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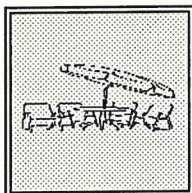
NOVA

A Publication of the American Osteopathic College of Pathologists, Inc., February 1990



here will you be in the middle of March? At the other end of a shovel, moving snow, or getting 14 hours of CME credit and a TAN?

March 16 - 18 are the dates of the Midyear Tutorial, held in Lake Buena Vista (WDW), FL at the Travelodge (formerly Viscount). There is still time to make your reservations. Call the hotel directly, toll-free, 800/348-3765. Room rates will be \$90, for single to quad accommodations. The rates are ONLY UNTIL FEBRUARY 15, so don't delay! Valid travel dates on Delta are March 13 - 21, if you can spare the extra time. Register today for the best CME dollar value around!



One again, it is with great pride that the names of contributors to the College are listed with new names constantly being added.

Special thanks to Drs. Monroe H. Adams, James L. Beal, Emmett M. Bentley, Boyd B. Button, Ruth W. Cathie, Robert H. Chatfield, Virginia I. Foster, Louis W. Gierke, Thomas B. Griffith,

Richard E. Heller, George E. Himes, James C. Hulsey, Charles A. Knouse, Richard M. Kotz, Louis Lang, III, Robert J. Lewis, Roger J. Sorg, Herbert Spellman, Patricia E. Spurgeon, Joseph T. Watkins, Arthur L. Wickens, Richard B. Wilner, Charles L. Woods, Ronald Ziegler, and Eugene G. Zuzga.



Birthday time! Let's celebrate!
February

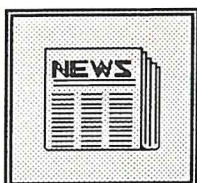
3	K. Sloka
6	R. Eicher
	H. Gregg
11	T. Rinne
12	D. Bergmann
16	K. Miller
18	J. Canaday
19	W. Silverman
20	A. Nichols
28	W. Mallery

March

4	R. Siskosky
14	V. Haws
15	R. Cannatella
17	P. Allen
23	T. Gerard
25	A. Pancioli
27	A. Mazerski

April

3	D. Hendrickson
4	D. Atkins
9	M. VanBoven
17	T. Kovan
29	R. McGivney
30	J. Golubski

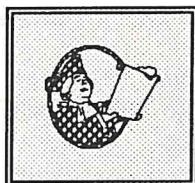


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A Publication of the American Osteopathic College of Pathologists, Inc.

April 1990

A very special thanks to Dr. Joseph Golubski for making the appearance of this newsletter look more professional. I have been working diligently to produce a newsletter that looked as though it were typeset, without the **expense** of **HAVING** it typeset. It looks like we're in business now! Dr. Golubski sent me a copy of a software program that he had, saving the College megabucks!! I am thrilled to have it, and hope that you enjoy the ease in reading this, and the variety of print.



Once again, it is with great pride that the names of the contributors to the College are listed. New names have been added. Very special thanks to: Drs. Monroe H. Adams, James L. Beal,

Emmett M. Bentley, Boyd B. Button, Ruth W. Cathie, Robert H. Chatfield, Virginia I. Foster, Louis W. Gierke, Howard W. Gregg, Thomas B. Griffith, Richard E. Heller, George E. Himes, James C. Hulsey, Charles A. Knouse, Richard M. Kotz, Louis Lang, III, Robert J. Lewis, Morris R. Osattin, Herbert Spellman, Patricia E. Spurgeon, Joseph T. Watkins, Arthur L. Wickens, Richard B. Wilner, Charles L. Woods, Ronald Ziegler, and Eugene G. Zuzga. Thank you for your generosity!

IT'S BIRTHDAY TIME!!

MARCH

- | | |
|----|---------------|
| 3 | E. Bentley |
| 4 | R. Siskosky |
| 14 | V. Haws |
| 15 | R. Cannatella |
| 17 | P. Allen |
| 23 | T. Gerard |

- | | |
|----|-------------|
| 25 | A. Pancioli |
| 27 | A. Mazerski |

APRIL

- | | |
|----|-----------------------|
| 3 | D. Hendrickson |
| 4 | D. Atkins |
| 9 | M. VanBoven |
| 17 | T. Kovan |
| 25 | L. Hynes-Longendorfer |
| 29 | R. McGivney |
| 30 | J. Golubski |

MAY

- | | |
|----|--------------|
| 8 | C. Threlkeld |
| 9 | N. Arends |
| 11 | B. Crothers |
| 19 | S. Roberto |
| 20 | R. Merliss |
| 21 | I. Lock |
| 24 | B. Button |

To one and all, the very best, with many more to come!

Dr. Morris R. Osattin has been providing slides for the Annual Slide Seminar. The following are the diagnoses, or final disposition of those cases from the 1989 seminar, Anaheim, CA

#1 Audience Diagnosis:

1. Progressive transformation of germinal centers
2. Hodgkin's Disease, Lymphocytic predominant? - Nodular sclerotic
3. Atypical Lymphoid Hyperplasia
4. Inflammatory lesion

Contributor's Diagnosis:
Hodgkin's Disease-Lymphocytic predominant

#2 Audience Diagnosis:

1. Immature Teratoma - Grade II

Contributor's Diagnosis:
Immature Teratoma - Grade II

#3 Audience Diagnosis:

1. Pneumocystis Carinii

Contributor's Diagnosis:
Pneumocystis Carinii

#4 Audience Diagnosis:

1. Endodermal Sinus Tumor (Yolk Sac Tumor)
2. Myxoma

Contributor's Diagnosis:
Endodermal Sinus Tumor

#5 Audience Diagnosis:

1. Pseudosarcomatous Squamous Cell CA of Esophagus
2. Metaplastic Squamous Cell Ca of Esophagus
3. Carcinosarcoma of Esophagus
4. Spindle Cell Ca vs. Pleomorphic Sarcoma
5. Liposarcoma

Contributor's Diagnosis:
Pseudosarcomatous Squamous Cell CA of Esophagus

#6 Audience Diagnosis:

1. Malakoplakia with fibrous scarring of skin and subcutaneous tissue of anterior abdominal wall
2. Benign histiocytic proliferation
3. Fistulous Tract with Prominent Histiocytic Proliferation
4. Histiocytoma

Contributor's Diagnosis:
Malakoplakia with fibrous scarring of skin and subcutaneous tissue of anterior abdominal wall

#7 Audience Diagnosis:

1. Diffuse Pulmonary Adenomyomatosis
2. Leiomyomatosis
3. Benign Metastasizing Leiomyoma
4. Peripheral Carcinoid of Lung

Contributor's Diagnosis:
Diffuse Pulmonary Adenomyomatosis

#8 Audience Diagnosis:

1. Malignant Melanoma

2. Fibroxanthoma
3. Rhabdomyosarcoma
4. Malignant Blue Nevus
5. Synovial Sarcoma
6. Malignant Fibrous Histiocytoma
7. Hemangioma

Contributor's Diagnosis:
Malignant Fibrous Histiocytoma

#9 Audience Diagnosis:

1. Nodular Sclerosing Hodgkin's Disease
2. Reactive Fascitis
3. Angiolymphohyperplasia with Eosinophilia

Contributor's Diagnosis:
Nodular Sclerosing Hodgkin's Disease

#10 Audience Diagnosis:

1. Diffuse Chronic Fibrous Lymphoid Thyroiditis
2. Hashimoto's Disease
3. Angiosarcoma
4. Riedel's Struma
5. Undifferentiated Thyroid CA

Contributor's Diagnosis:
Diffuse Chronic Fibrous Lymphoid Thyroiditis

#11 Audience Diagnosis:

1. Nodular Goiter with Hashimoto's Thyroiditis

Contributor's Diagnosis:
Nodular Goiter with Hashimoto's Thyroiditis

#12 Audience Diagnosis:

1. Microfollicular Thyroid CA
2. Follicular Variant of Papillary CA
3. Follicular Adenoma

Contributor's Diagnosis:
Microfollicular Thyroid CA

#13 Audience Diagnosis:

1. Angiomyolipoma
2. Liposarcoma
3. Small Cell Adenocarcinoma
4. Rhabdomyosarcomatoid Tumor

Contributor's Diagnosis:
Angiomyolipoma

#14 Audience Diagnosis:

1. Undifferentiated Lymphoma - NonBurkitt Type
2. Poorly Differentiated Adenocarcinoma
3. Histiocytic Lymphoma
4. NonHodgkin's Lymphoma
5. Lymphoma, Diffuse, Small Non-cleaved

Contributor's Diagnosis:
Undifferentiated Lymphoma - NonBurkitt Type

#15 Audience Diagnosis:

1. Malignant Fibrous Histiocytoma, Grade I
2. Myxoid Liposarcoma
3. Myeloma with Amyloidoma

Contributor's Diagnosis:
Malignant Fibrous Histiocytoma, Grade I

#16 Audience Diagnosis:

1. Endolymphatic endometrial Stromatosis - Low Grade Malignancy
2. Stroma Sarcoma

Contributor's Diagnosis:
Endolymphatic endometrial Stromatosis - Low Grade Malignancy

#17 Audience Diagnosis:

1. Immunoblastic Sarcoma
2. Hodgkin's Disease
3. Undifferentiated CA
4. Lymphoma, Diffuse, Large Non-cleaved Cell

Contributor's Diagnosis:
Immunoblastic Sarcoma

#18 Audience Diagnosis:

1. Seminoma (Metastic) Primary Thoracic
2. Poorly Differentiated CA
3. Malignant Germ Cell Tumor

Contributor's Diagnosis:
Seminoma (Metastic) Primary Thoracic



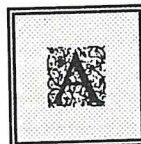
POSITIONS AVAILABLE A middle sized acute care general hospital in SE Michigan has a full-time position. They are searching for a board-certified pathologist to add to its Pathology Department. Also, another middle sized acute care hospital in SE Michigan is searching for a half-time pathologist. Contact: Thomas B. Griffith c/o AOCPP Clearing House, 313/676-4200, x3301 for further information.

I usually read the DO from cover to cover, and had quite a surprise with the February 1990 issue. The obituary column had a rather lengthy article about a Dr. Francis J. Chase

who died in October 1989 at the age of 82. It mentioned that Dr. Chase was a pathologist from 1947 to 1951, practicing at the old Art Centre Osteopathic Hospital.

Having just reviewed all of the minute books from the inception of this College, this was the first time that I had ever seen the name. The article went on to state that he took a fellowship at Kansas City College in 1947. Was he ever active in the College? If anyone has any information, I'll be more than happy to print a follow-up in a subsequent issue.

Speaking of future issues, no one has ever sent anything to be re-printed in the newsletters. If there is anything that you would like put in a newsletter, please don't hesitate to send it to me. Please don't forget, this is YOUR NEWSLETTER.



s of this date, five applicants, recommended for approval by the Membership Committee to the Board will be presented to the general membership at the time of the Annual meeting in Las

Vegas, NV.

John N. Kasimos, DO is applying to upgrade his membership to Active status. Dr. Kasimos graduated from Loyola University with a BS in Biology and received his MS in Biology from the Illinois Institute of Technology. He attended the Chicago College of Osteopathic Medicine, remaining to take his residency in Pathology. He is presently at Olympia Fields Osteopathic Medical Center.

David J. Gray, DO has applied for Candidate membership. Dr. Gray graduated from Ohio University in Athens and attended the Chicago College of Osteopathic Medicine. He interned at Doctor's Hospital in Columbus and is now a resident at Akron City Hospital in Akron, OH.

C. Brett Hon, DO has applied for Candidate membership. Dr. Hon graduated from the University of Colorado, and Colorado State University with a PhD. Medical school was at

Kirksville College of Osteopathic Medicine, with an internship at Osteopathic Hospital of Wichita in Kansas. He is presently in a Pathology program at the Naval Hospital in San Diego, CA and will complete his residency in 1991.

Clifford H. Threlkeld, DO has applied for Candidate Membership. Dr. Threlkeld graduated from the University of South Florida, later receiving his MA and BS. He graduated from PCOM, interned at Eisenhower Army Medical Center and is presently in a Pathology training program at Eisenhower.

Robert W. Wilkeson, DO has applied for Candidate status. He attended Bethune-Cookman, and graduated from PCOM. He took his internship at Eisenhower Army Medical Center where he is presently in a Pathology training program.

Additionally, Dr. Tobias Shild has requested the Board to review his application for Life Membership as he has retired from active practice.



new members approved at the Annual Membership meeting include Candidate Members:

Frances C. DeMattia, DO. Dr. DeMattia graduated from Wayne State, attended MSUCOM, and interned at DOH - BiCounty.

She is presently in a residency program at Wayne State University.

Keith N. Miller, DO is in a Surgical Pathology Fellowship at Hershey Medical Center (PA), completing training in 1990. Dr. Miller graduated from Ohio University, OUCOM, and interned at Brentwood Hospital. He took his Pathology training at Akron City Hospital.

Mary J. Robinson, DO, is a resident at Kennedy Memorial Hospital, NJ. She graduated from Gonzaga University in Spokane, WA with a BS in Biology, St. Joseph's Medical Center as a Medical Technologist, attended University of

Osteopathic Medicine and Health Sciences in Des Moines, and interned at Des Moines General Hospital.

There were three members who were approved for Active Membership. They are:

Ronald Distefano, DO. Dr. Distefano attended Northeast Louisiana University, Oklahoma COM, interned at Hillcrest Hospital and took his residency at Oklahoma Osteopathic Hospital in Tulsa, and has remained in Oklahoma.

Randall K. McGivney, DO attended Oklahoma State University, OSU-COMS and took his internship and residency in the military at William Beaumont AMC. He is presently practicing in Oklahoma.

Joan M. Mones, DO is presently at North Miami Medical Center (FL). She attended UCLA and the University of Osteopathic Medicine and Health Sciences. Dr. Mones interned at Doctors Hospital (FL) and took a residency and Fellowship at the University of Miami/Jackson Memorial Hospital.

Two associate members include:

Anne D. Hooper, MD, Associate Professor of Pathology at WVSOM. Dr. Hooper was Magna cum Laude at Washington University, St. Louis, MO, where she also attended medical school. Dr. Hooper interned in Seattle, WA and took residency training in CT and PA.

Ronald P. Turnicky, DO, in a Fellowship at Johns Hopkins University Hospital. Dr. Turnicky attended West Point, graduated from PCOM, and did his internship and residency at Walter Reed AMC.

Approved for Life Membership at that time were: Drs. Gerald D. Bennett, George D. Hubacher, Charles A. Knouse, and Theodore R. St. Clair.

Can you help? There are a number of pathologists who are eligible to become members of the College, but have not applied.

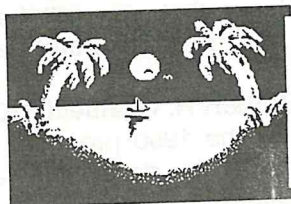
Is there a physician in your group who might need some extra encouragement? He/she is not solely dependent upon a DO degree for

membership. The College bylaws now provide for a category of Associate Membership for those physicians who are MD's or those who might have NOT taken an internship,



or training program not approved by the AOA. I am including some names and I'm certain that there are many more. How about a personal telephone call or short note to them? I would be more than happy to send them application forms and further information. Do you know: Drs. James Lewis, Richard B. Mack, Christine A. Orlando, all residents at Hahnemann in Phila., Dante DiMarzio - Jr. and Sr., Ruth Anker, James Banner, Justin H. Gershon, Lawrence C. Goldsmith, Joseph H. Langnas, Philip F. Lopez, Julian Potok, Stephen L. Putthoff, James E. Richard, William P. Schaetzel, Weldon Schott, C. Eugene Soechtig, Arles Stern, and Raymond Tubbs. These are only a few of the names that I am aware of, and none of the MD's with whom you might be associated. How about a concerted effort to build the College rolls!

Where were you on the night of March 16, 1990? If you didn't see scenery such as that on the right, you missed a fantastic Midyear Tutorial, not to



mention the days of partying! We met in Lake Buena Vista, Walt Disney Village, for two and a half days of studying and sunning. **Lillian Hynes-Longendorfer, DO** was the 1990 Midyear Chairperson.

To start off the festivities, a lovely reception and banquet was held on Friday evening. Following dinner, **Dr. Marcelino Oliva, Immediate Past President of the AOA** addressed the audience with a review of "Recent AOA Policies on Postdoctoral Training".

After a continental breakfast, on Saturday morning, the program was as follows: **MARIO J. SALDANA, MD**, "Pulmonary Vascular Disease", **MEHRDAD NADJI, MD**, "Problems in Immunochemistry", "Utility of Molecular (Nucleic Acid) Probes", **CHARLES V. WETLI, MD**, "The Afro-Caribbean Cult", **ROBERT S. CSERE, DO**, "Interpretation of Lympho-proliferative Diseases of the Skin", and "Common Inflammatory Diseases of the Skin"

Of course, we took time for a luncheon on the Terrace, giving everyone a pleasant break in the day.

That evening, we had a WESTERN HOEDOWN, complete with guns and hats. No one ever said what happened, but for some reason, tempers flared and there was a rather unfortunate shoot-out.....

Following breakfast on Sunday morning, **Roger J. Sorg, DO** addressed two issues - Laboratory Standards and Inspections", stressing proficiency testing, and "AIDS Autopsies". **NICHOLAS S. SELLAS, DO**, addressed "Interpretation and Consultation in the Clinical Laboratory Setting", and the final presentation, by **LILLIAN HYNES-LONGENDORFER, DO**, on "Interpretation of Colonic Mucosal Biopsies" Fourteen Pathology credit hours richer, we adjourned at noon.

This was one of the largest midyear groups that we have had in years, with 42 physicians registering and nearly twenty guests. We sure missed YOU! Hope that you can make it next year.....

GOOD NEWS - AND BAD NEWS

The good news is that with this mailing is the new directory. The bad news is that already, there are corrections and or changes. I will attempt to keep you apprised of the changes as they occur in order that you will always have a current directory.

1. **Move from Active to Life Member:**
Tobias Shild, DO -P (Chg. Addr. to)
17208 Goldwin Drive
Southfield, MI 48075
2. **Move from Resident to Active Member:**
John N. Kasimos, DO
(Same address)
708/747-4000
3. **Change first name, and add as Candidate**
David J. Gray -Change from Jeffrey D
4. **Add as Candidate Members:**
Clifford H. Threlkeld, DO
Dept. of Pathology
DD Eisenhower AMC DPALS
Ft. Gordon, GA 30905-5650

Robert W. Wilkeson, DO
Dept. of Pathology
DD Eisenhower AMC DPALS
Ft. Gordon, GA 30905-5650

C. Brett Hon, DO
Naval Hospital San Diego Bx 152
San Diego, CA 92139

CERTIFICATES

Certificates have been printed that will be sent to new Candidate, Life, and Active Members, etc. A few members present at the Midyear stated that they had either never gotten a certificate, or misplaced it, and expressed interest in having a replacement.

These certificates are available to anyone requesting one, **HOWEVER**, although they will reflect the original date, they will be signed by the current officers. Please contact me if you would like one.



Richard Eicher, DO has requested that a new service be provided by the College. This can only be done with your assistance.

With your help, a physician referral base for consultations can be instituted among members of the College. Do you have a particular area

of expertise or special interest in a specific area? Would you be willing to offer your services as a consultant? Is there a fee for your service? If you would drop me a line with the above information, I would be more than happy to compile the data, updating it when ever new information is received.

1990 ANNUAL

This information is being printed so that you can make plans for the 1990 Annual Meeting of the College. The dates are **November 25 - 28**.

Please note that November 25 is the Sunday **just following Thanksgiving**. This time of year is very heavily traveled and airline reservations should be made well in advance.

Due to this time-frame, the AOA has re-arranged their usual format. They will not have their opening address on Sunday, but instead on **Monday, November 26 at 8:00am**. This eliminates a lot of time usually built into our program. **The College will have its Board meeting at 5:00pm on Sunday, with the General Membership meeting to follow at 7:00pm**. This is the only time that we can fit it into the schedule given us by the AOA. We hope that you will be able to attend as a number of important issues will be discussed.

Robert H. Chatfield, DO is Program Chairman for the 1990 program. He has pulled all the stops in developing an exciting and most informative program for you. Looking forward to seeing you in Las Vegas!!

REPORT FROM THE PRESIDENT RICHARD O. WRIGHT, III, DO

Late 1989 - early 1990 has been a very busy period with many activities occurring which each of us needs to be aware of. These include:

Resource Base Relative Value System

A separate panel for osteopathic medicine is developed. Four hundred DO's in the United States will be surveyed. This survey likely will encompass primarily ambulatory care and areas involving osteopathic manipulation. No new information regarding pathologist's resurvey is available. This is presumed to be on-going.

National Physician's Data Bank

This operation is about to begin (within next three - six months). The AOA will participate to the point of providing this data bank that minimum information requested by statute. This position is selected as it is unclear what the data bank could be used for in the future.

Medicare Claims Preparation

Effective 9/1/90 all physicians separately billing for Medicare must file all Medicare claims whether a participating physician or on non-assignment status.

Tax Deductibility of Student Loans

The AOA and the AOHA are actively lobbying to change tax laws to allow deductibility of student loans. Lobbying action is occurring on a number of fronts. Its effectiveness, however, is unclear.

Physician Office Laboratories (POL)

Effective 12/31/90 OSHA will enforce regulations regarding hazardous materials in physician office laboratories. These will include materials identification and management plan, safety plan, training program, hygiene plan, monitoring program, inspection program, and examination and treatment program for employee exposures. This program must be in place in physician's offices who have x-ray units and is also separate from the licenser quality assurance programs defined via CLIA-88. Consider making your physicians having office laboratories aware of these changes. Further, I would advise them to prepare an additional fire safety program regarding the amount of paperwork they are soon required to have in

place.

CLIA - 88

Though in effect January of this year, implementing regulations are not expected until this fall. Those regulations will then be referred to Office of Management and Budget for study, review, and consensus development. Following this, publication regulation in Federal Register will occur with 30 - 90 day response. Followed by review and final publication in Federal Register. This process will likely not be completed until sometime in 1992.

Osteopathic Education

The AOA is rapidly evaluating and modifying osteopathic postgraduate education to reflect the changes/opportunities of the 90's. Alternate internships are being developed in the areas of pediatrics, OB/GYN, and internal medicine. A geriatric residency is being developed. A combined pediatrics internal medicine residency is being considered. A pathology internship is under consideration by Board of Trustees, AOCP. This is, for us, now a new idea being first proposed in 1976. Maybe, the time is right.

Centennial Planning

Osteopathic medicine celebrates its centennial in 1992. The planning for this celebration is on-going and twofold. The first is a National Conference on Medically Underserved - Our Gift to the Nation, a forum hosted by osteopathic medicine involving the Secretary of HHS, Congress, and health care groups throughout the nation to devise and develop a national strategy. The second is a nationwide, two year, rural health screening and referral program directed by osteopathic medicine which will involve screening throughout the states of our nation with the objective of determining health care needs of the rural population - an area of expertise of osteopathic medicine in particular.

Federal Malpractice Reform

The AOA is a participant in a medical malpractice coalition which is developing two proposals to Congress calling for federal

malpractice reform.

Physician Payment Commission

An osteopathic physician has been named to Physician Payment Commission to update and revise CPT codes. Specific concerns of osteopathic medicine regarding CPT coding is the inclusion of time considerations in CPT code definitions.

AOCP

The AOCP had been granted non-voting companion status to the House of Delegates of the AOA. This has been extended to all recognized specialty colleges and will begin immediately. Though vote is absent at this time, the recognition of our college and its ability to speak in the House of Delegates, I consider to be a break through of a two year impasse upon this point.

An update following the summer meeting of the AOA Board of Trustees and House of Delegates meeting will be given in the fall newsletter with a complete report at our annual membership meeting in Las Vegas. In the meantime, hang on and hang in - osteopathic medicine has much to offer the American people. Each year that goes by, our country recognizes the value of our particular beliefs and practices and simultaneously our profession is beginning to look outward rather than inward to define our place in medical society. Some will say, "it's too late", I however, believe it is never too late and see the Promise of the 90's.

How about a bit of bit of GEOGRAPHY!!

Where would you be if you took Loop 410 West to Highway 281, South on 281 to I-35, and South on I-35 to West Commerce and St. Mary's Street? Unless you know your way around San Antonio, you'd probably be LOST!

But don't get lost, and don't get left out. San Antonio's the place to be!! That's the site of the 1991 Midyear Tutorial. When?

March 15 - 17, 1991

Plans are underway and **Brent L. Himes, DO** is the Program Chairman.

If you haven't been to San Antonio, you're in for a real treat. If you have been there before, you know what an exciting time is in store for you.

The hotel plans have not been firmed up as yet, still negotiating between a couple of properties, but...I can tell you that it will be on the Riverwalk, one of the most exciting areas of the city. There are shops, fine restaurants, water taxis, margaritas, many missions and historic places - first and foremost, **THE ALAMO**.

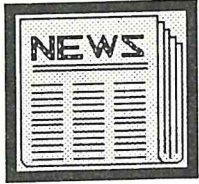
For those who have the time and desire, a two-hour drive by car, bus or private limo takes you to a foreign country - Mexico. (No passports or visas necessary, just proof of citizenship.)

As far as the schedule is concerned, the program will follow the same type of format as in the past. There will be a reception and banquet on Friday evening. Saturday will start with a continental breakfast, meetings, luncheon, and afternoon meetings. Saturday evening's activity will include dinner. A continental breakfast will start the day off on Sunday, with meetings until noon. Then it's off to home - or play.

In the next newsletter there will be lots more details, so reserve the dates and make plans to have a Tex-Mex vacation while adding to your CME's.



So ends another issue. It's holiday time now. To some, Happy Easter, to others, Happy Passover, to the rest, Happiness!!



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A Publication of the American Osteopathic College of Pathologists, Inc.

June 1990

The meeting of the General membership of the American Osteopathic College of Pathologists, Inc. convened on Tuesday, November 14 1989. The meeting was called to order by Roger J. Sorg, DO at 3:40 pm. In addition to Dr. Sorg, those present were:

Drs. Richard O. Wright, III, Ronald Ziegler, Arthur P. Pancioli, Geoffrey Weisbaum, Robert S. Bear, Robert Chatfield, Stanislaus Roberto, Donald C. Atkins, John R. Zond, Richard M. Kotz, Donald W. Hendrickson, Manley B. Brabb, Tobias Shild, Franklin R. Brecher, Jeffrey J. Bulson, David F. Jadwin, Robert F. Greiner, Joseph F. Golubski, John G. Steigerwald, and Robert J. Edelman. Also present, Joan Gross, Executive Secretary.

The minutes of the previous meeting had been submitted to the membership prior to the meeting. The minutes were accepted as submitted.

**MINUTES
ANNUAL MEETING
ANAHEIM, CA
NOVEMBER 14, 1989**

Next, from a report submitted by the Membership Committee, recommended and approved by the Board were Drs. F. DeMattia, K. Miller, and M. Robinson for Candidate Membership, Drs. R. Distefano, R. McGivney, and J. Mones for Active Membership. Drs. A. Hooper and R. Turnicky were recommended for Associate Membership, and G. Bennett, G. Hubacher, C. Knouse, and T. St.Clair for Life Membership. These were presented to the General membership, a motion was made, seconded and unanimously approved.

Following this, the Evaluating Committee approved all training reports and programs reviewed at the meeting. The following reports were recommended for approval to the Committee on Postdoctoral Training (COPT):

- 9 Osteopathic Annual Reports
- 3 Non-osteopathic Annual Reports
- 6 Non-osteopathic Programs
- 3 Non-osteopathic Programs and Training - a result of the AOA Task Force)

REPORT OF THE PRESIDENT - First, Dr. Sorg stated that he had a very interesting year as President. He said that he enjoyed his accomplishments, having had input with the AOA Task Force, and the RVS, and felt that the college was in a healthier position. He said that much of this was due to the AOA recruiting DO's with MD training, allowing them to become active members in their respective specialty colleges. Continuing, Dr. Sorg referred to the AOA Task Force and its position regarding DO's with MD training. He reiterated that the AOA-approved internship is required prior to any consideration for approval of MD training.

He addressed the Relative Value Scale issue, stating that it was most important that this be resolved. He further stated that the HCFA report was a last ditch effort. In a compromise, HCFA listened to the CAP argument and therefore, a new study will be performed. He added that the situation will stay for approximately two years until a new study is done as the old one is so flawed.

Dr. Sorg also discussed his action with the ACGME. He said that the MD's extended their residency training programs to five years, most of which are at university centers. Concerning the Board of Pathology, he said that they will support DO training (allowing approval of DO residency programs with the eventual acceptance of DO's to be boarded.)

He then stated that "we must see what we can do to strengthen our own programs for our residents to go out and compete and get jobs. The epoch of the 80's has come to an end, there are things that we should do as a group, and we should do them now."

Next, Dr. Wright stated that he had information regarding recertification. He said that Dr. Baker had received an invitation to attend an ASCP meeting to be held in May, at which time recertification was an agenda item. Further, he stated that we will be supporting fewer training programs, however, we will have to determine what the pathologists of the 90's and 21st century will need, from a point of competitiveness and practice - an additional degree, an MBA, etc.

Dr. Chatfield addressed the Board concerning the 1990 Annual Meeting in Las Vegas. He said that there was some confusion regarding dates. (These were later confirmed to be November 25th to the 29th, 1990, starting the week-end following the Thanksgiving holiday. In general, it was felt that this choice of dates reflected poor planning on the part of the AOA. He stated that to date, he had five DO's as speakers, and several MD's from various speaker bureaus.

Although there was no formal report from the representative to the Committee on Hospital Accreditation (Dr. Gierke), Dr. Sorg stated that in a letter, Dr. Gierke said that he wished to resign from the COHA. It was the recommendation that Dr. Chatfield be appointed to fill the unexpired term (to 1991) of Dr. Gierke. The AOA Board of Trustees will be notified of the change.

Laboratory Standards and Inspections Committee - Dr. Sorg reported that there were approximately 25 laboratories which were surveyed by six or seven inspectors, with Dr. Mote performing the about half of these inspections. Dr. Sorg stated that "the system is still working".

OLD BUSINESS

It was stated that the Midyear Tutorial program chaired by Dr. Lillian Hynes-Longendorfer was in its final stages of development. The tutorial which will be held in Lake Buena Vista, FL will be March 16 -18, 1990. A tentative program had been submitted to the AOA. This was given approval 14 hours of Category 1A CME credit.

NEW BUSINESS

A Nominating Committee consisting of Drs. Arthur P. Pancioli, Eugene Stanislaus R. Roberto, and Manley B. Brabb was named. They submitted three names, those of Drs. Robert S. Bear and Geoffrey S. Weisbaum, for renomination to the Board, and Robert A. Kurtzman as a new member of the Board.

With no nominations from the floor, a motion was made, seconded and passed that the nominations be closed; that the rules be suspended; and that the Secretary be instructed to cast a vote for unanimous approval for the nominations of Drs. Bear, Weisbaum, and Kurtzman.

In other action, the Committee recommended the names of Drs. Dale F. Andres, John J. Fernandes, and Robert J. Lewis for reappointment to the Board of Pathology. Following a secret ballot, it was determined that those named would be recommended to the AOA Board of Trustees for reappointment.

To fill the vacancy due to an expired term on the Board of Pathology, the Nominating Committee submitted the name of Geoffrey S. Weisbaum. Nominations from the floor included Bernard J. Fox, Jr., Cyrus Parsa, Alexander Romashko, and Nicholas S. Sellas. The first secret ballot resulted in a tie. In a run-off ballot, Bernard J. Fox, Jr. was named to fill the vacancy on the American Osteopathic Board of Pathology.

With no further business, the meeting was adjourned at 5:05 pm.

Respectfully submitted,

Joan Gross
Executive Secretary

TO ALL RESIDENTS!!

For most of you, the end of a training year is drawing to a close. Please remember that your documentation for each year of training is to be

submitted to the AOCPE Evaluating Committee for recommendation to the AOA Committee on Postdoctoral Training. This must be received by September 15, 1990 to be considered this year.

If you are in an DO training program, the reports are to be sent directly to me. If you are in an MD program, or military, the reports are to be sent to the AOA, which will then forward them to me. Be certain that you allow extra time for this additional transfer of documentation.

The next Evaluating Committee meeting will not take place until March 15, 1991.

AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS

RICHARD O. WRIGHT, III, DO
PRESIDENT

RONALD ZIEGLER, DO
PRESIDENT ELECT

JOAN GROSS, EXECUTIVE DIRECTOR
OFFICE

12368 NW 13TH COURT
PEMBROKE PINES, FL 33026
305/432-9640

CHANGES OF ADDRESS - PLEASE NOTE

John N. Kasimos, DO
13321 S. Oakview Court
Palos Heights, IL 60463
708/747-4000, x 1046

Virgil E. Haws, DO
2630 Oleander Street
St. James City, FL 33956
813/283-5041

EVERYTHING YOU WANTED TO KNOW (about San Antonio), but were afraid to ask...

MARCH 16 - 18, 1991

These are the dates for the Midyear Tutorial, which is to be held in San Antonio, Texas. Our hotel is the Holiday Inn Riverwalk, a couple of years old, rising an impressive 23 stories on the Riverwalk, located at 217 N. St. Mary's Street. The hotel ranks in the top 20 in the 1,600 Holiday Inn system. Our rate? \$88!!!

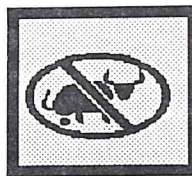
Their recreational facilities include an exercise room, whirlpool, and outdoor heated pool. There is room service, (6:00am to midnight), as well as laundry, valet and babysitting services. The **RIVER TAXI** stop is just outside the door, providing access to shops and attractions up and down the river. Tickets available in the lobby at \$1.75 per.

Fandangos is a full service restaurant with a spectacular view of the Riverwalk. Ripples is the lounge, with live entertainment starting at 7:00pm. Try their **COMPLIMENTARY BUFFET** 4:30pm - 7:00pm on Friday evening.

WHAT'S IN STORE FOR YOU???

First, and the reason you're coming to San Antonio, is the dynamic program being planned by Chairman Brent L. Himes, DO, providing 14 information-packed hours of AOA approved CME credits, with a skeleton (that's a pun!) program as follows:

Friday evening, 6:30pm reception, dinner at 7:30pm, followed by a guest speaker. Down to business on Saturday morning...there will be a continental breakfast at 7:30am with lectures beginning at 8:00am. We will take a break at noon for our luncheon. Speakers will continue until 5:00pm. We will have an activity Saturday evening which will include dinner. Details will be given at a later time. Plans for Sunday morning include a **sit-down breakfast at 7:30am**, with the meeting adjourning at approximately 1:00pm. Be a part of this action packed work-filled, fun-filled, long weekend!



NO BULL! There is so much going on in San Antonio that I don't know where to start. As far as attractions, and aside from Paseo Del Rio (Riverwalk), the most famous is the

Alamo. This is an exciting visit, just a couple of blocks from the hotel. There are all types of interesting exhibits, and you are able to walk in and around the Alamo at leisure.

San Antonio is a city of missions, such as San Juan Capistrano, San Jose y San Miguel de Aguayo, San Francisco de la Espada, and Concepcion to name a few.

There is La Villita (little town) Historic District located right outside the hotel. This features a quaint, beautifully landscaped village of shops, exhibits, and working artisans.

Do you prefer museums? Choose between the McNay Art Museum, U.S. Army Medical Department Museum, Mexican Cultural Institute, Institute of Texan Cultures or the Hertzberg Circus Collection. Not enough? There are also six others.

I won't list the 13 golf courses, six rodeos, three tennis ranches, or ten shopping malls, however, there is the Market Square, "El Mercado". This is a unique shopping area of 33 specialty shops and restaurants, patterned after an authentic Mexican market.

How much digging into your pocket will you have to do for any of the above? **NONE!!** Everything listed above is free. Are you tired from walking? Do you need transportation? Be a sport and take the trolley - there are about four to six separate lines throughout the city. It will be the best **ten cent** investment you ever made.

This is like trying to describe how far down an iceberg goes when you're standing on a tiny tip on the top! Anyone able to spare the time to come in for the meeting a few days early or stay a while after, will not regret it.

The following comprises a list of physicians who are not presently members of the College. They may have been members at one time, never were members, or are new residents in military or allopathic training programs. All of them have been sent applications and invitations to join the College. The reason for printing their names and addresses is the thought that perhaps you know some of them, contact them, and offer your support and encouragement.

Philip F. Lopez
Cleveland Clinic, Path.
3000 W. Cypress Road
Ft. Lauderdale FL

Joe McCauslin
8252 Parkridge Circle
Anchorage AK 99507

James E. Richard, Jr.
3141 Modred
Canton OH 44708

William P. Schaetzel
2113 W. 49th Terrace
Westwood Hls. KS 66205

Weldon Schott
Metropolitan Med. Cen.
7840 Natural Bridge Rd.
St. Louis MO 63121

Raymond Tubbs
1 Clinic Center L2-25
9500 Euclid Avenue
Cleveland OH 44195

Ruth A. Freeman
Rt. 1, Box 604
Gardiner ME 04345

Trevor Phillips
11007 Huntwyck Drive
Houston TX 77024

William J. Sekola
36 1/2 N. Dunlap
Youngstown OH 44509

Tommy J. Brown
25711 Broad Oak Trail
San Antonio TX 78255

Carl J. Winans
Metropol. Gen. Hosp
7950 66th St. North
Pinellas Park FL 34665

Marcia E. Fowler
Rt. 2
Green City MO 63545

Michael D. Litman
200 Kennedy Mem. Dr.
Waterville ME 04901

Barry L. Barker
Rt. 4
Box 203T
Stoneville NC 27048

Martin R. Lowery
271 Cline Avenue
Mansfield OH 44907

William G. Castle
Rt. 2
Box 103C
Shenandoah IA 51601-9529

James D. Banner
1468 S. Ranch Drive
Springfield MO 65809

Dante DiMarzio
110 Leghorn Drive
Oakdale PA 15071

Dante J. DiMarzio, Jr.
2515 E. Jefferson Blvd.
South Bend IN 46615

Ruth L. Anker
6743 Berend
Worthington OH 43085

Justin H. Gershon
Suburban General Hosp.
2701 Dekalb Pike
Norristown PA 19401

Lawrence C. Goldsmith
1310 Woodcliff SE
Grand Rapids MI 49506

Joseph H. Langnas
22705 Shevington
Southfield MI 48034

Julian W. Potok
Polyclinic Med. Cent
Harrisburg PA 17105

Carl E. Soechtig
Metropolitan Hosp.
1919 Boston St SE
Grand Rapids MI 49506

Stephen L. Putthoff
3500 Camp Bowie
Ft. Worth TX 76107

Arles R. Stern
28546 Lowell Ct. S
Southfield MI 48076

Robert S. Csere
402 S. Boulevard #201
Tampa FL

Dan T. Benscoter
Dept. Laboratory Med.
Geisinger Medical Center
Danville PA 17822

James Lewis
Hahnemann Univ.-Path.
Broad & Vine Sts.
Philadelphia PA 19102

Richard B. Mack
1000 Knorr Street
Philadelphia PA 19111

Christine A. Orlando
Hahnemann Univ.-Path.
Broad & Vine Sts.
Philadelphia PA 19102

Lary Simms
437 Chasseral NW #1C
Comstock Park MI 49321

Linda J. Trapkin
Dept. Laboratory Med.
Geisinger Medical Center
Danville PA 17822

Michael E. Berkland, DO
821 Edgewood Drive

Louisburg KS 66043

Wayne L. Garrett, DO
Box 420
Letterman AMC
San Francisco CA 94129

Loraine H. Goodman, DO
5th General Hospital
APO New York NY 09154

Dennis L. Hayden, DO
Dept. of Pathology
Martin Army Com. Hosp
Ft. Benning GA 31905

Joseph R. Klos, DO
Dept. Laboratory Med.
Naval Hospital
Portsmouth VA 23709

Edwina J. Popek, DO
Apt. 301
5107 Dudley Lane
Bethesda MD 20814

Paul J. Simon, DO
132 Press Avenue

Browns Mills NJ 08015

Richard E. Fausel, DO
42-311 May Pen Road
Bermuda Dunes CA 92201

Donald Kip Kuttner, DO
Harbor - UCLA, Path.
1000 W. Carson
Torrance CA 90509

Daniel B. Brubacker, DO
Harbor - UCLA, Path.
1000 W. Carson
Torrance CA 90509

The end of June and July will make for busy times, as far as the AOA is concerned, marking the beginning of two major meetings. June 30 is the date of the annual AOA leadership conference, which will be held in Chicago. A few weeks later, the AOA Board of Trustees\House of Delegates will hold their Annual Meeting in Chicago. This should prove particularly interesting as this will be the first time that each specialty college will be represented in the House of Delegates. This was a result of AOA Board action at their midyear meeting.

As stated in the minutes, each specialty college shall have representation with voice, but without vote. While this may appear to be a compromise, it is a first step - and a large one on the part of the AOA. Although representation had been presented in the form of resolutions to the AOA for many years, it has always been denied, based on the premise that each specialty college **had** representation through their state delegates. A full report of the actions taken at that meeting will be printed in the next newsletter.



Now is the time to RUN, not walk. At the November 1990 Annual Meeting of the College, Ronald Ziegler, DO will step to the podium, accept the gavel presented to him by outgoing president Richard O. Wright, III, DO, and assume the official position of AOCPP President, 1990-1991.

It is at this time that new committee members are appointed. There are many committees, some more active than others. If there is an area of particular interest to you, contact Dr. Ziegler in order that he may consider your request. The college is for the membership, but it needs your support and participation. Dr. Ziegler can be reached at Humana Hospital, South Broward, 5100 W. Hallandale Beach Boulevard, Hollywood, FL 33023 or by telephone, 305/966-8100.

On to the lighter side. Advances in modern medicine have to be the most miraculous achievements of our time. In our thirst for knowledge, quest of the unknown, search for new horizons, we discover new diseases, diagnoses, procedures, theories, sophisticated methodology. This is the romantic, glamorous side of the picture, but you still have the same old body parts! Speaking of parts..... there are at least 14 body parts or organs as I recall which have **no more than three letters!** How's your memory? OK, I'll give you a starter, **EYE**. That's one. Can you come up with another 13 or so?

Too easy? How about these to think about?

For example,

1 = C M E (1 Crazy Mental Exercise)
Care to try your luck?

16 = O in a P
3 = L K that L T M
57 = H V
20 = Q (A, V, M)
8 = S on a S S
5 = D in a Z C
12 = S of the Z
32 = D F at which W F
7 = W of the A W
1 = W on a U
76 = T that L the B P
3 = C in the F
90 = D in a R A
9 = P in the S S
3 = S Y O at the O B G
40 = D and N of the G F
3 = B M (S H T R)

1000 = W that a P is W

6 = F in a F

26 = L in the A

1001 = A N

4 = Q in a D

29 = D in F in a L Y

2 = G of V

18 = H on a G C

88 = P K

6 = P on a P T

2.54 = C to the I

7 = D with S W

24 = H in a D

48 = C in a P D

200 = D for P G in M

11 = P on a F T

3 = M in a T (R D D)

5 = G L (H O M E S)

64 = S on a C B

13 = S on the A F

4 = S on a V

8 = N in an O

3 = P C (R, Y, and B)

An so they go, on and on. Some are easy, but others, maybe not. If you don't bother with these yourself, perhaps you can use them to torture someone else! Answers free - with a contribution payable to AOCPP!

Another issue of Nova is history. The next one will be published in August. As a reminder, please let me know of changes in your address or telephone number. Have a great Summer!



American Osteopathic
College of Pathologists
12368 NW 13th Court
Pembroke Pines, FL 33026



NOVA NOVA NOVA

A Publication of the American Osteopathic College of Pathologists, Inc.

August 1990

AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS

RICHARD O. WRIGHT, III, DO
PRESIDENT

RONALD ZIEGLER, DO
PRESIDENT ELECT

JOAN GROSS
EXECUTIVE DIRECTOR
OFFICE
12368 NW 13TH COURT
PEMBROKE PINES, FL 33026
305/432-9640

not printed in the last issue, the list of names of those who so generously contributed to the College.

Drs. Monroe H. Adams, James L. Beal, Emmett M. Bentley, Boyd B. Button, Ruth W. Cathie, Robert H. Chatfield, Virginia I. Foster, Louis W. Gierke, Thomas B. Griffith, Richard E. Heller, George E. Himes, James C. Hulsey, Charles A. Knouse, Richard M. Kotz, Louis Lang, III, Robert J. Lewis, Morris R. Osattin, Roger J. Sorg, Herbert Spellman, Patricia E. Spurgeon, Joseph T. Watkins, Arthur L. Wickens, Richard B. Wilner, Charles L. Woods, Ronald Ziegler, and Eugene G. Zuzga.



The next annual meeting of the College will be in Las Vegas, NV on November 25, 1990. Please note that this date is **SUNDAY EVENING**, immediately following Thanksgiving.

OFFICIAL CALL TO MEMBERS

This is the OFFICIAL CALL TO MEMBERS for the annual meeting of the AOCP. We will convene at 7:00pm on Sunday evening, in Las Vegas, NV on November 25, 1990. This will be the only business meeting for the membership.

There will be voting on major topics, as well as nominations to the Board of Governors and the Board of Pathology. Active participation by the membership guarantees the future strength of the College. Please make plans to attend.

ALL COMMITTEE CHAIRMAN

The Board of Governors of the American Osteopathic College of Pathologists, Inc. will meet on November 25, 1990 at 5:00pm. Please send me your reports to the Board by October 1, 1990 in order that they may be included in the agenda.

The **Chairman for the 1990 Annual Program is Robert H. Chatfield, DO.** He has planned an exciting program for this Annual Meeting. A tentative program is listed below.

Sunday, November 25, 1990

5:00pm	Board of Governors meeting
7:00pm	Annual Membership meeting

Monday, November 26, 1990

8:30am	Continental Breakfast
9:00am	Basic Forensic Concepts (R. Kurtzman, DO)

Monday, November 26, 1990 - Cont'd

10:00am	GI Pathology (R. Belliveau, MD)
11:30am	Tumor Markers (Guest Speaker)
3:00pm	Melanotic Skin Lesions (J. Headington, MD)
6:30pm	AOCP Reception/Banquet
8:30pm	Guest Speaker W. H. Voss, DO-AOA Past Pres.

Tuesday, November 27, 1990

8:15am	Continental Breakfast
8:30am	Testicular Neoplasms (G. Collins, DO)
9:30am	Lipid Testing (T. Butler, MD)
10:30am	Bone Anatomy/Physiology (D. Jadwin, DO)
11:15am	Bone Tumors by Compartment (D. Jadwin, DO)
12:00noon	AOCP Annual Luncheon Otterbein Dressler Mem. Adr. (R. Kotz, DO)
2:00pm	Neuropathology - Head Trauma (R. Kurtzman, DO)
3:00pm	Ethics/Practice Autopsy Path. (D. Jadwin, DO)
4:00pm	Surg. Path. CNS-for the Non- Neuropathologist (R. McGivney, DO)

Wednesday, November 28, 1990

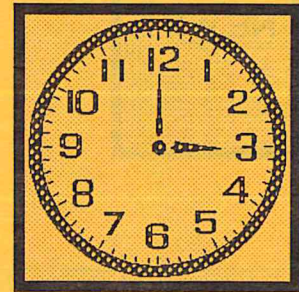
8:15am	Continental Breakfast
8:30am	AIDS Testing (Guest Speaker)
10:00am	CPT-Maximum Reimbursement (Guest Speaker)
1:30pm	Annual Slide Seminar
3:30pm	Potpourri-Path. Issues 1990 (R. Chatfield, DO)

This is the preliminary program which, other than the two meetings on Sunday, is subject to change. Please note, this is ONLY COLLEGE SPONSORED PROGRAM AND ACTIVITIES.

The AOA will be sending a complete preliminary program. The final program will be available at the time of the convention.

TO ALL RESIDENTS!!

The clock is ticking away.....For most of you, the end of a training year is drawing to a close.



*Your documentation for each year of training is to be submitted to the AOCP Evaluating Committee for its recommendation to the AOA Committee on Postdoctoral Training. **This must be received by September 15, 1990 to be considered this year.***

*If you are in an DO training program, the reports are to be sent directly to this College. **If you are in an MD program, or military, the reports are to be sent to the AOA. The AOA will then forward them here. Be certain that you to allow extra time for this additional transfer of documentation.***

***If you are late, the next Evaluating Committee** meeting of the College will not take place until March 15, 1991.*



IT HAPPENED, I'm sorry to say.....The June issue was mailed without the customary birthday wishes. Here is the list of those celebrants for June through October. Best wishes, and many more to come!

JUNE

2	V. Foster
	P. Spurgeon
3	R. Fausel
4	A. Vanderburgh
6	M. Wulf
9	T. Griffith
14	A. Fox
15	R. Sorg
23	H. Spellman
	J. Langnas
30	D. Bradshaw

What's happening, Dude...

JULY

13	D. Mulford
14	S. Rose
15	J. Hulsey
16	A. Hooper
17	A. Romashko
21	R. Biondi
	E. Sherrod
22	D. Steventon

AUGUST

5	R. Bear
9	R. Wright
10	S. Putthoff
17	D. Andres
20	V. Pulver
23	R. Greiner
	R. Tubbs
24	R. Turnicky
27	B. Hon
28	J. Beal

SEPTEMBER

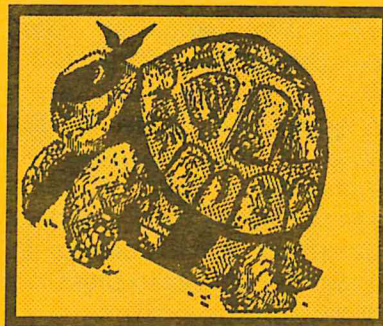
2	B. Mote
	R. Cathie
3	B. Baker
6	M. Biondo
12	D. Devine
	A. Wickens
16	J. Zond
20	F. DeMattia
22	B. Brabb

OCTOBER

4	R. Mack
7	L. Lang
16	E. Zuzga
18	R. Lewis
21	A. Lahey
26	D. Wheeler
29	D. Gray
30	R. Haase

Don't be a mutant, and don't be left out of the fun and activities at the Midyear Tutorial which will be held in 1991.

The dates for this most exciting event will be March 15 - 17, 1991. The place is the Holiday Inn Riverwalk in San Antonio.



There are 14 action-packed hours of AOA-approved Category 1A CME credits. Registration includes all meals as well as planned social activities for the entire meeting.

For a brief run-down, start with a reception and banquet on Friday evening. There will be a continental breakfast on Saturday morning, and luncheon at noon. Saturday evening will be a blast - or TOOT, which would be more fitting.

In the planning stages is an evening on the "Orient Express", Texas style. The TEXAN will surround you by the 30's, 40's, and 50's. The art deco atmosphere, the sleek stainless steel.

In May 1937, nine streamlined stainless steel passenger cars were built by the Budd Company of Philadelphia. They were placed in service by the Atchison, Topeka & Santa Fe Railroad. The train was *The Super Chief*. Eventually progress took its toll, however, a few surviving cars were located. They were restored to their original elegance. Each has a story to tell. The Super Chief's Navajo painting. The Chessie's furnishings. The California Zephyr's elegance. The 20th Century Limited's decor. For 3 1/2 magical hours, your world on The Texan is a world of gracious comfort and sumptuous dining. The mystique of a by-gone era is captured. And you are there.

We will board the train by 7:00pm, going to the Club car for our private reception. As we ride through the countryside, you will relax with your favorite refreshment and friends. Following libations, you will retire to the dining car. There you will be served an elegant repast, reminiscent of how the OTHER half lived.

In *Memory...*

It is with sadness that we learn of the death of George E. Miller, DO, FAOCP. Dr. Miller, age 74, died of heart failure in Dallas, TX on Monday June 9. He was the father of rock musician, guitarist and bandleader Steve Miller.

A graduate of KCOS '38, Dr. Miller was certified in Pathology in 1951. He was elected to the first Board of Governors of the College. In 1957 he was elected president of the AACP.

Dr. Miller remained active in the College until 1987. At that time, he was honored with Life Membership.

Our sincerest sympathy to the family of Dr. George E. Miller.



membership drive has resulted in these new applicants.

To introduce them to you prior to the Annual Meeting...

Candidate Membership

Richard Mack, DO is presently a third year resident at Hahnemann University in Philadelphia. He graduated from NYCOM in 1983 and did his internship at Memorial General Hospital in New Jersey.

Active Membership

Keith N. Miller, DO, is currently a Candidate Member in the College. He is petitioning to advance his membership to Active status.

Dr. Miller is a graduate of Ohio University College of Osteopathic Medicine and interned at Brentwood Hospital. He finished a residency at Akron City Hospital in 1989. Dr. Miller has just completed a Fellowship in Surgical Pathology at M.S Hershey Medical Center.

✓

Jay A. Swedloff, DO is also petitioning to advance his status from Candidate to Active.

Dr. Swedloff graduated from PCOM in 1970 and interned with the Public Health Service in NY. He began his residency at Sun Coast Hospital, taking his last year at DOH/BiCounty in 1989. Dr. Swedloff is presently in practice at Selby General Hospital in Marietta, OH.

✓

Richard E. Fausel, DO, graduated from Chicago College of Osteopathic Medicine '84, and interned there the following year. His residency training was at Harbor - UCLA MC in California. Dr. Fausel is currently Associate Pathologist at Eisenhower Medical Center in Rancho Mirage, CA

✓

Stephen L. Putthoff, DO graduated from the University of Health Sciences College of Osteopathic Medicine in KS. He interned at Fitzsimons Army Medical Center in 1978, and began his residency there the following year. Dr. Putthoff is presently at the Texas College of Osteopathic Medicine.

✓

Associate Membership

Raymond R. Tubbs, DO is a graduate of KCOM '73. Dr. Tubbs took his internship and residency at the Cleveland Clinic. Dr. Tubbs remained in Ohio and is currently in practice at the Cleveland Clinic.

✓

(Continued, Page 5)

Update - Washington, DC

Federal Health Council

Robert M. Fogel, DO representing the AOCPP, reports on the April 20, 1990 meeting in Washington DC.

"The big buzz word in Washington is volume performance standards, which represents the aggregate sum the federal government wishes to spend on Medicare. Thus, a target of

annual inflation will be established, and should the actual cost exceed the defined number, then the subsequent number would be reduced to allow for that increase.

There is a bill in Congress (HR3880), which is designed to offer Medicare recipients coverage for hospice care, mammography screening, and in-home nursing costs.

The most important item that was discussed is the CLIA standards which will be imposed upon physician-owned laboratories. As I am sure you are aware, there will be three categories of certification required with a waiver for those physicians who perform only gram stains, monospot, urine pregnancy tests, fecal occult blood, dipstick urine, and glucose whole blood dip-stick, as well as ESR's and whole blood clotting times. The second level which would require certification are those laboratories that are performing CBC's, cholesterol screens, urine cultures, serum glucose, uric acid, creatinine, BUN. All those physician laboratories performing more sophisticated cases than those discussed will be subject to the most stringent requirements for certification.

As you know, the College of American Pathologists (CAP) is vigorously fighting the standards for cytology that are imposed by HCFA. The AOA in concert with CAP has prepared a letter recommending that government operated proficiency tests be deleted, and that proficiency examination be performed by CAP as well as local health departments, etc. Enclosed is a copy of the letter prepared by the AOA".

(Ed. note - The director of the AOA Washington office was supplied a set of mailing labels to send a copy of this letter [Frank J. McDevitt, DO to Louis Sullivan, HHS] to AOCPP membership. If you have not received your copy, contact Becky Beckwith, Director, AOA Washington Office 800/962-9008.)

*Membership, Continued from
Page 4*

Joseph H. Langnas, DO is being reinstated as an Active Member. He graduated from KCCOM, interned at Zieger Osteopathic Hospital, and took his residency at Detroit Osteopathic Hospital.

Certified in anatomic pathology and laboratory medicine, he practices at Botsford General Hospital.

✓

John P. Williams, DO, a resident, at Naval Hospital, San Diego, CA is applying for Candidate status.

He is a graduate of KCOM and interned at Botsford General Hospital. Dr. Williams is presently a second year resident.

✓

AOA Leadership Conference
June 30, 1990
Chicago, IL

I had the privilege of attending the AOA Leadership Conference on June 30, 1990. It was the "first" of what appears to be an ongoing practice. There was representation from most all of the specialty colleges. The meeting was co-chaired by Dr. Mitchell Kasovac, DO, President-elect, AOA and John P. Perrin, Executive Director, AOA.

A basic agenda was submitted prior to the meeting, touching areas of concern shared by most college membership, e.g., the specialty colleges' Evaluating Committee interaction with the AOA Department of Education, CME credit requirements/MD participation, support resources regarding board examinations, and AOA support staff, and of course, increases in AOA fees for membership, conventions attendees, and board certification.

✓ *There was considerable apprehension regarding matriculation to non-DO training programs, however, the consensus was that one of the basic reasons that there was this migration, was because we are not competitive in our approach. It seemed that across the board, allopathic programs offered higher stipends. This was attributed to be a major attraction to those encountering a heavy loan payback. Other factors included funding, and weak programs. Cited were both individual programs and consortiums lacking in adequate volume, variety, and exemplary outside affiliations.*

✓ *A major problem stated with consortiums and the educational factor was the faculty. Tied into this, was the problem of finances, as most college faculty were on a voluntary basis, and were not, or would not be reimbursed for this newer educational concept. It was stated there are some state-sponsored educational programs, such as Michigan and Ohio, which meet regionally, drawing residents in that general location. This was considered to be a workable plan.*

✓ *There were brief remarks concerning CME credits and the overall statement concerning the requirement for 50% DO speakers for an accredited program. It was stated that this is an agenda item for the AOA Board of Trustees meeting. Dr. Kasovac reported that both he and Dr. Voss supported exceptions to the 50% DO participation component.*

✓ *Another agenda topic was additional resources which should be available to strengthen and improve the certifying process. It was stated that there were serious concerns as to writing appropriate test questions, the administration of examinations, security measures, etc.*

✓ *Many specialty college without close AOA liaison have*

experienced difficulty in obtaining pertinent information from the AOA. An area of concern was that an inadequate salary structure prevented hiring qualified AOA staff. Dr. Ward stated that he now has a full complement of staff which should alleviate previous problems. Mr. Perrin stated that two studies indicated a need for adjustments in staff salaries and that this was accomplished with an average 8% raise. (He also stated that "upper level management" received 24% raises...) He reiterated that personnel turnover was down. Mr. Perrin continued saying that unity was crucial in the 90's. He hoped that there would be new levels of communication between the colleges and the AOA.

✓ *Dr. Ward stated that in-house changes were adopted with a decrease in AOA committee size. He said that a sign-off system would be utilized, and that the College files were to match those of the AOA. He added that there would be more liability on the part of the Colleges and greater responsibility would be placed on personnel in the specialty colleges. Dr. Ward stated that he expected adjustments in college staff size due to these changes. (This statement caused immediate anxiety from the larger colleges.)*

✓ *A few other topics were discussed. One was a uniform pathway/task force working on a new creation to medical licensure, the USMLE. According to Mr. Perrin, this would be the only test for licensure; that the osteopathic medical boards could be plucked off one by one. "We must state that we are different."*

Although the AOA was invited to participate, this was declined as the other components of the task force were allopathic. Mr. Perrin expressed his profound concern, that "we could get married to it without any input". He finished with the statement that he expected to dedicate a future issue of the DO to this problem.

I left the conference with a feeling that much had been accomplished in establishing a closer relationship with the AOA. This positive attitude seemed to be reflected in all those present, expressing genuine interest in the continuance of these Conferences, echoing the sentiments of the AOA Board.

AOA Board of Trustees
House of Delegates
July 11-15
Chicago, IL

The AOA Board of Trustees and House of Delegates convened on Sunday, July 11 through July 15 in Chicago, IL.

These meetings represent a week of intense business, with meetings beginning at dawn and continuing through the late hours of the night. It is totally different from the Convention.

In advance of the meeting, an agenda book is sent to those attending. (This year it topped the scale at a back-breaking eight pounds.) The politics that take place at these meetings make our democratic and republican conventions look like peanuts! It is a working

meeting with little time for relaxation. Due to the magnitude of the agenda and reporting, four reference committees are assigned. Each reference committee is assigned specific reports and resolutions. Their reports go back to the Board and House for guidance in the final decisions. It is an awesome experience.

A brief run-down of the pertinent issues follow.

✓ To begin, the newly elected president of the AOA is Mitchell Kasovac, DO (California), and president-elect is Gilbert S. Bucholz, DO (Ohio).

✓ A resolution submitted by the AOCP regarding revisions to the AOA Accreditation Manual for Hospitals was approved. These new standards will be added to the manual, and applicable at the time of the next inspection. New requirements include standards for the physical laboratory plant, e.g., space, convenience, etc., personnel, safety controls, and reports and records. Additionally there are very specific standards for proficiency testing. Added to the current requirements is a standard for maintaining a trend analysis of all proficiency testing results for the prior two years. This will be used to review the quality of testing and determining the necessary corrective actions. (For copies of these standards, contact George Reuther at the AOA Dept. of Education, 800/621-1773.

✓ The AOBP submitted revisions which were approved. These provide "eligibility for the written oral and practical portions of the examinations for certification shall be at the first scheduled examinations following completion of the training program".

✓ Approved for certification in Anatomic Pathology were Drs. Robert Greiner, (MO), and John G. Steigerwald, (MI). Congratulations!

✓ Specifically stated in the AOA's report to the Board of Trustees was the critical shortage of pathologist surveyors for the hospital accreditation teams. If you are certified in anatomic pathology and laboratory medicine and would like to be a part of the accreditation program, please contact me. There will be a training workshop in Chicago prior to anyone being called upon to survey.

The next issue will be prior to the AOA convention, scheduled for November 25 - 29, 1990. The Las Vegas Hilton is the host hotel. Have you made plans to attend?

Another date to remember - March 15 - 17, 1991. The place is Holiday Inn Riverwalk, San Antonio, TX. Y'all come down!!



American Osteopathic
College of Pathologists
12368 NW 13th Court
Pembroke Pines, FL 33026



NOVA NOVA NOVA

A Publication of the American Osteopathic College of Pathologists, Inc.

October 1990

AMERICAN OSTEOPATHIC
COLLEGE OF PATHOLOGISTS

RICHARD O. WRIGHT, III, DO
PRESIDENT

RONALD ZIEGLER, DO
PRESIDENT ELECT

JOAN GROSS
EXECUTIVE DIRECTOR
OFFICE
12368 NW 13TH COURT
PEMBROKE PINES, FL 33026
305/432-9640

A MESSAGE FROM THE PRESIDENT Richard O. Wright III, DO

"THE BEATINGS WILL CONTINUE UNTIL MORALE IMPROVES", said the sign on the hospital mailroom door. (I like to go to our mailroom because the guys who work there find the neatest signs.)

This sign sums up the status of Pathology in American Society in 1990. The federal regulations for 1985 - 1986 are now being implemented. The regulations for 1988 legislation will likely be out this Fall. Compensation is scheduled to change in January and then again in 1992. It is an election year and Congress is back in session - no

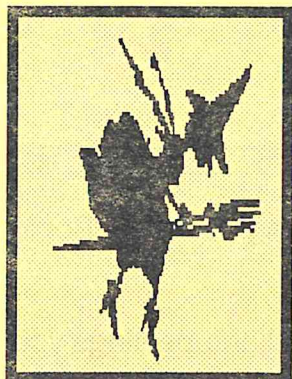
telling how many congressional "Robin Hoods" will appear.

You know better than I, the beatings you take in your individual State, in your hospital community, in your individual hospitals, by hospital administrators, and by TPA's, (third party administration - I am learning the lingo of the 90's), by advocates of assorted culturally sensitive positions, by the legal community, the list goes on. In other words, THE BEATINGS WILL CONTINUE.

As your President, however, I am not despondent because as an organization, our MORALE IMPROVES. Membership is up, participation is up, and new members are integrated into the functions of the college. The educational activities are at a very high level and are valued by members. The Board of Governors is very sensitive to the times, the needs of membership, and necessity for adaptation to the 90's and the changes in medicine.

The Board is very active and needs the input of the membership for this process to continue. Please attend the Las Vegas membership meeting and education session so that Dr. Ziegler can have the assistance of as many as possible, to build upon the work of 1990 and guide AOCP into the decade of the 90's.

Here's another NOVA, however, for a while, I had my doubts whether it would ever become reality.



The witches and goblins were working overtime, starting even a month earlier than the 31st of October. If it was a "test", I learned my lesson well. Possibly I can use

this trauma to advantage - to wit...

This is the day of, if not century of, the computer. The saying in the early days was "garbage in, garbage out". Usage became sophisticated and the adage more or less, obsolete.

I would like to offer a new saying. "If you don't back up your files with an adequate program, on a regular, regimented basis, get rid of the computer." Go back to the ancient, manual method of record-keeping, i.e., writing everything by hand.

The trauma suffered was called a **CRASH!** The hard drive went down for the count. Do you wonder what is on this computer? Over 1200 individual files, not to mention the programs that control them. It was one of those things you hear about. It happens to OTHER people, but can never happen to you.

HA!

There is no need to go into the gory details, corrupted programs, pieces of files, re-building, formatting the hard disk again, after being told by the manufacturer that it could happen again...

Did I have a good back up system? Of course. Did I back up regularly? Of course. Did I do it on a daily basis? Whoops!!

The moral is, be intimately committed to your computer. Even if you are not actively involved, and rely on others to input and retrieve your data, **KNOW HOW YOUR SYSTEM IS BACKED UP AND MORE IMPORTANTLY, HOW OFTEN. FINALLY, KNOW WHERE YOUR ORIGINAL PROGRAM DISKS ARE, AND KEEP THEM SEPARATE FROM THE BACK UP DISKS.**



The following is the final list for 1990 of those who so generously contributed to the College.

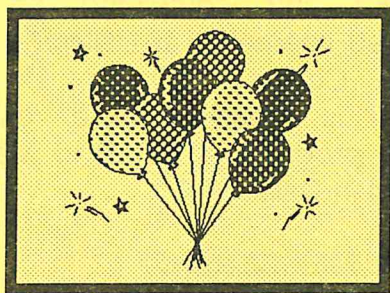
Drs. Monroe H. Adams, James L. Beal, Emmett M. Bentley, Boyd B. Button, Ruth W. Cathie, Robert H. Chatfield, Virginia I. Foster, Louis W. Gierke, Thomas B. Griffith, Richard E. Heller, George E. Himes, James C. Hulsey, Charles A. Knouse, Richard M. Kotz, Louis Lang, III, Robert J. Lewis, Morris R. Osattin, Roger J. Sorg, Herbert Spellman, Patricia E. Spurgeon, Joseph T. Watkins, Arthur L. Wickens, Richard B. Wilner, Charles L. Woods, Ronald Ziegler, and Eugene G. Zuzga.

A contribution from Texas Osteopathic Medical Association - District V. was sent in memory of

George E. Miller, DO.

To one and all, thank you. A new list will be published starting with the next issue. Make a new commitment for 1991!

LET'S CELEBRATE!!



IT'S BIRTHDAY TIME!!

October

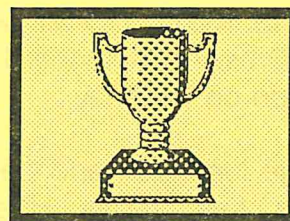
4	R. Mack
7	L. Lang
16	E. Zuzga
18	R. Lewis
21	A. Lahey
26	D. Wheeler
29	D. Gray
30	R. Haase

November

1	W. Barany
4	S. Jenkinson
	R. Skaggs
8	J. Fernandes
9	R. Wilner
22	R. Chatfield
26	J. Mones
29	T. Sresthadatta

December

2	G. Bennett
13	D. Pines
	L. Stein
14	F. Brecher
16	J. Watkins
17	J. Cole
20	T. Brown
21	C. Woods
25	J. Swedloff



If awards are to be handed out, a special one should be given to **Robert H. Chatfield, DO**, 1990 Annual Meeting Chairman. Dr. Chatfield has developed a wonderful program for the November meeting, having amassed a most impressive slate of speakers.

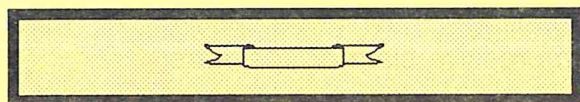
The Board will meet at 5:00pm on Sunday, with official College activities for the entire membership starting at 7:00pm. This will be on Sunday, November 25, 1990, Conference Room 12 in the Las Vegas Hilton - **THE GENERAL MEMBERSHIP MEETING. Due to the schedule set by the AOA, this is the only time that the College can meet.** There is a large agenda, including new documents, new members, and new officers.

Please try to attend this most important meeting.

The College will bestow other honors during the meeting. **WILLIAM H. VOSS, DO**, Immediate Past President, AOA will be the guest speaker at the banquet on Monday evening and presented with Honorary Fellowship in the College. **Charles A. Knouse, DO** will be honored with the Distinguished Service Award. The gavel will be passed from President Richard O. Wright III, DO to incoming President Ronald Ziegler, DO. **DR. RICHARD O. WRIGHT III** will be bestowed with the title of **FELLOW**.

RICHARD M. KOTZ, DO will present the Otterbein Dressler Memorial Lecture at the luncheon on Tuesday.

The College luncheon and banquet will be at the Las Vegas Hilton Hotel. Didactic sessions will be in the Las Vegas Convention Center. All meetings, activities, and social functions will be featured in the AOA program.



This certainly has been a banner year! It is with great pleasure I introduce additional new applicants for membership in the College. These will be presented officially at the General Meeting.

CANDIDATE MEMBERSHIP

Jerome D. Anderson, DO - graduated from CCOM in 1986, where he remained to take his internship. He is presently in a residency program at Lackland AFB, San Antonio, TX. He will finish in 1994.

Melanie A. Grillis, DO - a graduate of OUSOM in 1989, Dr. Grillis interned at Richmond Heights General Hospital. She is a resident at Mt. Sinai Medical Center in Cleveland, OH and will complete training in 1994.

Elisabeth A. Schultz, DO - a graduate of TCOM '90. She is presently a PGY I at Parkland Memorial Hospital in Dallas, TX. Dr. Schultz will complete her training in 1995.

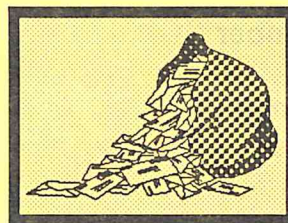
Lori M. Wasson, DO - graduated TCOM in 1989 and completed an AOA approved internship at Dallas/Ft. Worth Medical Center in Dallas, TX. Dr. Wasson is presently in a residency training program at Parkland Memorial Hospital in Dallas, TX.

ACTIVE MEMBERSHIP

Randall R. Haase, DO, a Candidate Member is applying to upgrade membership to Active status. Dr. Haase, currently located in Clarksville, TN, graduated from KCOM, interned at, and completed his residency at Eisenhower Army Medical Center in 1990. He was in an AOA-approved program.

Steve E. Rose, DO, currently a Candidate member has just completed a residency at Tulsa Regional Medical Center, formerly Oklahoma Osteopathic Hospital. Dr. Rose graduated from KCOM in 1985 and remained there for his internship which he completed the following year.

In all, applicants will total 20. There will be ten candidate, seven active, one reinstatement, one associate, and one life member.



REMINDER...As a service to the membership, you have received, or will be receiving, the set of 1990 Study Slides sent

to all members of the AOCP.

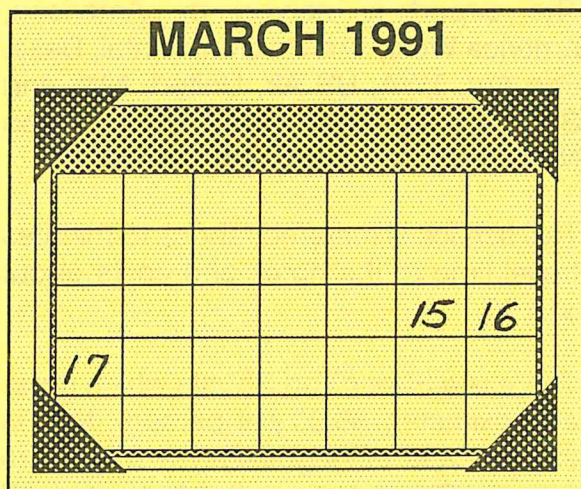
These are sent to all Active/Associate, Candidate and Life members, unless specifically instructed they not be sent.

If you have not received your slides it may be because your address is a P.O. box. The slides cannot be sent to a box number.

These case studies will be reviewed during the Slide Seminar on Wednesday, November 28, 1990 during the Annual Meeting. If you are unable to attend, the review with diagnoses will be printed in a later issue of this newsletter.

Also, please notify me if you have any change in address so records can be updated. This will assure that you are current with all mail from the AOCP.

Speaking of mail, the dues bill for 1990 will be sent in mid-November. Your name/address, etc., as shown on the bill will be used as information for the new directory. Please check it carefully for spelling, accuracy, zip code, telephone numbers, etc., to minimize errors in the new directory.



SAN ANTONIO, TEXAS

Here's the date and here's the place. What's missing? YOU!! Don't be left out of one of the most exciting meetings in the new year. Make plans now to attend the 1991 Midyear Tutorial!

BRENT L. HIMES, DO, Program Chairman has just completed his program. The draft is printed to whet your appetite for a exhilarating weekend of learning 'n leisure. There is no better place than San Antonio!

AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, INC

**Midyear Tutorial, March 15 - 17, 1991
14 Hours Category 1A CME Credits
Holiday Inn Riverwalk
San Antonio, TX**

FRIDAY, March 15

6:30pm - 7:30pm	Reception
7:30pm - 9:00pm	Dinner
9:00pm - 10:00pm	AOA Speaker

SATURDAY, March 16

7:30am - 8:00am Breakfast.....

8:00am - 11:00am **EUGENE V. PERRIN**
"The Placenta as a
Diary of Intrauterine
Life"

11:00am - 12noon **STUART WEINER,**
"Community Hospital
Oncology Program"

12 noon - 1:00pm Luncheon.....

1:00pm - 3:00pm **R. MCGIVNEY**
"Surgical Pathology
of the CNS for the
Non-Neuropathogist,
PartII"

3:00pm - 5:00pm **JOHN BATSAKIS,**
"Lesions of the
Salivary Gland -
Variations of
Squamous Cell CA's
in the Upper
Aerodigestive Tracts"

SATURDAY NIGHT SPECIAL

6:30pm - 10:00pm **"AN EVENING ON
THE TEXAN" - THE
TRAIN LEAVES AT
7:00PM SHARP!!**

Please note: Tickets are required.
Limited seating, registrants only.

SUNDAY, March 17

7:30am - 8:00am Breakfast.....

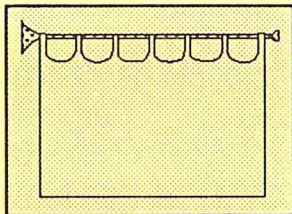
8:00am - 10:00am **ROBERT M. FOGEL,**
"Mammography: A
Pathologist's
Perspective"

10:00am - 11:00am **R.KURTZMAN**
"Forensic Pathology"

11:00am - 12:noon **RUTH H. ONESON,**
"DNA Analysis/Ploidy
What's New"

12:noon - 1:00pm **BRENT L. HIMES,**
"Open Discussion,
Q & A"

ADJOURN



Let's hear it for
San Antonio!!

March will be here in a few short months.
Check your schedules, make your
reservations, sit back and relax.

TO ANSWER THOSE QUESTIONS

The **Holiday Inn River Walk** is located
on the Walk, at 217 N. St. Mary's Street.
Reservations can be made by calling
512/224-2500. We have gotten a special
rate of \$88 single or double. The hotel
will give us rooms facing the Walk, space
available. You will have to request it.

The hotel has 313 rooms, room service,
bar/lounge, entertainment, restaurant,
swimming pool and health club. There
are four handicap equipped rooms
available if needed.

The hotel is located within easy walking
distance from many attractions, including
the Alamo. There is a public trolley that
runs frequently, and has routes to all
sections of the city. The last time I
visited, it cost me \$.20 - round trip! San
Antonio is a tourist oriented city and
maps are available for the asking.

The airport is served by American,
America West, Braniff, Continental, Delta,
Pan Am, TWA, US Air, United, NW, and
SW. Still can't get there? There's also
Mexicana, Conquest, and Laredo Air!!

Taxi service is metered, about 15 minutes
travel time to the hotel, and costs about
\$15.00.

There is a Super Van Shuttle which costs
approximately \$6.00 per person. I am in
the process of negotiating a lower fare
with the Super Van. If the evolves, I will
send you the information prior to the
meeting.

Finally, there is transportation on the
Walk called the River Taxi. These are flat
barge-type boats that ride up and down
the river, making stops along the way.
Fare is in the vicinity of \$2.00.

(Please detach and mail)

AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, INC. (AOCP)

REGISTRATION FORM - 1991 MIDYEAR TUTORIAL

MARCH 15 - 17, 1991 SAN ANTONIO, TEXAS

14 HOURS AOA-APPROVED CATEGORY 1A CME CREDITS

ADVANCE REGISTRATION FEES (PRIOR TO FEBRUARY 9, 1991)

1. AOCP Active, Associate, Life Members \$275.00 _____

2. AOCP Spouse and/or guest, including children
(Children under 13 not permitted on train) \$125.00 _____

3. AOCP Residents, Life Members
(no CME credit) \$125.00 _____

4. NON-MEMBER PHYSICIANS, GUESTS AND RESIDENTS, ADD \$75.00 TO
EACH CATEGORY. \$350/200 _____

TOTAL CHECK ENCLOSED \$ _____

NOTE: Each category as shown above includes REGISTRATION AND MEALS - (1) one ticket to the Friday evening banquet, (1) one ticket to the Saturday evening train dinner, breakfasts on Saturday and Sunday mornings, and a Saturday luncheon.

EACH CATEGORY WILL INCREASE BY \$50.00 AFTER FEBRUARY 9, 1991

FOR HOTEL, CONTACT HOTEL DIRECTLY AT 512/224-2500

NAME.....

ADDRESS.....
.....

TELEPHONE NUMBER.....AOA NUMBER.....

NAMES OF GUESTS.....

Return this form with check payable to AOCP to:

Joan Gross, Exec. Director
AOCP - 12368 NW 13th Court
Pembroke Pines, FL 33026



American Osteopathic
College of Pathologists
12368 NW 13th Court
Pembroke Pines, FL 33026



NOVA

A Publication of the American Osteopathic College of Pathologists, Inc.

December 1990

AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS

RONALD ZIEGLER, DO
PRESIDENT

BERTE J. BAKER, DO
PRESIDENT ELECT

JOAN GROSS
EXECUTIVE DIRECTOR
OFFICE

12368 NW 13TH COURT
PEMBROKE PINES, FL 33026
305/432-9640

With pride, this year-end issue of Nova is dedicated to Dr. Richard M. Kotz, who presented the Otterbein Dressler Memorial Address to the College at its Annual Convention, November 27, 1990.

OTTERBEIN DRESSLER MEMORIAL ADDRESS

Richard M. Kotz, DO, FAOCP

"It is indeed a privilege to have been invited by the Board of Governors of the College to give this Otterbein Dressler Memorial Address. My thanks. Dr. Dressler was a pathologist in the Department of Pathology at Detroit Osteopathic Hospital when I began my residency training program in 1957. He was a physician with a

broad background in many areas of knowledge and deeply steeped in common sense. His stories were legend, humor-quick and consideration for others always present. It is fitting that these lectures are in his honor.

I must at this time also acknowledge Norm Arends, Chief of the Department, who afforded a well-organized and structured program and so ably guided it. There was the late Sid Katz, another member of the Department, whose aggressive interest in Hematopathology was most rewarding. A fellow resident in Pathology, Don Hendrickson, who besides his friendship offered an extra added dimension to those training years. As a former practicing internist, his knowledge had notable impact.

The title of this address is "**Learning Along The Way - The Health Care System**".

The mid 1960's was a time in which a piece of Great Society legislation, namely the Social Security Act of 1965, which created Medicare and Medicaid, was passed.

Medicare has left an indelible mark on society as a whole, and made entries on both the good and bad sides of the Medicine's Ethical Ledger. For starters, it was a financial windfall. Everything doctors did was reimbursed on a reasonable fee basis. This held true for hospitals as well. Laboratory medicine and clinical laboratories were particularly involved because if more laboratory tests were done, Medicare paid more. During the last three decades, we have learned that laboratory medicine and lab tests have changed drastically, with the esoteric rapidly becoming the real.

Along with the revolution in speed, scope, accuracy and automation, there has come a revolution in reimbursement.

The 1980's were, perhaps, one of the most dynamic periods, with the TEFRA legislation in the early part of the decade paving the way for diagnostic-related groups, commonly known as the DRG's, which certainly impacted the acute care environment. HMO's, PPO's, and PRO Boards found their way into the health care system and affected our professional lives.

No doubt, the biggest change was in federally-funded health care, with Medicare providers for the first time experiencing enforced rules, regulations and mandates, followed by audits, sanctions and fines. Some of the major changes included a concentrated effort by the government to enroll, through contracted participation, the majority of the physician providers in the country and a general overhaul of how physicians were reimbursed, with guidelines emphasizing CPT-4 and ICD-9-CM coding. There were strict and more regulated procedures for billing services that were purchased, also major revisions in laboratory service charging and billing. There were limits on charging for non-participating physicians via maximum actual allowable charges, and the list goes on. Yet, physicians felt only the tip of the iceberg during the past decade. The emergence of this decade will bring another thrust of significant revisions in the Medicare Part B payments.

On the other side of the coin, it has been estimated that the United States spends approximately 11% of our gross national product on health care. Some project that this figure will increase to 15% by the year 2000. In 1989, millions of Americans had no health insurance. Moreover, the majority of Americans who are insured are substantially underinsured. The situation is becoming worse, millions of workers are being shifted from the manufacturing sector, where employee health benefit programs are comprehensive, into the service sector, where such benefits are meager or non-existent. These are serious societal problems that

physicians cannot ignore. As physicians, our concerns should be both specific for our patients and societal for those who fail to receive care.

Even for those who can afford health care, increasing costs are a challenge. Because of the rapidly increasing health care costs, the material living standards of all Americans are declining as growing amounts of limited incomes are diverted from educating, feeding, clothing and sheltering families. This financial situation affects American economic productivity and international competitiveness. Sharply increasing medical costs are partly responsible for the decline and exodus of American manufacturing and, thus jobs. Employee medical costs are often stated to be part of the decision to close plants in the United States and move plants to other parts of the world. Even those who can afford medical care are being affected economically by the current medical crisis.

This health care crisis is not meant as an indictment against physicians or hospitals because we know that the costs are real, are often beyond control, and usually result from the natural desire to offer the best. As in anything else, a crisis in medicine must be acknowledged. This is no time to be defensive. Medicine in general must do more so all Americans have access to physician services. The problems are difficult, the partial solutions now in place have not worked well or in harmony with each other, and future courses of action seem fraught with peril. If physicians and health care professionals do not design and promote a solution, government and politicians will eventually impose one.

A "New York Times" editorial recently lauded the State of Oregon for a plan it termed as an intelligent rationing of health care.

What is the Oregon Plan? In a word, rationing. Cost was, of course, the rationale for the Oregon State government's proposal to institute a set of disease priorities based on alleged cost benefit relationships. If a disease, no matter how trivial, wound up above a budgetarily determined line, Medicaid would

pay for its treatment. Below the line, no matter how life-threatening, Medicaid payment for treatment would be denied. Apart from the system's numerous technical and procedural difficulties, for example, thumb sucking was given a priority over ectopic pregnancy, the Oregonians will be the first government to explicitly plan that poor people with treatable illnesses will die if Medicaid runs out of money. The Oregonians maintain it is healthier for society to make such choices explicitly, but it is hardly healthy to establish rules of the game that require such choices. There can be no doubt that money underlies the crisis in medicine today. Transplantation and other procedures saves lives, but what are lives worth?

The cruel fact is that more and more, we are accepting what once would have been dismissed as a discredited idea, that the caliber of medical care should be varied on the basis of ability to pay. Even the medical community seems to be willing to buy into the idea that treatment must be tailored to the purse of the patient, including, of course, his or her insurance coverage.

The government, which has a large stake and loud voice in the health field, has recently evolved, as you are all aware of, a Medicare fee schedule called a Resource-Based Relative Value Scale which was worked out by a team led by a Harvard economist.

The team evaluated the skill, training, time and effort involved in the various specialties in deciding who was overpaid and who was underpaid.

One rationale for the change was to give more emphasis to preventive and primary care medicine before an ailment reaches the stage where surgery is needed, another to correct the mistaken overemphasis on exotic medical practice and overpayment to its practitioners that had developed.

In the minds of some of the legislators in Congress, their thoughts were that the new schedule pointed out the country had let specialization and technology get out of hand,

and there was no longer a responsible relationship between the dollars that were paid and what the federal government was getting. Another significant proposition was that there was only so much money in the Medicare program, and it should be equitably distributed. Most observers believe as Medicare goes, so will go the private sector. One-fourth of the pay of the average doctor comes from Medicare, and the huge public health care insurer likely will set the pattern for private insurers.

This is far from the first political effort to dictate medical fees, but it may be one of the most dramatic. It comes in response to alarming increases in doctors bills charged to Medicare, which pays the health bills of roughly 33 million elderly and disabled people.

Medicare has become the fastest growing segment of the federal budget. In 1989, doctors had collected 27 billion dollars in Medicare dollars, three-fourths of which came from taxes. The Health Care Financing Administration reports that during the last 10 years, Medicare payments to physicians have increased at a compound rate of 16% per year.

The effort to impose direct control over the doctors bills might have been dismissed as a will-o'-the-wisp created by the AMA lobbyists a generation ago, when this organization, warning of socialized medicine, launched its all-out blitz against legislation establishing Medicare.

But that was before - before organ transplants; before open heart surgery was part of the language; before malpractice awards jacked up insurance premiums until they drove some physicians out of risky specialties; before heroic measures that forced into exhausted bodies became commonplace, and before the average cost of a day in the hospital passed the six to seven hundred dollar mark as compared to one hundred dollars 20 years ago.

Almost half of the increase in payments during the past 10 years, as determined by HCFA, resulted from growth in volume and

intensity - more services provided from a shift from less expensive to more expensive services.

When we speak of expensive services, one has to realize that the news media usually criticize what is spent on health care. However, the media usually neglects to present an important part of the picture. For example, during the 1980's, technological breakthroughs in ophthalmology helped save or restore the sights of millions of Americans. Others regained the ability to walk through the wonders of arthroscopic surgery, hip replacement, and knee replacement. Lithotripsy helped thousands avoid kidney stone surgery. Magnetic imaging, ultrasound and nuclear scans provide information impossible to obtain using conventional x-rays. Fiber optics are now used for diagnostic and therapeutic intervention while lasers are being utilized for a myriad of procedures in various fields of medicine. New ways of preventing tissue rejection now permit thousands of life-saving, but costly, heart, lung, liver and pancreas transplants.

The same media that complains about escalating medical costs report extensively on technological advances, citing them among the greatest scientific achievements. As these achievements have been reported to a steadily growing population, the clamor for their use has spread.

Modern medicine is expensive, but it does provide people with better and longer lives.

Government cost containment efforts have included diagnostic related group payment formulas that lump ailments together in defiance of the fact that no two patients are alike; unsuitable efforts to force doctors to accept Medicare fees as payment in full or battle a blizzard of paperwork; and finally, freezing doctors fees allowable under Medicare. Despite the latter, Medicare payments to doctors last year rose approximately 13%.

That begs the question of whether

treatment, appropriate or otherwise, simply expanded to fill the gap between what Medicare hoped to pay and what doctors hoped to get.

Medicine is one of the most dynamic of sciences, closest to the cutting edge where change is rapid and progress constant. The same government that works to contain costs, pumps money into research for new procedures that quite often raise them.

With no fanfare and no apparent debate, the nation seems to have adopted the philosophy that health is a basic human right, including the most expensive health care that tax money could buy. According to the government, at the present rate of growth, Medicare alone is expected to cost more than defense spending and Social Security combined by the year 2012.

If the result in government-dictated prices for medical services sound drastic, then perhaps we have to brace ourselves. Rationing of tax-paid care could well be next.

In light of what has been said previously, are we really learning about our Health Care System? Is an overhaul in order for the Health Care System? Virtually, all interested observers agree the current U.S. Health Care System has serious flaws. For many, a crisis has arrived: A steady increasing number of Americans, nearly 37 million, lack health insurance; many hospitals are cutting back services; older Americans often spend life savings to pay for nursing homes. The consensus is that of the 37 million Americans that lack health care coverage: 26 million are employed uninsured, 10 million are unemployed uninsured, and a million are uninsurables who can't get private coverage because of high risk conditions. A third live below the poverty line; the rest earn no more than twice that. Driving this debate: How to cut costs while widening access to care.

There are other signs of strain. Big business is cutting back benefits for current employees and retirees. Small employers and individuals are scrambling to find affordable

health insurance programs. Medicare beneficiaries are looked down upon by some providers.

Even physicians feel intruded upon, with seemingly every medical decision they make second-guessed by some outside review agency or challenged in court.

While few support the status quo, there is no consensus for change. In recent years, even relatively small steps to expand benefits have been met by determined opposition.

Citing the increased cost of doing business, small companies stymied passage of mandated health insurance at national and state levels. Well-off seniors, who would have benefitted only marginally, achieved repeal of the Medicare Catastrophic Act because of the unacceptable financing of benefits. Now State Governors, whose Medicaid budgets are already stretched, oppose further Medicaid expansions for the poor.

In short, skyrocketing costs have made a strategy of incremental benefit expansions appeared doomed.

It may be that the health care issue is so volatile politically that a major overhaul of the system has a better chance than tinkering improvements.

Are we learning that National Health Insurance is the answer? Not necessarily. Like a new installment of a time worn movie Return to National Health Insurance, Part 12, is still playing in Washington, D.C. For the past two years, there have been some odd pairings in this sequel - notably, unions and big companies that seem to be repeating each other's lines.

National health insurance advocates often point out the United States and South Africa are the only industrialized nations without a National Health Program, in which the government is the primary payer or provider of health care. They also complain the United States spends more than any other industrialized nation on health, but gets less for

its money. The very phrase, "National Health Insurance", is so incendiary, that debate rarely proceeds past definition of terms. Purveyors of the status quo have portrayed it as "creeping socialism". But in recent decades, the term's meaning has shifted constantly; HMO's and other managed-care entities once would have aroused free market advocate's ire, but now they are part of U.S. Medicine's entrepreneurial fabric.

As was mentioned previously, small business remains opposed to national health care, but some major corporations, including the auto industry, other heavily unionized operations and firms stuck with huge retiree benefits, are clamoring for non-traditional approaches to controlling health costs. However, both labor and management are coy about specifying solutions. They agree on the need to contain costs, assure quality, and include federal, state, local and private parties in a plan. But business is caught between desire to save money and abiding fear of federal mandates. Unions, which traditionally have backed government solutions and mandated insurance, are testing the political climate before using their political clout.

The National Health System most often mentioned by business and labor is Canada's. They want to take a closer look at that model's successes and failures. Congress and Health and Human Services have been looking already: They have proposed a U.S. variation on Canada's annual spending caps on physician services. But wholesale importation of Canada's system apparently won't work because of the deep roots of three institutions entwined around delivery of, expectations about, and pricing for American health care, namely physicians, entrepreneurs, and insurers. There is also a fourth that we must consider, and that is the patients themselves.

Basically, the question has to be asked: Is the American public ready for nationalized health insurance? Personally, I don't think so. But this may have to be a learned experience.

In media coverage over the last few

years on health care costs and national health insurance, I have been bothered by the absence of information that could fuel public debates. Politicians are naturally loathed to discuss the choices we need to make, since none is without its drawbacks. To start with we should probably learn about each country's health service, and even though they are organized a bit differently, like Great Britain's, Canada's and the Netherlands', the basic concepts apply to all of them.

For example, the Netherlands, a country of about 15 million, has had national health insurance for decades. Here, the National Health Insurance Plan, like in other countries, typically is organized like Social Security. There is a mandatory payroll deduction tax, typically 10-12% of gross pay, that applies to all workers. As with any entitlement program, those taxes support health care for all, including the unemployed, the poor, and the elderly. The self-employed and those who live off unearned income can choose to participate, but typically they buy private insurance, which is relatively inexpensive because it does not subsidize the health care of others.

Adopting such a system would take care of the 37 million Americans, mentioned previously, that have no health insurance, but wouldn't control runaway health care costs - quite the contrary. It would tend to increase the costs by removing any financial barriers to health care, unless like the Europeans, we adopt rationing. This is a very unpopular term with politicians, and I personally find it dissatisfying, but that is exactly what happens and we may be faced with having to implement such a system.

In the Netherlands, a 63 or 64-year-old patient needing a coronary bypass to save their life would probably get it. If they were 65 or older, they would be rejected out of hand for the operation, even if without it their lives would have been shortened by ten years or so.

Coronary artery bypass surgery is expensive, and the Dutch have decided that the money is best spent on the young. In fact,

many costly operations and procedures are unavailable to those over 65, and sometimes 55 or 60, such as joint replacements, kidney dialysis, transplants, cataract surgery, even intensive care.

How do the Europeans feel about their health care? In England and Germany, for example, an employer cannot hope to attract highly qualified employees without offering private health insurance as a fringe benefit, on top of the national health coverage. Such private insurance allows employees to buy their health care on the open market, and they obviously believe they get better quality and service that way.

Other countries, such as Canada, have outlawed private health insurance to prevent this, and in the Netherlands it is illegal for providers to discriminate between private and national health patients so that everyone is subjected to the same service problems.

Despite its obvious flaws, the average American has been spoiled by first-class, service-oriented health care. I suspect that a lot of us may not be ready for nationalized health care.

Previously, the big R word had been mentioned - rationing, and I think we, as physicians, have to address the thought: Is rationing inevitable? The big problem is the control of medical expenditures. Few observers expect present cost containment methods to be successful. Conventional wisdom holds that unrestrained consumer demand coupled with the relentless development of increasingly sophisticated new technology will keep driving costs up until some major new approach is adopted.

The most likely next step, some now believe, will be a form of systematic rationing. Limited access to medical care has always been with us. Patient's income and geographic location of physicians and facilities have historically restricted the availability of medical services to many Americans. Reimbursement regulations imposed by third-party payers, a part of what is called "managed

care" can similarly result in a kind of rationing. But what is now being contemplated is something quite different: the deliberate and systematic denial of certain types of services, even when they are known to be beneficial, because they are deemed too expensive. This kind of rationing is different from global governmental budgetary restraints on facilities and personnel, such as occurs in centrally planned health economies, like those of Great Britain or the Netherlands. Instead, it would be achieved through decisions not to pay doctors and hospitals for the delivery of particular services to particular groups of patients under defined circumstances. An Oregon Plan plus.

To avoid this, how are we to learn to control the medical expenditures? Will it be national medical organization's efforts to limit physician ownership of facilities that provide expensive ancillary services, such as CT scans, MRI's, etc.? Is the leadership to come from a medical community which delivers vaginally, approximately only 10% of the patients with previous cesarean sections, although the evidence is clear that 60-70% of all those women could deliver safely in that manner? Will it come from a medical establishment where more and more knowledge is available concerning unnecessary hysterectomies, prostatectomies, bypass operations, D&C's and many other operations, with almost no effort to create a change in their frequency? Is it to be an environment which has almost excluded the time honored morbidity and mortality conferences in which physicians, primarily pathologists, challenge other doctors to explain their actions in open forum? Those days are gone because pathologists know the risks to their career when they take on physicians who produce significant numbers of patients to ensure hospital occupancy. Some pathologists have taken that risk unsuccessfully, other will not make that mistake.

In defense of the medical community, will it be the large number of young physicians who enter the ranks of private medical care with high ideals and standards only to find themselves in an economic quagmire? With

massive overhead expenditures in a highly competitive market, those high standards develop shades of gray when patients are seen who might be managed conservatively or by some immediate operative procedure.

Abuse is no less frightening in the use of laboratory and non-surgical testing procedures. The absence of controls allows abuse to thrive in the area of the newest technological advances in some physicians' offices.

It has been several years since the institution of the Diagnostic-Related Groups System, and now Congress has evolved the Expenditure Target Plan to control physician's fees within the Medicare Program.

Expenditure Targets essentially will place a ceiling on the amount of money spent on a specific operation or procedure on an annual basis. Should the expenditures for a specific procedure exceed the annual guideline, the payment per procedure would be lowered in the following year to remain within the expenditure limit.

Both programs have some meritorious aspects, but just as medical expenditures have risen rapidly despite DRG's, so similarly Expenditure Targets will not seemingly solve the problem. The truth is that the Health Care System does have abuse and that it will not survive without a much broader understanding of the problem.

Recent thinking in articles, which properly supported the effort that Expenditure Targets will make to control the problem, have lost sight of the hidden weakness that will make it fail, just as previous efforts have. These commentaries generally express the desire that national medical organizations, as well as local peer review panels, will discipline the medical community to control abuse. This, of course, is open to wide debate, and is very likely not realistic in its concept.

The final outcome of the Expenditure Target System will be just the reverse of what

has stated will occur. It will not cause a physician to do fewer procedures because of lower reimbursement. Some physicians will do what they have done in the past. More unnecessary procedures will be done at a lower fee.

We are providing every possible type of the finest medical care, sometimes necessary and sometimes not, for those who are privately or publically insured, because these services are reimbursable. However, as mentioned previously, there are 37 million people who receive no basic medical care, and it seems highly likely that as the costs keep rising, more people will fall out of the economic safety net necessary to obtain services.

The moving forces in the medical establishment are unwilling to take meaningful action, and Congress appears to be unable to face the problem head on. Not until, or unless, a President takes the position that this is a major issue, as major as walking on the moon or attempting to solve a drug disaster, shall a solution be found. The patchwork approach that Congress continually attempts will not be the answer.

A system of health care designed by physicians should be preferable to one put together in State House lobbies or on the floors of Congress. Nevertheless, the latter is more likely to happen, in the worse piecemeal fashion, unless the medical establishment takes the initiative. Americans need a system that reflects and reinforces their values and works effectively to create a healthier society. It is misleading to say that American health care is the best in the world, if that is true only for those that have access.

In conclusion, a possible solution might be that in agreeing on a comprehensive health care reform package, each interested party achieves something they want while yielding in other areas. Physicians could receive the malpractice tort reform they need and protection of their professional autonomy in exchange for a commitment to true cost control and quality of care protection. The private health insurance industry could be

guaranteed a continued major role in the system if it changes its policy so that people who need health insurance are covered, not excluded precisely because they are in need of medical care, and so on down the line. It is time to "think big" about health care in the United States, to present a health care program larger than the sum of its parts. It is felt that without a good plan for health care reform, the Health Care System will likely lurch forward until its breakdown later in this decade. Hopefully, this can be avoided. Thank you."

IT'S BIRTHDAY TIME!!

Best wishes - and sympathy, to those poor unfortunates who celebrate birthdays before, during, and just after the holidays.

December

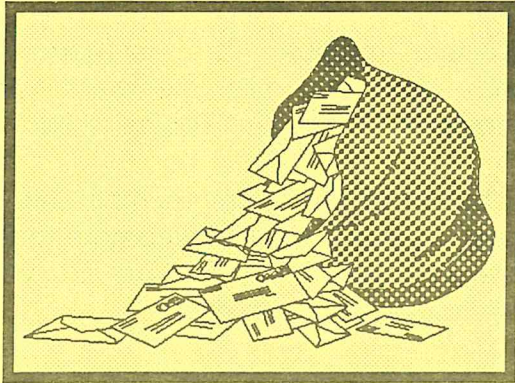
2	G. Bennett
13	D. Pines
	L. Stein
14	F. Brecher
16	J. Watkins
17	J. Cole
20	T. Brown
21	C. Woods
25	J. Swedloff

January

5	G. Himes
18	R. Kurtzman
22	L. Gierke
26	J. Kasimos

February

3	K. Sloka
6	R. Eicher
	H. Gregg
11	T. Rinne
12	D. Bergmann
16	K. Miller
18	J. Canaday
19	W. Silverman
20	A. Nichols
23	R. Wilkeson
28	W. Mallery



The following represents **GOOD NEWS AND BAD NEWS**.

THE GOOD NEWS - finally, someone offered **CRITICISM** about this newsletter. That reassured me that at least **one** person reads it. The suggestion was, "there is not enough personal news of the members", to which I heartily agree!

THE BAD NEWS - my psychic powers and ESP have waned with age, so I cannot begin to guess what events have influenced your lives. I can only include what is told to me or what I find elsewhere. Won't you please share a little information? It's better than having my imagination run wild!

There are a few events and happenings at this printing, and here they are:

A SPEEDY RECOVERY and very best wishes to **Dr. Robert S. Bear**. Dr. Bear is resting at home, following recent surgery.

CONGRATULATIONS are in order for **Dr. Elisabeth E. Schultz**, one of our newest Candidate members. Dr. Schultz, a 1990 TCOM graduate, was the recipient of the Janet M. Glasgow Memorial Award, Sandoz, Inc. Award, The Wyeth Pediatric Award, and Internal Medicine Clinical Excellence Award.

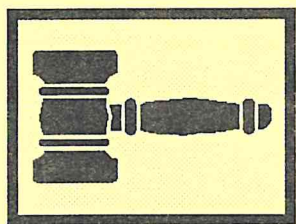
A CHANGE OF ADDRESS has been received from **Dr. Robert L. Merliss**. As of November 1, 1990, Dr. Merliss has relocated to Detroit Osteopathic Hospital.

LOOK OUT, AFRICA - received a short note from **Dr. Donald C. Bergmann** saying he and the better half are getting ready to go there on a safari. Also, he's "bustin' his buttons", as daughter Roberta is now a surgeon.

REGRETS - from **Dr. Arthur Nichols**, that he cannot attend or take part in College meetings. Mrs. Nichols, (Martha) suffered a stroke in 1986 and he isn't able to leave her.

REGARDS - "Mom Cathie", **Dr. Ruth Waddel Cathie**, finally getting settled in her new home - says only five ++++ carton left to empty. Not bad after living there a year! Seems as though she's spending most of her time looking for **STUDS** with her stethoscope. (Hmm... animal or mineral??)

MOVED - does this apply to you? Please contact the College with any current or future address/telephone number changes.



WELCOME!

Although the Board of Governors approves applications at each meeting, per the Bylaws, all applications are to be given final approval by the College membership. At its Annual Meeting, November 25, 1990 approved were applications from the following:

Candidate members, Drs. Jerome D. Anderson, David J. Gray, Melanie A. Grillis, C. Brett Hon, Richard B. Mack, Elisabeth E. Schultz, Lary A. Simms, Clifford H. Threlkeld, Lori M. Wasson, Robert W. Wilkeson, and John P. Williams.

All Candidate members were introduced in previous newsletters with the exception of a late applicant, Dr. Lary A. Simms.

Dr. Simms received his DO from OCOMS and interned at Dallas Osteopathic. He is presently in training at Grand Rapids Area Medical Education Center and will complete his program in 1993.

Active members approved were: Drs. Richard E. Fausel, Randall R. Haase, John N. Kasimos, Joseph A. Langnas,

Keith. N. Miller, Stephen L. Putthoff, Steve E. Rose, and Jay. A. Swedloff.

Associate member Dr. Raymond R. Tubbs, and two Life members, Drs. Thomas B. Griffith and Tobias Shild.

On behalf of the entire membership, a hearty welcome to all newcomers to the College. We look forward to your participation in all activities.

A SPECIAL THANK YOU

Even at this early date, an overwhelming response to dues notices and voluntary contributions to the College has been received. As special **THANK YOU** for your support and generosity to:

Drs. Monroe H. Adams, James L. Beal, Donald C. Bergmann, Jean H. Canaday, Ruth W. Cathie, Michael R. Durishin, Robert J. Edelman, Virginia I. Foster, Terry R. Gerard, Louis W. Gierke, Richard N. Kotz, Lillian M. Hynes-Longendorfer, Robert J. Lewis, Bill G. Mote, Arthur E. Nichols, Morris R. Osattin, Jerry D. Scholz, Roger J. Sorg, Herbert Spellman, Thongchai Sres-thadatta, Melvin J. VanBoven, David B. Wheeler, Joseph T. Watkins, Richard B. Wilner, and Eugene G. Zuzga.

GOODBYE 1990

This issue wraps up another year. Best wishes for the Holidays and a Happy, Healthy New Year. To one and all,

PEACE

AMERICAN OSTEOPATHIC COLLEGE OF PATHOLOGISTS, INC. (AOCP)

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MARCH 15 - 17, 1991 SAN ANTONIO, TEXAS

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TOTAL CHECK ENCLOSED \$ _____

NOTE: Each category as shown above includes REGISTRATION AND MEALS - (1) one ticket to the Friday evening banquet, (1) one ticket to the Saturday evening train dinner, breakfasts on Saturday and Sunday mornings, and a Saturday luncheon.

EACH CATEGORY WILL INCREASE BY \$50.00 AFTER FEBRUARY 9, 1991

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