and Glaxo Pharmaceuticals - both divisions of Glaxo Inc., Ciba-Geigy Pharmaceutical Company, Fisons Corporation, Hoechst-Roussel Pharmaceutical Inc., Schering Corporation, Syntex Laboratories Inc., and the Upjohn Company.

The college had created a resident writing award in 1987, with prizes of \$1,500 for first place, \$750 for second, and \$250 for third. Seed money for the prizes had come from Dr. Martyn Richardson, who had returned to the American College of Osteopathic Pediatricians an honorarium the college had given him in 1987 when it recognized him with its second Educator of the year award. In 1988 the first-prize winner of the resident writing award



had been Dr. John W. Graneto, a resident at the Chicago College of Osteopathic Medicine, whose paper was on maternal palpation as a screening for childhood fever; the 1989 winner was Dr. Robert G. Locke, a resident at the University of Medicine and Dentistry of New Jersey. A past-presidents club, which had been organized at Hilton Head in 1987, discontinued its luncheons for past presidents of the college because they had been poorly attended during the two previous years.

Dr. Michael E. Ryan, director of the Department of Pediatric subspecialties at the nation's largest rural medical center, Geisinger Medical Center in Danville, Pennsylvania, took the gavel in Boston to become the fiftieth president of the American College of Osteopathic Pediatricians. As the college began its fiftieth year, it had 337 members among the more than 36,000 pediatricians in the United States. Its membership had been 292 in 1987 and 203 in 1980. In his inaugural address on May 7, Dr. Ryan looked briefly over the college's first half-century and over 50 years of pediatrics. "The ACOP has never been stronger," he said, "but with the economic woes of medicine, and in particular pediatrics, we are not comfortable.

We continue to recruit D.O. pediatricians, regardless of the source of their training, to become full members of our college. They will always be more comfortable with the ACOP than with any other professional organization. As has always been the case, the ACOP is years ahead of the other specialty colleges of the American Osteopathic Association with this line of thinking. We need to maintain our existing residencies. In an era when economic pressures predict fewer osteopathic colleges, hospitals and residencies, maintaining the status quo may be our greatest challenge yet. . . . For the college, Dr. Thomas Santucci, Sr., predicted in 1974 that someday the ACOP would be just another part of the American Academy of Pediatrics and that our meetings would coincide with their meetings. The osteopathic profession, and pediatrics specifically, must work harder to convince the public that we are just as well trained and just as able and competent, and that our hospitals are just as good as our allopathic colleagues'.

What difference has the ACOP made in the past 50

years? Our strength has always been as clinicians. We have had to work harder to gain acceptance, and sometimes to educate ourselves, but our greatest learning experience has come from our patients. . . . In the past 50 years we have done what our founding fathers began. We have advanced pediatrics in the osteopathic profession by our teaching, our training and our clinical work.

If the ACOP is to survive for another 50 years, we must win over our nonbelievers one by one, whether patients or colleagues. . . . If we do that, then maybe our pediatric offspring will someday be as proud of us as we are of our ancestors.

The executive council, on May 4, 1989 at the Four Seasons Hotel in Boston, met with Dr. Marcelino Oliva, the president of the American Osteopathic Association, who was attending the college's annual meeting. Over the course of an hour, the conversation focused on specialty-college representation on the AOA's Board of Trustees, which Dr. Oliva opposed. He encouraged the executive council to seek pediatric representation on the Board of Trustees by electing individual members as delegates of state osteopathic associations. He did, however, agree to pursue a plan that would determine state representation in the AOA's House of Delegates according to the ratio of specialists to general practitioners and internists in each state osteopathic association's membership.

The executive council also discussed the difficulties some osteopathic physicians encountered, even in 1989, when they applied for staff privileges. "It is not uncommon today for some allopathic physician in New England, for example, to make the comment that osteopathic physicians aren't quite up to the level of their allopathic brethren," Dr. Joseph Dieterle, the college's immediate past president, later commented. "I have had to write letters to people in Arizona, in Georgia and in Florida to open up hospital staffs."

Dr. M. Richard Levinson of Phoenix, who would become president of the college in 1990, had successfully sued a hospital to gain staff privileges. Dr. Jeffrey Mann, was attempting to win admission to the staff of his hometown hospital in Princeton, West Virginia, at the time he attended the Boston meeting. He had graduated from the West Virginia School of Osteopathic Medicine in 1981, was licensed to practice in five states, and had never been

denied hospital privileges anywhere else. "The opposition at this local hospital was brought by two foreign pediatricians - one of whom was certified and one of whom was not," said Dr. Mann who was charging violations of federal antitrust and civil rights laws in his suit to obtain practice privileges. "We are still facing discriminatory action based upon our training and experience.

The crux of the issue brought forward against me was how I could compare my residency in pediatrics to that of an allopathic graduate. The argument centers on the fact that an allopathic residency in pediatrics is three years in length, and an osteopathic residency is two years. What people fail to recognize is that we require, as a pre-requisite to residency, a rotating internship - which is not a pre-requisite in the allopathic profession. . . . The issue should be directed to what a pediatrician is capable of doing once he has completed his residency.

In addition to its 50-year struggle for professional recognition, the American College of Osteopathic Pediatricians had other major concerns as it approached its golden anniversary.

One was the continuing problem of maintaining osteopathic residencies. Dr. Ryan, in his fall newsletter, pointed out that the American Osteopathic Association's recognition of allopathically trained pediatricians as full members of the college - recognition that the ACOP had fought for to maintain its own membership - would encourage osteopathic physicians to train in M.D. rather than *osteopathic* residency programs. To encourage physicians to stay with specific osteopathic programs, Dr. Ryan suggested that members focus on osteopathic interns, who could serve as much as eight months of their internships in pediatrics. "If you can give an intern a good experience during those required months," he advised his members, "perhaps he or she would be willing to stay on for two more years."

Compounding the residency problem were the increasingly hard realities of medical economics. Forced to the wall by competition and reimbursement problems, osteopathic hospitals were closing at twice the rate of allopathic hospitals. Since the introduction of diagnosis-related reimbursement in the early 1980's, 37 of the nation's 200 osteopathic hospitals had closed; and, of those, five had been the seats of osteopathic training programs for interns or residents. The American Osteopathic Association

had held four “summit” meetings of its medical colleges, specialty colleges and hospitals since December 1987 to try to solve the problems of its osteopathic hospitals. Dr. Robert Berger, who attended the first, recalled its tone as “serious, bordering on somber.” Dr. Ryan, who attended the June 1989 summit, saw the situation as *grim*. “Hospitals that once served as community hospitals, providing primary care, especially to the indigent, can no longer survive,” he wrote in the fall of 1989. “A question that must be answered in the very near future is: Can osteopathic physicians survive if osteopathic hospitals continue to close at their current rate?”

And if the osteopathic hospitals continued to close, and the number of osteopathic physicians who trained in pediatrics continued to decline, what would be the future of this specialty college that had survived wars, societal change, and the good and the bad times of medicine over half a century? Would it also survive the passing of the generations? Dr. Dennis Hey, looking at that bleak prospect in 1987, had estimated that 110 or more of the college’s members would either be at retirement age or well past it by the year 2000.

An organization like the American College of Osteopathic Pediatricians, however, is what its members and its leadership will make of it. The future is a blank page, only to be written upon. As for its past, that too is known best to its own members, and in these concluding pages they speak:

DR. ARNOLD  
MELNICK

“The main thing is that the ACOP has represented pediatrics to the rest of the profession. It has protected the rights of pediatricians; it has protected the rights of pediatricians. It was the body that the American Osteopathic Association, or any other specialty, could turn to when it wanted an official position on pediatrics. For me, it developed a coterie of close personal friends - something I’ve regarded highly all my life. Anybody who comes to three out of five meetings of this group will, in a few years, get to know most of the active people on a first-name basis. And anybody who needs information or help can call on any other member and be greeted warmly - because we all know one another.

“I went to an M.D. meeting a few years ago. It was a course in pediatrics attended by more than 800 people, and I went with an M.D. friend from Philadelphia. He said to me, after the second day of the meeting: ‘You know more people here than I do, and I’m an M.D.’ My answer was very simple. I said, ‘There are 800 M.D.s, and what you say shows how few you really

know. Among these 800 pediatricians, you don't know a single one. But there are 12 osteopathic pediatricians here, and I know every one on a very personal basis. I've had dinner with them. I've exchanged professional information with them. I've been at meetings with them. We're close friends.' That's part of what the American College of Osteopathic Pediatricians has done. If we had not had a college, I might not have made all of those contacts.

"It's a fantastic kind of fraternity, really. In spite of the fact that we may have local political battles, or we may argue over who will be president or hold an office - together we've done a lot of good things."

DR.  
PATRICIA  
COTTRILLE

"I haven't been part of the college for its entire 50 years, but I think it has probably been an important organization, because there were so few of us osteopathic pediatricians. We were struggling for recognition not only within our profession, but certainly outside of it. The college gave each of us an opportunity to grow within a like-minded group. And, looking at pediatric education within our professions, I also think this college has been important from the standpoint of developing quality and certification. I think it has been much more important to the small group that we were than its counterpart, the American Academy of Pediatrics, was to the allopathic profession. There is a close-knittedness about our profession: Why would we not have a group that brings us together to discuss problems, to be educated together? Do I think the college's numbers will be reduced? No, I don't see that happening; not in my lifetime anyway. It's nice to reach an age where I can say it won't happen in *my* life. I sense the college will grow stronger - because pediatrics is primary care and the emphasis today is on having more primary care physicians. I don't see any of the primary care specialties decreasing."

DR.  
BERNARD  
KAY

"Many of us in the early days knew what it was like to be in solo practice in a single hospital where there was no other pediatrician. The American College of Osteopathic Pediatricians gave us the opportunity to talk about cases that puzzled us. I can remember one time, many years ago during an ACOP meeting, sitting around a table with several other people, including Dr. Tom

Jarrett, and asking, ‘Tom, how many cases of pyloric stenosis have you discovered pretty much by blind diagnosis, and went in there hoping that you were going to find it from the symptomology? What do you really put your finger on?’ There were about six of us around the table, and every one said, ‘We don’t know what we put our finger on, but none of us has ever gone in and not found one after we’ve gotten in.’ That was a type of reassurance. It was something that wasn’t in a textbook, and I was able to ask the question: ‘How do you handle this?’ Those are the kinds of things that made the ACOP important to me. It gave me the opportunity to ask those questions that older peers can help with. It gave me the opportunity to meet with people who had been out in practice for a while; it gave me a chance to talk to them about those issues.”

DR. DAVID  
LEOPOLD

“The American College of Osteopathic Pediatricians has been a significant part of my life. I completed my residency in 1968, and, from that time on, I have missed only two meetings of the ACOP. My wife and I, and our children, have come to these meetings for all of those years. Usually our annual meetings have been in places where we could bring the children. It’s been an exciting thing, and my children have grown up with other members’ children.”

DR. ELLA  
MARSH

“Has the fifty-year history of the American College of Osteopathic Pediatricians been significant? It has been significant because we’ve worked for professional equality, and because one member really helps another who’s having problems. In our profession everyone is close-knit. The early trainers really went out of their way to train their people and to spend a lot of time with them, and I think that we’re all very good clinicians because of it. We’re not afraid to train someone without being paid for it. It was the usual thing, and perhaps the trainers did an even better job because, in their hearts, they wanted to do it. And that was the way they did everything. I think that’s one thing that kept us together and that’s kept it good for our people. The ACOP has been very significant, because it has kept osteopathic pediatricians together.”

DR. AVA  
ALTER

“When I found out I had been accepted to Children’s Medical Center in Dallas, I got a telephone call, about a month and a half before I started, from a D.O. pediatric resident at Case Western Reserve in Ohio. I don’t remember his name. But he had found out somehow that I had got in at Children’s. Don’t ask me how. And he called me and said, ‘I just wanted to let you know that it’s going to be okay. Don’t be concerned about being the first and only D.O. in the program. I was the first and only one here and it’s been great. I just want to give you some encouragement so you won’t be too concerned about that.’ Now, in any other medical profession - certainly in the M.D. profession - you are not going to get somebody to pick up the phone and call you from another state and say, ‘Hi, you don’t know me, but I just wanted to wish you well in your residency,’ - it would never happen.” The ACOP is significant to me *because I’m a D.O. pediatrician*. I think this is an organization that’s really unique, and I certainly would like to see it continue to grow. There aren’t very many of us. I can’t say there are going to be a whole lot more of us. As a new member, I’ve found the people in the college extremely friendly. They’ve paid attention to the fact that I am new and have introduced themselves to me. ‘Where are you from?’ they’ve asked. ‘How’s it going for you? Welcome to the college.’ And it’s helpful to me, because I am here on a mission, as well as to get the good seminars and to meet some people within the college. I’m in the process of looking for someone else to come up to Maine, because I don’t want to be the only game in town forever. I’d like to see a group of D.O. pediatricians form somewhere in Maine.”

## NOTES ON THE 1980’s

<sup>1</sup>Dr. Martyn Richardson represented the American College of Osteopathic Pediatricians and the American Osteopathic Association at the CDC-sponsored Conference on Childhood Immunizations at which Dr. Hinman announced the target date.

<sup>2</sup>Leonard Fries had obtained a Ross Laboratories grant to cover the travel expenses of both presidents.

<sup>3</sup>On March 4, 1984 the evaluating committee would decide not to work on training documents for other subspecialty areas until the American Osteopathic Association approved those already prepared for neonatology, infectious diseases, and allergy and immunology. Ultimately, the question of creating subspecialties within osteopathic medicine became a bone of contention between the AOA - oriented as it was toward family practitioners - and specialty colleges such as the ACOP. In 1986 the American College of Osteopathic Pediatricians actually threatened suit against the AOA to obtain action that included American Osteopathic Association approval of subspecialty residencies.

<sup>4</sup>Michael E. Ryan, D.O., "National Osteopathic Pediatrician Survey," *Journal of the American Osteopathic Association*, August 1986, vol. 86;8, pp.95-100. (pp. 99-100)

<sup>5</sup>Beecham Laboratories, Gerber Products, McNeil Consumer Products Company, Mead Johnson's Nutritional Division, Ross Laboratories, and Wyeth Laboratories helped to underwrite the cost of the meeting.

<sup>6</sup>In 1986 the American College of Osteopathic Pediatricians moved its executive offices one block, to 210 Carnegie Street in Princeton. Later, the college's offices would be moved to Trenton, New Jersey.

<sup>7</sup>If the AOA House of Delegates rejected the resolution, the executive council supported joining other specialty colleges in a possible lawsuit against the American Osteopathic Association.

<sup>8</sup>The executive council also agreed unanimously to pursue with the American Osteopathic Association a change in AOA policy denying continuing medical education credits for ACOP-related activities.

<sup>9</sup>Because bylaws amendments required American Osteopathic Association approval, the action would not take effect until 1989.



## JAMES M. WATSON MEMORIAL LECTURERS

1958	Washington, D.C.	Dr. Evangeline Percival
1959	Detroit	Dr. Nelson D. King
1960	San Antonio	Dr. William S. Spaeth
1961	Las Vegas	Dr. Otto M. Kurschner
1962	Miami	Dr. Arnold Melnick
1963	Miami	Dr. M. Virginia Poole Ellis
1964	Las Vegas	Dr. Martyn E. Richardson
1965	Philadelphia	Dr. Thomas F. Santucci, Sr.
1966	New Orleans	Dr. John M. Howard
1967	San Francisco	Dr. Harold H. Finkel
1968	Bal Harbour	Dr. Thomas E. Jarrett
1969	New York	Dr. George B. Stineman
1970	San Francisco	Dr. Myron S. Magen
1971	None	
1972	Bal Harbour	Dr. James Powell
1974	Portland	Dr. Patricia A. Cottrille
1975	Williamsburg	Dr. Kenneth J. Mahoney
1976	Denver	Dr. David W. Leopold
1977	Scottsdale	Dr. K. Patrick McCaffery
1978	Atlanta	Dr. Robert Berger
1979	None	
1980	San Antonio	Dr. Bernard M. Kay
1981	Washington, D.C.	Dr. Frank Souders
1982	None	
1983	Williamsburg	Dr. Thomas F. Santucci, Jr.
1984	Orlando	Dr. Dwain L. Harper
1985	Lake Tahoe	Dr. Neil M. Kantor
1986	Maui, Hawaii	Dr. Myron S. Magen
1987	Hilton Head	Dr. Joseph A. Dieterle
1988	San Francisco	Dr. Waldo E. Nelson
1989	Boston	Dr. Benjamin Cohen



## MEDICAL MAELSTROM AND THE MILLENNIUM

Benjamin L. Cohen, D.O.

Excerpts from the 1989  
Watson Memorial Lecture

*Benjamin L. Cohen, D.O., a longtime member, past president and fellow of the American College of Osteopathic Pediatricians, gave its Watson Memorial Lecture on May 4, 1989 during the opening session of the college's annual meeting in Boston. Dr. Cohen, who founded and became the chairman of 21st Century Health Corporation in 1988, was the founding dean of the University of Medicine and Dentistry of New Jersey School of Osteopathic Medicine. His 21st Century Health Corporation brought together leading American and British medical institutions in a \$300 million overseas development.*

**A**fter leaving academic medicine for commercial enterprise, I found myself in the fortuitous position of having the opportunity to travel extensively, here and abroad, to work with extraordinary medical institutions. If nothing else, the more than 300,000 miles I have traveled have given me a license for commentary. The facts and figures included here are not my own, but are put together as a composite from my view of the river of contemporary health-care activities. It is obvious that the speed of events can now be graphed by an almost vertical line, compared to the horizontal line in which the past could be chronicled. Predictions, an aphrodisiac for the curious, are difficult at best under stable conditions - but erratic when chaos reigns.

Before I turn to medicine, I would like to briefly touch on larger-scale economics. Some time ago, I would have found that anathema; today I believe that medicine and economics are inextricably interwoven. Bear with me for a moment - with particular thanks to Professor Lester Thurow of the Massachusetts Institute of Technology - as I paint a canvas of grand-scale economics.

America borrows between \$200 billion and \$300 billion a year, and by 1989 that borrowing had mounted to a cumulative total of \$1.1 trillion. Of that amount, \$900 billion comes from two sources: The Bunderstad Bank in Germany and the Bank of Japan. Make no mistake about it, that money contributes to our country's standard of living. Our budget deficit is approximately three percent of our Gross National Product, which, oddly enough, is the same percentage deficit as Germany's. The difference in the two economies, however, lies in their savings: In the United States the rate of savings is approximately three percent; in Germany it is between 14 and 15 percent, and in Japan it is 20 percent. Here in the United States, with more going out than is coming in, the hue and cry of the next decade will force a re-examination of our priorities.

The current federal budget of the United States allocates one-third to defense, one third to health and welfare, 15 percent to interest on the national debt, and 17 percent to everything else. As the debt grows, the money we must borrow will begin to be overshadowed by the compound interest we will have to pay. Ancient Egypt, Greece and Rome did not borrow; up to now, money has not historically been a civilization's cause of destruction.

We have between \$23 trillion and \$25 trillion worth of assets in our country. Even our sales of some of those assets have not made a real dent. Back in 1980 our trade was \$15 billion on the positive side in Latin America alone; in 1989 the trade deficit there is \$15 billion - a swing of \$30 billion - meaning our goods must be sold elsewhere. Also in 1980, our farmers had a positive balance of \$30 billion in their export sales; in 1989 even China, India and Pakistan feed themselves. In 1976, Europe imported whatever other grain we had available; today, Europe exports \$30 billion worth of grain a year. Those and other erosions of our economic position have left the United States, in 1989, producing a current dollar value that ranks ninth per capita in the world. With the coming of the European Common Market, the GNP of the 320 million people under the European umbrella will be the greatest in the world. As business and government search for economic answers in the 1990's, our sacred cows here in the United States will face scrutiny as never before.

Pediatrics is an encompassing force that will promote the health and welfare of our children. We must and we can play a greater - indeed a newly expanded - role. With our youth-achievement scorecard ranking us eighth in the world; with our high school graduation rate at 72 percent versus 92 percent in other developed nations; with our students taking an average of one year of mathematics in American high schools, versus the four years that students in European and Asian countries take; with our illiteracy rate of 12 percent, as opposed to one-half of one percent in Japan - the questions become clearcut: How are we to approach the future economic viability of our nation?

Money and medicine are no strangers to each other. If we continue to spend for health at our current rate, our yearly expenditure will reach well over \$1 trillion by the end of the 1990's. Major corporations are choking on those costs, and they are complaining. Business, for the first time, is sending a message to Congress, and it is loud and clear: *Do something. Even consider national health care plans!*

Managed care, which was an affront to private medicine only a decade ago, is a strong reality today. Compared to the health costs of other industrialized countries, relative to Gross National Product, ours approaches 12 percent while other countries' run at between four and five percent. One could argue that figure represents the priority we place on having the best, yet 37 million Americans are considered medically indigent - without health insurance, even though they are not at the poverty level that would have assured them of government financing for their medical costs. The combined issues of indigency, malpractice defensive medicine, the over-utilization of procedures and drugs, new and costly lifesaving and beneficial modalities, the steady stream of discoveries and answers from scientific research, inequitable physician placement and the mounting forces of competition have led to cephalgia of national proportions.

Now let's focus on the probable changes that will take place from today to the end of the century. Our physician supply will continue to grow at its current stabilized rate, resulting in one of the highest physician-to-patient population ratios in the world. All forms of managed care are here to stay; they will grow at a steady, though slower, pace. My personal belief is that their overall cost benefits are reduced by the massive advertising, marketing and bureaucracy of such organizations. They are, however, most effective at keeping their number of hospital days substantially lower than for the private fee-for-service system.

Looking at other elements of our health-care system, superior technologies have reduced the need for inpatient care, and that trend will continue

- barring any new catastrophic epidemic in addition to the AIDS epidemic. More physicians will practice in groups; the day of the solo practitioner is rapidly coming to an end, except in rural America. Along with the decrease in hospital admissions - overall and per physician - there will be a corresponding increase in ambulatory visits, and that increase in ambulatory care will continue through the 1990's.

What could all that possibly mean for us?

First, for the most part, the hospitals that we use will have over-bed capacity and increased debt. Hospitals will continue to compete for referrals and will be plagued by inadequate reimbursement. Community hospitals will not be full-service, because they will be forced to drop their worst money-losing services. If their survival is at stake, they will have to reduce their free or indigent care. Hill-Burton is dead, and so will be hospital business deals if they have to meet the safe-harbor provisions of the legislation sponsored by California Representative Pete Stark, the chairman of the House Ways and Means Committee. What will happen to the doctors? We may earn less, and we may find that we get higher fees for cognitive medicine and lower fees for doing procedures.

What will not change is the fact that economics will play a large part in our decision processes. With the short-range needs of the pediatric population remaining stable, and those of the elderly increasing, the emergence of large clinics with closed-panel care will become more popular - as will regional markets where combined large systems, institutions and private doctors, joining together, will bid for health care services.

New technology will usher in artificial and transplanted organs that heretofore were deemed impractical. New-generation imaging technologies will promote better diagnosis and less-invasive surgical techniques. Innovative new drugs and more-effective communications will quicken the pace of medical science into practical use. Quality care will become an even greater byword with the advent of outcome medicine.

As we move through the next decade and begin the new millennium, we will do so with a spirit of hope. Mankind is standing at the dawn of enlightenment; with the advent of telecommunication, the world of the hut will reach our livingrooms. We who work in a field that is characterized by a love of children and family know well that our very survival depends upon their help. When enemies see peace as a better alternative, when the threat of nuclear disaster is removed from our psyches, the dawn will turn into a new day. The triumph of the human spirit, and of dignity, will provide the opportunity to feed all and to live life to its fullest and most fruitful potential.

PRESIDENTS  
OF  
THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS  
1940-1990

1940-1941	Dr. James M. Watson
1941-1942	Dr. Evangeline Percival
1942-1943	Dr. Mary O'Meara Pepper
1943-1944	Dr. Ruth E. Tinley
1944-1945	Dr. William S. Spaeth
1945-1946	Dr. Dorothy Connet
1946-1947	Dr. Helen Hampton
1947-1948	Dr. Beryl E. Arbuckle
1948-1949	Dr. Roger A. Peters
1949-1950	Dr. F. Munro Purse
1950-1951	Dr. Mary E. Golden
1951-1952	Dr. Betsy B. MacCracken
1952-1953	Dr. Arnold Melnick
1953-1954	Dr. Patrick D. Philben
1954-1955	Dr. Thomas F. Santucci
1955-1956	Dr. Robert R. Tonkens
1956-1957	Dr. Otto M. Kurschner
1957-1959	Dr. Everett C. Borton
1959-1960	Dr. Wayne G. Peyton
1960-1961	Dr. Harold H. Finkel
1961-1962	Dr. Nelson D. King
1962-1963	Dr. George B. Stineman
1963*	Dr. Martyn E. Richardson
1963-1964	Dr. F. Larry Reed
1964-1965	Dr. Myron D. Jones
1965-1966	Dr. Myron S. Magen
1966-1967	Dr. Thomas E. Jarrett
1967-1968	Dr. Mischa F. Grossman
1968-1969	Dr. James Powell
1969-1970	Dr. M. Michael Belkoff
1970-1971	Dr. Gilbert Roth
1971-1972	Dr. Patricia A. Cottrille

1972-1973	Dr. Charles A. Kline
1973-1974	Dr. Benjamin L. Cohen
1974-1975	Dr. John W. Milionis
1975-1976	Dr. Robert Berger
1976-1977	Dr. Samuel L. Caruso
1977-1978	Dr. David W. Leopold
1978-1979	Dr. Kenneth J. Mahoney
1979-1980	Dr. K. Patrick McCaffery
1980-1981	Dr. Gordon Lerch
1981-1982	Dr. Thomas F. Santucci, Jr.
1982-1983	Dr. Herbert L. Miller
1983-1984	Dr. Bernard M. Kay
1984-1985	Dr. Dwain L. Harper
1985-1986	Dr. Neil M. Kantor
1986-1987	Dr. Dennis J. Hey
1987-1988	Dr. Joseph A. Dieterle
1988-1989	Dr. Ella J. Marsh
1989-1990	Dr. Michael E. Ryan
1990-	Dr. M. Richard Levinson

\* Dr. Richardson's election date reverted to October.

RECIPIENTS OF THE DISTINGUISHED SERVICE AWARD  
OF  
THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS  
1940-1989

Dr. Beryl E. Arbuckle	1963
Dr. Margaret W. Barnes	1951
Dr. M. Michael Belkoff	1963
Dr. Robert Berger	1977
Dr. Everett C. Borton	1960
Dr. Samuel L. Caruso	1969
Dr. Benjamin L. Cohen	1970
Dr. Patricia A. Cottrille	1973
Dr. Joseph A. Dieterle	1988
Dr. H. Mayer Dubin	1956
Dr. M. Virginia P. Ellis	1962
Dr. Harold H. Finkel	1963
Dr. Mary E. Golden	1952
Dr. Mischa F. Grossman	1968
Dr. Dwain L. Harper	1986
Dr. Rachel Woods Harwood	1960
Dr. Dennis J. Hey	1987
Dr. John M. Howard	1963
Dr. Thomas E. Jarrett	1963
Dr. Mamie E. Johnston	1956
Dr. Myron D. Jones	1963
Dr. Neil M. Kantor	1986
Dr. Bernard M. Kay	1981
Dr. Alice Maxine King	1984
Dr. Nelson Dodge King	1958
Dr. Charles A. Kline	1973
Dr. Otto M. Kurschner	1957
Dr. David M. Leopold	1979
Dr. Gordon L. Lerch	1988
Dr. Betsy MacCracken	1957
Dr. Kenneth J. Mahoney	1988



Dr. K. Patrick McCaffery	1978
Dr. Myron S. Magen	1966
Dr. Ella J. Marsh	1986
Dr. Arnold Melnick	1957
Dr. John W. Millionis	1975
Dr. Herbert L. Miller	1986
Dr. Evangeline Percival	1951
Dr. Wayne G. Peyton	1960
Dr. Patrick D. Philben	1957
Dr. James Powell	1969
Dr. F. Munro Purse	1962
Dr. F. Larry Reed	1965
Dr. Martyn E. Richardson	1964
Dr. Gilbert Roth	1972
Dr. Michael E. Ryan	1989
Dr. Thomas F. Santucci	1957
Dr. Thomas F. Santucci, Jr.	1981
Dr. Frank E. Souders	1966
Dr. William S. Spaeth	1951
Dr. George B. Stineman	1962
Dr. Ruth E. Tinley	1951
Dr. Robert R. Tonkens	1957
Dr. Leo C. Wagner	1956

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