Celebrating the History of Grandview Hospital

PATIENTS & PATIENCE

BY GEOFF WILLIAMS

Forward by James G. Laws, D.O.

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This book is dedicated to all of the doctors, nurses, administrative staff, patients and their families, who have journeyed through the hallowed halls of not just a hospital, but a home. By sharing our story, we hope to invite and welcome those who have yet to enter our front door.

Patients and Patience

ACKNOWLEDGEMENTS

The hospital that would become Grandview Hospital was founded by three doctors of osteopathic medicine 80 years ago, but the institution would never have lasted long if it weren't for all of the physicians, nurses, administrators and staff that soon joined them—and kept coming. Likewise, this book would be very thin and insignificant and probably wouldn't have been finished, if it weren't for all of the help that I received throughout the research and writing process.

Everyone mentioned on these pages in their own way contributed volumes of information to this book, and there's no way I can thank everyone the way I'd like to and still keep this text to a handful of pages.

So I'll thank most of the people at once, and just say that I sincerely enjoyed meeting everybody connected with Grandview. The name comes from the street that the hospital sits on, and certainly refers to the Great Miami River that one could, once upon a time, see from the road. But after my encounters with much of the staff, former and present, and learning about the hospital's earliest era to its robust present-day existence, the name Grandview seems especially apt.

This book received substantial aid, because of the memories of numerous physicians I spoke to, including Joe Back Jr., D.O., Art Bok, D.O., Donald Burns, D.O. and his wife Carol, Bob Cain, D.O., Melvin D. Crouse, D.O., Charles I. Fried, D.O., S. A. Gabriel, D.O., Frank George, D.O., Robert Glaser, Ph.D., Tomulyss Moody, D.O., Lester Mullens, D.O., John E. Murphy, Jr., D.O., Laszlo Posevitz, D.O., Tom Sefton, D.O., William J. Seifer, D.O. and his wife, Judy, John A. Vosler, D.O., Glen Sickinger, D.O., Charles Wilcher, D.O., Everett Wilson, D.O, and Stephen Young, D.O. Although a few interviews had to be done over the phone, most of these physicians either traveled to Grandview Hospital to conduct interviews, or invited me into their homes. I'm grateful to all of them, as I am to several friends of Grandview Hospital who made invaluable contributions to this book: Mary Blair, Abby Burns, Roy Chew, Ph.D., Mark Conway, A. Lee Fisher, Phyllis Gabriel, Tom Griffith, Richard Minor, Stephen Pfarrer, Susan Siehl, Esther Sievers, Jim Spiegel and Millie Wilcher.

There are a few people who warrant a special mention. William Quinlivan, D.O., was the first physician I interviewed, and one of the last. I'm appreciative that

he didn't mind answering very basic questions at the start of this project, when Grandview Hospital was a subject I knew little about; and I'm appreciative that he didn't mind answering last-minute queries when I was racing a deadline, and he was on a vacation.

Dr. Speros Gabriel, and his wife, Phyllis, sat down with me for four lengthy interviews.

The aforementioned Dr. Mullens was very generous with his memories, considering that I asked him about being an African-American doctor during a period in our history when there was racial tension throughout the nation. He was reminded of a few painful childhood memories, as well as some harrowing war stories, and I felt rather guilty making him dredge all of it up—but I was equally fascinated at the same time.

Abby Burns, granddaughter of founder Heber Dill, shared insight into the man's early years and led me to her brother, Tom Griffith, and Virginia E. Dilatush, the daughter of Dr. Frank Dilatush. They both compiled two very detailed scrapbooks of family information on Heber Dill, D.O., and his cousin and Grandview founder, Frank Dilatush, D.O. The level of time they must have taken to compile these was breathtaking.

Each handwritten letter in the scrapbook, for instance, was accompanied by a typed note, in case I found the handwriting illegible. The biographical information was compiled in a way that made researching these two men much easier than it would have otherwise been. There was even helpful material about Grandview's third and most enigmatic founder, William Gravett, D.O. I really can't thank Tom Griffith enough.

I also have to thank an unsung hero, Sarah Shomper, who I learned about very late in the making of this book. A long-time department volunteer, Sarah spent unimaginable hours, creating and maintaining an extremely thorough, chronological document of important dates during the hospital's history, from which many references were made in this book.

I also need to thank Kelly Fackel and Janie Ferrell, respectively, the vice president for development and development associate at The Grandview Foundation. They are two of three important people who spearheaded this book, and I'm grateful for their help in seeing it through to completion. Both Kelly and Janie were present at most of the interviews, helpfully introducing me to the many doctors who made Grandview what it is today; and they were always available to answer

the inevitable questions about the hospital that I posed to them. Kelly, in particular, caught several clumsy errors in the editing process, and I'll always be thankful to her for that. I also appreciate that she entrusted me to sit behind my computer and tackle the history of the hospital. They were each wonderful to work with.

But most of all, I have to thank Dr. James G. Laws. This book simply wouldn't exist without him. For years, researching Grandview Hospital has been a labor of love for Dr. Laws, and when I was brought aboard this project, I know it was only because he had determined that he would only have time to write about the hospital upon his retirement—meaning people would have to wait for a book for many, many years. But because he had collected numerous interviews with physicians, some of them no longer with us, and had compiled vast amounts of data, from newsletters to written explanations about some of the hospital's earliest days, it made my job of researching and writing this book infinitely easier. Dr. Laws was also a joy to interview, both at the hospital and his home, and a source of inspiration, as I waded through the years and learned more about Grandview. I quickly came to see why this hospital means so much to him.

All of this said, for all the help that I did receive, if there are any errors in this book, they are mine and mine alone. It makes me ill to think about it, but if that's the case, don't blame the medical staff. Instead, tell me about it, and I'll take two aspirin and call you back in the morning.

Patients and Patience

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INTRODUCTION

In the summer of 1971 I arrived at Grandview Hospital an eager, bright-eyed medicine resident fresh out of internship in Dallas, Texas. At that time the social as well as political activity of the hospital revolved around the surgeon's lounge. In 1971 almost all of the family practitioners who referred patients to Grandview Hospital actually came to the hospital and helped care for their patients. They also assisted in the surgical procedures that were performed on those patients and therefore would congregate in the surgeon's lounge on the days they were attending to their patients. Also, even if they had no surgical procedure, once they were in the hospital seeing their other patients they would somehow find their way to the surgeon's lounge for at least a part of the time that they were in the hospital.

On any one day in the surgeon's lounge you would hear discussions concerning all the problems confronting doctors and their relationship with the hospital. During these discussions only a few minutes would pass before some reference would be made to Second Street Hospital. At that time I did not even know where Second Street was located in Dayton, Ohio. It was many years before I actually knew the layout of the town. My sole exposure at the time was traveling back and forth from Miamisburg where I lived to the hospital. If the surgeon's lounge was the social and financial center, then the Radiology Department was the academic center of the hospital in those years. Family practitioners would become fully involved in the care of their patients and you would find them in the company of either the internist or surgeon they had consulted in the case, conferring with the radiologists about the films and how this related to the care of the patient. Certainly interns and residents were also present during these discussions. All of this occurred before any major angiography was available and certainly CAT scans and MRIs were in the future. Somehow, in spite of the lack of special procedures, good care did result from the interaction of all the physicians involved in the care of the patient. In the Radiology Department as in the surgeon's lounge, the old Second Street Hospital was also to be found somewhere in the background of the discussion.

The hospital on Second Street was always alluded to as if it were some mystical fount from which Grandview Hospital had sprung. The continual reference to

this bygone hospital peaked my interest and continually stimulated me to learn more about that hospital and what it actually meant to the Grand Avenue Hospital in which I was working.

At the same time, I also tried to understand the different components of the building projects that had resulted in the facility in which I spent most of my daily life. You have to realize that there were large numbers of the staff that had been present when these building projects occurred and they refer to them on many occasions as if I understood what that building project actually meant to the development of the hospital. When pinned down to try to explain to me where a certain part of the hospital ended at one project and another part of the hospital began, these people could not remember the specifics. Certainly 10-20 years of time does cause memory to fade in most individuals, and this was true in our staff members.

The story of Grandview Hospital actually starts in 1921 in Warren County. Brother-in-laws Dr. Heber Dill and Dr. Frank Dilatush had started practice in Lebanon, and as the practice grew they decided to start a small hospital above a drug store. They had four beds in that hospital. Dr. Dill had gone to Boston and taken several courses in Internal Medicine and in Cardiology. Dr. Dilatush was doing home appendectomies. Doctor Dilatush had a large reflecting lamp that he would hang around the light over the kitchen table in the patient's home. He would sterilize his instruments in boiling water in the patient's kitchen. The surgery would be performed on the kitchen table. Later he advanced his technique by purchasing a pressure cooker which he used to sterilize his instruments. In 1923 Dr. Herschel Williams joined their practice. These three physicians then decided that it was time to enlarge their hospital. It is at this point that Dr. William Gravett enters the picture. Dr. Gravett had purchased a large house at 325 West Second Street in Dayton, Ohio. This house had been built in the early 1890's by Mr. John Stengel who was a business man in Dayton and owned a lumber company. Having ready access to lumber he saw to it that each of the rooms in this house was decorated with a different kind of wood. This made quite an outstanding home for that period. He also decided to start a hospital in this house, and he heard about Dr. Dill and Dilatush trying to enlarge their hospital. Doctor Gravett went to Warren County and met with Dill, Dilatush and Williams. He convinced them they should come to Dayton. Dr. Dill moved his practice to Dayton, Dr. Williams remained in Lebanon, and Dr. Dilatush would travel back and forth with his bag

of instruments doing surgery both in Lebanon and in Dayton. It is from this point in 1926 that they all joined together and formed the Miami Clinic at 325 West Second Street in Dayton, Ohio. The telephone book for Dayton, Ohio at that time in 1926 lists five D.O.s practicing in the city and they are listed as osteopathists.

In 1939 Dr. Dill and Dr. Dilatush bought Dr. Gravett out and he moved his office out of the West Second Street building. Doctor Dill, Dr. Dilatush and Dr. Dobeleit, who had recently come to Dayton, then incorporated the Dayton Osteopathic Hospital on December 7, 1939. Dr. Dobeleit was not an owner of the hospital but the law of the state of Ohio required they have three people to incorporate. He was included to fulfill this aspect of the laws of incorporation for the State of Ohio.

The story now shifts to one of the osteopathic physicians in Dayton by the name of Emerson Early. Dr. Early had started a small hospital on North Main Street in approximately the 1800 block. A number of the osteopathic physicians in the city had begun to deliver babies and do tonsillectomies in that hospital. It seemed certain this is one of the major stimuli for what happens next in the story of Grandview Hospital, for at this time Dill, Dilatush, and Dobeleit offered the hospital for sale to the osteopathic physicians in the city. In 1940 approximately 40 osteopathic physicians working in Dayton, Ohio formed a hospital corporation and purchased the hospital and it became a nonprofit organization. By 1941 this hospital was at the point where it needed to expand and desired to move to a new location in the city of Dayton. On December 1, 1941 the staff kicked off a fundraising project to build a new osteopathic hospital in Dayton, Ohio which eventually came to be Grandview Hospital. The property on which the present hospital sits was purchased in 1942 for $13,000. As fate would have it on December 7, 1941 World War II began for the United States and building projects such as the one projected for Grandview Hospital were put on hold. It was not until 1946 that excavation of the property at Grand Avenue was started. In March 1947 on a Sunday afternoon around 4:00 p.m. the first patients were moved from the Second Street Hospital to the Grand Avenue facility. Wives of the doctors cleaned the floors and helped move the furniture. The maternity section of the hospital stayed at Second Street for a number of months; construction of the hospital continued until 1947 when another 22 beds were added to the original 40 bringing the hospital total to 62 beds. The hospital continued to grow and was

bursting at the seams by 1949. The basement was then remodeled and another 28 beds were added bringing the total to 90 beds. These included the first rooms dedicated to the care of medicine and pediatric patients.

In 1952, because of continued growth of the staff and needs for further hospital beds, a proposal was made to add two stories to the original structure on Grand Avenue. Consulting architects determined that the foundation was unable to support this structure and the plan had to be scuttled. The bed problem, however, continued. For that reason it was decided to build a new structure in front of the original hospital connecting the two buildings and adding 80 beds to the hospital. This brought the total in 1952 to 170 beds. In 1957 an obstetrical wing was added to house the gynecological surgery and the obstetrical service which was growing by leaps and bounds. This structure was a long two story building connected to the west side of the existing hospital. This structure brought the total number of beds to 225. As growth continued in 1962 two more stories were added to the 1952 addition in front of the hospital bringing the total beds to 301. In 1970 a major addition was added to the east of the hospital. This included the first true intensive care unit, a new recovery room, a complete new surgical unit, and a new emergency room, as well as 60 new beds. At the same time the annex was being built, the hospital developed a lease program with that building for use as hospital beds. In order for the annex to be completely used for hospital beds the city required more parking. Therefore the parking garage was built in 1971. With the opening of the annex and the new addition, this brought the hospital bed total to greater than 450 beds under one roof. This made Grandview the largest osteopathic hospital in the United States of America. In 1978 the ambulatory care center was opened south of town on Highway 725. This was a new concept in medicine and was touted as a hospital without beds. Nevertheless in 1983, 50 med-surg beds and six intensive care unit beds were removed from Grandview Hospital and designated for Southview Hospital. If you should go into the intensive care unit at this time, you would note that there are seven beds. The state of Ohio did not allow the hospital to charge ICU bed rates for the seventh bed and it is charged at a different rate than the other intensive care unit beds. In 1984 a new addition was added to the hospital on Grand Avenue. This addition included the first time a division was made of the medical intensive care unit from the surgical intensive care unit. It also included a cardiovascular intensive care unit.

Plans had been made to begin open heart surgery at Grandview Hospital; in 1984 that first surgery was successfully performed by Dr. Christopher Hosbach.

Men who had helped develop each of the major departments of the hospital were still practicing in the hospital. They also helped develop the residency programs that evolved out of these departments. I developed an interest in how the departments came to exist and how their educational programs developed. It became clear to me that I had personally known all of the members of the Medicine Department since its development at Grandview Hospital. I had also met and known all of the residents that had trained at Grandview Hospital in internal medicine. When I arrived back as a cardiologist and began to see the medicine department diversify into subspecialties, it impressed me further that I had a choice position on the staff from which to see a great deal of the development of the hospital. Yet I still did not have a fundamental grasp of the historical development of the hospital up to the time that I arrived in 1971. This is the thought process that led me to decide that a history of Grandview Hospital needed to be researched, developed, and published. Since that time I have met with most of the members of the staff that were still alive and predated my experience here at Grandview. All of these men have been willing to open themselves up and discuss all that they can remember about out hospital. I also approached Mr. R.J. Minor, and he was kind enough to allow me all of the transcripts of the minutes of the Board of Directors of Grandview Hospital prior to its affiliation with Kettering Medical Center. I had the privilege of being a close friend of Dr. John Knox who was as deeply committed as any physician on the staff to the development of the history of the hospital. Also I had the pleasure of becoming a close friend of Dr. Melvin Crouse who organized several meetings of the older members of the staff. These meetings were recorded and became a vital source of information on the history of the hospital. Both of these physicians constantly encouraged me to meet with staff members who knew specifics about the hospital and certain of our physicians remained very clear about their experiences both at Second Street Hospital and the early history of the hospital on Grand Avenue. Certainly I must mention Dr. Bob Berger, Dr. Deger, Dr. Fox and Dr. Herb Reineer. All of these people had exceptionally clear minds in their later life and could give very complete answers to most questions concerning the physician plant as well as the staff relationships of the early hospital. I should mention specifically that Dr. Bob

Berger in his capacity as first Director of Medical Affairs was involved so importantly with the development of the internship program at Grandview Hospital. It was his steady and continuous leadership that brought this educational program into line with the requirements of the American Osteopathic Association. He also cooperated fully and energetically with the different departments that wanted to develop residency programs so that their educational policies coincided with those required by the American Osteopathic Association. It was this adherence to AOA policy under his leadership that allowed all of these programs to flourish in the early years of the hospital.

The development of these residency programs was stimulated dramatically in 1953 when the hospital applied for a new surgical residency, a new medicine residency, OB residency and added an anesthesia residency. All of these were turned down by the AOA. The Bureau of Hospitals came to Grandview Hospital and prepared a 12-13 page consultation report. The reason for the failure of Grandview Hospital to secure approval for required residencies in obstetrics, internal medicine, and anesthesia and the failure to get approval for a second residency in surgery was outlined in this report. The consultants reviewed the corporate structure, by-laws, constitution, and interviewed the president of the board, administrators and department heads. They also interviewed staff members and hospital inspection reports. At this time physicians were being trained by preceptorship where the trainee would pay the surgeon a certain amount and bring all of his patients to that surgeon until he had completed enough cases and it was felt that he could perform the procedure. Following this he would be given staff privileges to perform surgery. These inspectors made the hospital aware that they needed to change how things were done. A committee was created to review the entire structure of Grandview Hospital. This committee and review resulted in the creation of the Staff Executive Committee. It is from this point that the residency programs began to follow the guidance of the AOA and the hospital became administered in a manner acceptable to the AOA so that these residencies could be certified.

I do feel that one of the fundamental strengths of the hospital has been the various administrators who have governed our facility. The first administrator was Dr. William Gravett who had purchased Second Street Hospital himself. Dr. Gravett came to the Greenville area in 1898 to ultimately move to Piqua, and then on to the Troy area. In 1910 he was practicing in Dayton, Ohio. It is inter-

esting to consider that in 1900 his brother Hugh Gravett, D.O. was arrested for practicing medicine without a license. That case went all the way to the Supreme Court of Ohio. This case actually changed some of the law of the state of Ohio as to the practice privileges for osteopathic physicians. Dr. Gravett developed the clinic at Second Street and continued to be the main administrator until he sold the facility to Dr. Dill and Dr. Dilatush in 1939. I know nothing about his education except that he was one of the first osteopaths to come to this area. The oldest telephone book that I can find in the Dayton Public Library is dated 1919 and he is in that telephone book.

When he sold the building to Dr. Dill and Dr. Dilatush, Dr. Heber Dill became the superintendent of the hospital and the Chief Financial Officer. This was in December 1939. By February 1914 he hired his friend Arnold H. Fricke who was a stockbroker and advisor for Dr. Dill's financial adventures. Mr. Fricke was hired to be the Chief Executive Officer for Dayton Osteopathic Hospital. He was paid $50 a month on the third and the fifteenth. One year later it was raised to $100 a month. Eight months later at the end of 1941 he received a raise to $150 a month. Dr. Dill had been paid previously for his services in the early part of the hospital program with free office space in the Second Street Hospital. Immediately upon his hiring of Mr. Fricke, Dr. Dilatush asked that Dr. Dill start paying for his office space. It seems there was quite a bit of discussion about money very early on in the hospital history. In December 1942 Mr. Fricke gave the Board of the hospital an ultimatum. If they didn't give a raise he was going to resign. There was a big meeting and they accepted his resignation. Immediately upon the acceptance of Mr. Fricke's resignation, Dr. Dill resigned. Dr. Dill was the very first internist, in my opinion, and he is a winner of the Distinguished Service Award. He did resign and you never saw Dr. Heber Dill's name appear in the Board of Directors minutes until 1945 when he died and there was a eulogy for him.

On the night of December 20, 1942 the hospital was in desperate circumstances because they had accepted the resignation of their Chief Executive Officer, and the person that had held the job before him had resigned as well. A call was placed the next morning to the Ohio Osteopathic Association. At that time the executive secretary of the OOA was William Konold. He was asked what he thought they should do and he said "well, why don't you hire me". By the 21st of December Mr. William Konold was in Dayton and for $200 a month hired to be the Chief Executive Officer

of the hospital. He was a very sharp administrator. He was also the hospital administrator for Doctors Hospital in Columbus. At one time he was also administrator for the Epp Memorial Hospital in the Cincinnati area. He was, however, a part time hospital administrator for all of these hospitals. He hired a woman by the name of Treadway to come to the Dayton Osteopathic Hospital on Second Street. This woman fulfilled the duties of Chief Executive Officer; however she could do nothing without calling Mr. Konold. People were very upset since they felt that Mr. Konold was only a part-time administrator. Going back to the written record, Konold was able to write some of the best critiques of any of the Chief Executive Officers that I can find outlining what was going on in the hospital which he presented to the staff and the Board of Directors. Mr. Minor was kind enough, as mentioned, to allow me to have all of the minutes of the Board of Directors up until he left the hospital. I have been able to review these minutes closely and Mr. Konold had his finger on everything that was going on in the hospital even though he was not there all the time. Suddenly in 1946 he resigned. I suspect that it was probably over a raise. He resigned and that left the hospital board in a predicament once again; you can tell from the minutes that they were upset and did not expect this. They immediately asked him to accept a position as a consultant to the hospital at $2100 a year. The agreement stipulated that he came once a month and gave a professional consultation on how the hospital was doing and with recommendations. This led to a great deal of animosity later on; however that was what the Board of Directors wanted to do at that time. Within approximately one month the hospital found a man in Cincinnati named Joseph Back who was also one heck of an administrator. He came from Jewish Hospital in Cincinnati, and he also at one time was employed by the Board of Health in Cincinnati. I do not know his educational background. He started in 1946 as the Chief Executive Officer of Grandview Hospital. It appears that he did not like it at all that Mr. Konold had been retained as an adviser to the hospital board, and it did not take him long to get rid of Konold. Mr. Back remained at Grandview Hospital for 23 years. There is only one other administrator who was here longer and that was Richard J. Minor who was here 26 years. Mr. Back was the administrator at the time of the greatest growth of the hospital—the 1947 move, the 1949 remodeling, the 1952 expansion, the 1957 building program, and the 1962 building program. He started the new surgical addition which opened in 1970. Back retired mid-project and Mr. Hunsaker finished it up in 1970.

The man who was hired to replace Mr. Back came from Michigan. Mr. Richard Hunsaker had been the Chief Administrative Officer for Highland Park General Hospital in Michigan; he had also worked in Brockton Hospital in Massachusetts and Children's Hospital in Columbus. He had a Bachelor of Science degree and a Master of Science degree. As far as I can tell up to this point he was the best educated and the most experienced administrator that the hospital had. I have talked to many physicians on the staff who knew Mr. Hunsaker well and he was considered a shrewd, sharp individual with a great deal of progressive idealism. He was the administrator who really started the development of a hierarchical chain of command and began to develop assistant administrators. He had one problem—he liked to drink alcohol. There came a time according to many sources when one night Mr. Hunsaker was arrested for driving while intoxicated in the city of Kettering. It happened at that time when Mr. Paul Price was the Chairman of the Board of Directors and was also the Chief of Police of Dayton, Ohio. Very soon after this incident Mr. Hunsaker resigned as chief executive officer. While developing the administration of the hospital Mr. Hunsaker had hired a young junior administrator from Good Samaritan Hospital who had been trained at Xavier University in Cincinnati. That young administrator had done a great deal of hardball work for Mr. Hunsaker. There was a very hostile confrontation between administration and the management of the Radiology department in the era of 1969–1972. This young administrator was required to take all responsibility on this issue and conferred closely with the Board of Directors. It did, however, make him shine in front of the board. He also was responsible for the development of the relationship with the annex and the need for a parking garage. Mr. Konold once again had been hired as a consultant when the hospital needed to develop funds for the new parking garage so that the beds in the annex could be opened. Mr. Konold's solution was to cut the costs at Grandview Hospital. This resulted in a large number of layoffs, as well as reduction in purchasing of any equipment; it was known at that time as the Austerity Program. This caused a great deal of consternation with the staff as well as with the employees of the hospital. This young administrator was required to confront each of these issues which he did in a very professional manner and with expertise. This young administrator, Mr. Richard J. Minor, became the next Chief Executive Officer. No administrator has gone by the way without a great deal of criticism at Grandview Hospital. Mr. Minor has carried

his share of criticism. According to the written records, however, this man did a tremendous job for this hospital. He worked with Mr. Corwin Nixon when the insurance programs in the State of Ohio were trying to cut Grandview Hospital and all other hospitals out totally. State law was changed to protect Grandview Hospital from this financial disaster. Mr. Minor was so involved that he developed a bleeding ulcer during the time of this issue. Nevertheless he and Mr. Corwin Nixon were successful in keeping Grandview Hospital financially afloat.

In 1999 Grandview Hospital became affiliated with Kettering Hospital. We received a new Chief Executive Officer, Dr. Roy Chew. At this point he is the finest educated man who has ever run Grandview Hospital. He received a Bachelor of Science degree from the University of Missouri in 1976 and came shortly after that to work for Kettering Hospital. In 1980–1984 he took an educational leave of absence, and in 1980 he received a Master of Science degree from the University of Dayton and in 1984 he received a PhD from Stanford University. In 1999 he took over control of Grandview Hospital. He is presently a well liked Chief Executive Officer doing a tremendous job. He stands in a long line of very astute, accomplished, hard working, dedicated Chief Executive Officers who have blessed Grandview Hospital since its beginning.

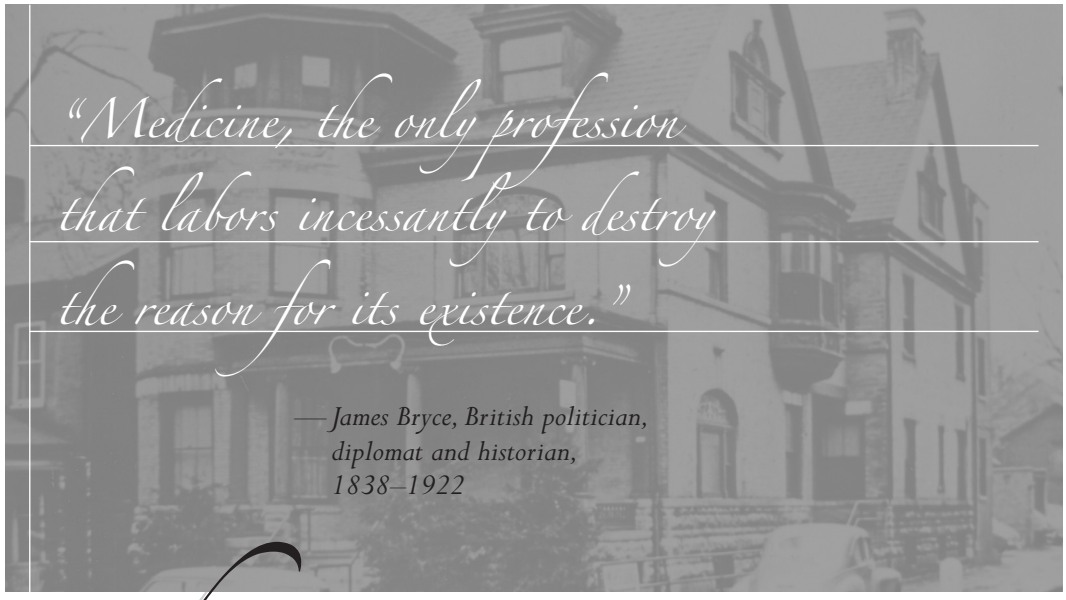
I do not feel that I would be complete in my overview of the history of the hospital without discussing Dr. Posevitz and congratulating him on his decision when he was Chief of Staff to honor our Distinguished Physicians. It is with his forethought and strong leadership that the Distinguished Service Award was developed. Dr. Posevitz will freely agree that his prime motivation for this movement was to honor his teacher Dr. Jim Elliott. Dr. Elliott was one of the outstanding surgeons of Grandview Hospital and is one of the prime reasons that a quality surgery program exists at Grandview Hospital today.

I hope that this book is well received by our staff and house officers. In my opinion after reading this book one should realize that Grandview Hospital has a strong foundation built on the bedrock of integrity and wisdom and is strengthened by the supporting structure of the educational program which is second to none in the osteopathic profession. Try to conceptualize a comparison of the hospital hallways of 1947 with the present facility on Grand Avenue. Walking through the hallways today you should come away with a faith that this hospital

has a strong tradition and a wide vibrant future. Grandview Hospital will continue to support the patients of this community in a dignified and professional manner that can make us all proud. I hope that you enjoy reading this book as much as I have in participating in its production.

Fraternally,
James G. Laws, D.O.

PATIENTS & PATIENCE



"Medicine, the only profession that labors incessantly to destroy the reason for its existence."

— James Bryce, British politician, diplomat and historian, 1838–1922

Chapter 1

BEGINNINGS

(THE 1920s)

There was a time, not so long ago, that if you were sick, a hospital was the last place you wanted to visit.

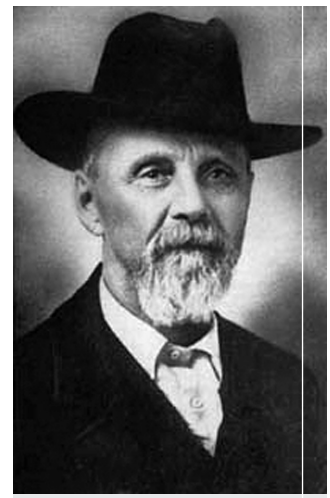
As late as the early twentieth century, hospitals were frequently a patient's last stop before the funeral parlor. Compared to today, doctors were still greatly ill-equipped and ill-informed, entrenched in a nineteenth century mindset, a century in which the leech was a physician's best friend. As John S. Haller Jr. wrote in *American Medicine in Transition, 1840–1910*: "Doctors proceeded to bleed, blister, puke, purge, and salivate patients until they either died from the combined disease and treatment or persevered long enough to recover from both."

In 1912, a baby born in a hospital was three times more likely to die upon arrival than if delivered in the home. Six years later, just shy of the Roaring '20s, an influenza epidemic occurred that was deadly enough to kill 850,000 Americans; across the world, 25 million people in all perished upon contracting the deadly virus. In 1924, influenza was on the wane, but tuberculosis was still raging, and doctors were powerless to do much more than suggest lots of rest—200,000 Americans

died from the disease, a more deadly foe to the public than heart disease and cancer combined. And when we weren't being ravaged by nature, we would routinely do the job ourselves.

Into the 1920s, and even the 1930s, physicians were routinely performing an operation known as the radical colectomy in hopes of curing constipation and numerous other diseases. Physicians would remove part of a patient's colon in the belief that they were thwarting future diseases throughout the body, delaying aging and curing or diminishing depression. Instead, patients were finding themselves living a life with aching bowels. Others developed infections. Some were permanently disabled. And it was an operation that was almost always unnecessary, and frequently misguided: in *The Alarming History of Medicine* by Richard Gordon, there is one report of a distraught man who tried to commit suicide by cutting his throat; his physician had removed the man's wife's colon to make his wife better-tempered and thus the man's life happier.

It was an era when many doctors were wielding a scalpel like a dangerous weapon, removing any organ they believed unnecessary. Numerous men, women and children were going under the knife to have their appendix removed, simply because surgeons could do it. Meanwhile, just because the procedure was evolving, many people still died from appendicitis.



Andrew Taylor Still (1828–1917) was the M.D. who first began practicing osteopathic medicine, in 1872.

For good reason, physicians at that time were about as well-regarded as politicians, weathermen and used automobile salesmen.

And, yet, still, hospitals were being built and patients were willingly coming to them, also for good reason. With every passing year, the medical profession was lifting itself out of the dark ages. In 1847, doctors were organized enough to found the American Medical Association. In 1859, Louis Pasteur suggested in a paper that microorganisms may cause many human and animal diseases. In 1867, Joseph Lister published *On the Antiseptic Principle in the Practice of Surgery*, demonstrating that disinfection reduces post-operative infections. And in 1872, Andrew Taylor Still, M.D., began practicing a form of medicine that he wouldn't get

around to naming until 1885—by combining the Latin word for bone (osteo) with the Latin term used for feeling, to get—*osteopathy*.

Still's revolutionary idea was that too many doctors relied on medicine for cures, an idea not so off-base when you consider what the 19th-century physician had to work with. As medicine progressed and improved, the osteopathic profession would come aboard; in fact, it was a science that never made a practice of throwing out good ideas—such as penicillin. Osteopaths embraced penicillin as much as any *allopath*, the term used for M.D.s. Likewise, over the years, medical doctors have come around to osteopathy, recognizing, for instance, the impact of stress on the immune system, and that posture and structure can affect how various body systems work.

But in the beginning years, when surgery was barbaric and medicines didn't go far beyond morphine, Dr. Andrew Taylor Still understandably had a low opinion of his chosen career. Dr. Still was born in 1828, in Virginia, and many years later, when his wife and children were settled in Kansas City, Missouri, he found himself souring on the medical profession during his time as an army doctor in the Civil War. Seeing what they could do for wounded soldiers—virtually, nothing—left him haunted. Surgery was a science of amputations and little more. But what truly decimated his soul, and his passion for conventional medicine, was what disease had done to his family. His first wife, Mary Vaughan, died from childbirth complications. His second wife, Mary Elvira Turner, was more fortunate, but their children were not. In 1864, Still's last year serving in the army, an epidemic of spinal meningitis invaded the Missouri prairies. Three of their children caught it and died. One month later, Mary Elvira gave birth to a daughter, who died of pneumonia. They still had three more living children, but the experience obviously left him a broken man.

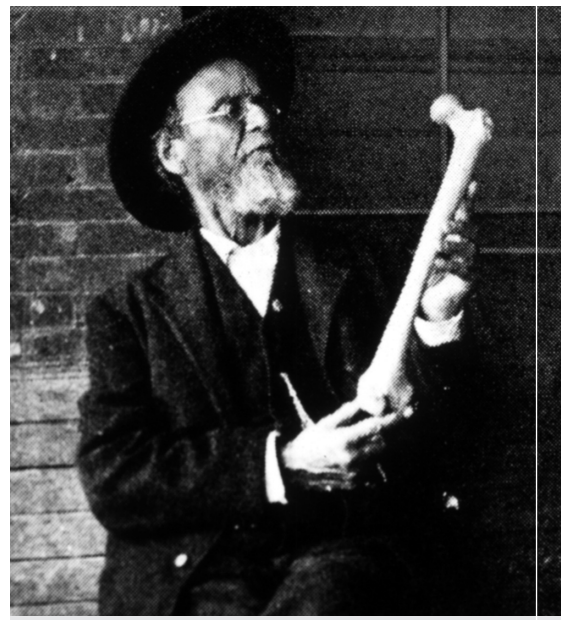
But a determined one.

Still came around to the idea that the body should be treated as an integrated whole, recognizing that all systems are related to and dependant upon each other for good health. For instance, as we know today, gum disease is often linked to heart valve disease, two areas of the body that, at first glance, a layman or a doctor of another era might not associate. Along those lines, Still also believed that the body could often cure itself, if a physician only better understood how it worked, which is why he eschewed most, if not all drugs, and considered surgery as the ultimate last resort. He felt that it was the osteopathic physician's job to help the body heal itself, and in doing that, he created what is called *osteopathic manipulative treatment*

(OMT). Of the techniques he created, many are still used today, others have evolved over the years, and some treatments have been discarded, as the medical community as a whole learned more about how the body operates.

It was a refreshing take on medicine, for the portion of the populace that suspected bloodletting, enemas and opium addiction wasn't all it was once cracked up to be.

Not everybody saw it that way, however, especially the established doctors who were suspicious of the new way of practicing medicine. In 1892, Dr. Andrew Taylor Still founded the American School of Osteopathy, in Kirksville, Missouri, which was later renamed the Kirksville College of Osteopathic Medicine (and today is called A.T. Still University). He came to Kirksville, because it was one of the few communities that welcomed him. Missouri opened its arms as well, willing to grant a charter for the awarding of an M.D. degree, but Dr. Still said, "No, thanks." He instead awarded doctors of osteopathy the title of D.O. Individual osteopathic physicians can discuss among themselves whether that was a good idea or not. In many ways, it was. When John Smith graduated as John Smith, D.O., it alerted the community to the fact that he was an osteopathic physician, a doctor who adhered to a different, *better*—Still would have emphasized—set of principles than the rest of the medical community.



Dr. Andrew Taylor Still, in this well-known photograph, examines a bone. Still is known as the father of osteopathic medicine.

There was a downside, however. The title of D.O. also presented a problem that would persist for almost a century, and some would argue a nagging annoyance that endures today. The very term M.D., doctor of medicine, was and is so accepted by the public—reinforced in popular culture by everything from the comic strip *Rex Morgan, M.D.* to the once-popular television series, *Marcus Welby,*

M.D.—that anyone who isn't informed about osteopathy may well see the abbreviation, D.O., and conclude that they're about to be examined by a doctor of something that isn't medicine.

Which may be why an osteopathic physician has been over the years, lumped in with parts of the quasi-medical profession, professions that don't require four years of college, four years of medical school and then rigorous training an as intern, resident and possibly more years in a fellowship. Occasionally, even today, osteopathic physicians are mentioned in the same breath as a chiropractor, naturopath, homeopath and acupuncturist.

What portions of the public eventually came to realize was that doctors of osteopathy *were* medical doctors—they take the same medical exams, they prescribe the same drugs, they specialize in the same fields—it's just that D.O.s, their patients and proponents argue that they come away from their medical colleges with additional training and knowledge, something a little extra special. Medical doctors—especially those in earlier generations than today—would balk at the idea that osteopathic physicians are better trained.

The public, many of them influential, would eventually catch onto what osteopathy was all about. Over the years, entrepreneur titan John D. Rockefeller, diplomat Henry Kissinger and presidents Franklin Delano Roosevelt, Dwight Eisenhower and John F. Kennedy were all treated by osteopathic physicians. However, from the beginning, this form of practicing medicine was met by extreme resistance—from the public, the media, politicians and most definitely from the M.D.s—and, as a result, osteopathy was outlawed in most states.

Dr. George F. Shrady, editor of *The Medical Journal* in 1897, and one of three physicians who fought a tough battle against President Ulysses S. Grant's throat cancer, told *The New York Times* that osteopathy was a "quackery-science" and "an absurdity." Of the fact that osteopathy was gaining acceptance—in 1897, Missouri, Vermont and North Dakota had already legalized it and several other states were considering the idea—Shrady sniffed, "It is nothing short of wicked that state legislatures should legalize such nonsense."

Despite the objections of Shrady and his peers, osteopathy slowly gained acceptance and eventual admiration, but it was slow going, in part because medicine itself was still relatively primitive, whether you were an M.D. or a D.O. In 1906, New York's governor, John Pattison, began receiving an osteopathic treatment with the

consent of his personal medical doctor, reported *The New York Times*. Nevertheless, the *Times* in the same article labeled osteopathic physicians "a cult." True, osteopathy didn't cure Pattison—but no medical treatment could.

Pattison had Chronic Bright's disease, a malady that brought about painful symptoms including fever, vomiting and back pain that were first described in 1827 by Dr. Richard Bright. It's a term no one uses today—basically, Pattison had a form of kidney disease, which results in kidney failure, and he also had the ultimate misfortune to begin feeling the effects just an hour after his inauguration. After his inaugural address, he rested in the executive chamber for about an hour (it was the only hour Pattison ever spent in the state house as governor) and then he spent six months fighting the disease, the first four in New York and then for two months in Milford, Ohio, where he passed away at his country home.

All of which demonstrates that it really didn't help to have access to the best medical doctors in the nation, it was a terrible thing to be sick in the early twentieth century.

Fortunately, change was coming. By the 1920s, in some corners of the world, medicine truly was starting to find its way to—well, the twentieth century. For instance, the nation had recently embraced the idea of washing hands to eradicate germs. After a long decade that saw the deadly influenza epidemic—not to mention numerous, dramatic newspaper stories of Typhoid Mary never washing her hands and then cooking for her oblivious diners—the nation that made its way into the 1920s was willing to try anything to stay healthier.

Washing hands was an idea that was a long time coming; it's been theorized if three doctors had scrubbed their palms before sinking them into a gaping chest in 1881 and trying to remove a bullet, President James Garfield might have lived. By 1923, as an example of how far the country had come, *The New York Times* had a story about insanity and how some neuroses involved compulsive habits—the not-yet-named obsessive compulsive disorder—and one of those that doctors were seeing involved germ-frightened people who could never wash their hands enough. It was a disorder that arguably couldn't have existed fifty years before.

And so perhaps it was the knowledge that the public was becoming more educated and actively interested in improving its own health, that may have encouraged and inspired an aging doctor living and working in a three-story house at 325 West Second Street in Dayton, Ohio.

Grandview Hospital through time

1920s

Grandview is founded in 1926 by *Dr. William Gravett*, *Dr. Heber Dill,* and *Dr. Frank Dilatush*—as Miami Clinic and soon renamed Dayton Osteopathic Hospital.

It begins in Dr. Gravett's medical office in his three-story house at 325 West Second Street in downtown Dayton, with a $25 operating table from World War I.

This hospital, devoted to osteopathy, is not only the first such hospital in Dayton; it is one of the few in the country.

The charge for patient care is $5 a day—baths extra—and the scrubroom was also the bathroom.

Dr. Carl Gephart and *Dr. Lyman A. Lydic* join the hospital in 1928, beginning lengthy careers, as does *Dr. Ruth Weitzel,* the daughter of a blacksmith who lives to be nearly 102.

Dr. Heber Dill

Dr. William Gravett

The year was 1925, and the aging physician was William Allen Gravett, D.O., who had been living and working on West Second Street as a physician since he purchased the place in 1919. While he probably bought the home because it was big—sizable enough for his growing family—it could be that he also wanted more room for his practice now that a right had finally been granted to the Ohio osteopathic profession—the freedom to perform major surgery, though only with antiseptics and anesthetics. No other types of drugs were allowed.

Chapter 1

But in 1925, William Gravett was about to do something quite remarkable, and something that might have made his neighbors shudder if he'd done it just a decade or two earlier. After all, just a year later, in 1926, the year that Gravett's hospital would officially open, many people still deeply distrusted doctors. This was a year when sex symbol and film star Rudolph Valentino felt a sharp pain in his stomach but refused to be examined and possibly operated on; instead, he remained in his bed, where he spent the night in a state of agony. After being taken to the doctors the next day, Valentino was too weak to seriously protest. His reluctance to initially seek better medical care might have cost him his life, although he may have been doomed. The film legend expired, just a little over a week later, a victim of septicemia—deadly bacteria had infected his bloodstream and traveled to his organs.

The distrust of doctors was so high, that occasionally it could be even dangerous to be a physician. In 1927, in New York City, a father took his extremely sick little boy, Joseph Caruso, to see a doctor. Joseph was near death with diphtheria, and when the physician injected the child with what *The New York Times* described as an antitoxin, Joseph either had a bad reaction, or the medicine simply wasn't enough to save him. Either way, the confused father thought that the physician had injected Joseph with poison, killing his son. Enraged, the father lunged for the doctor, stabbing and choking him to death.

William Gravett was acutely aware of the intimidation, fear and confusion that many people harbored, and yet as 1925 prepared to fade into history, he nevertheless decided to turn his house into something more than just a doctor's office. He was about to turn his house into a hospital.

Most of Gravett's childhood is lost in the fog of time. What is known is that he was born in 1868 in Grayville, Illinois, to a farm laborer, Thomas, who worked on a sprawling 300 acre farm, and to Mary, who kept care of their house and was a full-time mother to four children. William—or Willie, as he was known throughout his childhood, according to census records—was the youngest in a family that had British roots; both Thomas and Mary had been born in England.

At some point, Thomas traded in the farm for a career as a furniture maker, or perhaps he did both. He used walnut trees to make chairs and tables and had a thriv-

ing business, until the Wabash river flooded over the banks, causing all of his barges to break loose and become lost.

William Gravett was led away from furniture and farming and to the osteopathic profession by his older brother, Hugh Henry Gravett, who became a D.O., and who, for better or worse, made Ohio osteopathic history in 1900. But to explain his story, a little backtracking is in order.

In 1897, Eugene Eastman, the first osteopathic doctor in Ohio, was arrested for practicing without a medical license. It's not that Eastman wasn't educated or was a quack; Ohio didn't yet license D.O.s. Complicating matters for Ohio's osteopathic physicians, in 1899, the Ohio Supreme Court ruled that the Ohio Medical Practice Act didn't apply to osteopathy, leaving D.O.s unable to practice without breaking the law. Making matters worse was the Love Medical Practice Act, conceived by Representative Maro J. Love. He had the Ohio Medical Practice Act amended, stating that D.O.s could apply for a medical license, provided they held a diploma from "a legally chartered and regularly conducted school of osteopathy in good standing as such, wherein the course of instruction requires at least four terms of five months each in four separate years."

Sounds good, but there was no such school at the time. It was also a higher standard than medical doctors of the era were being asked to meet, and so doctors of ostepathy refused to register with the state and to apply for a license. And so in 1900, Hugh M. Gravett, D.O., brother of William, was arrested for refusing to register. His case was taken all the way to the Ohio Supreme Court, which, in 1901, ruled the Love Medical Practice Act unconstitutional. Hugh would not only be allowed that year to practice osteopathy without breaking the law, he also continued to practice until his 90th birthday. But it wasn't a complete victory in 1901. For many years, Ohio allowed osteopathic physicians to practice medicine, but they couldn't administer drugs or perform major surgery, hobbling their effectiveness.

William Gravett idolized Hugh, and so it was probably no surprise to the family, when in the late 1890s, William embraced osteopathy. In fact, he was soon studying under the legendary Andrew Taylor Still. In a 1982 interview conducted with Carolyn Balster for Grandview Hospital, William's oldest son, Charles Gravett, said, "Dad used to tell me that [Dr. Still] was so enthusiastic about anything he discovered, or when he figured out a different way to do it osteopathically. He might run in out of where he had been dismembering a cadaver or an ani-

mal…all bloodied and waving an organ in the air, perhaps to make his point about what was wrong with the current way they were doing it, and what [osteopathic physicians] should do [instead]."

Dr. William Gravett, his son said, seemed to have been in awe of the medical giant, Still. In any case, these were exciting years at the American School of Osteopathy in Kirksville, Missouri. It's a safe bet that his brother Hugh was also studying here, and it's where Gravett met his wife, a woman who was also studying to be a physician. They soon married and had a child.

On January 31, 1901, William Gravett, D.O., received his diploma from the American School of Osteopathy. His second child, Josephine, appears to have been born about this time, but from then on, the rest of the year was devastating. William's wife and his first-born died of diphtheria. Small wonder that men like Drs. Andrew Taylor Still and William Gravett weren't satisfied with maintaining the status quo in medicine. But then many doctors have gone into medicine because they were affected by the premature death of a loved one. It often seemed the only way to insure that some meaning was brought to the tragedy.

Overcome with grief, Gravett moved to Troy, Ohio, close to Piqua, where his brother, Hugh, lived. William was a single father of Josephine, and while he needed emotional support, he also needed to make a living. And so on December 7, with six additional doctors, he helped found the Ohio Osteopathic Association. The following year, July 1, 1902, he received his medical license from Ohio, which had legalized osteopathy on February 27, 1896. Somewhere, *The Medical Journal*'s editor Dr. George F. Shrady, who had recently called osteopathy a "quackery-science," was cringing.

Dr. William Gravett didn't marry again until 1908, when he was 40. Maud Gravett promised to raise seven-year-old Josephine as her own, but the family soon fractured. Josephine died not long after the marriage, of spinal meningitis. This is an infection of the fluid and membranes around the brain and spinal cord, and once the infection begins, it can rapidly cause death. Meningitis is often fatal within 24 hours. In children, the symptoms can include a fever with cold hands and feet, a high-pitched moaning cry, pale and blotchy skin, whimpering and vomiting. Dr. William Gravett probably was able to diagnose Josephine's condition easily enough, and if he did, it must have been a sickening realization. In 1908, there was simply no reliable treatment for the disease.

By 1910, he and his wife Maud had moved to Dayton. Troy likely had bad memories for the Gravetts now, but it was also because Dayton was a growing city, full of opportunities for a bright, ambitious doctor. He set up practice in the Reibold Building, an 11-story building that still stands on South Main Street, and he bought a house not too far away, on West Second Street. They had a newborn son, Charles, and were successful enough to have live-in help, a 19-year-old servant named Nellie. Ultimately, William and Maud would have three more children over the next 10 years, Edmund, Patty and Robert.

Gravett wasn't the first osteopathic physician in Dayton, but he was close. According to the Dayton historian and former *Dayton Daily News* reporter, Carl V. Roberts, the first osteopathic physician was listed in the telephone book directory dated 1899-1900. His name was W.J. Rhysburger. By 1919, the number of osteopathic doctors had increased to five. By 1929, there would be twenty.

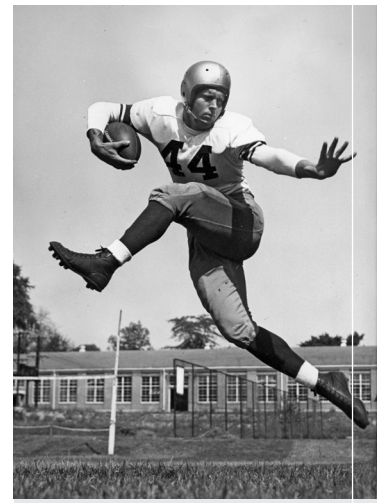
What Maud had to say when Gravett first approached her with the idea of turning their crowded house into a hospital isn't known. The house was already a business; Gravett saw his patients here in what he called the Miami Clinic. But if she were leery—and who could blame her?—and if the neighbors were nervous, the medical community surrounding Gravett must have been quite concerned. Gravett's hospital was naturally to be devoted to the practice he had been following for a quarter of a century: osteopathy. It would be the only such hospital of its kind in the city, and one of only a few in the country.

Never mind that the medical doctors and the osteopathic doctors took the exact same state board exams, in the same room, no less—there would be widespread prejudice against the hospital and all osteopathic institutions for years to come. It is, say the doctors of Grandview repeatedly, the reason the hospital became so close-knit. There was a fraternal relationship among the doctors, an even family-like atmosphere at Grandview, comparable to no other hospital in the region, perhaps because it started in the home of a family, but also because the doctors had no choice but to befriend each other. From a professional standpoint, they couldn't associate with anyone else.

"They wouldn't let us use their hospitals," recalls Dr. Arthur Bok, a D.O. who started his family practice in Dayton in the 1950s and quickly aligned himself with Grandview. "We were the bad guys, quacks in the eyes of the M.D.s, and some of them, maybe most of them, seemed to enjoy passing on that misinformation to the public.

And because we couldn't send our patients to other hospitals, we created one big fraternity." Bok was welcomed back to his undergraduate alma mater, however. An accomplished athlete and Hall of Fame star of the University of Dayton football team, Bok served for many years as the Flyers' team physician.

When the hospital that Gravett conceived opened in 1926, it was still named Miami Clinic, though the name soon changed—probably within weeks—to Dayton Osteopathic Hospital. The name change came about because of the confusion with the similarly named and geographically close Miami Valley Hospital, which had opened in 1894. Gravett understood the enormous undertaking he was about to tackle, competing against established medical centers, *and* as an osteopathic institution. Before christening his new medical center, he requested two other doctors to accompany him on his journey and form a partnership: Heber Dill and Frank Dilatush, who had both become brother-in-laws when Dill married Frank's sister. The two men were also, interestingly enough, cousins, which meant that Dr. Dill was related to his wife, Irene, older sister of Dr. Dilatush. But Dr. Heber Dill and Irene Dilatush were more or less distant cousins, and not, they always stressed, first cousins.



Art Bok, D.O., a University of Dayton football stand out in the late 1940s, entered U.D.'s Hall of Fame in 1969.

If Gravett had ever met Dill and Dilatush, it had been on a casual, impersonal basis. He mostly knew them by reputation. Dill and Dilatush were new to the profession, but they had years of life experiences behind them. They were ambitious and knew what they were doing. In 1922, Dill and Dilatush had opened a clinic in nearby Lebanon. They remodeled the second floor over a drugstore, and in short order had a four-bed hospital performing minor surgery and even some major surgery. They had the only X-ray machine in all of Warren county and were successful enough that within six months, they had paid for it with all of the patients it brought, and it brought many, given that the closest X-ray was in Dayton or Cincinnati. Dill must have been delighted that his mentor, E.R. Booth approved. Of their clinic, Booth endorsed the place as "sanitary, well lighted, pleasantly furnished, and fully

equipped with everything necessary for the small sanitarium or hospital. Many minor operations are performed. The service is osteopathic first, last, and all the time."

Among fixing other maladies, Dill and Dilatush were offering patients tonsillectomies, proctology surgeries and nasal submucous resection, which involves repairing the nose so one can breathe better. Dilatush's first appendectomies were done in his own home, however, using a reflector lamp for light, strategically placed over the patient. It was crude, but it worked. Gravett was surely impressed, and when he learned that the two men planned to remodel their business again, he suggested that they join him in Dayton.

There may have been another reason that Dill and Dilatush accepted Gravett's offer, simply than being flattered or wanting a larger place. As Dr. Ralph Young recounted the story, many years later, their clinic may have been in danger of being shut down. In the 1920s, Young was not yet an osteopathic physician, but he would be, and his family were patients of Dill and Dilatush's clinic. In the way Young told it, the allopathic doctors—better known as MDs—noticed Dill and Dilatush's success and were bent on bringing them down. They seized their opportunity when the cousin doctors treated a bank president who happened to have his own private nurse accompany him to the clinic. The doctors were required to have a nurse present if anyone was hospitalized, and apparently the inspector nailed the doctors on a technicality—that because this nurse didn't work for them, but for the banker, Dill and Dilatush were breaking the state law by not operating with a nurse on duty. According to Young's account—at a physician dinner in 1991—the clinic was closed, and the two men joined Gravett's upcoming hospital.

Anyone who knew Dill and Dilatush in earlier years might have considered their thriving careers as osteopathic physicians something quite extraordinary. At the turn of the century, their futures didn't seem fated toward medicine. Dr. Heber Milton Dill was born on the first day of February in 1880 to a farming couple, John and Martha. It was evidently an idyllic life. He had two older siblings to show him the ways of the world, and grandparents who lived nearby. Dill was in no hurry to leave his rural roots in Lebanon. He was still living there during his 20s, and when he hit 30 years of age, he was tilling the soil and working under a blanket of blue skies as a farmer. He and his wife of nine years, Irene, were raising two children, three-year-old Margaret and Rachel, just learning to walk and explore the world at 12 months.

These seem to have been pleasant but challenging times, according to a journal that Dill kept in the early years of the twentieth century. Two typical entries follow:

September 5, Wednesday: Threatening rain. Began sowing rye on orchard. Will finish as soon as get all potatoes dug.

September 8, Saturday: Warm. Hauled sweet corn cobs from Snook's factory in a.m., & took harrow and gravel wagon to C.L. Hizar's for repairs in p.m. Have been snapping corn for pigs for a week now—3 ears each per day. Owing to August rains, clover is starting again, and since corn is green, I am feeding no mill feed to pigs.

But Dill wasn't suited to farming. He had always been a little sickly—as a teenager, he had been sent to live in Texas for a time, and instructed to partake in a diet of pork and sweet potatoes—and as an adult, he was straining himself in his battle to cultivate the land. Sciatica, rheumatism and various stomach complaints led to a condition with his nerves. He tried many remedies, including those offered at a world-famous sanitarium in Battle Creek Michigan, the same sanitarium that was run by the cereal giant Dr. John Harvey Kellogg, whose misadventures were chronicled in T. Coraghessan Boyle's classic novel, *The Road to Wellville*. It was here, according to Dill's diary, that he began to consider medicine as a possible occupation.

But it wouldn't be until meeting Dr. E.R. Booth in Cincinnati, that Dill developed a passion for osteopathic medicine. As he notes in a May 14, 1906 entry, "Today I went to Cincinnati for a treatment by Dr. Booth. My first treatment for some six weeks. As a result of having taken some 25 treatments, I have very little sciatica, stomach is better, bowels about normal, nerves much improved. To osteopathy, I owe it all. It has done me more good than all other treatments I have taken in the past two years."

Booth wasn't just an inspiration to Dill. He was also a pioneer—and later an author, having penned the 1924 medical classic, *History of Osteopathy and Twentieth Century Medical Practice*.

At some point, Dill switched from classes such as Swine Husbandry and Dual-Purpose Breeds of Cattle, which he had been taking as a correspondence course from Pennsylvania State College in 1905, and instead in 1911, began studying at the American School of Osteopathy in Kirksville, Missouri.

A tall, slender man with piercing gray eyes, Dill was a quiet soul who was later described by a colleague as a "ghost." Perhaps he was just shy, or possibly his nature tilted inward because he never fully recovered from a personal tragedy he and his wife had experienced years before. Between their two children, Margaret and Rachel, born in 1906 and 1908, and before their third daughter, Linda Ellen, born in 1915, they had another child. That child died young—perhaps in childbirth or perhaps from one of the diseases of the day. They rarely spoke about it to their family and friends, if ever, and were it not for a mention of three children being born and two living in the 1910 census, it is information that would be lost today. It seems reasonable to speculate that the death, along with his own health troubles, may have helped push Heber Dill into practicing medicine—as it had for osteopathy's founder, Dr. Andrew Taylor Still.

Growing up without a father in his life, Frank Dilatush's childhood was a little more difficult than Heber Dill's. He was born February 12, 1891, and by 1900, he was the youngest of six children, five of whom were still living on the farm. Dilatush's mother, a 42-year-old born Annie Bone, ran the show. His father, Walter Dilatush, at first an attorney and then later a judge of the common pleas court, died on October 8, 1895, when Frank was just four and a half years old. And if things had gone a little better for Frank, he would have grown up with two other siblings, but they too died young. In fact, it may have been the tragedy of losing his brother, Karl, in February 1893, of appendicitis, that helped to eventually lead Dilatush into medicine, though there were many factors in his life that may have influenced him. For starters, his mother was afflicted with arthritis, probably rheumatoid arthritis, that was painful and debilitating. But the big push toward medicine came when he was 10 years old, and his older, sister, Irene, married Heber Dill. Having a brother-in-law who was an osteopathic physician helped give Frank Dilatush some direction.

He needed it, Heber felt. In his earliest days, Dilatush was full of wanderlust. He became a seaman in 1908 at the age of 17, working on a ship in the Great Lakes. If Dilatush hadn't become a doctor, he certainly would have remained a sailor. He clearly relished it, occasionally leaving the Great Lakes, sailing on one ship through the Gulf of Mexico, and there were at least two journeys across the North Atlantic. He spoke to his family of how miserable these voyages were—he was always freez-

ing and hungry. The blankets on the ship were threadbare, and the hard tack that he consumed was full of bugs. After each trip, Frank swore he would never sail again, but then he always ended up signing on for another.

By 1911, Frank was a student at Ohio State University. It's a good guess that his brother-in-law or mother strong-armed him into attending, because he only stayed in college a year before succumbing to the urge of traveling again. Dilatush took $150 that he had saved and toured Europe by train during the summer of 1912. By the end of the summer, he had run out of money and didn't think about his return trip, or so he told his family. Fortunately, Dilatush did have the paperwork showing that he was a former seaman on the Great Lakes. He hitched a ride home with a British ship, working as a waiter in the steerage class.

It was a different time in 1912. Apparently, one didn't need the four years of pre-med coursework to get into medical school, because by fall of that year, that's where Dilatush was, enrolled at the American College of Osteopathy in Kirksville, where his brother-in-law was also studying. Dilatush became Frank Dilatush, D.O., on June 7, 1915, after three years of intense study. He also had the opportunity to take classes from the aging Dr. Andrew Taylor Still, "the father of osteopathic medicine." The two apparently got along well, from what Dilatush said later in life. It's believed that from June 1915 to June 29, 1916, the young doctor interned at a hospital in Cincinnati. What is more clear is that Dilatush's medical career was temporarily suspended on June 30, 1916. Whether it was a case of more wanderlust, patriotism as the country seemed more and more inclined to go to war, or both, Dr. Dilatush enlisted and became a lieutenant in the Ohio National Guard. As it turned out, on April 16, 1917, the United States declared war on Germany, and June 26, the first wave of troops landed in France. One year later, Dilatush was in Europe, primarily in France. The ending of the war, not surprisingly, was a pleasant experience for him. He described the scene of entering a Belgium town in a letter, which made its way to publication in a *Cincinnati Enquirer* article.

"It was my privilege to be the first American to enter a little town from which the Germans had beat a hasty retreat a few hours before," part of Dilatush's letter read. "My little detail and myself were literally dragged into a house, our arms and equipment taken from us, bread, coffee and wine set before us, and every hospitality of the village tendered myself and my men. They could hardly believe we were really Americans, for the Germans had told them that only a few American troops

had been able to cross, owing to the submarine blockade. When I told them there were nearly two million of us here, fighting all the way from Holland to Switzerland, they were dumb-founded."

Dilatush left the army as a captain in 1919, finished his internship and began practicing in Cincinnati. He soon began a courtship with Marie Virginie Charra, an exchange student from France at Miami University in Oxford, Ohio. She graduated in 1920 and began working at the Deaconess Home for a year. Perhaps because he had been to France, and was so well traveled, Frank and Marie hit it off. Eventually, he proposed. She accepted, with the caveat that she would first go home and spend a year in France with her family. She returned in September 1922, and they married.

Frank and Marie settled at 215 S. Mechanic Street in Lebanon, and before long, he was practicing medicine with his brother-in-law, Heber Dill, D.O. Four years later, Drs. Dilatush and Dill would be offered the chance of a lifetime, the opportunity to create a lasting legacy in medicine. Dilatush would grab it, but he wouldn't give up his practice in Lebanon. He joined forces with Dr. Herschel Williams, another young osteopathic physician in Lebanon, and for years, kept his roots as a country doctor.

The house on Second Street that would grow up to be a hospital, was completed on December 30, 1890: that's when the deed was received by John Stengel, a businessman in Dayton who owned a lumber company. Some doctors recalled, years later, that each room was constructed with a different type of wood so that presumably the X-Ray room was made of pine, and the patients' quarters were maple, and Dr. Dill's office on the first floor was primarily oak.

It was a finely constructed home, a two and a half story building, not including an attic and a basement. The foundation was rock-faced stone, and the wall construction, pressed brick. The roof was pitched, and there were two front bays and two side bays, and the walls were turreted. The house was 60 feet wide, and it sat back a good 15 feet from Second Street. There was a neoclassical revival porch with a semicircular turret on the left. The second story had a bay on the right side of the house with a three-part window. The building even had decorative chimneys.

But perhaps the house strained the fortunes of Stengel, who went bankrupt in 1909 and was forced to sell the house to the Mutual Home and Savings Association

of Dayton, Ohio. The deed was handed over at 3:45 p.m., August 30. The association held the house until 1917 and sold it to a George H. Geiger, who apparently had rented the place for the previous eight years. But the family fell on hard times. Geiger's wife died, and he ended up selling the house to William Gravett. It's believed that the total price for the property was $16,000. In early 21st century dollars, that would translate into a house valued at over $280,000.

It was a luxurious house, but its beginnings as a hospital were painfully modest. More of a clinic than a hospital, there were originally only five beds for patients. "There was a $25 operating table purchased from the first war," Dilatush recalled years later. "We had a laboratory, which probably consisted of some saline solution and acetic acid, and some stains for blood count, plus a hand centrifuge. But we had a very good microscope."

Four types of tests were done in their laboratory—blood counts, urinalysis, hemoglobin determinations and clotting time. "Our drug list, at the time, could be counted on the fingers of one hand—aspirin, laxatives, argon, narcotics and phenobarbital," said Dilatush, referring to a drug commonly used at the time for epilepsy.

"Our price for the care of a patient was a straight five dollars a day," reported Dilatush, "which included all the medication, a short osteopathic treatment and food, of course. But baths were extra."

Instruments were limited to a sphygmonamometer, which was designed to take the pulse and blood pressure, a thermometer and a stethoscope. Most of the other medical equipment of today hadn't been introduced, Dilatush pointed out years later, "so after all, we were not much behind the M.D.s, except they had a lot of different colored bottles to give patients medicine from, and we didn't."

The lack of different colored bottles didn't hurt Dayton Osteopathic Hospital. Two years later, the hospital was doing well enough that doctors Carl Gephart and Lyman A. Lydic were invited to join the practice. It was 1928, and Dr. Lydic was nearing 30, and Dr. Gephart was a 24-year-old, fresh graduate of the Des Moines Still College of Osteopathy and Surgery, an educational institution that would be very good to the hospital over the years. Gephart had known he wanted to be an osteopathic physician since his high school senior year in Marietta, Ohio. He had back problems after being on the swim team, and his doctor's well-meaning suggestions were getting Gephart nowhere. But an osteopathic physician was able to help. "I was very impressed with him," Gephart said many years later. "He was very professional. My back got better."

During his stint in Des Moines, Gephart, for a brief time, roomed with Lydic in a fraternity. Lydic graduated first; Gephart, three years later in 1926. Gephart immediately began interning at the Delaware Springs Sanitarium, which had opened in 1916 as the first osteopathic hospital in Ohio. It was also where Lydic worked, and the two left to practice for a short time before aligning themselves with Dayton Osteopathic Hospital.

Lyman Alexander Lydic's initial contact with the future Grandview Hospital was brief. He possessed a sense of adventure and curiosity that kept him traveling across the country throughout much of his life.

Lydic's early beginnings were settled and stable, however. He was born November 1, 1898, in Forest City, Maine, and grew up halfway across the state in Jackman. By age 19, he was a laborer at the Jackman Lumber Company, still living with his parents, and likely hoping not to be drafted into World War I. As it turns out, he was drafted but never left Maine, and by age 20, he was honorably discharged, apparently so he could finish his studies at the University of Maine. From there, he went to medical school in Des Moines and graduated in 1923. After that, he served his internship at the Delaware Springs Sanitorium, and in June 1924, he began practicing medicine in Dayton, where he eventually joined Dilatush, Dill and Gravett.

But just a year later, in 1929, Dr. Lydic left Dayton Osteopathic Hospital to take on the position of chief of staff at a new holistic healing hospital in Virginia. Dr. Lydic, whether he simply wanted the experience or believed the hospital to be a close off-shoot of osteopathy, took the job and oversaw patients suffering from everything from stomach ulcers, acute gastritis, colitis, spastic paraplegia, hysteria and acute osteomyelitis.

All of the patients responded in an "encouraging manner," wrote Dr. Lydic, who unfortunately, chose to take the new position in October of 1929, just before the stock market crashed, ushering in the Great Depression. But Dr. Lydic hung on, residing at the hospital with his wife, Annie, and his mother, who was also named Annie. Three nurses also lived at the hospital, possibly because during these lean times they had nowhere else to stay. By 1931, the hospital shut down, along with many other hospitals nationwide, and not long after, Lyman and Annie were shuttling around the country. He returned to practice at Grandview, ultimately becoming the head of the Eye, Ear, Nose and Throat department, and in 1958, he opened the first ophthalmology clinic (also the hospital's first outpatient clinic) at

Grandview. Lydic also started the ENT and Ophthalmology residency programs, training both Everett Wilson, D.O. and Charles Schrimpf, D.O..

But in the midst of it all, Dr. Lydic was frequently traveling, consulting other hospitals and attending seminars at far-flung places, including Lintz, Austria, and he eventually purchased a second home in Maine, back in the town where he was born. From then on, he always enjoyed inviting Grandview physicians and their families for weekend getaways to hunt and fish. He retired in February 1965 and moved to Forest City, Maine for good. He passed away in 1978.

Ten years after Lydic's death, Dr. Gephart would comment about Lydic in Grandview's newsletter, then known as *InnerView*: "He was a great man. I had a lot of respect for him. I'll never be able to repay him for what he did for me. He taught me a lot." Gephart went on to say that Lydic was as professional as they came, and that he was a role model: "He could do things with his hands and arms that nobody else could do. I think it is something you are born with." Dr. William Quinlivan remembers Lydic as "a very calm, balanced individual who was respected and well-liked. Lydic handled people well and was a strong leader."

But unlike Lydic, Gephart didn't have urge to travel far and wide. After taking the job at Grandview, Gephart soon married and planted his roots firmly in Dayton and at Dayton Osteopathic Hospital. He remained aligned with the medical center that would eventually be known as Grandview for the rest of his career.

There was another doctor at the hospital, one who joined the staff shortly after the hospital opened. Her name was Ruth Weitzel, and little is known about her early life, but she was an osteopathic physician at Grandview, and even studied under the tutelage of Dr. Andrew Taylor Still. As late as 1930, she was living with her parents, Louise and Henry, who was a blacksmith, and perhaps she wasn't married at the then old maid age of 34 because men were threatened by her career. Ruth Weitzel was an anomaly in the 1920s and 1930s, a female doctor, but in the osteopathic profession, she wasn't a complete surprise. Quite a few women were osteopathic physicians, even as early as 1896, when osteopathy made its way to Ohio. They were often barred from medical colleges, but osteopathic educational institutions, understanding what it was like to be unfairly judged, enthusiastically welcomed women students.

Weitzel would remain on the Dayton Osteopathic Hospital staff until 1941, when she opened her own clinic. She remained steadfastly "old school," when it came to osteopathy. When D.O.s eventually were granted the right to prescribe any drug they liked, provided they take an exam, she refused. At that point—in 1943—she was 49 and perhaps too set in her ways, or she simply believed in everything Still had taught her and didn't accept that his methods, culled in the 19th century, might need some updating. Or perhaps Weitzel was onto something. She lived a long life, giving osteopathic manipulative treatments to friends and neighbors well past retirement, as late as in her 90s. She lived to be 101 and a half, passing away on June 8, 1995. "Ruth was an interesting gal," says family practitioner Tom Sefton, D.O., who started his internship in 1957 and treated Weitzel as a patient. "She had a skull down in her basement, which she picked up while studying at Kirksville. She said she forgot to return the darn thing and was concerned in her later years that when the fire department, morticians or whomever came and got her, they'd find that skull." Sefton reassured her that if anyone believed she had committed murder, he would back her up.

The conditions that Weitzel, Lydic, Gephart and the others were working in were primitive—compared to today's standards. Dr. Dilatush's patents had to lie down on a table in the kitchen. It's been said that Dilatush sterilized his instruments in boiling water and later, reverted to using a pressure cooker. To hone their surgery skills in those early years, the doctors would operate on animals, as was the practice of the time. It's also believed that Dr. Dilatush was being trained by a mentor, Dr. J.O. Watson, a skilled surgeon in Columbus.

The doctors needed the practice. One of the physicians who came to the hospital generations later expressed the thought that Dilatush's methods were primitive. And, indeed, they probably were compared to modern day standards, but as the Roaring 20s ended, Dilatush was considered brilliant. He was simply a product of his era, a time that future generations of medical professionals would look back on fondly—but also with a grimace.

Years later, in a discussion with James G. Laws, D.O., Wesley V. Boudette, D.O., described the character behind a lot of these early physicians: "The profession itself was in the throes. Most of all these hospitals were old houses. They were bought, and the money and everything was the physicians' money and so forth. They were building these practices. Many of these fellows were fairly talented, and, of course, I think they came into this profession because they were the kind

of characters that they were. They had the drive and the dreams, and they weren't afraid to take a chance. They were pioneers. I think pioneerism is a very important aspect of the development of anything. If it wasn't for pioneers, nobody would have been anywhere."

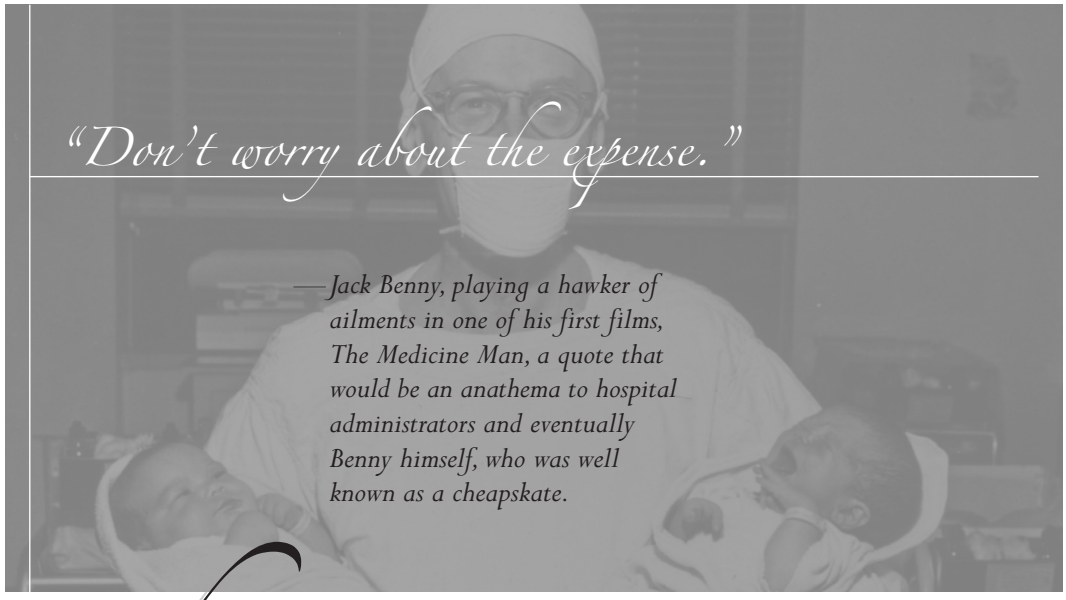
"Our scrub room was in the bathroom," recalled Gephart some sixty years after he and Lydic had joined the staff. While revamping a bathroom into a scrub room doesn't sound so terrible, one has to realize that Gephart meant it was simultaneously a scrub room and bathroom. "The doctors that were doing surgery would be in there scrubbing, and some patient or some old man who's had an enema and [would need] to expel it," continued Gephart. "He'd come in and sit down right beside you, while you were scrubbing, and expel that enema. That happened day after day after day."

The hospital had much to learn, and it would. Although trouble was all around the hospital, especially once the Great Depression hit, what should have theoretically destroyed Dayton Osteopathic usually just made it stronger. In 1928, something ominous happened—30 years after osteopathic medicine had been given Ohio's official seal of approval, the Montgomery County Medical Society passed a resolution which required their members not to associate with those in the osteopathic profession.

Perhaps because the bed count had doubled at Dayton Osteopathic Hospital, the M.D.s, felt a little threatened.

In any case, "after that, we had to fend on our own resources," recalled Dilatush. But if the medical society had been hoping to strike a death blow, they achieved the opposite. By isolating it from the rest of the community, Dayton Osteopathic Hospital was forced to become stronger than it might otherwise have been. If the institution was to survive, they would have to be more innovative and offer better treatment and care than anywhere else in the city. They would have to earn a national reputation for not just being one of the best osteopathic hospitals in the country, but one of the best hospitals in the nation, period.

It would have to become the little hospital that could.



"Don't worry about the expense."

—Jack Benny, playing a hawker of ailments in one of his first films, The Medicine Man, a quote that would be an anathema to hospital administrators and eventually Benny himself, who was well known as a cheapskate.

Chapter 2

GROWING PAINS

(THE 1930s)

In the 1930s, if a patient reached the Dayton Osteopathic Hospital by automobile, foot or perhaps a trolley, a first-time visitor would likely notice that the hospital bordered an alley in a part of a neighborhood that had seen better days. Of course, with the Great Depression strangling the economy everywhere, many communities had seen better days.

A patient back then would walk up about five steps onto the front porch and into a foyer, where a young woman would likely be sitting behind a desk, ready to inquire about an ailment or help find a sick mother-in-law. The room, warm and welcoming, was wallpapered and had a gas-burning fireplace. In fact, virtually every room had a fireplace as well as dark wooden paneling and unpainted baseboards.

Nearby was a small room where the X-ray machine was located. Dr. Richard Dobeleit, who joined the staff in the mid-1930s, ran it. With X-ray machines of the 1930s, a patient would lie on a flat padded table, with his or her head on a pillow. Above the patient, suspended from the ceiling, was the X-ray machine that would have been lowered-by a hand crank. The machine had an X-ray tube, now encased in

metal. Just a decade before, the original X-ray machines had an open lead glass bowl, which led to more exposure of radiation than anybody felt comfortable with, but the 1930s X-ray was quite an improvement. Dr. Dobeleit and possibly a nurse would have been wearing protective clothing, as would the patient, covered with blankets.

Although it was as safe as possible, it wasn't an ideal set-up. Fittingly, the patient was probably the most protected of the group involved with the machine, receiving an X-ray or two and then presumably going on with his day. As many physicians of his era were, Dr. Dobeleit was slowly receiving radiation poisoning almost on a daily basis, although it didn't harm him too much-he passed away in 1978, at the age of 75.

His spectacles and serious demeanor belie the fact that Dr. Richard F. Dobeleit (1903–1978) was once a professional football player and very handy with tools, often on his knees at the hospital fixing items like a broken radiator.

One of Dobeleit's competitors, however, was using the X-ray machine frequently—but he was not in any danger of radiation poisoning. There was an often-told story around the hospital halls of how during the Great Depression, their nearby competitor, Dr. Emerson Early, had an X-ray machine that broke. Unable to fix or replace it, he improvised. He had several X-ray photographs, of broken bones, lungs and other parts of the body. Unwilling to admit to patients that the machine was broken, or perhaps knowing his clinic needed the money desperately and not wanting to lose the patient to somewhere else; or possibly just wanting to make the person feel better about the care they were getting, Dr. Early would pretend to X-ray them and then show them the films, concocting a story to go along with them. To be charitable, these were rather desperate times.

If you didn't need Dr. Dobeleit to give you an X-ray, you might have stopped by Dr. Dill's office. As Dr. Ralph Deger, who began practicing medicine in 1936, recalled years later, "Dr. Dill did most of the diagnosing. You had to kind of go through him. Dr. Dill was a very nice gentleman, and he was very ethical and very good and had tact with his patients. He would examine the patient, and if he felt that the patient needed surgery, he would call Dr. Dilatush."

Dilatush, who had a practice in Lebanon and lived there, would then travel to the hospital after office hours, bringing along his own surgical equipment. After arriving, the surgical instruments would be sterilized-by boiling them in water. It wouldn't be until the 1960s that the hospital would begin providing surgical instruments to doctors.

If nature was calling, or if you simply had to wash your hands, there was a first floor restroom near the X-ray room. The room was used as more than a convenience, however. It was the place to go if Dr. Dilatush planned to give you a barium enema-patients drank barium salts, which coat the alimentary tract throughout the body, and help make the intestine, stomach and esophagus visible in the photograph.

Up the wide stairwell was the second floor, where there was another restroom, where Dr. Gephart and others would scrub and still more enemas were given. Deger remembered it the way that Gephart had-everybody used the second floor restroom: "Maybe you'd be scrubbing for surgery, but a patient would come in and want to go to the toilet. It may be a woman. You would continue scrubbing. Yeah, that would happen, and not just once. When they had to go, they had to go."

Not far from the restroom was the surgical room, where there was a pan of mercury, gloves and bichloride solution, which was used to sterilize the room and any instruments. There was a padded table for the patient to lie on, one that could be elevated for the lithotomy position-in which a patient lies on their back with their knees bent and elevated above the hips with their thighs apart. Women, in particular, would be in this position to give birth. The legs to the table that they laid on were thin, and all in all, the piece of furniture was fancy, but it was made of iron and sturdy. Above the table and patient hung a lamp that had been given to the hospital. Sometimes the doctors would bring up a gooseneck light from an office, which had a magnifying glass. The doctors could put the light through the glass and focus the light.

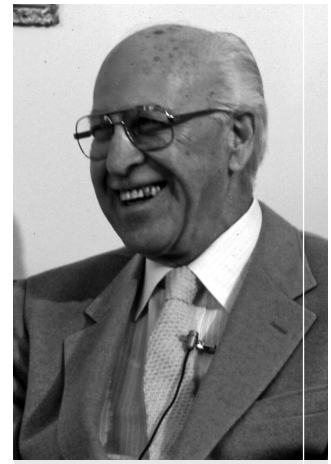
On the third floor, were the patients' beds.

All in all, it was a well-running operation, and as good as you'd expect in the 1930s. When Ralph Deger arrived at Dayton Osteopathic Hospital in 1936, after all, he was coming into an institution that had been around for ten years. "It was a stately building, well built and clean," said Deger. Indeed, throughout the decade, the doctors were working diligently, not only on their patients but striving to create a warm, friendly environment.

Outside, the environment was altogether different.

Chapter 2

The problems of the 1930s began in October 1929, as any casual observer of American history knows, when the Great Depression hit. In a matter of days, not only did the stock market tank, families lost their fortunes, banks closed and misery became a way of life. Dayton, with its foreclosures and soup lines, was in as wretched shape as any other city, although in 1931, there was actually a unique experiment to help some of the community's most destitute families. A coalition proposed to relieve Dayton's welfare burden by organizing families into "production units" that would support themselves through farming and making handicrafts to sell. It formed a few years later and lasted 18 months before fizzling out, long before the depression actually ended.



Dr. Ralph Deger, began practicing at Grandview in the 1930s, first as a family practitioner and later a proctologist.

One survey, from the years 1934 and 1935, shows that the unemployment rate in Dayton was at 40 percent. It was even bleaker for the teenagers who were leaving high school and trying to enter the workforce-for instance, in nearby Springfield, Ohio, 63 percent of 16 and 17-year-olds were unemployed.

Hospitals across the country were filled with sick people whose main illness was a lack of food. The health department in New York City found that one of every five of their children did not get enough food. Ninety-nine percent of the children attending a school in an Appalachian coal-mining area were reportedly underweight. Throughout communities across the country, people died of hunger.

Nobody had any money, but people were still going to hospitals. As the 1930s began, one million Americans had malaria. Seven hundred thousand people were combating tuberculosis. There were as many as 30,000 to 100,000 men, women and children suffering from small pox, and 26,000 others with typhoid fever. And whether they had money or not, people were going to have heart attacks, strokes, fevers, dehydration, broken legs, hernias and everything else that befalls a population. Still, if someone could persevere without visiting a hospital, they did-which hurt Dayton Osteopathic's income-and if they had to go, frequently, they couldn't pay their bills. "Surgical fees were put back into the operating fund so that the hospital could stay afloat," writes Dr. Laws in one historical account of Grandview Hospital.

Years later, Dr. Dilatush would tell a group of doctors, reminiscing over a meal at Lebanon's historic Golden Lamb, that in the 1930s a junk dealer once dropped by the hospital and asked if there was any lead for sale. Dr. Dilatush replied in the negative, but the junk dealer pressed on, saying that there was likely a lead-lined cistern in the attic. Back in the day, hired help would pump water from cisterns in the ground north of the hospital on Second Street, up to the attic of the home, to allow for a pressurized water system within the house.

Dr. Robert Haas left Grandview in the 1930s—taking along the Hospital's only nurse as his wife, but returned years later to become Chair of the Obstetrics department.

Sure enough, there was a cistern in the attic, and as predicted, lined with lead. Dilatush happily let the junk dealer remove the lead, and for the trouble, the hospital received $400. "It was like manna from heaven," Dr. Dilatush told the doctors, "because it came from above, and we didn't know that it was there."

There were other problems during this time. Dr. Robert Haas, who had joined the hospital in 1928, quit the staff and moved away, after marrying the hospital's only nurse, who, of course, left with him.

Losing Dr. Haas was a blow, but he would return years later to become the chairman of the department of obstetrics. Family practitioner Mel Crouse remembers Haas as "a very quiet man, a low-key guy, friendly, but not overly friendly." He was also quite handsome. Dr. Crouse's wife, Betty, adds, "All the women loved him."

The doctors at Dayton Osteopathic just wished that their only nurse had at least been able to withstand Dr. Haas' charms. But the upside was that because of the loss, the hospital found Dr. Dobeleit.

Chapter 2

Long before he came to Grandview and made medicine his lifelong passion, Richard Dobeleit already had a storied life. In 1925, Dobeleit began playing for the Dayton Triangles, one of the four charter football teams that would eventually form the NFL. He was naturally beefy back then, at 5'4 and 155 pounds, which for a football player was about average in the 1920s. According to an NFL game program in professional football's Canton (Ohio) Hall of Fame, the Dayton Triangles in 1922 averaged 178 pounds. The heaviest Triangle weighed in at 208.

In any case, Dr. Richard Frank Dobeleit, who was born on the Fourth of July three years after the turn of the century, would remain one of Grandview's more rugged and athletic doctors. Originally, Dobeleit had played for Ohio State University. In the fall of 1923, the college sophomore was made a halfback with great fanfare and was enthusiastically mentioned in several smaller Ohio newspapers such as *The Coshocton Tribune* and the *Lima News*, and, indeed, if a college player graduated to the professional ranks, they were always referred to by their alma mater. *The New York Times* mentioned Dobeleit in this manner, in a brief article about one of the games the future doctor played in November 1925: "Dayton showed a lot of fight in the line, and Dobeleit of Ohio State and Mayl of Notre Dame proved to be a dangerous forward passing combination."

Unfortunately, that couldn't prevent the Triangles from being creamed by the New York Giants, 23 to 0.

In 1930, Dobeleit's team had been sold to a company in New York and was renamed the Brooklyn Dodgers, not to be confused with the future baseball team of the same name. There is no evidence that Dobeleit went with the team. It seems unlikely. Professional football was in its infancy—with a few exceptions in the 1920s, like football legend Red Grange, players weren't yet being paid, and it's probably around this time when Dobeleit decided to make use of his college degree and tackle medicine instead.

In any case, by 1933, he was being interviewed for a job at Dayton Osteopathic Hospital. There has been some talk that Dobeleit continued to play professional football until he was injured with a fracture of his arm and a broken tooth, and, indeed, as late as 1943, there is an article in *The Zanesville Signal* that mentions Dobeleit attempting a field goal from the six-yard line. Dobeleit, who was then pushing 40, was playing for Dayton Fairview against the Blue Devils, a team from Zanesville.

Grandview Hospital through time

1930s

In 1933, two nurses are hired to work 24 hours shifts—their duties include helping with cooking and cleaning.

In 1938, Dr. William Gravett sells his portion of the hospital to his two younger founders, Dr. Heber Dill and Dr. Frank Dilatush.

On December 7, 1939, Dayton Osteopathic Hospital officially incorporates itself as a nonprofit enterprise.

Dobeleit made himself at home at Dayton Osteopathic Hospital quickly. Aside from his regular duties as a surgeon, he became the hospital's business manager as the 1930s continued. He also wasn't just gifted with surgical tools, but simply, tools. Everybody who remembers Dr. Richard Dobeleit remembers him as a regular fix-it man. "He did a lot for the hospital," recalls Dr. Donald Burns, who came onto the staff in 1951 as an intern. "Dr. Dobeleit had bad knees, too, and periodically, you'd find him down on his hands and knees, with pliers, fixing a fan or a furnace. Or the window wouldn't work, and he'd be working on that. He could fix anything."

There were several physicians who began practicing in and around Dayton during the 1930s, who would prove instrumental to the hospital's success, like Dr. Ralph Deger, who was trained as a family practitioner and became a proctologist, for instance. Dr. Ralph Young was another. He set up shop in 1938.

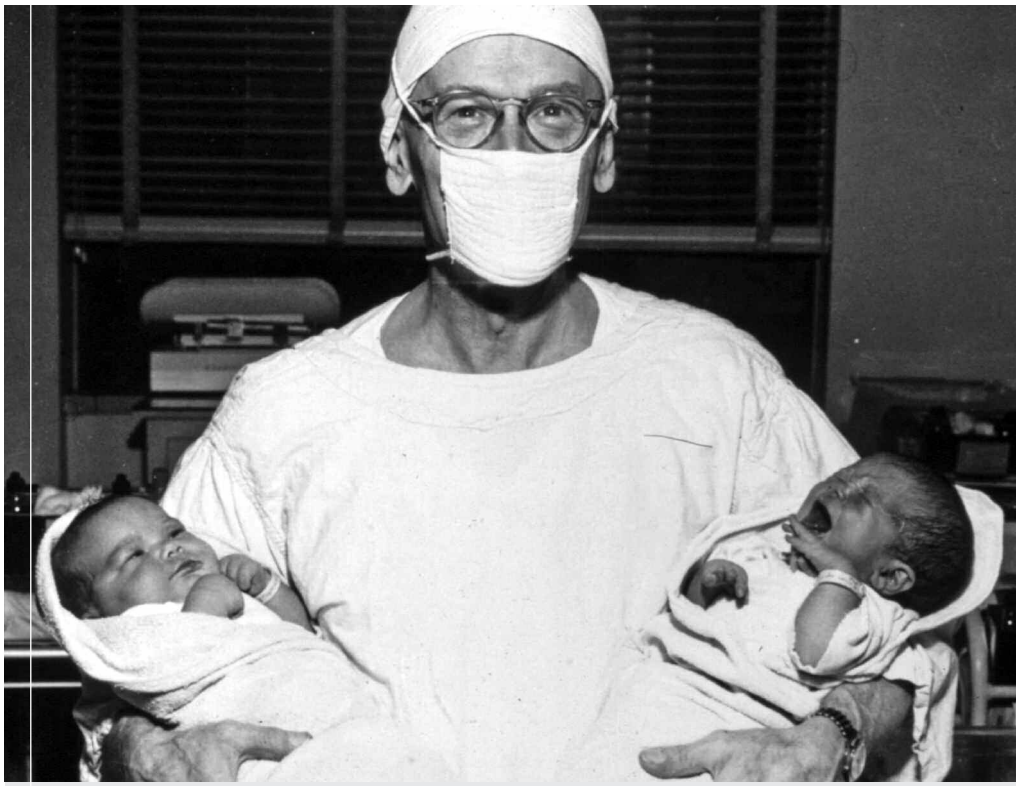
Dr. Young opened his practice in Lebanon and never left, but he was always aligned with Dayton Osteopathic Hospital, and then Grandview Hospital. He liked Dill and knew Dilatush well. In later years, when Young had a farm, he would hold an annual party for the Grandview interns.

Those early years, however, were lean and mean. Young had to leave Miami University during his second year, because he couldn't afford to stay in college. It was the height of the Great Depression, right about 1932. He was looking for a job when an osteopathic physician working in Franklin, Ohio, told him about an opening in a nursing home in Des Moines, Iowa. Young traveled to Des Moines and-apparently having no trouble with not having finished his degree at Miami University-enrolled in what was then called the Des Moines Still College of Osteopathy, now the College of Osteopathic Medicine at Des Moines University. It was the second oldest osteopathic college in the country, having formed in 1898. Over the years, it went through many name changes, from the original Dr. A.T. Still College of Osteopathy to the Des Moines Still College of Osteopathy in 1911, to Des Moines Still college of Osteopathy and Surgery in 1945. Thirteen years later, it became the Des Moines College of Osteopathic Medicine and Surgery.

While studying to become an osteopathic physician, Young worked at the nursing home, as well as a dance club where his job was to hit the dance floor with a female employee and encourage the other patrons to start dancing. He also bused tables, and it was while working that he met his future wife, Kathryn, a secretary in Des Moines.

Young interned for a year in Kansas, and after marrying Kathryn, decided to settle in Lebanon, Ohio. Young's father, an attorney, paid for the first month's rent at an office, where the new physician could open his business. He was just a block away from the famous landmark, the Golden Lamb, and interestingly enough, across the street from Herschel Williams, D.O., who had been a partner in a practice with Dr. Dilatush. It's unclear if Dilatush was still working in Lebanon, but it seems unlikely. As the 1930s and especially as the 1940s passed, Dr. Dilatush found himself more frequently seeing patients at Dayton Osteopathic Hospital and then Grandview Hospital as a surgeon.

Dr. Herschel Williams led an interesting life, by all accounts. He fought in World War I, and after being wounded in battle, was honorably discharged in 1919. Sometime after that, he attended medical school and began practicing in his hometown and birthplace, Lebanon, but his adventures with danger didn't end there. In the 1930s, a leopard escaped-presumably from a traveling circus. The leopard walked the streets of Lebanon, and Williams was the one who ultimately captured and killed it at the scene. It's been said that the leopard was quite old and feeble, and that any tale



Dr. Herschel Williams, a family practice doctor, delivered twins—nowhere near as dangerous as capturing and killing a leopard on the streets of Lebanon, Ohio. It was very common for anyone with a family practice to assist a mother in giving birth.

of Williams wrestling it to the ground is the product of exaggeration. Regardless, Williams was a caring doctor and a champion of the osteopathic profession, steering at least one patient and future Grandview physician-Donald Burns-into becoming a D.O.

Dr. Young was equally passionate about his chosen profession, throwing himself into his work, staying open seven days a week for many years, and keeping late hours, to compete with the other doctors who were closed at that time. At first, the Youngs lived with Ralph's parents, but after six months, they tired of each other, and the newlyweds moved to a room behind the office.

Dr. Young's practice grew slowly at first-in his downtime, he liked to read cookbooks and as a result, over the years, became a talented chef, whipping up everything from soufflés to unusual sandwiches. As his practice grew and diversified, Dr. Young became more valuable to Dayton Osteopathic Hospital and Grandview. Tonsillectomies were one of Young's specialties. He would start the ether dripping, and after the patient-usually a child of four to 10 years of age-had fallen asleep, he would remove the tonsils and then carry the boy or girl up to the second floor of his practice, where he had two beds, and they would sleep and recover.

Young also delivered a lot of babies, at first in homes, and then at his office, and then later, always at the hospital. In the coming decades, he had obstetrics down to a science. He would give several of his pregnant patients pitocin, to induce labor, and then he would drive them to Grandview, where they would all have babies around the same time. When family physician Mel Crouse was an intern, he would see Young come in with his several patients in labor all at once, and think, "Wow. How'd he do that?"

Another benefit to Grandview was Young's tight friendship as the personal physician of Corwin Nixon. Largely because of that relationship, Nixon came to know the doctors at Dayton Osteopathic Hospital and later, as a politician at the state legislature, would be instrumental in helping to keep the institution flourishing. Young's son, Stephen, would become an osteopathic cardiologist and work closely with Grandview and Southview Hospitals, meaning that the positive ripple effect Young had on Grandview continues to this day.

In the waning years of the 1930s, the Dayton Osteopathic Hospital was beginning to look more and more like an actual hospital and less like a clinic or amateur group of physicians. For starters, the doctors realized they couldn't run the hospital like a hobby. They needed a business manager.

One of the reasons they realized this was because of a management situation that had been brewing for most of the decade. Right about 1930, one young Dr. Emerson N. Early, born in 1903, was forming his own hospital in the vicinity of the Second Street hospital, even though the Depression was killing off hospitals around the nation. At first, perhaps because the idea of opening up a hospital in such a rotten economic climate seemed foolish, the physicians at Dayton Osteopathic apparently

hardly noticed, but by the end of the decade, they were quite alarmed. Dill, Dilatush and Dobeleit decided they should form a staff of as many physicians as desired and open staff privileges at the hospital.

Dr. Gravett had already departed the hospital. On March 1, 1935, when Gravett was 67, he retired to resume a private practice in Dayton-but he kept a financial interest in the hospital for a few more years. Then on or about December 31, 1938, Dr. Gravett sold his portion of the hospital to Dill and Dilatush; according to a deed, it was quite a bargain. He sold it to the doctors for only one dollar.

Dr. Gravett quietly lived out the rest of his life until 1951 and appears during that time to have had little contact with Dilatush, Dill, Dobeleit and the others. That he is so little remembered today may be why there isn't yet a single room dedicated in his name at Grandview Hospital. He is surely appreciated, but not well known. Thanks to the passage of time, he is an enigma.

By the end of the decade, the hospital, as far as it had come, was still more an institution of the past than the future. For a time, when the laundry that the hospital used burned down, the financially-challenged Dayton Osteopathic had to improvise, and not necessarily well. Dr. Ralph Deger checked on his wife in the late 1930s to visit his newborn and found his spouse crying, and not from happiness. "Look at our little baby with these old diapers," she said, showing him one with a hole in it.

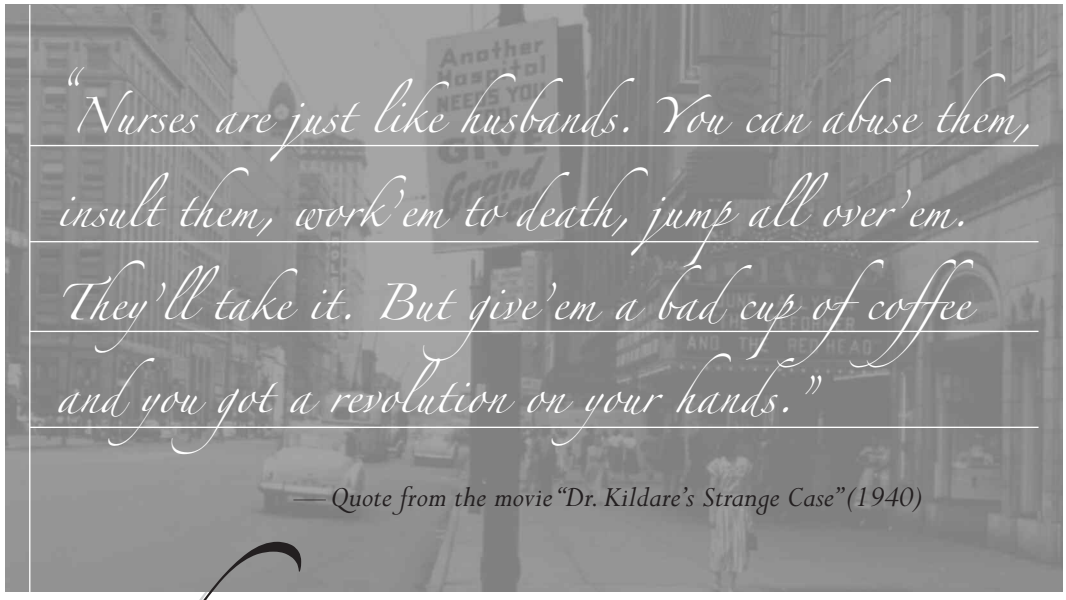
To Dr. Deger's surprise, he realized the diaper was actually an old towel. That's all the hospital had, and so he soon returned with a dozen cloth diapers for the mothers. That was the sort of person he was, recalls Dr. Crouse. "Dr. Ralph Deger was one of the most perfect gentleman you'd ever want to meet. He was a soft-spoken, lovely man, staunchly religious, impeccably dressed. Whenever we went to any affair, he and his wife Edna would always go out and dance, even into their 80s. Edna died one month after he did, you know. They couldn't live without each other."

Dr. Charles Miller, who reminisced at a physician dinner in 1991, recalled what Dayton Osteopathic Hospital was like in 1939 when he arrived. The doctors numbered 27 at this point, all doing the best they could with what they had. "At that time the old hospital had ten beds in ten different rooms. That was it. The operating room had an operating table from World War I. There were six electric light bulbs over the top of the table, and we soaked our gloves in alcohol to

sterilize them."The anesthetic equipment, he added, was little more than a couple cans of ether.

Dill, Dilatush and Dobeleit were equally concerned. Realizing that Dr. Earley's hospital could eventually spell trouble for them, and understanding that their hospital lacked a sense of professionalism, they filed a letter with the state of Ohio, that in part read, "On the 7th day of December, 1939, Heber M. Dill, Frank A. Dilatush and Richard F. Dobeleit, the persons named below as subscribers of Articles of Incorporation, desiring for themselves, their associates, successors and assigns to form a corporation not for profit in accordance with the laws of the State of Ohio under the name and style of "Dayton Osteopathic Hospital" and with all the rights, power, privileges and liabilities for by such law did subscribe and acknowledge, as required by law, Articles of Incorporation, as followed: Filed December 14th 1939, No. 178019"

The language was terribly dry, but the three doctors and the staff of Dayton Osteopathic Hospital must have been extremely excited. After thirteen years in business, the hospital was finally becoming official; a nonprofit entity that would allow them, they hoped, to keep their doors open to the public for years to come. They couldn't have imagined just what an undertaking they had begun.



"Nurses are just like husbands. You can abuse them, insult them, work 'em to death, jump all over 'em. They'll take it. But give 'em a bad cup of coffee and you got a revolution on your hands."

— Quote from the movie "Dr. Kildare's Strange Case" (1940)

Chapter 3

A NEW HOSPITAL

(THE 1940s)

When Dr. J. Milton Zimmerman walked through the doors of Dayton Osteopathic Hospital, he must have breathed a huge sigh of relief. It was 1940, and had he not made a key decision in the late 1920s, he might well have spent his life waiting tables and perhaps acting as an extra in Cary Grant or Katharine Hepburn movies. Or, of course, maybe he would have been starring alongside those movie idols. Who knows?

What we do know is that at the end of his junior year at Steele High School in downtown Dayton, Zimmerman left Ohio and headed for Chicago, intending to make it big on the stage. It seemed like a good idea at the time. He had starred in six high school dramas, after all. And so he packed his bags and headed for the spotlight.

Not much later, he made that key decision and returned to finish high school. It just hadn't worked out the way he wanted, though he did get to meet the legendary vaudeville performer, Eddie Cantor, and apparently sang a tune for him during an audition. As it's noted on the University of Dayton Law School web site—the law

school library is named after Zimmerman—the future doctor, philanthropist and ex-vaudevillian is said to have told his friends and family at the time: "The talking pictures have ruined it all, from legitimate drama to vaudeville hoofing. It is one tough racket, and the moving pictures about it aren't made up."

Zimmerman refocused his life's goal in a completely new direction: osteopathic medicine. After finishing his senior year in high school, he attended the University of Dayton and graduated in 1931. From there, he attended the Des Moines Still College of Osteopathic Medicine and Surgery. He graduated in 1935 and set up a practice in Dayton for the next five years, until he joined Dayton Osteopathic Hospital to practice internal medicine. What Hollywood lost, medicine certainly gained. According to Dr. Bob Glaser, Ph.D., an audiologist long associated with Grandview, "Dr. Zimmerman was brilliant, way ahead of the curve intellectually." And people knew it. Glaser adds, "When Dr. Zimmerman would walk down the hallway, the waves would part. He was the man."

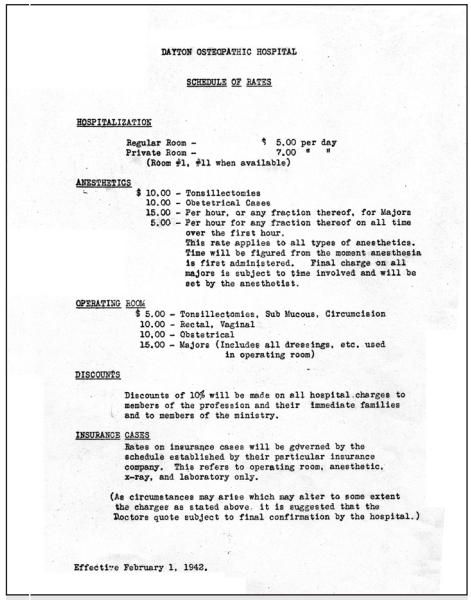
Dr. J. Milton Zimmerman (1911–1989), founder of the nuclear medicine department, was one of the legends at Grandview Hospital.

Zimmerman came to Dayton Osteopathic Hospital in a momentous year for the institution. Dr. Dilatush, Dr. Dill and Dr. Dobeleit had hired their first full-fledged administrator, someone not associated with Dayton Osteopathic who would now handle all of the paperwork, administration bureaucracy and management that goes with running a hospital. They turned to Arnold Algernon Fricke, who was born November 27, 1897, in Cincinnati. He was raised in a solid middle-class household. His father, Arnold F. Fricke, had worked his way up over the years in the grocery industry, until he became a store manager. Arnold Jr. seems to have

been influenced by him, also going into management. In the 1930 census, he's listed as an office manager, probably for a stock brokerage firm; at end of the 1930s, he was a full-fledged stockbroker.

Arnold A. Fricke was hired March 1, 1940, as the hospital's business manager. Keeping his job as stockbroker, he worked at Dayton Osteopathic Hospital in a part-time capacity. He was paid $50 a month, receiving $25 on the 15th of every month, and another $25 on the 30th. His salary was likely bumped at the end of the year, when he was hired to also be the hospital superintendent.

Obviously, the cost of living was a little less in the 1940s. Still, it's interesting, and even entertaining, to see what the hospital fees were at Grandview in the days of butter rations and Studebakers. One of the few documents from the period that has survived the years is a schedule of rates that Fricke likely developed. Dated February 1, 1942, the hospital charged $5 a day for a regular room; if you wanted it to yourself, $7. If you wanted anesthesia for tonsillectomies or an obstetrical case, it cost $10. If you were in major surgery, it cost $15 for the first hour, and after that, $5 an hour. The operating room charges were $5 for simple procedures like a tonsillectomy, and $15 if you were, say, run over by a car. Anyone working for the hospital and their immediate families, and anyone in the ministry, received a 10 percent discount.



DAYTON OSTEOPATHIC HOSPITAL

SCHEDULE OF RATES

HOSPITALIZATION

Regular Room - $ 5.00 per day
Private Room - 7.00 " "
(Room #1, #11 when available)

ANESTHETICS

$ 10.00 - Tonsillectomies
10.00 - Obstetrical Cases
15.00 - Per hour, or any fraction thereof, for Majors
5.00 - Per hour for any fraction thereof on all time over the first hour.
This rate applies to all types of anesthetics. Time will be figured from the moment anesthesia is first administered. Final charge on all majors is subject to time involved and will be set by the anesthetist.

OPERATING ROOM

$ 5.00 - Tonsillectomies, Sub Mucous, Circumcision
10.00 - Rectal, Vaginal
10.00 - Obstetrical
15.00 - Majors (Includes all dressings, etc. used in operating room)

DISCOUNTS

Discounts of 10% will be made on all hospital charges to members of the profession and their immediate families and to members of the ministry.

INSURANCE CASES

Rates on insurance cases will be governed by the schedule established by their particular insurance company. This refers to operating room, anesthetic, x-ray, and laboratory only.

(As circumstances may arise which may alter to some extent the charges as stated above it is suggested that the Doctors quote subject to final confirmation by the hospital.)

Effective February 1, 1942.

A schedule of Grandview Hospital's rates from the 1940s.

In the midst of all the administrative duties, most of the hospital employees were thinking about saving lives and helping people. The late Corwin M. Nixon, who would spend most of the 1940s working as a manager at a Kroger grocery store before going into politics and figuring heavily in Grandview Hospital's history later in his life, recalled in 1991 that in the early 1940s, he had been with his doctor, Ralph Young, at the hospital one night. A car arrived at Dayton Osteopathic with an overweight boy in the backseat, a child

in a family of 13, and Dr. Young said to Dilatush, "I think he's got appendicitis."

Dilatush looked over the boy and agreed. "Yes, we've got to take it out right away."

"He has no money," warned Dr. Young.

"Well, he won't be the first one we've operated on, and he won't be the last one." Then Dr. Dilatush turned to Corwin Nixon, who was already well known in the community, and said, "Since it's free, the state law says that you can watch." Nixon was scrubbed in, put on a gown and followed the doctors in the operating room. Nixon lasted 10 seconds after the first incision before fleeing. Dr. Steve Walker saw him and said, "Corwin, did you ever see a ghost walking? Go [to the mirror and] look at one."

Dr. Robert Berger came to the hospital late in the year in 1941, nervous and wondering how he would fare at Dayton Osteopathic Hospital, worried about getting through his first day. As it turned out, he needn't have worried. He never left Dayton for greener pastures; essentially, aside from his nearby Germantown practice, Grandview would always be his home. On that first day, he was directed to the intern quarters in the basement, which happened to be crawling with spiders, cockroaches and, interestingly enough, livestock. At this particular moment, Dr. Jack Miller was resting on a bed, and Berger couldn't help but be relieved to see a familiar face. Miller, who was six months ahead of Berger, had gone to school with him in Des Moines.

"Gee, Jack, what are we supposed to do?" asked Bob.

"Well, I don't know," said Dr. Miller, and then offered a suggestion. "Why don't you go put on some of these white scrub suits there?"

Bob did and returned. "What do I do now?"

"Go ask Dobeleit," replied Jack, still lying on his mattress.

Dr. Berger did just that, finding the nursing unit and inquiring who Dobeleit was. The nurse said, "Well, he's down the hall there, looking at a patient." It took a little while, but Dr. Berger found Dobeleit examining a patient who was bleeding a little. Dobeleit was armed with cotton swabs and a light on his head when Berger introduced himself.

"I'm Dr. Berger, the new intern."

"Uh-huh," said Dobeleit, who couldn't have been less interested.

Berger remained at attention for awhile, until Dobeleit suddenly said, "Watch this patient," and turned around and walked away. "That was the shortest orientation, I believe, that ever occurred here," concluded Berger, years later. Dr. Dobeleit must have known what he was doing, or not doing—Dr. Berger ultimately became the medical director of Grandview Hospital.

Fricke didn't last long as Hospital administrator. Dobeleit and the remaining founders of Dayton Osteopathic Hospital were having trouble coming up with a contract that Fricke was pleased with. It also didn't help that Fricke was busy as a stockbroker and never felt that he had enough time for both the hospital and his regular job. By the end of 1942, Fricke was out, and William Konold was in.

Konold joined Grandview on December 21. His wasn't a full-time position either. In fact, he already had a full-time job in Columbus, Ohio, as the director at Doctors Hospital, which had become an osteopathic facility in 1938, replacing the Columbus Radium Hospital. He took a job at Grandview as a consultant director for $200 a month.

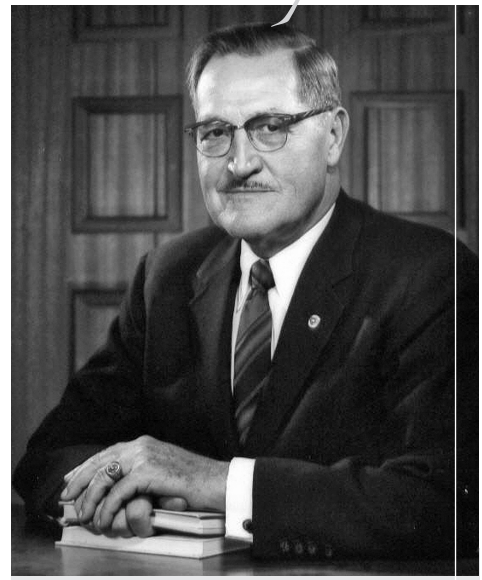
An ex-Marine who looked the part of an administrator—he had wire-rimmed glasses, a dapper mustache, well-trimmed hair and a chiseled chin—Konold was respected throughout the state, despite being a layman who somewhat drifted into working with the osteopathic profession. He was admired, however, because it was clear he could get things done and had a passion for the osteopathic cause.

Konold was born June 1, 1898, and lived in Pittsburgh throughout his childhood. He moved to the Dayton area in 1917, but shortly after, felt the call to duty and returned to Pittsburgh to enlist as a Marine on September 17, 1917.

While Dr. Dilatush was off in Europe, as a private and later a captain, Konold was serving on the *U.S.S. Arizona* for most of his two years at sea. When Konold returned to the states in February 1919, though he adopted a normal civilian life, it was evident later that he relished his experiences in the military. He embarked on his college education, attending the University of Illinois, and then was hired as a sales manager at the Warren Tool & Forge Company, a family business that thrived until it was blindsided by the Great Depression.

During that time, Konold was working on his own family business—marrying Runette, a native of Wisconsin. They had two daughters, Mary Jane and Margery,

and a son, William Jr. With his mother-in-law, Fannie Girard, living with them, it was surely a crowded household. When the Warren Tool & Forge Business died out, Konold worked briefly for the Republic Steel Corporation and then began his own business consulting firm, William S. Konold & Associates.



Long before the term multi-tasker entered the lexicon, William S. Konold was just that, at one point simultaneously running Grandview Hospital in the 1940s and Doctors Hospital in Columbus, Ohio.

Not much exists from the twenties and early 1930s, in terms of a paper trail; it is as if Konold's military life never existed. But by 1934, he had not only joined the American Legion, he had risen in its ranks, elected as the commander of the entire department of Ohio. During his term, Konold spoke frequently and forcefully throughout Ohio on issues important to the military. For instance, November 16, 1934, he told a crowd that "an emergency exists, the seriousness of which cannot be overlooked." He implored fellow veterans to work against the spread of subversive propaganda that he believed was infecting Ohio.

"The American Legion believes that America is for Americans and those of foreign birth who wish to become American citizens," declared Konold. "There is no place in the U.S.A. for Sovietism or any other kind of 'ism,' and the legion will gladly show the door to antagonists who preach the overthrow of our form of government."

That said, Konold wasn't a hawk, itching for a fight. He had no desire to see the country go through another world war. As Hitler loomed on the world stage, in Portsmouth, Ohio, in October of 1939, Konold said in a speech that, "I see no circumstance that would rightfully put this nation into conflict."

During the 1930s, Konold was effectively making certain that he would never have to sell horses, horse shoes and blacksmithing tools again. Without missing a beat, after he relinquished his American Legion title as the summer of 1936 ended,

Kentucky's governor, Ruby Laffoon, made Konold a Kentucky Colonel on his staff. Weeks later, Konold was asked to be an alternate delegate who might be called upon to help Senator Robert A. Taft secure the Republican nomination for President. Two years later, Konold was appointed by the Ohio governor as a member of the State Building Authority Governing Board. His salary was $5,000. Not long after, he was hired as the first executive secretary of the Ohio Society of Osteopathic Physicians and Surgeons, and about the same time, began running Doctors Hospital in Columbus.

There were some Grandview physicians who soon grew tired of Konold's allegiance to two hospitals, particularly since Doctors Hospital's proximity meant occasionally usurping possible patients from Dayton Osteopathic Hospital, but others were impressed with the man. Dr. Miller remembers Konold's connections coming in handy. When the furnace went out one winter week in late 1943, a simple phone call to Konold brought them a portable power generator of sorts—you had to light a fire in it, and then the machine furnished steam for the heat. It kept Dayton Osteopathic Hospital's halls and rooms warm until the furnace could be fixed.

The doctors kept warm another way. Corwin Nixon remembers one of the lighter moments in Grandview Hospital's history. During the war, whiskey was difficult to come by, and so the doctors made their own. Nixon, who worked in management at Kroger, furnished the sugar, and Dr. Dilatush, the mash.

"I hope it wasn't that alcohol they were giving these people baths in," Nixon mused years later, upon reflection. "I don't know, but they'd bring this alcohol down there, and it was called panther. I'll tell you, three drinks of that, and it was the best drink you ever wanted or tasted."

For all of the tragedy it brought the world, World War II lifted the United States out of its economic malaise, creating a ripple effect of new jobs across the land. It certainly wasn't by design, but those ripples had a positive impact on the osteopathic profession. As Dr. K. Grosvenor Bailey, a prominent osteopathic physician in California, told *The Los Angeles Times* in April of 1942, "With thousands of physicians and surgeons being called into the armed forces, a serious shortage of doctors is developing in the United States."

But not among the osteopathic profession. Still badly maligned fifty years after Dr. Andrew Taylor Still came on the scene, osteopathic physicians weren't recruited by Uncle Sam—in fact, they were forbidden to practice medicine in the army, and as a consequence, osteopathic hospitals across the country were well-staffed. Which turned out to be a good thing for the nation: *somebody* had to care for the home front, and so why not the osteopathic physicians? As more of the public dropped by their friendly neighborhood D.O., they began realizing that they were just as capable and caring as their previous doctors—and often more so. Eventually, the military came to see that and now actively recruits doctors of osteopathy for service.

The 1940s were still a time of great prejudice against the osteopathic community, but at least the doctors were making strides in the courts and local government. In 1940, the Ohio Supreme Court overruled Ohio Attorney General Thomas J. Herbert, who had declared that "an osteopathic physicians is not a licensed physician" when it came to establishing qualifications to be a coroner. In rebuking Herbert, the Ohio Supreme Court stated: "To rule an osteopathic physician was not a physician would be to say a shepherd dog was not a dog."

Grandview initiated its first public campaign, as seen on this street banner in downtown Dayton, to solicit funds for the new Hospital. Wilbur Wright was one of the donors to the project.

The year 1943 was also a boon to osteopathic medicine in Ohio, and Grandview, like every other osteopathic hospital, benefited. On July 31, D.O.s were finally granted equal practice rights in Ohio, including the right to prescribe all classes of drugs. That same year, another osteopathic hospital was created—this time in Akron—and J.O. Watson of Columbus, the mentor to Dr. Dilatush, became the first D.O. to serve on the Ohio State Medical Board, a position he would retain for almost 40 more years.

Because of their success, the Dayton Osteopathic Hospital officially considered moving into a new building on August 19, 1941, in a special staff meeting. By the fall of 1941, before Pearl Harbor, plans were set to start a campaign from the community to

raise $150,000 for a new hospital. Fricke clearly felt the pressure. In a 1942 memo in which he outlines the history of the hospital, he stated that "the eyes of the entire nation were upon Dayton. The trials and tribulations of this campaign were many…"

The hospital was outgrowing itself, literally. On the third floor, one of Dr. Leo Hoersting's patients probably wasn't the first to sit up in his bed too quickly, hitting his head on the slanted ceiling. Dr. Ralph Deger recalls patients waiting six to eight weeks, on average, for elective surgery. There were carts in the hallways; enemas were sometimes done here, too. Staff meetings—often long and contentious—were conducted in hotels, because there was no comfortable space in the hospital for the doctors to gather.

The hospital was so crowded that twice a day, the staff would bring the clean linens delivered from a commercial laundry, and sort it—in the emergency room.

Meanwhile, there was no elevator, and patients had to be carried on a stretcher up the steps. One day in the early 1940s, Dr. Jack Miller and Dr. Charlie Moon were navigating a patient up the stairway, when the ill man fell off the stretcher, rolled down the steps and hit his head on a steel radiator on the landing. He required stitches but apparently came through just fine. Meanwhile, the dumbfounded visitors in the waiting room watched, probably all quite horrified and perhaps wondering how their loved ones were faring on the floor above.

Soon afterwards, a ramp was built outside the Dayton Osteopathic Hospital, leading all the way up to the second floor. That helped, but not entirely. On more than one occasion, the stretcher or gurney would get away from the doctors and slide down the ramp until hitting a wall.

Much of the problem with patient transport was that the paramedic profession, at least in Dayton, hadn't fully evolved yet. In the early 1940s, if you had to go to the hospital, either your community had an ambulance, or it didn't. Either way, the doctors were generally the ones lugging the patients up the steps or ramp, through the halls and to their rooms. "We had the old stretcher with two wooden handles," recalled Dr. Berger many years later. He was always relieved when the patient was out cold and limber, due to the effects of general anesthesia. It meant that when they brought the stretcher into the room, they could line it up with the bed and flip the stretcher, so that the patient would flop over on the bed. "We didn't have to lift them that way," explained Dr. Berger. "Otherwise, we had to bend down and pick them up and lift them." No easy task, especially if the patient was heavy.

But Dr. Berger would have to stick with hauling patients up the stairs or ramp for a while longer. Dayton Osteopathic Hospital wasn't moving into new facilities anytime soon—despite the influx of patients due to the nationwide physician shortage. Building a new hospital, for the time being, was out of the question—for the same reason they needed a new hospital: World War II.

From the start of the war to its end, accessing permits to build anything that didn't directly support the war effort was next to impossible because of the government's restrictions on building materials. If it wasn't vital to defeating Germany or Japan, you couldn't get it. Perhaps the delay was just as well, because time was needed to raise the money for the future Grandview Hospital, or rather, for what they originally planned to call Grand Avenue Hospital. It's speculative, but seems obvious, that the doctors opted for the name Grandview Hospital in November of 1946, as both a nod to its street name and for the grand view of the Great Miami River that could be seen from the top of their hill. Even if by accident, it also suggested that the doctors saw only a grand future ahead for their scrappy little institution.

This was not an institution flush with cash. August 19, 1941, Dr. Lyman Lydic, present at the meeting, reported that the staff had pledged $15,500 of their own money for the building, but, of course, they would need to bring in much more. It was decided that they would start a campaign to ask the public for help.

As the campaign got underway, one of Dayton's most illustrious citizens donated some money to Dayton Osteopathic Hospital's cause: Wilbur Wright. Comments made after giving a $500 check to the hospital indicated he had an unpleasant experience at another hospital in the area. When somebody said to him, "Gee, Mr. Wright, that's nice," he offered a curt reply: "This represents the amount Miami Valley charged me last week for [doing] nothing."

Dr. Jack Miller, years later at a dinner, recalled how vigorously the hospital campaigned for funds. "We even went out door-to-door soliciting funds, a dollar, two dollars, at a time."

For now, Konold knew he and his staff would have to make the best of things and wait everything out. Which is what they did, like the time the furnace died in the waning months of 1943, costing the hospital a small fortune; and late in 1944, when an outbreak forced the third floor of the hospital to be quarantined for 10 days.

But a handful of future doctors who would later work at Grandview Hospital had bigger problems than thinking about furnaces, quarantines and equal rights with

M.D.s. Glen Sickenger spent a year in the Pacific, in 1944, on a small navy aircraft carrier, doing invaluable work in the Marianas Campaign; centered around islands north of Guam, it would be what some say was the most decisive battle of the Pacific theater. Beatrice Gilmore, RN, who would become the operating room supervisor and a well-respected nurse at Grandview Hospital, was stationed on Corregidor, a small, rocky island in the Philippines, an island that had to be quickly evacuated as Japanese forces came in. "She always got choked up when talking about it," remembered Dr. William F. Quinlivan years later. "The army didn't want the nurses to fall into Japanese hands."

Everett Wilson was a Marine in World War II. "I had just started my senior year of college when I was drafted," recalls Wilson, who soon found himself in the South Pacific and then spent a year in Guam. "I left behind a five-week old girl. She was three and a half years old when I came home."

For John Murphy, Jr., who would go on to become a family practitioner at Grandview Hospital, his experiences during World War II amounted to being "a lark, really." He was eighteen and then nineteen, when he served as a bomber pilot over Italy. He was shot at, but he wasn't frightened. "You were never going to get shot," Murphy says he believed. He attributes his fearless attitude to his youth. Dr. Quinlivan thinks Dr. Murphy is being modest and that he actually faced unimaginable horrors. For years after his service, Dr. Murphy avoided flying in airplanes.

Allyn W. Conway, who would come to Grandview in the mid-1950s and become the chief of radiology, as well as the president of the Ohio Osteopathic Association for a year in 1970, was a corporal in World War II. He fought in Okinawa, and as any military history buff knows, it didn't get worse than that. Conway, awarded both the bronze star and purple heart, was likely involved in battles that included hand-to-hand combat. By the time it was all over, 12,281 Americans and 110,000 Japanese had been killed.

Frank George was drafted at the end of the war, in 1945, spending his time in the hot sands of Iran, helping to keep a pipeline of food going to Russia, which desperately needed it. From there, after a quick stop at Port Sahid in Egypt, George was off to Naples, Italy, where he had a much more enjoyable stint in the army. As chance would have it, he was stationed at a hospital in the little town of Foggia. Mussolini had originally built the hospital as a tuberculosis sanitarium. George worked with a German POW in the X-ray department and naturally developed an interest in medicine, one that would take him away from what his mother had hoped would be his avocation: the priesthood. It was also here that George would meet his future wife, Bertha, an attrac-

tive field director in the Red Cross, a woman who spent her time traveling in a jeep throughout Italy, looking for missing GIs.

Leslie White was also fortunate, coming into the war at its conclusion. Still, it was a nervy decision to volunteer, given that he didn't know the war was going to end. He was 17 years old when he told his mother, "I want to join the Army Air Corps," which was the precursor to the actual Air Force. "I need to do it, I want to do it, because I want to fly."

White's mother could only watch helplessly as her son joined the army. Two of his cousins had already been killed in the war. But White had to wait until he was 18 and didn't finish basic training until March 1945.

Frank George, and his wife Bertha, met while serving in the Army and American Red Cross in Italy during WW2. The two married at the 55th Station Hospital in Foggia, Italy on November 16, 1946.

And at least one Grandview doctor found himself receiving a mortal blow of sorts, despite being a continent away from the battlefields. When Dr. Dobeleit learned the particulars of how his son had been killed, the grim news hit him especially hard. His only son, Bill, had been in the navy serving on an aircraft carrier when he was killed in a freak accident involving an airplane. Even as he continued healing the sick, Dr. Dobeleit was left with emotional wounds that he could never recover from. He dutifully practiced medicine and regaled friends of his professional football glory days until his retirement in 1970, but friends couldn't help notice that he was never the same man.

As the curtain on World War II finally fell, an era ended. In January, 1945, Dr. Heber Milton Dill died of a stroke. Appropriately, he was at Dayton Osteopathic Hospital. He had been stricken by a cerebral hemorrhage December 24, 1944, and was taken to the hospital, "where he had several good days," said an anonymous quote given to inquiring reporters by someone from Dayton Osteopathic. But at 2:15 a.m., with his wife and daughters at his bedside, he slipped away, just as another era at the hospital was about to begin.

The fund-raising campaign reached a fevered pitch and took the future Grandview Hospital from desperation to hope when General Motors gave, or "blessed us with," as Dr. Deger put it, $110,000. After that, the hospital just had to wait out the war—they planted Victory Gardens on the land they purchased along with the rest of the nation, to help ensure that plenty of vegetables and fruits grown on farms could be sent to the soldiers. The staff began planning for their eventual move. A board of directors was established, which everyone seemed pleased about, except for one livid physician, M.E. "Mac" McCauley, D.O., an eye-ear-nose-throat specialist trained under Dr. Lydic. He warned everyone: "Don't give the hospital away. Remember what happened to McCauley Propeller." He was thinking of his father and his business. Dr. McCauley's father had attracted numerous people to his company's board of directors—and was then voted out.

In the months to follow, the War Production Board gave the osteopathic hospital permission to start building their new home, which originally called for two buildings on the site, though it was later downsized to just one. As the hospital newsletter, the *Dayton Corridor Gossip*, noted in June 1945, "For the past year and a half, the present facilities have been taxed to over normal capacity, attempting to care for patients requiring hospitalization. Everything possible will done to push to completion units Number One and Number Two so that our patients will have the accommodations that the profession wishes them to have. The continued consideration of our friends in this problem is appreciated."

It was a time of great strain on the hospital, and yet there was a lot of hope. Earlier in the year, on January 17, 1945, Konold explained the outlook to the doctors at a board meeting. Reading from his annual report, he stated, "Today, you stand with hospital equipment of the best, and a physical plant in fair condition... You have improved your reputation in the community, and you are on the verge of proceeding with the building of a new hospital.

"However, for the next 10 months, at least, we are going to be doing business at 325 West Second Street. We will attempt to improve our administration policies and will put on a serious drive to reduce our expenditures. I believe it highly possible to reduce our food cost by a little more care in buying, and the elimination of waste," said Konold, foreshadowing a cause that would be picked up by the next administrator. "We believe our payroll can be scrutinized insofar as its present personnel is concerned, and with an improved type of personnel, we could get along with fewer

people, and should be able to eliminate from our payroll approximately $500 per month and still provide the same condition of efficiency, if not an improvement." He predicted that in 1945, the hospital would wipe out their debt and begin 1946 with a $10,000 surplus.

Purchasing new equipment for the new hospital would likely deplete any surplus, but their credit worthiness will have been restored by then, reasoned Konold, who felt very positive about the future, summing up his speech, by telling everyone, "The corporation should go into this new year of 1945 with considerable optimism; you have gone over your roughest rough, and the area ahead is all clear. A continued program of harmony and cooperation will make the Dayton Osteopathic Hospital one of the most progressive and talked about hospitals in this section of the state. The development period of the past two years makes for this year an excellent opportunity for perfection. It is to this end that both the staff and the administration should work in close harmony."

A few minutes later, the doctors were listening to Dr. Lydic, reading a resolution, noting the death of their friend, colleague and founder, Dr. Dill. "Now, therefore, be it resolved, that the Corporation of the Dayton Osteopathic Hospital in regular meeting assembled on this 17th day of January, 1945, expresses its sincere sympathy in the death of Heber M. Dill and mourns his absence from this and future meetings of this organization."

In that same year, Dr. Gephart was leaving general practice and instead focusing on a new interest, obstetrics and anesthesia. Gephart delivered a lot of babies—more than 1,400. Dr. Steve Walker was the anesthesiologist at Dayton Osteopathic, but "they wanted me to be the second one to help when Steve wasn't around," recalled Gephart years later.

At first, Gephart only administered ether and possibly agents like nitrous oxide and Vinethene to his patients—but as medicine advanced, he advanced with it—using other anesthesia, including sodium penathol, syncurine, Anectine drip and Epidural injection. Every autumn, he would travel to Boston and attend the world-renowned Leahy Clinic, one of the few medical establishments in the country that never displayed any prejudices towards D.O.s, recalls Dr. William Quinlivan, who also went to Leahy to observe surgery.

Gephart, years later, recalled that he visited Leahy 11 years in a row and watched the doctors administer anesthesia. Then Gephart would return to Dayton to install the same procedures in his hospital. "I was the first one to start epidural anesthesia at our hospital, or any place in the city, as far as that was concerned," recalled Gephart, who was surely the object of affection for many grateful mothers in the Dayton area.

Gephart was an excellent obstetrician, recalls Tom Sefton, D.O., who interned at Grandview from 1957 to 1958. "He was calm, cool and collected. I only saw him flustered once, on an Easter Sunday morning, when he delivered a stillborn baby. It was very unexpected."

Dr. Carl Gephart in his later years. He joined Grandview Hospital when it was Dayton Osteopathic Hospital in 1928. Dr. Carl Gephart was the first Dayton physician to use epidural anesthesia during childbirth; which surely made him a hero for many grateful mothers.

Being in the business of not just preventing death but improving life, Dr. Gephart taught other physicians how to give epidurals and later how to administer sodium penathol. All the while, Gephart would occasionally think back to the earliest days of the hospital, and how Dr. Dilatush and other physicians had to coax gallstones out of a patient without muscle relaxants. "Now, today, with the muscle relaxants they have, why it's an easy thing to do," said Dr. Gephart in the 1980s. "But I felt sorry for Dr. Dilatush and the others, working hard over these patients, trying to get those gall bladder stones out with no relaxation at all."

Dr. Gephart wasn't the only one who brought back knowledge from places and shared it with the other doctors. Many did, including Dr. Quinlivan and Dr. C.W. Elliott, who in the 1950s attended a cardiac resuscitation course at Western Reserve University Hospital, where the surgical subject was a dog. They learned how to open the chest and save a patient from cardiac arrest. Later, they gave the same course at Grandview

Hospital, dispatching an intern to the pound to find a dog on the waiting list to be exterminated—animal lovers can at least take solace that the canine was sacrificed for the noble cause of medicine.

With the contracts for the construction of the Dayton Osteopathic Hospital signed over the summer, the September 1945 issue of *Dayton Corridor Gossip* reported "construction has already started for the quarter of a million dollar project. The first unit of the new hospital will be completed within ten months." In the meantime, those contracts were benefiting numerous companies throughout Dayton. The B.G. Danis Construction Company had successfully bid for the general construction work, reported *Corridor Gossip*, as had the Gem City Elevator Company. The Wood-Daum company had been contracted for the heating and plumbing, and the Kelso Wagner Company for the electrical work.

"Fifty beds will be provided in this original unit," the newsletter went on to say, describing what the hospital would look like in some detail: "The new hospital is to be of modern architectural design, fireproof with a buff brick exterior… The ground floor of the new hospital will accommodate the X-Ray Department, Clinical laboratories, Orthopedic Department, Conference Rooms, Dining Rooms and Kitchen.

"The first floor level, front wing will accommodate patients' rooms, consultation rooms and the administration office. The rear wing of the first floor will be equipped with two operating rooms, Doctors' Room, Nurses' work room, Sterilizing and Autoclaving Room, Emergency Room, Pharmacy and consultation room. The ambulance entrance will be at the rear of the building."

The hospital newsletter was symbolic of what had happened at Dayton Osteopathic Hospital. Small as the building was, with all of the patients, doctors and nurses hustling in and out, there were far too many employees, and too little room, to hold a simple staff meeting and share information all at once, and so the *Dayton Corridor Gossip*, the name of the first newsletter, helped to do that for them. Parsing through the pages, especially today, is like entering a time capsule. Of course, at that time, the then-anonymously written manuscript was simply a helpful way for the staff and interested public to follow the progress of the hospital.

It featured black and white photographs, showing, for instance, Miss Gene Beason, a new lab technician, arriving from Mojave General Hospital in Arizona.

Another picture in the same 1946 newsletter showcased Dr. Jack Hutchinson, intern, who had graduated from the Kirksville College of Osteopathy in 1945, and yet another photo was of Dr. Earl Wright, a post-graduate student who had served three years in the Navy.

The newsletters were put together under Konold's direction, and while his name was at the top of each, certainly he delegated the writing to others. The newsletters from the beginning were meant to bring some sense of unity to the growing hospital, which was continually forming committees designed to bring some order to the melee. There was a *medical records committee*, chaired by Dr. Deger, in which nine members of the medical staff reviewed the records weekly of all the patients being discharged. Any doctor who consistently was late in filling out his records would have their staff privileges suspended and be reported, presumably to the *executive committee*, which acted as a liaison between the medical staff and the administrators. The *program committee* prepared and presented all of the programs, including clinical staff conferences and presentations of interesting cases. There was also a *credentials committee*, an *intern committee*, a *publicity committee*, which the showman Zimmerman headed, and numerous department committees in various fields, including internal medicine, proctology, obstetrics, anesthesia and eye, ear, nose and throat.


DAYTON

Corridor Gossip

Published by the DAYTON OSTEOPATHIC HOSPITAL, 325 W. Second, Dayton, Ohio WILLIAM S. KONOLD, Director and Manager

Volume One FEBRUARY, 1944 Number Two

ANNUAL REPORT OUTLINES ENCOURAGING PROGRESS

At the meeting of the officers and trustees of the Dayton Osteopathic Hospital in the Van Cleve, January 13, William S. Konold managing director of the hospital presented the annual report.

The report reviewed the improvements made in the hospital since January one year ago. Mr. Konold disclosed that 1400 patients were treated in the hospital in 1943, an increase of 40 over one-third over 1942.

Major achievements during the year included transforming of the basement from a laundry and bath house to a modern hospital floor of utility services. The kitchen was removed from small quarters on the first floor to the basement and with the addition of new equipment including refrigeration, new stoves, cooking utensils, some tables and chairs, a comfortable kitchen and attractive dining room was provided. An electric food conveyor now enables the hospital to serve hot food direct from the conveyor to the patient rooms, thus eliminating tray carrying to the first, second, and third floors. The patients now receive tasty, hot food, and there is no confusion and unsightly dishes piled in the halls.

The addition of a ramp on the rear of the hospital has aided materially in the hospital's efficiency and general appearance.

The entire third floor has been converted into patients bed rooms, increasing the bed capacity of the hospital by eight beds. The old kitchen has been changed into a very pleasant and attractive two bed room. The work room was changed from the sterilizer room to a room of its own merely by the addition of partitions and ventilation. Hot water heaters have been installed in the hall and in the bathroom of the third floor and a nurses station has also been established on the third floor.

On the second floor interesting changes have been made. The fireplaces in the two bed rooms, and clothes closets were also removed. This in-

(Continued on Page 2, Column 3)

Miss M. Ohe Palmer at the Chart Desk in the Third Floor Corridor. The Kitchen and Work Room formerly on the First have been renewed to provide eight more beds.

The Ramp viewed from the Third Floor Landing

The Dayton Corridor Gossip was the first hospital newsletter, implemented by William S. Konold, a part-time consultant who was brought in to run the hospital more efficiently.

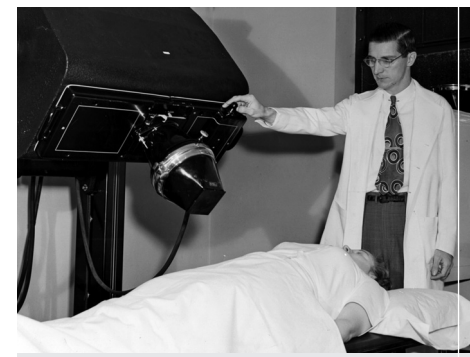
The newsletters reported on the constant changing of the guard in the committees, but they also brought in some diverting commentary on the social lives of the doctors. If Dr. Lydic was enjoying trout fishing in Maine, or if Dr. Dilatush spent a weekend in Maryland on his boat, you'd read about it here. And if Dr. Dobeleit spent a few weeks in March of 1946 in Florida, "where he obtained a needed rest," again, you'd find out about it in the *Corridor* as much as in the corridors of the hospital.

The newsletters, which came out a few times a year, also educated the doctors and nurses about everything from the various specialties that were being practiced in the hospital and explaining how to easily describe them to the public, to occasionally tossing out a humorous anecdote or joke, and they would also inform the staff of new developments in medicine.

"If you smoke, you'll be interested to know that at least some evidence has been found that is favorable to health," read one *Corridor* story in 1946, detailing a lab study that showed rats exposed to air laden with cigarette smoke lived for 642 days, opposed to 631 days for the non-smoking rats.

One headline in another 1946 newsletter story read, "Rivet gun for Polio Victims," and described how paralyzed patients limbs were being put underneath a rivet gun, which "pounds the affected muscles, kneading them vigorously....It reaches into the maze of nerve fibers and pinches some still-healthy strands just where they enter the muscles."

Some of the newsletters also reveal just how important continuing education was to the doctors. In the March 1946 issue, it's reported that Dr. Carl Gephart had recently returned from post-graduate studies in anesthesia in Philadelphia and Boston. Dr. Dilatush, Dr. Lydic and Dr. Walker had also been in Boston, where Dilatush observed or scrubbed in for some general surgery. Lydic did work in plastic surgery, and Walker did post-graduate study in anesthesiology.



Dr. Stiles, Grandview's first resident-trained radiologist, takes a patient X-ray in the early 1950s.

About the same time, Dr. M.J. Schubert completed post-graduate hours in Boston in general surgery, and Dr. Paul Brenner visited the same city to observe operations in proctology. As one group of doctors returned, Dr. Ralph Deger prepared to leave to work in proctology at a clinic in Boston, while Dr. Dwight Stiles, the recently installed chief of staff and head of the X-ray department at Dayton Osteopathic Hospital, went to Philadelphia to do some post-graduate study with two of the nation's leading roentgenologists, a term that later would evolve into radiologists. Charles Heusch, director of the hospital's laboratories, traveled with Dr. Stiles, spending time working with a Dr.

Dressler at Philadelphia in pathology and hematology. Finally, Dr. J. Milton Zimmerman left for Baltimore to take post-graduate work in gastro-enterology. The hospital's physicians and administrators had a deep understanding that medicine was fluid, constantly changing, and that the doctors had to change with the times.

But there was another upside to all of this education. With all of the traveling the doctors were doing, not all of them were ever in the hospital at one time. If they had been, one can almost imagine the doctors having to perform surgery in the front yard and on the roof.

Grandview Hospital finally opened its doors on March 3, 1947, at 405 Grand Avenue. It had 65 beds, more than six times as many as the original hospital on West Second Street. What it didn't have for long was William Konold, who resigned June 4, 1947. It was more of a push than a willing jump on Konold's part. Years later, Dr. Bob Berger recalled that one of the major frustrations with Konold was that he had a woman in administration with the last name of Treadway, who was his liaison with the medical staff. Since he was usually at Doctors Hospital in Columbus, the staff at Grandview would need answers to problems, and if there was anything major to be tended to, Treadway would consult with Konold first. This grew tiring, and collectively, a light bulb at Grandview went off: Fire Konold, and hire someone full-time.

At the second board meeting at Grandview—the first took place April 21—Konold's letter of resignation was readily accepted. Dr. Dilatush did make the request that a sincere vote of thanks by letter for his services rendered to the Dayton Osteopathic Hospital be sent, and that passed easily, too.

Konold went on to consult with hospitals in Toledo and Cincinnati, among others; a man of many talents, he even counted the Ohio State Veterinary Medical Association and the Ohio State Restaurant Association as clients. He served as secretary-treasurer of the American Osteopathic Hospital Association from 1940 to 1952 and published the first issue of *Osteopathic Hospitals*. His service to osteopathic medicine in Ohio and the nation could almost fill an entire book, which explains why in 1968, the American Osteopathic Association honored Konold with the Distinguished Service Certificate—its highest award—for his contributions to the osteopathic profession. Konold never left Doctors Hospital; he remained its CEO until he died on December 1, 1977.

Grandview Hospital through time

1940s

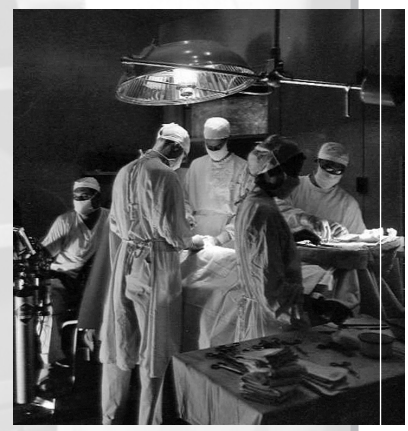
In 1941, the first four interns, *Dr. Jack Miller, Dr. Charlie Moon, Dr. Herbert Blackann* and *Dr. Robert Berger,* begin training at Dayton Osteopathic Hospital.

In 1943, as Dayton Osteopathic outgrows West Second Street, plans are drawn up to construct a new hospital.

In August 1944, penicillin is made available at Dayton Osteopathic Hospital. In November, the first caesarean section is performed at the hospital by *Dr. Frank Dilatush*. In February 1945, Dayton Osteopathic Hospital gets a new blood and plasma bank.

In November 1946, Dayton Osteopathic Hospital gets its new name, Grandview Hospital.

For the first time in Dayton, a "room in" plan is developed; newborn babies get to stay in the room with the new mom instead of being placed in the nursery.



Grandview Hospital, meanwhile, found Joseph Back.

As a member of the Board of Health in Cincinnati, and one who worked in finances at Jewish Hospital, Joe Back seemed like a wise choice to run Grandview full-time, and indeed, the length of his stay—over 20 years—bears that decision out. But Back was a strong personality, and because of that, he came off to many doctors as dogmatic and dominating. One doctor even once used the word "tyrant" to describe him, and several physicians were known to become visibly flustered whenever his name was brought up.

Still, other physicians acknowledge that Joe Back was a brilliant administrator who could work with numbers with the same cool precision his staff of doctors wielded a scalpel, and as an institution that was always in need of more funds, that's exactly what Grandview needed. Joe Back demonstrated his agility with income at his first board meeting, the same during which Konold's resignation letter was accepted. Back recommended that service fees for surgical, obstetrical and anesthesia cases become payable on the first of each month for services of the previous month. If they weren't paid by the 10th of each month, any delinquent doctor would forfeit all hospital privileges until the fees were collected. In other words, Back wanted his doctors to be as ruthless as he was when it came to money, but arguably it was necessary. Back imposed a controversial series of fees and charges on the doctors, who in the beginning of their practices, were struggling to make ends meet. A general practitioner might expect to pay anywhere from $1,000 to $2,000 to the hospital for staff privileges, whereas specialists paid over $5,000.

Back could be humorless, which was likely why he clashed with so many doctors. Dr. Fred Auwers, who came to Grandview in February of 1953, was the first orthopedic resident and remembers being in the intern quarters, which was shuttered off at the east end of the hospital in a brick building. On one particular day, there was very little to do, and so the interns began playing cards. Joe Back came into the room, "and his face turned all colors of red, and then it turned white, and I said, 'Joe, pull up a chair. We've got an empty seat here.' Then he really got white, turned around and just left. He talked to Dr. Bradford, and Bradford chastised me, saying, 'Next time you play poker, lock the door, stupid.'"

Another incident personifies Back, a story which numerous doctors recall with a mixture of chagrin and chuckles. In the 1950s, once a week, the doctors were served steak in the cafeteria. The problem was that the steaks were dished out on Fridays, making it a dilemma for Catholic doctors who were observing Lent and could only eat fish. "Why don't you serve the steak on any other day?" asked one of the doctors. Back's reply was to stop serving steak altogether.

Because he could be temperamental, it may have seemed to some staff that Back wasn't happy in his job, but the truth was, he loved Grandview Hospital, and many people at Grandview loved him back. Mary Blair, the woman who served as

his secretary for 13 years, speaks almost reverently of her former boss. "There isn't a thing I can say that's bad about him. He was nice to work for, and he was very fair."

Meanwhile, when the administrator was at home, he spoke very highly of the medical staff, reports his son, Joseph "Jay" Back Jr., D.O. If he hadn't been so reverent of the medical profession, Back's son speculates that he never would have become an osteopathic physician himself.

Joe Back's own father was a doctor, and by all rights, he should have been one, too. He was born November 22, 1904, in Newport, Kentucky. Early on, fate seemed determined to saddle Joe Back with the type of childhood that would direct him to want to help the sick and infirmed. His mother contracted tuberculosis, and his father devoted the last few years of his life taking care of her—before he, too, caught the disease. Joe and his brother were attending a boarding school, when they learned that their parents had died. Joe Back, at age 12, was an orphan. Not surprisingly, "he and his brother were two sad, lonely children," says Joe Back's son.

While Joe and his brother were left mostly to fend for themselves, their two sisters were adopted. Joe and his brother, when they weren't at the boarding school, were with Uncle Fred, who wasn't a pleasant man. "I suppose in today's terms, you'd say that he was abused," speculates Jay Back.

That Joe Back emerged from his childhood to live a productive life says a lot about the man.

He attended the University of Dayton and then attempted medical school but quit after one year, because he had no income. It was the 1920s, and Prohibition was in full force, resulting in his uncle's distillery being shut down. With no income to prop up his education, Back's dreams of becoming a doctor ended. However, Back settled for doing what he must have felt was the next best thing, working in hospital administration.

One of Back's earliest administrative crises to manage upon arriving at Grandview Hospital involved not medicine but environmental concerns. Several careless and irresponsible staff members were improperly disposing waste materials, sending them through pipes that led to the river. "I thought we were going to lose the hospital," Dr. Miller said years later. "They were getting towels and placentas and everything like that floating down the river. They were trying to find out where they came from, and they said, 'It must be Grandview.'"

Someone—probably Joe Back—told city officials that it couldn't possibly be Grandview, which satisfied the Dayton government until a towel labeled 'Grandview

THE AUXILIARY TO THE DAYTON DISTRICT
ACADEMY OF OSTEOPATHIC MEDICINE

50th ANNIVERSARY

1938-39 - 1988-89

PAST PRESIDENTS

L to R (seated)

Susie Siehl, Charlotte Murphy, Eleanor Brenner, Mildred Dobeleit, Dottie Fox

L to R (middle row)

Joan Greenfield, Betty Crouse, Ginny Caldwell, Shirley Denka, Marilyn Strickler, Jean Sickinger

L to R (last row)

Marie Shade, Terry Martin, Heloise Jarrett, Delores McCauley, Ginny Croushore, Carol Schatzman, Nancy Alway

Hospital' was found in the river. Embarrassed, Back investigated, learned what the problem was and had the waste incinerated from then on.

Because money was so difficult to acquire, and the hospital's needs were so great, it was about this time that the Grandview Hospital Ladies' Auxiliary came into its own. The guild was for any volunteer, no matter what their status at the hospital, while the auxiliary was made up solely of the doctors' wives. The guild was formed on April 23, 1948, when the ladies' auxiliary gave a tea in Dilatush Hall to organize the guilds for the new Grandview Hospital. And as an example of how strapped the hospital was, Dr. Deger recalls that when it came time to buy surgical scrub suits, every staff member was asked to donate $2.

"I think I can manage if everyone helps to make the original purchase," said Joe Back.

"We were *that* tight," marveled Deger, years later, who added that Back had bought a truck for the hospital, but it was such a pathetic piece of machinery, he refused to put Grandview Hospital on the side of the vehicle. "He wasn't proud of it."

In the beginning, there were several guilds collectively called, "The Federated Guilds of Grandview Hospital." There was a Project Guild, a Sewing Guild and a Service Guild. Each had its own advisory board; it was all quite organized.

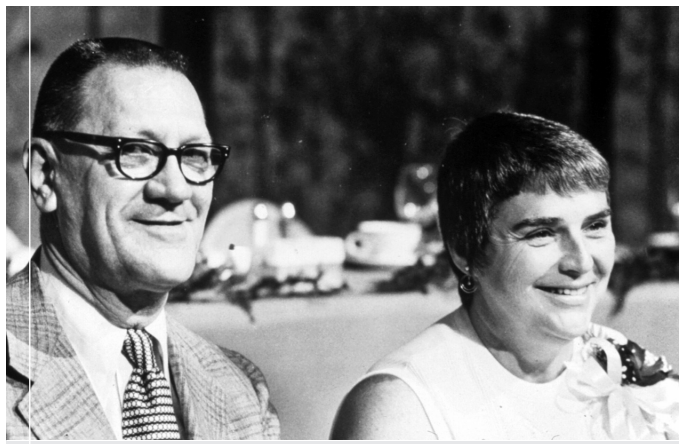
Members of the sewing guild performed countless important tasks for the hospital—they sewed drapes, gowns, slings and children's pajamas in the early years. Later, projects turned toward fundraising with stuffed sock monkeys and Raggedy Ann and Andy dolls.

For Grandview, it was a desperately needed resource. The doctors' wives were volunteers, working for free and serving in small but crucial ways. They were like the electrician installing outlets in a building; you may not notice it the way you do the fine architecture or commanding brick laying, but without the electricity, the building would have difficulty functioning. That's what the auxiliary and guild were to Grandview. Dozens and dozens of women, over the years, toiled in relative obscurity to make Grandview Hospital truly grand for patients and staff alike.

The auxiliary formed in the late 1930s. Mary Bradford, a doctor's wife and a doctor of osteopathy who never practiced, was the first auxiliary president from 1938 to 1939, and wives of doctors like Carl Gephart were members of what was originally called the Osteopathic Women's Auxiliary. But by the 1940s, when suddenly Grandview had six times more beds, and six times more patients, the need for a thriving auxiliary and guild became even more important. Despite their vital contributions, Susie Siehl, wife of Donald Siehl, D.O., recalls with some amusement that the head of the administration didn't always appreciate their efforts: "Joe Back didn't care for us. We were a nuisance."

In the late 1940s, the wives were making the drapes for the hospital and sewing many other useful gadgets, like cloth bags for the hot water bottles and pockets to put on wheelchairs to carry items. They made baby sheets, gowns for the patients and—in the words of one auxiliary member—millions of "sock monkeys," toys for the children. They were sold from the gift cart, since in the early days there was no gift shop.

By 1955, the sewing guild was established to help the two full-time employees Grandview had hired to keep up with everything that demanded a needle and a thread. Each year, the two employees were producing more than 5,000 items, including surgical linens, slings and draperies. The 16 volunteers of the sewing guild were making children's pajamas and robes, primarily for the kids who didn't own any.



Dr. Donald Siehl and his wife Susie, were two of Ohio's greatest advocates for osteopathic medicine. While Dr. Siehl was busy with his orthopedics practice and leadership in the professional associations—the AOA and OOA; Susie raised their 7 children and performed amazing feats as a volunteer for the Hospital.

By 1956, the gift cart morphed into what retired Auxiliary members describe as a glass

gift case and eventually into a full-fledged gift shop, which for years was run by the Auxiliary. Phyllis Gabriel and Millie Wilcher opened the store and initially ran it, and the wives did all of the buying. Occasionally, the volunteering became a team effort. Phyllis remembers doing the inventory for the store at night and letting Dr. Gabriel watch the children.

Dr. Donald Siehl, Grandview's renowned orthopedic surgeon, casts a young child's arm.

Over the years, the Auxiliary evolved into a fundraising arm of the hospital, staging lingerie shows and book fairs in the 1970s, the latter which brought authors like John Jakes and Erma Bombeck to sign their work. The auxiliary even rescued a historical building on the Southview Hospital campus and turned it into a store in 1980, to create a new way for the hospital to bring in money. But by the 1990s, the auxiliary had all but disbanded, and into the 21st century, the volunteer group was practically a one-woman show led by grand dame Susie Siehl.

Susie Siehl was never bitter about the fallen interest in joining the auxiliary. "As the years went by, more wives worked outside of the home than we did," says Siehl. "I think in the last 20 years, the wives who were wage earners wanted to prop their feet up during their time off, and I don't blame them."

Besides, the ladies auxiliary offered the doctors' wives more than a way to help. It became a much-needed social club, a place where they could vent to understanding ears about the long hours their husbands worked. The women are not quick to complain to outsiders—they have a lot of pride in the sacrifices they and their husbands have made for Grandview—but it's clear that the wives felt like the hospital was the third partner in the marriage.

Just how busy were these doctors? Susie Siehl's husband is a prime example. Dr. Donald Siehl joined Grandview in the 1950s and for 30 years served as Grandview's

director of the orthopedic surgery residency program. He was also, at one time or another, the chief of staff at Grandview and vice president of the board of trustees. As the years went by, Siehl added to his list of accomplishments, becoming a part-time faculty member at the Ohio University College of Osteopathic Medicine. He was president of the Ohio Osteopathic Association from 1962 to 1963, and president of the American Osteopathic Association from 1978 to 1979. Throughout the years, he was the president of the American College of Osteopathic Surgeons, a member of the American Osteopathic Board of Surgery, and executive director of the American Osteopathic Academy of Orthopedics.

The man was busy, though all of the Grandview doctors had lives that often took them out of their homes. It was part of the job; the wives understood, and they knew that medicine was really much more than just a job. Dr. Siehl was a good example. Osteopathic medicine didn't just run through his veins; it ran in the family. His father, Dr. Walter Siehl, had been an osteopathic physician, as were an aunt, an uncle and several cousins. Four of his five brothers, meanwhile, followed the trail he blazed and became D.O.s. As Ohio Osteopathic Association director Jon Wills told Carol Poh Miller, for her book *A Second Voice: A Century of Osteopathic Medicine in Ohio*, Dr. Don Siehl was a man who "couldn't talk about the profession without tears welling up in his eyes and the side of his mouth quivering from emotion."

Another important component of Grandview Hospital was established in 1947: internships.

Dr. Everett Wilson was Grandview's first *new* intern—as in the first who had never worked at the old hospital. Dr. Wilson showed up at Grandview on the first day of July in 1947 and says that two other interns were also present, holdovers from West Second Street. Within months, however, they were gone.

Wilson doesn't remember being intimidated by his surroundings and responsibilities at Grandview. He had, after all, seen and done it all during the war. His supreme confidence was a quality that showed up in his personality after the war, says Wilson, adding that his wife Hazel said that, "I was as cocky as could be for the first few years." But he had been trained to take orders, and so Wilson didn't find himself at odds with the doctors, except for Dobeleit, who was especially sarcastic and cold.

Wilson recalls coming into the emergency room five minutes late for a meeting, at 8:05 a.m. Dobeleit asked in a slow drawl, "Oversleep this morning, *Doctor*?" Wilson could feel the hair on his back bristle.

I have to work for these men, and I'm not going to say a word, thought Wilson, repressing every desire he had to fire back a sarcastic retort.

The unkind comments and Wilson's silence continued for a month and a half, until someone mentioned to the younger physician what had happened to the older doctor's son. Then Dr. Wilson understood. Dobeleit resented that Wilson had come home alive, and that his son hadn't. Perhaps Dobeleit realized why he was acting the way he was, too, because six months later, Wilson reports, the doctor did "a 180-degree turn and started treating me like a son." From then on, Wilson says, "That was probably one of the finest experiences I had in my internship."

Dr. Wilson did, however, find his hospital duties almost as grueling as the Marines. No gun battles at the hospital, of course, but there was plenty of blood and gore and 36-hour shifts, with then just eight hours off before another 36-hour shift. He soon became best friends with the women at the switchboard, who would hold off calls in the afternoon, so he could hide in a room and sleep.

Talking to Dr. Wilson today is like peeking through binoculars into the past. Wilson, like so many doctors, remembers the clicking sound that Dr. Gephart's shoes, apparently lined with steel on the heel, made when the soles of his feet touched the tile on the floor. Wilson also recalls Dr. Georgianna Harris sauntering through the hallways, the only female physician on staff. She seemed to enjoy parading the fact that she was a female doctor, recalls Wilson, who admits that at the time he was biased toward male doctors. Many physicians felt the same way, recalls Dr. Mel Crouse, explaining, "I think in her early years, she had a rough road to hoe. Women weren't accepted as doctors." Still, doctors eventually accepted her, says Crouse, who hints that she may have used her large girth to her advantage to get that acceptance: "She was a very large woman, and when she walked in the room, you knew she was Dr. Harris, and you'd better respect her."

"She was a sweet lady, warm-hearted," remembers Dr. Crouse, a family practitioner who received a number of her patients when she retired in the 1980s. Dr. Harris was the chief of staff one year, but as the decades passed, she mostly

focused on her practice, sending patients to Grandview and scrubbing when needed. "She took care of women and children only," says Dr. Crouse. "That's what her shingle said. She was excellent at osteopathisc manipulation therapy."

In the years after working as an intern with physicians like Harris and Gephart, Wilson would specialize in ophthalmology, training under Dr. Lyman Lydic. In 1948, he decided to go into general practice, delivering many babies during that time. "For three years, I practiced natural child birth, and that was an innovative experience for me, because nobody else had done that here in Dayton, not even Dr. Gephart, who did anesthesia plus obstetrics. He never really believed in natural child birth. I did, but he never interfered with my beliefs, and we got along beautifully, primarily because of his tolerant attitude of a young guy who thought he knew a lot and didn't," concludes Wilson modestly.

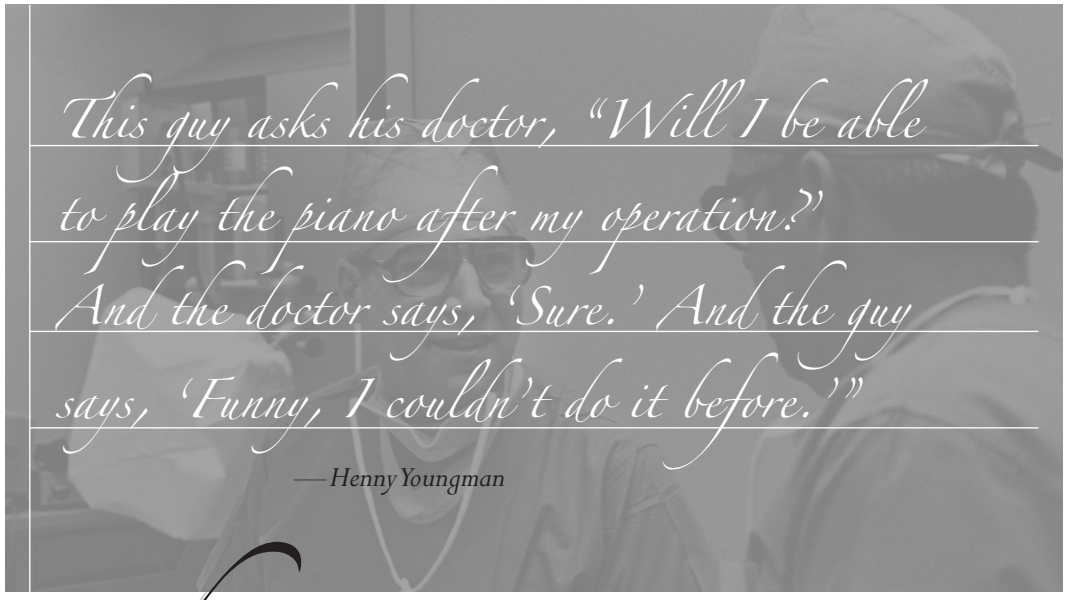
As life at the hospital moved into the 1950s, its old home soon became a distant memory. New doctors came, like Dr. William F. Quinlivan, who arrived in 1949 and who became Grandview Hospital's first surgical resident. He came in the way that many of his peers did and would. He felt wanted. After making the education rounds—junior college at Graceland College in Iowa, pre-med coursework at Syracuse University in New York and Philadelphia College of Medicine in 1944—he interned at Philadelphia Osteopathic Hospital. He started a family practice back in Syracuse, but what he really wanted was to be a surgeon. He interviewed at Waterville Hospital in Maine and Grandview Hospital, and while they both offered positions, Grandview really put some extra effort into their persuasion. Dr. Dilatush and Dr. Schubert not only took Quinlivan out to dinner, they took him to Memorial Hall in Dayton to see some Golden Gloves boxing. They were each so charming that Dr. Quinlivan had no choice but to accept.

Eventually, Dr. Quinlivan became something of an icon at the hospital.

And for Dr. Quinlivan, and all the physicians who arrived in the years after Dayton Osteopathic Hospital, the Second Street institution wasn't their point of reference. They would occasionally discuss it with the older doctors who remembered it fondly, but mostly over the years, it was forgotten.

In 1946, the building that housed Dayton Osteopathic Hospital was sold to the Rosol Investment Company, and it became a cafeteria, a dry cleaners and then a delicatessen, before it was sold to the county to be used as an annex building

for juvenile court. In the late 1970s, the home was razed. It is a forgotten patch of land now, a quiet, peaceful parking lot, far removed from its old life of offering a place of hope and help to the sick and injured.



This guy asks his doctor, "Will I be able to play the piano after my operation?" And the doctor says, 'Sure.' And the guy says, 'Funny, I couldn't do it before.'"

—Henny Youngman

Chapter 4

EVOLUTION

(THE 1950s)

Looking back at hula hoops, poodle skirts, drive-in movies and rock 'n' roll, the1950s were a teenager's decade. But hospitals were growing up.

December 29, 1949, Robert Casey, the chairman of the board of trustees for Grandview Hospital, led a meeting at the Engineers Club in downtown Dayton, and it was there that he made an announcement that excited everyone about entering the year 1950. Grandview Hospital, which had interns for some time and recently added residents, was now on the books as an officially approved intern and residency training hospital by the American College of Osteopathic Surgeons, as well as the Bureau of Hospitals.

This was big news, although the founders and staff at Grandview Hospital always had an interest in education. In earlier days, Dr. Heber Dill took courses on his own initiative in internal medicine and cardiology. Dill held impromptu lectures for other physicians, who would come to him for advice on complicated medical questions. Years after his death, he would be awarded the Grandview Hospital Distinguished Service Award, because it was felt that—at least in spirit, if not in the

paperwork—he was its first internal medicine specialist. There had been interns at the hospital since 1940, but now a decade later, Grandview was making its education commitment official.

Dr. James Laws, Grandview Hospital's resident historian, wrote in a 1997 paper about the medicine residency at Grandview Hospital, "It is probably at this point that the philosophy of education at Grandview Hospital changed significantly. This resulted in attitudes within the hospital in general and in the medicine department in particular, toward improving medical education, and this philosophy has continued to grow to the present day."

Interns quarters (for single men) in the 1950s. Pictured are some members of the Class 1954 (l-r: Allyn Conway, Edward Levine, Richard Sievers, Jack Goeller, Richard Harnden, John Ridgeway; front: John Wharton).

In the midst of this exciting news was a tragic bulletin that sent chills through all of the staff that knew him. Dr. Dilatush's former partner, Herschel Williams, D.O., who was around 50 years of age, died quite suddenly. He committed suicide after learning that he had cancer. Perhaps Williams had seen too many cancer patients die a long, agonizing death. And so the distraught man—who fought in France during World War I—who killed the leopard—who built a thriving practice, ended everything by pulling a trigger.

What haunted his friends for years was that the autopsy showed he was misdiagnosed. He didn't have cancer.

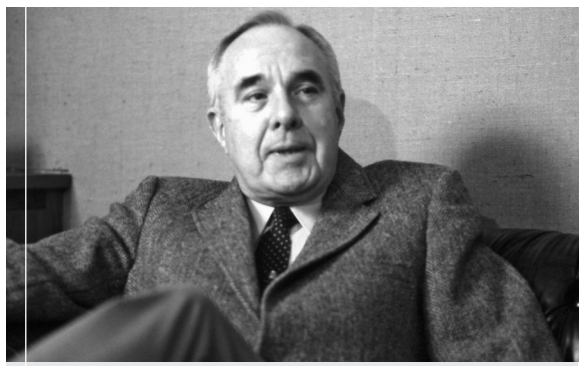
Dr. Ralph Young took over Williams' part-time job of county coroner, witnessing some of the same types of gruesome deaths that may have haunted Herschel Williams.

It was just one of many facets of Young's life. For a long stretch of time, he was not only running his own osteopathic practice, delivering pregnant patients to Grandview and operating as county coroner; he was also physician for the Lebanon high school football team, the doctor for Lebanon's prison, and once a week, he spent time as a physician for Latonia Race Course, later renamed Turfway Park.

Young was there because state law required a physician to be at race tracks where jockeys rode and horses ran; he may have also been there simply because his patient, Corwin Nixon, owned the place.

About a year after Herschel Williams' untimely end, William Gravett died of natural causes. That same year—1951—additional approval was granted to Grandview for the training of residents in surgery, obstetrics, radiology, anesthesiology, ophthalmology and otorhinolaryngology, which is a department that specializes in ear, nose and throat.

Not that everything went without a hitch. In the next few years, Grandview found it couldn't secure a residency training program for internal medicine, and lost its obstetrics and anesthesia residencies because it was determined that interns weren't taken on medical rounds and ward walks as much as they needed; examinations were frequently made without interns present and there were infrastructure problems that the Bureau of Hospitals wanted to see changed. For instance, too often the Department of Surgery and the Department of Medicine weren't consulting with each other. Some physicians blamed this on Dr. Zimmerman, who frequently referred surgical cases to other hospitals, angering the surgeons at Grandview. Still, what really boiled their blood was that Zimmerman would admit patients with problems like coronary myocardial infarction (a heart attack) for six weeks. "We'd be crying for beds, and his patients were walking the halls and sitting in the lounge," recalls Dr. Quinlivan, "when we really felt that our patients needed that bed more."



Dr. William Quinlivan, Grandview's first surgical resident in 1949, became an icon at Grandview Hospital. After retiring from his neurosurgery practice, he served as Vice President Medical Affairs.

Looking back on things, of course, plenty of mistakes were made by numerous physicians. The hospital, as all hospitals were and still are, was a work-in-progress, continually learning from previous mistakes and building on their knowledge. Dr. Frank George, who arrived as an intern in 1953, had an interesting,

intense year, full of learning opportunities. When he would walk through the corridors, the words one of his instructors had told him occasionally rang through his mind: "You're going to find out that fifty percent of what I've told you isn't true. Unfortunately, I don't know which fifty percent."

Looking back, it's interesting to see what doctors learned was true, and what wasn't. Dr. John Murphy Jr. remembers that he smoked until he was an intern, and so did most of the doctors in the 1950s. "Staff meetings were a little like going into the American Legion on bowling night," observes Murphy wryly. "I was smoking three packs a day when I quit. I loved it."

That smoking was unhealthy and even deadly was a realization which, like in many hospitals across the country, took awhile to take root at Grandview. Dr. Dilatush, in the Nineteen Teens, wrote a medical article that concluded smoking was unhealthy, but of course, no one knew for sure. In 1943, during a board of trustees meeting, among discussions of financing the new hospital, were some decisions made about smoking. Because of fire hazards, it was suggested that doctors and nurses confine their smoking to designated areas. There was also an understanding that smoking may be harmful beyond what it could do to a building—it was recommended that nurses shouldn't smoke while on duty, and patients were to be discouraged from smoking while hospitalized.

Dr. John Murphy Jr. also recalls that he used to think cholesterol wasn't all that important. But then there are patient care practices that the doctors of the 1950s engaged in, that are lacking in the 21st century. "The era of interpersonal communication is dying," says Murphy. "Doctors don't have time anymore to get to know their patients."

During the 1950s, Murphy and the other doctors at Grandview—indeed, across the country—were still doing house calls. It was becoming less frequent, but it was still a fairly common occurrence. Practicing in Beavercreek Township, Murphy visited patients as far away as Middletown and Mason, delivering babies in homes "until it wasn't fashionable" and running into some unusual cases, including one man whose face had been practically torn off by a dog. As his sons watched—they often accompanied him to the unusual cases and are now D.O.s themselves—Dr. Murphy cleaned the man's wounds, sewed his face back up and loaded him up with antibiotics.

Dr. Charles Wilcher describes a typical day of his house calls this way: He often dropped by a house in the early morning, before showing up at the office at 9. For

the next two hours, he would see patients, and then for the next two hours, he would often do more house calls and grab a bite to eat. For the rest of the afternoon, he would see patients at his office, but by evening again, on his way home, he would see more people in their own homes.

"We wouldn't let a mother bring in a baby, if the baby had a temperature of 100 degrees," says Wilcher, when describing the parameters for making a house visit. Elderly patients received house calls. Generally, if it could be done, and it was better for the patient, the doctor came to them.

Another difference that many doctors who practiced during this era have observed is that throughout the previous decades and into the 1960s, family physicians were scrubbing in with the surgeons who were treating their patients. Eventually, insurance companies ended this practice, noting it wasn't necessary and raised their costs. Logical, but the benefit was that patients went under the knife with a trusted friend watching. Patients often trusted their family doctors more than their surgeons, because they knew them. That familiarity and interpersonal connection is much harder to come by these days.

Of course, sometimes the doctor wasn't trusted as much as the family priest or minister. One physician at Grandview had a wife who required tubal ligation after a third C-section on their fourth son, but she was a devout Catholic and knew that her church forbade any sort of birth control. But because her health was in jeopardy, the physician secured a note from Dr. Quinlivan making it clear that the mother's life would be at stake if she had more children. The priest read the note and then spoke to the mother. Clearly thinking of the mother's four boys, the priest told her: "My child, you have done your duty. You're more important right now on Earth than in Heaven."

Then there was the lack of health insurance, and its headaches, during the Eisenhower era. For instance, Dr. Frank George met with a lot of families who couldn't pay him, but he treated them anyway, and recalls that they generally did everything they could to see that he was compensated. "One woman had seven or eight kids, and she took in laundry and ironed it and so forth, and every Friday, she'd come in and pay something. A dollar, $2.50 or three dollars or whatever she had, and sure enough, she did pay the bill off."

Nobody worried about insurance, recalls Dr. George. Families would stay with a doctor for years, says George, who had one family as patients for four generations.

During the 12 months that Dr. George did his internship, he was learning some methods of medicine that he would later toss, but much that he would keep. He was engaged in everything from delivering babies to removing tonsils and giving anesthesia to patients with limited training and minimal supervision. "We took more chances than we should have," admits George, adding: "We never worried about malpractice suits."

Which isn't to say that there was never supervision. One memory in particular sticks out for Dr. George. On evening duty, he ordered aspirin and a laxative for a constipated patient who was also sidelined with a headache. Innocuous enough, but the next morning, the attending physician chewed out the lowly intern, Dr. George, finishing with, "I don't like you ordering medicines in the middle of the night."

Dr. George had little choice but to agree with him, all the while thinking, *I'll teach you,* and so from then on, every opportunity that George had to prescribe medicines for this doctor's patients, he gleefully took, calling the doctor at all hours of the night.

Two weeks later, a sleepless doctor waved a white flag and said to Frank George, "You know, I hear you're a pretty good guy. You order anything you want." It was an uneasy beginning to a nice friendship. When the physician later went on vacation, he asked Dr. George to watch his practice for two weeks.

Dr. Fred Auwers arrived at Grandview in 1953 as the first orthopedic resident, training under Dr. Donald Siehl. Almost 40 years later, he recollected that his most vivid memories were of Dr. Dilatush, who lived nearby, picking him up and driving to Grandview every morning at seven. If Auwers didn't have orthopedic surgery, he would scrub in with Dilatush. But another memory that stayed with him is that of a policeman who was laid up with a broken femur. The police officer was in his bed, in traction, with a window view of the street. One night, he watched a man break into a car and take the radio. Apoplectic, the officer struggled from his bed to reach the phone. He couldn't, and he apparently had no easy way of reaching a nurse. Auwers sums up the story: "The fellow broke into three cars, and this policeman was beside himself because he couldn't do anything."

Because money was so tight, some interns probably half considered taking a few car radios themselves. Dr. Glen Sickenger, who arrived as an intern in 1951, recalls that his pay was only $25 a month. "I got a job right away," says his wife, Jean, who began teaching fifth grade and was fortunate enough to find a baby-sitter to watch their three-month-old, Steve.

Even in 1951, "You couldn't live off twenty-five dollars a month," says Dr. Sickenger, who adds, "I think I sold blood one time for a little extra money." Their big windfall came in an improbable way. An automobile sideswiped the 1949 Ford that Jean was driving and then took off. Jean chased down the man, who said, "Look, don't tell the insurance company. Get an estimate, and I'll pay you."

Jean did—it was going to be $125 to fix the dent in the rear panel. Dr. Sickenger studied the car as he might a patient, however, and soon had a solution. He jerked back the panel to its regular form with a toilet plunger and then collected the $125 from the hit-and-run driver. "That was five months' pay," marvels Sickenger.

Dr. S.A. Gabriel's wife, Phyllis, remembers driving a car that was so beat up, after buying groceries one day at Liberal Market, she started on her way, when a watermelon crashed through the floor boards. "It sounds funny now, but you can imagine if the kids had been on that," says Phyllis, who was a mother before the age of mandatory seat belt laws. Millie Wilcher sympathizes. Her car, back in the days of being an impoverished doctor's wife, drove fine, except that it couldn't drive in reverse.

But as Susie Siehl says, "We had fun." Phyllis agrees. Of their temporary hardships, she says: "We didn't dwell on it."

There was little reason for Phyllis Gabriel to dwell on the hardships. Like the other doctors' wives, she knew her husband's pay scale would eventually improve. In the meantime, the doctors and their spouses were toiling for a good reason—to help their community. Phyllis' husband, Dr. Speros Gabriel, arrived at Grandview in 1954, a year that the educational training in the hospital was changing rapidly.

Dr. Gabriel graduated from a medical school that had been extremely strict in their discipline. "If you whistled in the hall, you could be discharged," recalls Dr. Gabriel. "Any move you made that could be considered abrasive might be a reason for being dismissed." And so when he first arrived at Grandview Hospital, Gabriel fully admits, "I was a frightened pup."

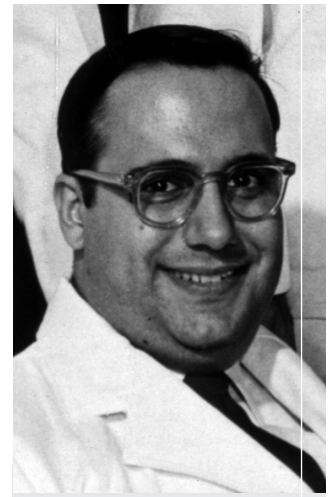
Gabriel had reason to be. Not a day went by at Grandview when Dr. Gabriel didn't encounter the surreal and strange, surely wishing he was being paid more than fifty dollars a month (One of his peers, Dr. Donald Burns, once calculated that the interns were averaging 11 cents an hour). For instance, there was the horrific moment when a woman ran into the lobby, shrieking at Dr. Gabriel: "My baby, my baby, I think he's dead!"

She begged Dr. Gabriel to leave the hospital and cross the street into her apartment building where her infant apparently was. Gabriel hesitated—there was an ironclad rule about interns leaving the hospital during their shifts—but he quickly secured permission and with another doctor, charged outside, following the woman who kept shouting, "My baby, *my baby!*"

There, in the woman's apartment, the two doctors found her "baby"—an elderly man, nude with an ice cube in his mouth. The woman had been correct—he was dead, all right, having suffered a heart attack. Dr. Gabriel, relieved that there wasn't an actual baby in trouble but shocked to see what he saw, managed not to have a coronary himself.

On another shift, a father came running in, explaining to Dr. Gabriel that he had cast his fishing hook, which had landed in his son's face—in the worst possible place. "The eye," the frantic father said, "is hanging out." Dr. Gabriel immediately saw the boy, expecting the worst. As it turned out, the fish hook had just missed the eye—what was dangling about was the worm.

Interestingly enough, a dangling eye socket, Gabriel could handle, but a worm? He drew the line at anything that slithered. "Tell you what," the father said, after calming down and surveying the situation. "I'll take care of the worm, if you take the hook out." Dr. Gabriel obliged. Dr. Gabriel would not be so fortunate later, when he took care of a 12-year-old with roundworms, crawling out of the boy's nostrils and mouth.



Growing pains were experienced by Grandview Hospital and Dr. S.A. Gabriel in the 1950s, when controversy hit about accepting new members to the medical staff of an over-crowded hospital. Gabriel prevailed and had a long, successful career in the Department of Surgery.

Then there was the incident when Dr. Gabriel examined a 13-year-old boy with severe abdominal pains—and who also, incidentally, was accompanied by a terrible stench. "Have you done anything to ease the pain?" Gabriel asked, trying not to be overcome by the boy's smell. The mother volunteered that she had applied an old remedy they used when living in the Appalachian hills—possum grease and turpentine to the boy's stomach. Dr. Gabriel nodded and had the boy cleaned off before suggesting that this hadn't been the best remedy.

Dr. Gabriel also remembers Dr. Zimmerman having a difficult time getting a gastroscope past a patient's mouth and into her esophagus. Back in those days, gastroscopes were metal and rigid, recalls Dr. Gabriel, who gave the woman sedatives; however she still couldn't relax enough to take the gastroscope. Finally, she insisted that she do it herself. Dr. Zimmerman was reluctant but ultimately gave in, and the woman put the gastroscope down her throat with ease. After Dr. Zimmerman examined her and removed it, he was perplexed—and impressed.

"How did you do that?" he demanded.

"I used to be a sword swallower in the circus," she revealed.

On yet another occasion, a deputy sheriff brought in a felon who had been injured during the arrest. Dr. Gabriel and several others were nearby when the prisoner grabbed some bandage scissors from a nurse and threatened her. She ran from the room, and he took off after her. Just as he came charging out of the emergency room, Quinlivan recalls a young Dr. Jack Herzog, an orthopedics resident and Joe Back's son-in-law, picking up a wooden chair and clocking the crook with it.

The deputy sheriff came along, and Dr. Herzog said, "I suppose I'm in big trouble for this."

"Doctor, I didn't see a thing," said the deputy sheriff.

Another interesting and troubling event occurred the year Dr. Gabriel arrived at Grandview. It had little to do with the hospital directly, and yet the staff couldn't help but be riveted by the newspaper reports. On the morning of July 4, 1954, a woman named Marilyn Sheppard was found bludgeoned to death. The key suspect was a wealthy physician in Cleveland named Sam Sheppard. He was an osteopathic physician with privileges at Grandview Hospital.

Sheppard, many believe, became the inspiration for the hero in the television series *The Fugitive*, though series creator Roy Huggins always denied it. The doctors at Grandview were keenly interested simply because many of them knew Sam Sheppard.

Several doctors had worked with him at Bay View Hospital in Cleveland, an institution that had a history—up to this point—somewhat similar to Grandview's. The hospital began in 1935 as Cleveland Osteopathic Hospital, but instead of three doctors, 38 osteopathic physicians and surgeons formed the organization. In 1948, the hospital bought a new building and renamed it Bay View Hospital. Sam Sheppard's parents, Richard and Ethel, were osteopathic physicians and dedicated their lives to the hospital. Richard was the chief of staff and practiced medicine there, and Ethel worked everywhere from the laundry department to the dietary center. Their three sons, meanwhile, were all surgeons at Bay View.

One Grandview doctor remembers Sheppard extremely well. Dr. Charles Wilcher, who began his career at Bay View, assisted him on two appendectomies—just a few hours before the police made their arrest on July 30, 1954.

Dr. Wilcher has less than pleasant memories of this time, especially during the weeks after Sheppard was taken into custody. The public was convinced this was a psychotic physician, and it's probably safe to say nobody at Bay View Hospital felt too enthusiastic about being associated with Sheppard. Wilcher remembers working at Bay View and hearing telephone operators complain that crank callers were phoning the hospital to ask, "Is this the butcher shop?"

When Dr. Wilcher had the chance to leave in October 1954 and join Grandview, he bolted for the exit. Given his unpleasant experiences at Bay View, Grandview was a good fit for Wilcher, who would settle into a pleasant routine of delivering babies—about 1,000 he estimates—and living the life of a general family practitioner. Thirty years later, in 1984, he became Grandview's chief of staff. Wilcher, incidentally, was almost called to testify in Sheppard's trial of the century, but at the last minute was told his recollections wouldn't be needed. He was greatly relieved.

Sheppard, meanwhile, was convicted and sentenced to jail in December 1954, against the backdrop of a media circus that rivaled what we have today. On January 7, 1955, his distraught mother, Ethel, committed suicide, not living to see the Supreme Court overturn the guilty verdict in 1966, stating that pretrial publicity directly impacted the jury's decision. Still, the Supreme Court

didn't exactly give Sheppard a vote of confidence that he was innocent or a model citizen, and thus his life didn't improve upon release. Unable to practice medicine, his life took an odd and yet further tragic turn, especially if he was innocent, as he always claimed. Sam Sheppard became a professional wrestler for a brief time and died in 1970 at the age of 46, from liver failure as a result of heavy drinking.

Near the bar in the affluent Biltmore Hotel was a pharmacy. It was the only one in Dayton open all night, and so A. Lee Fisher remembers meeting all types and being on the receiving end of a multitude of questions. But this one was different.

"How would you like to work for Grandview?"

A. Lee Fisher looked at him, puzzled. Fisher had met Russ Hirsch, the CFO under Joe Back, but had no idea where he worked. Which is why Fisher asked: "Where the heck is Grandview Drug Store?"

After informing the hotel pharmacist about the hospital, Fisher agreed to take the job and was hired on the spot. "Best move I ever made in my life," said Fisher, years after he had retired.

It was April 1955 when Fisher began his tenure at Grandview Hospital. He was the second pharmacist, after a man named Howard Knutson, or the third, if one counted the woman—a Mrs. Besanceny—who in the 1930s ran the central supply room, which was a six foot by six foot linen closet. She was the administrator of the drugs, of which there weren't many, since the right to prescribe all drugs wasn't granted to D.O.s until 1943. The central supply room later became a nursing station, before morphing into the first pharmacy.

Shortly after Fisher arrived, the pharmacy was moved down a level to the ground floor, right across from the emergency room. "That was exciting," recalls Fisher. "I got to see all of the action."

When Fisher arrived, the hospital was in the middle of a growth spurt. Approximately 9,000 patients would pass through Grandview in 1955. In 1950, the number had been 5,000. In 1947, the year the new hospital opened, there were 3,186 patients. Every 12 month cycle since the hospital had opened, more patients were treated than in the previous year. In 1955, late in the year, 17 babies were born within 24 hours, a new record for the hospital.

As the *Grandview Hospital News* pointed out in 1955, all of this meant that Fisher and anyone else working for the hospital was part of a great economic force. In 1954, Grandview's payroll was $755,000, and because of that, the newsletter boasted: "This money was turned into the community's economic blood stream. Merchants, service business, enterprises, and many other types of businesses benefited from these expenditures."

Meanwhile, the hospital newsletter declared that in 1954, Grandview Hospital bought 60,000 pounds of meat, 15,000 loaves of bread, 1,150 cases of canned goods, 54,000 pounds of fresh and frozen vegetables and many other food items. All together, Grandview's grocery bill that year was $78,000.

Pharmacist A. Lee Fisher began his tenure at Grandview in 1955. Fisher oversaw many changes in the pharmacy during his four decade career at the Hospital.

Fisher came to a hospital that employed 197 nurses and seven residents, more than ever before. It was an institution taking upwards of 50,000 X-rays a year, performing roughly 3,800 operations, and monitoring an inventory of approximately 1,000 different drugs. Flash forward to Fisher's retirement August 2, 1991, and he had 4,500 different drugs in Grandview's pharmacy. In between, Fisher watched Grandview come of age. He not only saw departments mature but people, like Robert Glaser, a teenage hospital volunteer who grew up to become an audiologist and staff member at Grandview Hospital. In trying to explain how well Fisher knows the hospital, Glaser says light-heartedly, "Lee knows where all of the bodies are buried."

Indeed, over the years, Fisher saw a parade of gurneys and stretchers carried into the emergency room, often by the fire department or a local ambulance. Early on, he learned that Grandview was a world far removed from his drug store days, when the victim of a lawn mowing accident was brought in. A farmer had been out mowing his wheat, when he fell off the mower and into the blades. "That was eye-opening," says Fisher.

Grandview Hospital through time

1950s

In May 1950, osteopathic medicine continues to merge with the rest of the medical profession, as Grandview is accepted as a member of the American Association of Blood Banks.

1952: Ever growing, a new 80-bed addition opens at Grandview.

Obstetrics has always played an important role at Grandview, and in 1957, a new maternity wing is added, bringing the total of beds and bassinets to 225 and 56 (from 165 and 21).

Meanwhile, Fisher had his own challenges in the pharmacy. The initial task was bringing the pharmacy's standards up to his. For instance, when he first arrived, he was a little concerned to see that unused drugs were being thrown into the trash, where anyone could access them.

"That stopped right then," says Fisher, who notes that in the 1950s, pharmaceutical drugs simply weren't thought of as something that could be abused. He remembers that many drug samples were mailed directly to interns and residents instead of the pharmacy.

The challenge of being a pharmacist at Grandview was dealing with the prejudices still being heaped on doctors of osteopathy. Some of the biggest drug companies in the city refused to sell their pharmaceuticals to osteopathic physicians. But Fisher networked with the right sales people. He recalls that a man named Bill Miller, who worked for the Dayton Economy Drug Company, would sneak into the hospital and do business with Fisher, unbeknownst to his employers. One way or another, Fisher always managed to get Grandview the drugs they needed.

Particularly in the 1950s, his was a fairly stress-free job, compared to some of the doctors. Fisher was occasionally called at night by a physician, but the emergency room staff had a stock of drugs controlled by the pharmacy and permission to administer them, provided they referenced what they used. Fisher worked primarily 9 to 5, Monday through Fridays, and he got to know the staff well. Dr. Gabriel, in his last months as an intern and then as a resident, would spend any free time talking with Lee Fisher. Dr. Zimmerman often ordered vitamins—nothing like the small, individual vitamins of today, but instead his patients took two to three *cans* of vitamins a day.

"The vitamins were almost like a soup extract," says Fisher, who was also well acquainted with Dr. Lydic and Dr. Dilatush. He remembers that Lydic and Dilatush did a lot of hunting together during their down time, often in Maine. Lydic once invited Fisher to his island home for part of the summer, and while they were rowing in the lake, they witnessed a bear on land, near the house, rummaging through some garbage cans.

Josephine McCartney (sitting, right), Chief Nursing Officer, was a presence at Grandview Hospital for many years.

Lydic, recalls Fisher, had quite a sense of humor. When Nurse McCartney first introduced Fisher to Lydic, she said, "He's a specialist in eyes."

"I'm very specialized," added Lydic with a wink. "I only do the right eye."

Fisher, meanwhile, was quite specialized as well. Although he managed over one thousand drugs in the mid-1950s, there were just a handful of medications that the physicians were regularly using. He recalls that chloromycetin, an antibiotic, was frequently requested. "They used it for everything," says Fisher. "Any kind of infections, oral and injection. Boy, the injection *hurt*."

Dr. Lyman Lydic frequently invited members of the Grandview medical staff to his cabin in Maine. Lydic and Dr. Frank Dilatush appear to have had a successful hunting trip.

The penicillin injections were also painful, recalls Fisher, who says that doctors often gave procane penicillin G, an anesthetic designed to keep the pain away, prior to administering the real injection. "That was the drug of choice for everything," says Fisher.

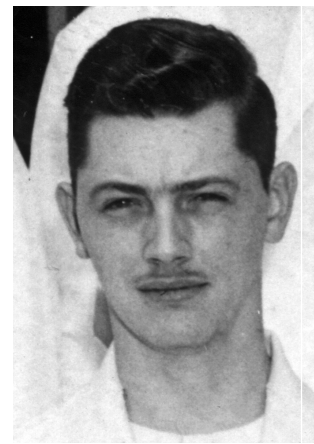
Aspirin was a staple, and achromycin was also frequently used. Doctors injected it for general infections, respiratory problems, severe cuts, wounds in general or broken arms. "You'd dress the wound and give a shot of achromycin," says Fisher, whose department was also responsible for sending every patient admitted a box of tissues, mouthwash and lotion. "In those days, the big thing was that every patient would get back rubs with lotions," says Fisher. "Comfort was optimum."

That may have been the cornerstone of Grandview Hospital's success. As Fisher says, "My wife was a patient back then, and she never forgot that they rubbed her back every night. In a way, that was more care than everything else she received. You didn't have any patients ever getting bed sores," adds Fisher.

Chapter 4

The same year that Fisher was adjusting to life as a pharmacist at Grandview, another future icon was arriving: Donald Burns, D.O. If things had worked out a little differently, Burns would have landed elsewhere. In 1951, Burns was an orderly at Middletown Hospital, which had been serving the Middletown, Ohio community, since 1917. He was a high school student who planned to be a research chemist, not a doctor, and at first he hated the summer job he had taken as an orderly. One moment, he was helping lift a man with third-degree burns, and the next, he was cleaning up his own vomit in the bathroom, because he was so sick from what he had seen. His father, however, a superintendent at Franklin High School who had an understanding of the male teen psyche, encouraged him to stick it out for two more weeks, and if he still didn't like his job he could quit. Burns found himself hooked and spent the entire summer as an orderly.

He chose osteopathic medicine after a fellow student at Miami University inspired and encouraged him. He also agreed with the philosophy that he found in all of the medical texts he was able to read, and so he secured a letter of recommendation from Herschel Williams, D.O., and applied to medical schools, both allopathic and osteopathic. He was accepted to both, but chose osteopathic. Before he could attend, Burns had one more task to complete. He had secured all of his credits to graduate after three years of college, except for a year's worth of physics. He crammed it all in during the summer before medical school.



After a rough introduction to Hospital life as a teenager, Donald Burns decided on a career in osteopathic medicine. Dr. Burns was a leading pulmonologist in the field.

When Dr. Burns arrived at Grandview, he found himself surrounded by many physicians who were already considered legendary. One of those doctors was Dr. J. Milton Zimmerman.

Everyone who knew him agrees, Zimmerman was a character—brilliant, but a bit eccentric. His humor—cultivated during his high school years and finessed in his brief vaudeville career—remained intact. Zimmerman told one nurse, Carol, who would one day marry Burns,

that she looked like an Erma, and for the next 30 years of their working relationship and friendship, he always called Carol, Erma. He is said to have often given people nicknames, but in most cases, those nicknames were somehow related to the person's name.

Zimmerman was always impeccably dressed, sporting cufflinks and elegant watches, and while two decades in private practice had been good to him—he drove a Rolls Royce—he was a terrible driver. To the horror of those who knew him or who were unlucky enough to be a passenger in his car, he rarely stopped at stop signs and often pulled out onto the street without looking. One fine morning when Erma—or Carol—was walking to work, Zimmerman stopped and asked: "Do you want a ride?"

"No, no," said Carol hastily. "I need my exercise."

Fortunately, Zimmerman knew his limitations as a driver, and once when he had to visit the Cleveland Clinic, he hired a man named John Henry to take him there. However, after an hour or so of driving, Zimmerman noticed that John Henry wasn't faring much better than he would. He had passed a few stop signs, and was in general, making bad judgment calls.

"John Henry," called Dr. Zimmerman from the rear seat. "Did you see that sign, 'No left turn'?"

"No, Doc," shot back John Henry. "I can't read."

"Well—how'd you get your license?" Dr. Zimmerman asked.

"Oh, you can get those through a lot of different ways," he cheerfully, if cryptically, replied, though at least one doctor recalls that Henry had no license.

In any case, hearing enough, Zimmerman ordered John Henry to stop the car. Zimmerman took the wheel and kept on their route. "The whole way there and back, John Henry was sitting in the back, smoking my cigars," a bemused Zimmerman told his colleagues after he returned.

But what Zimmerman lacked as a driver, he reportedly made up with his medical skills. He started the Department of Medicine and later developed the nuclear medicine lab, a name that probably terrified some patients, given that children were being instructed to sit under their desks in the event of a nuclear bomb dropping in their town.

Nuclear medicine is the specialty that uses internally administered radioactive materials, called radioisotopes, to help diagnose and treat a wide array of diseases.

Radiation therapy was, of course, a much safer way of diagnosing a problem than having surgery, and was also the humble beginnings of the modern day fight against cancer. Although radiation had been studied since the late 1890s, with Marie Curie gaining fame for her work in radioactivity, there had only been substantial progress made in medicine throughout the previous two decades. In 1946, a patient with thyroid cancer was treated with iodine-131, then called an "atomic cocktail," and the following year radioiodine had been tested to help differentiate benign from malignant nodules. In the late 1940s, Abbott Laboratories began distributing radioisotopes, and in the last year of the decade, radiation was being used to detect brain tumors. Nuclear medicine really developed with the Manhattan project, the secret building of nuclear reactors at Oak Ridge. Information scientists learned in that project led to Congress passing the Atomic Energy Act in 1946, which ultimately led to the peaceful production of medical isotopes in an Oak Ridge reactor. Dr. Zimmerman embraced the technology and understood that nuclear power could also save lives. Zimmerman may have appeared eccentric outside the hospital, but inside its walls, he was brilliant.

Zimmerman became something of a hero to a young Mel Crouse, a 30-year-old osteopathic physician who arrived at Grandview to intern in 1958. Much to Zimmerman's approval, Crouse's career path was heavily invested in science: after a brief time working as an attendant at Buffalo State Hospital, an institution for mental patients, Crouse, a biology student, was promoted to laboratory work. After studying osteopathic medicine at Kirksville, Crouse found himself drawn to Grandview Hospital. And Zimmerman. The two had a close rapport, and Dr. Crouse spent many late nights in Zimmerman's office, asking questions about medicine and learning about the inner workings of the hospital.

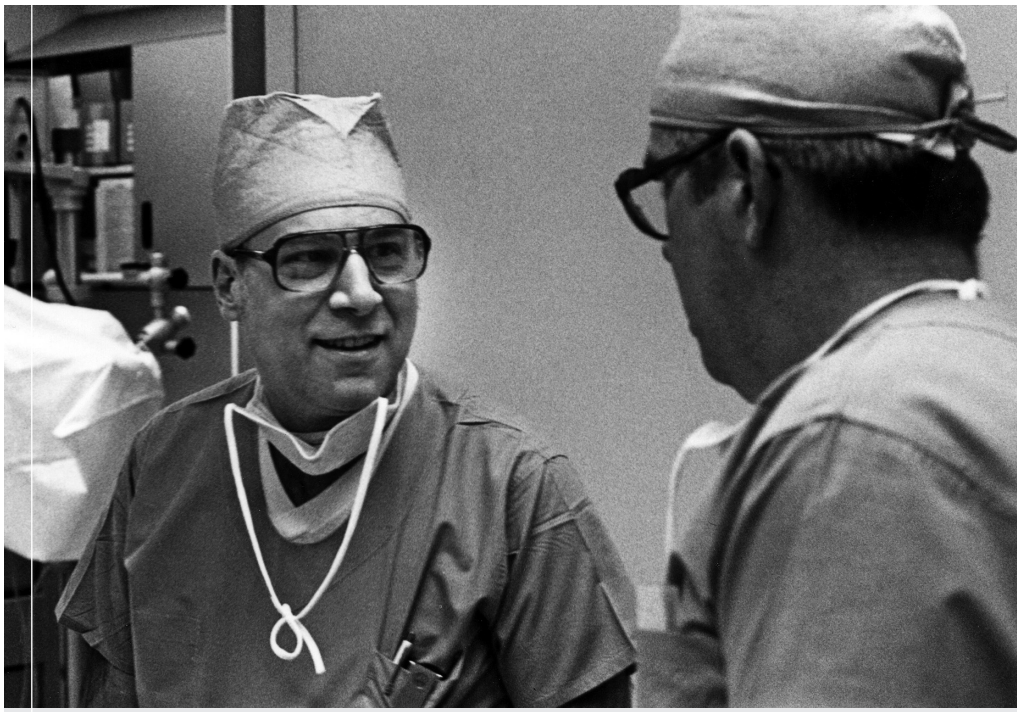
Crouse visited Zimmerman late in the night, because the man never seemed to sleep. Crouse still vividly recalls getting a call from Zimmerman at three or four in the morning, his booming voice coming over the receiver:

Zimmerman: HELLO? What are you doing?

Crouse: I'm [confused pause]—I'm sleeping.

Zimmerman: What are you sleeping for?

Crouse soon learned that Zimmerman was working on his charts and looking at a patient that Crouse had referred to him. Zimmerman simply wanted to chat for a few minutes about the patient.



Dr. Melvin Crouse, Family Practitioner, frequently scrubbed in for surgery with colleagues, to assist with his patients' care.

Betty Crouse, Mel's wife, guesses that Zimmerman probably slept three hours a night. Dr. Crouse remembers that Zimmerman occasionally fell asleep at his desk, but just for a short nap. He was not one to sleep on the job, or off.

Crouse learned from other doctors, too. He remembers Dr. Bob Haas, head of the obstetrics department, for being extremely conscientious. "He was married to his work, and so he was a very good obstetrician," says Crouse, who knows something about being a workaholic. "If a patient would come in at 10 o'clock at night, Dr. Haas was right behind her. He checked on her personally and gave her obstetric manipulative treatments. He'd stay up all night with them…as a result, his patients did very well." Crouse recalls that Dr. Haas would take three hours to perform an episiotomy on a woman who had just delivered a baby. He would stitch up the woman's wounds so carefully and thoughtfully that "the interns would stand there and wonder: 'Are you ever going to get done?'"

Chapter 4

The same year Crouse came to Grandview as an intern, Dr. Gabriel was leaving his residency, and life, as far as he was concerned, was coming to a screeching halt. It was 1958, and Dr. Gabriel wanted to take the next step in his career and join the Grandview medical staff. Several surgeons, however, were against the idea. It was nothing personal, he was reassured over and over—no new doctors were currently welcome.

It was a tense time. As some physicians saw it, adding another surgeon without adding new beds would slice up their income. Or at least, that's how the doctors on the side of expansion saw the other physicians: they were too resistant to change.

That may have been true, but there was a genuine concern that too many doctors would spoil the diagnosis. "At the time that Dr. Gabriel had applied for privileges, Grandview had already added three general surgeons," recalls Dr. Quinlivan, referring to himself, Dr. Jim Elliott and Dr. Neil Caldwell. With Dr. Dilatush, Dr. Schubert and Dr. Dobeleit as senior members, the Department of Surgery was starting to feel crowded. The entire hospital was, for that matter.

As Dr. Jim Elliott said in an interview decades later, the worry wasn't that Dr. Gabriel wouldn't be a good addition to the staff, "The concern was the beds. There were not enough beds available. We were always short of beds, and it wasn't the competition factor. It was, 'What are you going to do about the beds?' That's one reason we had Joe Back. [We kept asking him], 'Are we going to expand, or aren't we?'" There were times, Elliott revealed, that "we waited three months to get an elective patient into the hospital—*three months*." Elliot always feared that a patient would come staggering into his office with a hernia, and he would have to say, "Yeah, I can fix it—in three months." Because, as he stresses, "there were no beds."

Dr. Elliott had a point. Dr. Mel Crouse recalls that the bed problem—which stretched back at least to 1947, when a hospital bulletin made note of it—endured into the early 1970s. Dayton's population was continually growing, thanks in part to corporations like Standard Register, NCR and Frigidaire expanding and hiring new employees. Grandview simply couldn't keep up with the patient demand.

As other doctors saw it, enough mattresses or not, this was an opportunity for the hospital to keep growing and evolving. At some point, sooner or later, certainly the additional beds would come. Proponents of adding to the staff argued that if Dr. Gabriel could be prevented from joining the hospital, then no future resident would

ever feel welcome. Why would any intern or resident want to plan on settling at Grandview? It would never be their first or second pick, and any intern or resident working there wouldn't feel invested in the hospital. It would just be a job until they found a place that clearly wanted them.

"This isn't an issue about you, it's an issue of philosophy," insisted Gabriel's mentor, Dr. Paul Panakos, who didn't mince words—he predicted a tough fight ahead. "But what I'd like to know is, will you stick with this, or will you go away when the chips are down?"

Gabriel promised that he would stay and fight. Not that he had much choice. Most of the other hospitals in the region had either closed staff or weren't open to osteopathic physicians. If he couldn't work here, he would have to move his growing family far away. It was a melodrama that stretched for six months, and the stress was hammering away at Dr. Gabriel's nerves. At one point, a doctor made the offhand comment: "Gabe, I feel sorry for you, because you're a symbol."

"I knew it wasn't me," says Dr. Gabriel years later, "but I took it personally."

When Gabriel brought up the matter to Back one day, the no-nonsense administrator looked at the young doctor and inquired: "Well, Gabe, where are your *friends*?"

Gabriel didn't understand.

"If you can get two-thirds of the staff to back you up, you can call a meeting and have a vote."

For maybe the first time, Dr. Gabriel saw a ray of hope. He began a campaign to enlist the help of his comrades—that is, any doctor who had sympathy for his plight. Dr. Gephart stood in Gabriel's corner, as did Dr. Panakos, who during the meeting, gave a rousing speech in favor of his young charge.

"Gentlemen," began Dr. Panakos. "You have been presented with an impressive list of statistics which seem to prove one thing we already know—we're short of beds at Grandview. Yes, we are short of surgical beds. Yes, we are short of medical beds. We are not short of maternity beds, but the time has been that we were, and the time will come again that we will be short of maternity beds also. Ever since I came here seven years ago in 1951, we have been short of beds at Grandview, and then there were only 60 some men on the staff."

Dr. Gabriel listened anxiously, aware that now there were over 100 people on the payroll. Unbeknownst to most of the doctors and administrators in the room,

somebody had called Dr. Gabriel on the telephone and left the phone receiver open, so he could hear every word.

"Bed shortages have been a chronic thing with us, and yet we have continued to improve our service to the people of Dayton by adding more well-trained physicians to the staff, and in time, more beds to our hospital," said Dr. Panakos, reading from a prepared speech, which he later gave to Dr. Gabriel. "Statistics are old stuff with us here. Statistics could have been used many, many times in past years when the subject of adding new men to the staff was discussed. I dare say we could not have filled this room so completely tonight, if we were swayed by bed statistics. In fact, there would probably be no Dilatush Hall if we had been guided by bed statistics. I say, enough of bed statistics—I'm interested in other statistics."

Dr. Gabriel listened, fully alert, hoping the other doctors were being just as attentive.

"You all know that the greater Dayton area is on the verge of great growth," continued Dr. Panakos. "The golden years of 1960 and 1970 are close by, when the population of this area will increase by 100,000 people. The birth rate is expected to nearly double itself in this time. It doesn't take a lot of vision to see in the near future a Grandview of 400 beds and a Southview Hospital of 200 to 300 beds."

Whether the doctors' collectively raised eyebrows at the mention of Southview is not known. In hindsight, it was a remarkably prescient statement, considering that there wouldn't be a Southview Hospital for almost twenty more years, and that when there would be, it would at first it be called Ambulatory Care Center. That Dr. Panakos would correctly predict its name seems incredible, although perhaps he was repeating what others had said or was just stating what seemed natural or obvious.

"Our staff within these 10 years can approximate to 200 physicians. We have the beginning of an osteopathic hospital and staff, which will be able to make the largest impact on a given population area of any other osteopathic group in the United States. I sincerely believe the views, presented by the General Surgical Group, are, indeed, limited in their vision. It is easy to say that limiting a department is a temporary thing, and that with more bed facilities, new men will be added. And it is also too easy, once this privilege has been established to be reticent in the appointment of new men. Human nature being what it is—there is, to a greater or lesser degree, some selfishness in all of us. It still follows that our growth came about as a result of new men being added to our staff. As a result, we have built more beds, we have provided greater service to the people of our community, and we have all prospered as a result of it."

Eerily predicting the future, the plan for a southern campus of Grandview Hospital—"Southview"—was envisioned in a speech by Dr. Panakos in 1951. Southview was not built until 1978.

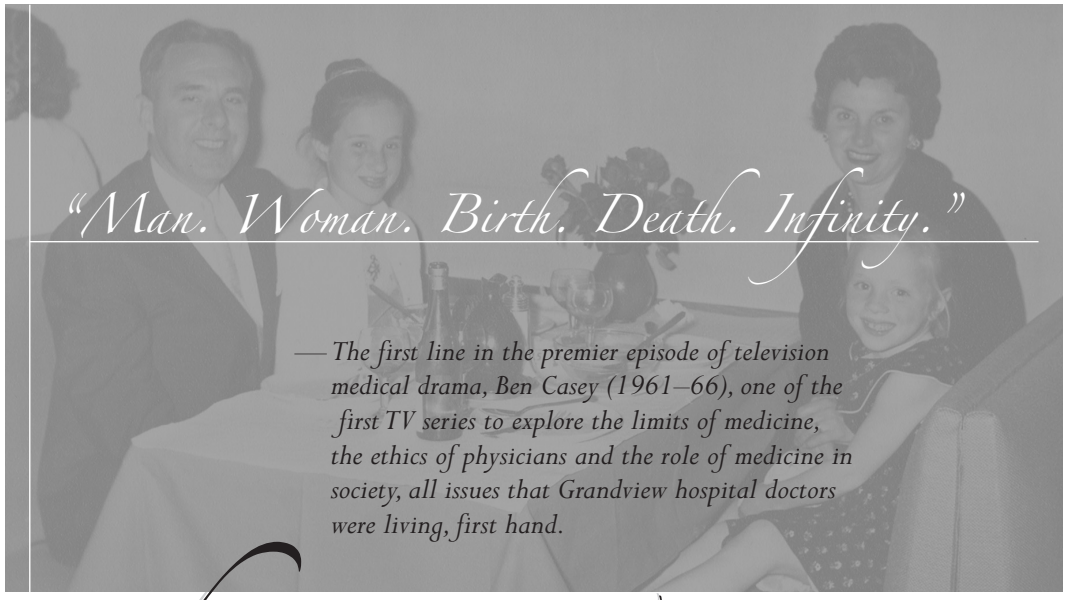
Dr. Panakos continued for several more minutes, summing up his main point as this: "If he is an ethical, well qualified physician, then he is an asset to our community and to our staff. It is my contention that we have a duty toward him, even if that duty is as simple as to not deny him the facilities by which to practice his profession. Make his qualifications more strict, investigate his credentials more thoroughly, but don't deny him the use of this community hospital because of bed shortage or individual caprice."

But Panakos didn't completely offend his fellow physicians. "The division of general surgery is a very respected group," he noted shortly before his conclusion. "To their men, patients are entrusted in the knowledge that they will be given the best of care. They have contributed much toward the fine training and standards of our institution. They are men of ability and high ethical values."

When Panakos finished, Gabriel remained on the phone, listening. He couldn't help but marvel that throughout a monologue lasting at least five minutes, Dr. Panakos never used Dr. Gabriel's name once. Indeed, from Dr. Gabriel's point of view, anyway, he had become a symbol.

There was a lot of discussion and dissent, with good points made on both sides of the aisle and likely bruised egos and hurt feelings as well, and then there was the vote: 66 physicians felt that Gabriel should stay; 17 doctors from the department of surgery voted that he should go. But that wasn't the end of the matter. Like a case making its way to the Supreme Court, this one reached the hospital's board of directors. Representing Dr. Gabriel—basically functioning as his unofficial lawyers—were Dr. Panakos and Dr. Gephart. There was more discussion and dissent, with one doctor even suggesting that perhaps Dr. Gabriel wasn't so fit a physician after all. That suggestion was quickly shot down and marked as a cheap shot, because nobody had ever questioned his qualifications before. The board voted unanimously.

Dr. Gabriel stayed on, and Grandview Hospital continued its growth.



"Man. Woman. Birth. Death. Infinity."

— *The first line in the premier episode of television medical drama, Ben Casey (1961–66), one of the first TV series to explore the limits of medicine, the ethics of physicians and the role of medicine in society, all issues that Grandview hospital doctors were living, first hand.*

Chapter 5

TURBULENCE

(THE 1960s)

As exciting as the long-running popular television series ER has been, Hollywood producers may want to consider someday turning nostalgic and filming a series about what hospital life was *really* like during the 1960s.

Every decade in Grandview's history had its moments of humor and surprise, but the 1960s were especially interesting times because the doctors were extremely educated, talented and gifted—but technology, and even the hospital's infrastructure, hadn't caught up with them. As Dr. Tomulyss Moody remembers it, general practitioners might be handling tonsillectomies during the morning, delivering babies in the afternoon and assisting with surgery by evening. Meanwhile, doctors from the old school clashed with their younger colleagues on how best to provide medical care, and the more modern viewpoints almost always—eventually—won the day. Certainly that was the case in the early 1960s, when Dr. Dilatush was taken to task for removing too many uteruses that could have remained.

Dr. Wesley V. Boudette remarked years later in an interview, "It was kind of a vogue of the day because all surgeons did a lot of hysterectomies and so forth, for

all kinds of reasons." Boudette sardonically observed that Dilatush had "probably prevented more carcinoma of the uterus that any surgeon that I know." However, other doctors have come to his defense pointing out that there were often women who truly had pelvic inflammatory disease, a very painful condition.

Dilatush was pressured to have better reasons for removing a uterus—in part because of Grandview's evolution into a teaching hospital. As educational programs like internships, residencies and fellowships gained traction, and as departments and committees were created to oversee the educational programs, naturally questions about every procedure were raised. Medical topics from the mundane to miraculous were constantly analyzed, dissected, poked and prodded.

This is why Dilatush was called by the tissue committee, the predecessor to the Tumor Board, to explain why he had removed several perfectly healthy uteruses. According to Boudette, Dilatush never really came up with a satisfactory answer, raising eyebrows among the younger, up-and-coming residents. Dilatush simply pointed out that these women who no longer had the uterus had returned to their homes and jobs, but as Boudette noted, "Well, of course, if you would operate on all healthy people, of course they'd get well and go back to work."

It was a time of great upheaval in the hospital community, as the old ways were tossed out, and more modern ways of thinking and training began. In retrospect, "We were frequently walking a tightrope," says Dr. Moody, who nevertheless has fond memories of the 1960s, a period he says "were the good old days. It was a time when you just flew by the seat of your pants."

When Dr. Moody arrived as an intern at Grandview in 1959, the last of the old guard was retiring. Dr. Dilatush, or Dr. Frank as everybody called him, was 68 years old, past the age of retirement for most people of his era, and as Moody remembers, "he seemed old, and he was a little grumpy, and difficult with the residents. But he would still help them."

Dr. Dilatush would remain on staff for only a few more years, recalls Dr. Moody, and in his final years, his presence was, poignantly enough, in the role as a patient. During one of these occasions in the 1960s, Dr. Everett Wilson came to visit Dilatush, when the aging doctor was a patient of Zimmerman's. It was clear that Dilatush was dying, which pained Wilson, who revered the man. As far as Wilson was concerned, Dilatush was almost a saint. He was a gentleman, felt Wilson, and a phenomenal doctor. "He was a naturally gifted surgeon," says Wilson. "He would make an incision with one stroke of the wrist, practically."

Zimmerman had ordered a series of enemas to be given to the legendary doctor every 30 minutes, and so the dialogue was predictable but amusing when an overeager Wilson asked, "Is there anything I can do for you."

"Yes, Everett," said Dilatush.

"What?"

"You could take my next enema."

Enemas were still popular, but otherwise the hospital that Dr. Dilatush was a patient in was vastly different from the one he had helped to create. For instance, the electrocardiogram.

When Dr. Dilatush was in his final days, an EKG monitor was a large, oversized machine compared to today, but an invention in miniature compared to the days of yesteryear. When Dr. Dilatush was practicing in the 1920s, the electrocardiogram—first invented in 1903 by a Dutch physiologist—was approximately the size of two rooms.

And during those last days, Grandview Hospital had been offering hemodialysis treatment—the removal of toxic waste or metabolic substances from the bloodstream during kidney failure—since 1959. But when Dr. Dilatush was practicing in the 1920s, if a patient had kidney failure, medical options were limited and new.

In fact, in 1923, three years before Dilatush, Dill and Gravett opened their clinic, the world's first patient received dialysis, receiving an electrolyte-heavy solution that would prevent the blood from clotting. In Germany, the patient of Dr. Georg Ganter had suffered renal failure after delivering a baby. Ganter managed to keep the woman alive by instilling fluids into her peritoneum—a thin membrane in the abdominal cavity. Once her blood was back to its normal chemistry, she was sent home—where she promptly died. Ganter didn't realize that the therapy had to be continued in order to keep the patient alive. The insight led to the start of physicians experimenting with dialysis.

As Dr. Dilatush faded, the generation that followed was exploring new frontiers. The hospital was continually growing. It had 225 rooms as 1960 began and two years later, the numbers would climb to 301. "Oh, we'll never fill these beds," Dr. Gephart mumbled miserably, only to discover later that he was wrong, and that even more beds were being considered.

In fact, as the 1960s continued, two new floors were added, and new ideas were being implemented into the hospital at every turn. In November 1961, a novel

concept that had been appearing in hospitals across the country found its way to Grandview. They began offering classes for expectant mothers, taught by Dr. Everett Wilson for the first three years of the program. "You're a damn fool," one doctor told Wilson. "It'll never work."

But it worked "like a dream," says Wilson, who at the time was a general practitioner who had delivered many babies since his arrival at Grandview in the late 1940s. "I would train the mothers with the different breathing techniques, and show them the difference between abdominal breathing and chest breathing. It wasn't long before they could do breathing exercises by my command."

More changes were to soon come. Dr. Steve Walker departed in 1960, leaving the anesthesia department, and so Dr. Carl Gephart took over, running the department until he retired in 1974. In February of 1963, Grandview offered an eye tissue bank at their department of ophthalmology for the first time—joining a trend that had been building in hospitals since the 1940s, as corneal transplants were perfected. Meanwhile, the interns' wages finally began going up.

Dr. John Vosler, a family practitioner who was an intern at Grandview in 1956, was a proponent of interns receiving a living salary, something much higher than their current pittance. When he interned, his father subsidized his life during that year, an insult added to injury since Vosler's dad had been doing that all through medical school. "We had a sterling reputation for intern training," says Vosler, years later, "but there was an attitude among the older physicians that the interns should work 72 hour shifts and get paid $50 a month."

In the early 1960s, the salary had gone up to $75 a month, but Vosler was hearing that some seniors at Kirksville were boycotting Grandview because of the low wages. At a hospital meeting, Vosler made comments, decrying the unfairness of the salary, but he was met with hostility. "We give them good training," he kept hearing from the doctors, who all added one variation or another of the same sentiment: "They should have to go through what we did."

"What the hell kind of logic is that?" asked Vosler, who warned the doctors that there would be a shortage of interns.

Sure enough, the shortage came the following year, and not long after that, Grandview purchased a house for interns to live in, and the salary shot up so that they were making into the thousands a year, recalls Dr. Vosler. Vosler settled in nearby Eaton, where his father lived, and opened a medical practice with another

doctor that they called the Preble County Medical Center, which today has morphed into a satellite medical campus of Grandview Hospital. It was a source of pride to the hospital, because it was able to offer superior care to a rural area that had not previously had access to high quality health care.

Dr. Vosler with his wife, Meri, raised four children—Mark, Kent, Scott and Jill—who all became D.O.s and worked with their father. His son Kent, a former world class diver who placed fourth at the 1976 Olympics, moved to Arizona because of his allergies, but the rest of his children are practicing medicine with Dr. Vosler today.

Working with several other doctors named Vosler has caused some confusion, admits Dr. John Vosler, who recounts how once a middle-aged woman called and said, "I'd like to make an appointment with Dr. Vosler."

The receptionist asked, "Which one?"

The woman replied, "Well, how many are there?"

When the receptionist named all of the Dr. Voslers, the woman retorted, "Well, they're like rabbits, aren't they?"

Thanks to people like Dr. Vosler, Grandview was, indeed, constantly improving and remaining an outstanding place for young doctors hoping to work and train in a first-class hospital.

Yet, in some ways, the hospital hadn't changed. The doctors were skilled, but they were still working with low-tech equipment in a culture where now-rudimentary medical techniques were still employed. During the early 1960s, Dr. Moody recalls that he once had five children from the same family all getting their tonsils removed. Each was sent to slumber with *ether*; the highly flammable liquid substance that had been used as an anesthetic since 1842. In 1962, it was still the anesthetic of choice. And while Dr. Moody was more than capable of giving tonsillectomy patients anesthesia, he admits, "It was a little scary. There was a lot of spitting and sputtering, and a lot of holding your breath. I mean, all five kids from one family. You couldn't help but think, 'My goodness. What if something went wrong?'"

What if? It was a question that nobody wanted to consider then, because, provided no mistakes were made, ether was the best thing on the market. Nitrous oxide—or laughing gas—didn't last long enough for any complex surgery, and while chloroform was a popular way to anesthetize a woman delivering a baby, it ultimately was poisoning both the mother and infant—upon receiving high dosages,

cardiac arrhythmias occurred, and even lower dosages could cause damage to the liver and kidneys. It has been speculated that the health problems of Queen Victoria's son Prince Leopold—a hemophiliac who died at age 30—can be attributed to the fact that chloroform was used in his delivery.

Ether advanced to become the popular anesthetic of choice for the medical profession, despite its inherent dangers, of which there were many. Dr. Gabriel became well versed in the trouble when he was a medical student in the 1950s in Des Moines. He was with several other doctors, at a woman's home, about to help bring her baby into the world. Suddenly, their medical instructor barged into the room. He had been late, and apparently rushed in, afraid that his pupils might do something wrong. He was right. "Stop," he shouted. "Don't anyone move."

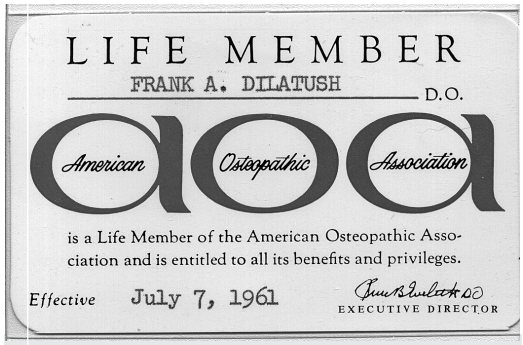
Dr. Gabriel and the others obliged, while their instructor rushed to the stove and turned it off. Everybody exhaled, understanding what a close call it had been. The pilot light had been on. The doctors were planning to use ether, and as Dr. Gabriel explains, had any of it come close to touching the stove, the kitchen would have blown up.

In the midst of the changes occurring at Grandview in the 1960s was 14-year-old Bob Glaser, who was working in the pharmacy department under the watchful eye of Lee Fisher. Bob was in a Red Cross program aimed at teaching volunteerism to teenagers—something his parents encouraged since the teenager had begun hanging out with the wrong crowd. "He was a rough, tough kid, he was," says Fisher years later, describing a fifty-something doctor who is now light-years away from that persona. "But he was something else. He was really interested in medicine. He wasn't like a lot of people you work with, where they're just there."

Fisher probably saw something in Bob Glaser that he recognized in himself. Fisher's father had passed away in 1936, at the Rocky Glen Sanitarium, of tuberculosis. It was a situation that befell many children with a single parent during this age: Fisher was placed in Otterbein, a Lebanon, Ohio-based children's home with 480 other kids, all under the age of 17. It was run by the United Brethren Church and had existed since 1912; today, it's a retirement home. It was an alarming turn to Lee Fisher's life, though he came to enjoy it—plenty of ready-made friends everywhere—and at least on one occasion, it was quite exciting. John Dillinger, the

nationally known Midwestern gangster, came lurking through the Otterbein community, though the children didn't learn about it until the next day. Soon after, Dillinger was killed in Chicago.

In 1938, Lee Fisher's mother found a job at the children's home, and in 1942, she married a man who had three kids at the children's home. They all then formed a family; not long after that, Fisher enrolled as a student at Ohio State University.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Effective July 7, 1961

EXECUTIVE DIRECTOR

Dr. Frank Dilatush was one of many doctors who became a lifetime member of the American Osteopathic Association.

And so by the time Fisher met up with Glaser, who seemed to need a little extra attention, the pharmacist was happy to oblige. Before long, Bob was spending Saturdays and some days after school with giants at the hospital, men like Zimmerman, Gephart and, briefly, Dilatush.

Dilatush was gravely ill and spent most of December, 1964 at Grandview Hospital. Dilatush was operated on by Dr. Quinlivan, and it was discovered that he had an advanced form of colon cancer. On December 31, Dilatush requested to be taken to his other home, where he passed away almost a month later, on January 25, 1965, at the age of 73. Dr. Wilson delivered the eulogy, and Dr. Gabriel was willed a painting by Dr. Dilatush, whose ashes were scattered in Lake Erie, where he had enjoyed spending so many of his years on his boat.

Eras end; new ones begin. In 1961, on the national scene, there was a ripple effect across the country when the California Medical Association and the California Osteopathic Association decided to merge. The concept initially appeared sound; finally, medical and osteopathic doctors were seeing eye-to-eye and recognizing that they could all get along, and that their two camps of medicine were not so different. But the agreement meant that doctors of osteopathy would trade in their D.O. license for one that read M.D. Why, surely some osteopathic physicians thought, couldn't the M.D.s trade in their licenses for one that read D.O.?

Chapter 5

The medical doctors of California decided that since they couldn't convince the public to avoid the osteopathic profession, they would absorb them. If doctors of osteopathy would become medical doctors, there was little reason for the osteopathic colleges to exist. They could be taken over and, in effect, end the teaching of osteopathic medicine, at least in California.

All the D.O.s had to do was pay $65 and attend a short seminar, and they were an M.D. As predicted, the College of Osteopathic Physicians and Surgeons became the University of California, Irvine College of Medicine. It was that sort of hatred of osteopathic physicians that burned up men like Dr. Crouse. It wasn't just a matter of ego. He hated what the M.D.'s misplaced prejudices occasionally did to his ability to practice medicine.

Of all the cases Dr. Crouse worked with, from 1958 to 2001, one that still makes his voice shake and him clench his fists, is the case of a little child who couldn't have been older than two. She came into the emergency room, vomiting, with a fever and clutching her head, as though she had a massive headache. Grandview's pediatrician, Dr. Thomas Jarrett, was out of town, and somehow Crouse became her doctor. "I had diagnosed that she might have meningitis," says Crouse. "She was a very sick child."

At that time, any child who had a contagious disease was required to be sent to another hospital in Dayton, one of several where D.O.s were not well considered. "I remember this like it was yesterday," says Dr. Crouse. "It hurt me terribly. I knew what I was doing, and they looked at the child, gave her a shot of penicillin, and sent her home. *They didn't believe me*. And that hurt me. Well, the next thing I know, this child is back at Grandview, dying on me. Their family liked what I had done for her, and so they brought her in again. Well, there still was no pediatrician in the hospital, and I didn't know how to treat meningitis. And so I called Dr. Zimmerman, my savior on everything."

Zimmerman readily came to the emergency room, but by that time, the little girl was already in respiratory failure. "She died," says Crouse, his voice full of quiet rage, some forty years later. "She died."

It was that type of prejudice against their profession that persuaded most osteopathic doctors to never give up the D.O. that followed their names.

As it turned out, in California, the outrage of the osteopathic profession didn't diminish. In 1974, the California State Supreme Court ruled that the licensing of D.O.s in that state must continue.

While some California D.O.s may have jumped ship, in the hallways of Grandview, a new era of osteopathic medicine was simmering, and Bob Glaser had a front row seat. Because the pharmacy was located next to the emergency room, young Glaser—who would become an audiologist but not a D.O.—found himself watching some of the most serious cases coming in, and when he was 16 years old, he was hired as an orderly. Soon, Bob was washing bedpans, making beds and taking bodies to the morgue. He was hooked. The only question was whether he would become a pharmacist or a doctor.

What Glaser remembers most is that every doctor took the fact that Grandview was a teaching hospital very seriously. Because they understood how much they were misunderstood, osteopathic physicians around the country tended to be very supportive whenever anyone expressed an interest in going into their profession. Many of the doctors at Grandview share similar stories, of being young and considering a career in medicine, of approaching medical doctors and being brushed off, and then of meeting an osteopathic physician who suddenly put aside an hour of time to talk with the interested young person.

As Dr. Robert Cain, who wouldn't come to Grandview until the 1990s, remembers it: "I took a job as an EMT in Pennsylvania, where I was going to college, and I became interested in medicine, and I went to two hospitals, one osteopathic and the other allopathic, and when I visited the osteopathic hospital, the doctors paid attention to me. They'd talk to you about their skills and osteopathic medicine, and that was exciting, to have people show an interest in you. When I went to the allopathic hospital, it was like I was an annoying little fly. They seemed to think, 'Everyone wants to be a doctor, and half of you never make it, anyway, so get away from me.' There was something more to the osteopathic profession, and I was really interesting in the manipulation, and the whole body concept, and so that and how I was treated became the deciding factors to only apply to osteopathic medical schools."

In Glaser's case, Dr. Leslie White, in particular, sat him down when he was 17 and explained for an hour or so how an EKG machine worked. Dr. Alvarado, the head of pathology, let Glaser sit in on his first autopsy. "That was pretty ghastly," says Glaser, who nonetheless was grateful for the experience. He went on to become the president of Audiology Associates of Dayton, Inc., and still works with Grandview and will always have a strong connection with the hospital. He was, after all, born in 1947, and one of the first babies to arrive at Grandview.

Chapter 5

Dr. Lester Mullens was a flesh and blood symbol of how Grandview Hospital had changed with the times. When he arrived at Grandview Hospital in 1960, he was an anomaly—a black doctor—but to hear Dr. Mullens tell it, he wasn't regarded as an oddity. In part, that's because he wasn't the first African-American to practice medicine, but the second. Few details seem to exist about him—even his first name is no longer remembered—but he was Dr. Harmon, and he apparently arrived on the scene during the 1950s.

A slender man with a swelling practice, Harmon had a major flaw that kept him from being a gifted osteopathic physician—for instance, one surgeon recalls him performing an episiotomy without giving enough of an anesthetic—Dr. Harmon drank too much. Unfortunately, he wasn't the last person at Grandview to succumb to alcohol. Apparently Harmon had too much to drink one day during the late 1960s and was hit by a car when crossing the street.

Dr. Mullens says that he never felt racial tension amongst Grandview's staff—perhaps the doctors understood only too well what it was like not to be regarded as equals—or perhaps they were simply more enlightened than many other segments of society. In any case, Dr. Mullens, who was born in 1929 in Hollow Springs, Mississippi, grew up in an age where he was reminded on a daily basis of his place in society. He recalls having to walk to an all-black school a mile and a half outside of town, while the white children rode the school buses, which were always half empty and clearly able to carry other passengers.

Everywhere Mullens turned, society had arranged it so he was reminded of his status in the world. The restaurants and restrooms were segregated. Even the black and white movies were mostly white—with blacks relegated to playing porters, maids and butlers. So when Lester Mullens started to think about becoming a doctor in the ninth grade, he kept the idea mostly to himself. It was the early 1940s, and it just didn't seem plausible that he could achieve a career in medicine. But his teachers encouraged him, and that helped keep his ambitions alive.

It also helped Mullens that his father moved the family to Youngstown, Ohio, when he was seven and a half years old. Oscar Mullens believed his family would fare better in a more tolerant northern state, despite the fact that he was doing quite well for himself in Mississippi. He had a 300-acre farm, which his father, a veteran of the Spanish-American war, had managed to buy. But Oscar Mullens left his homestead in care of relatives and moved his wife and three sons to Youngstown. Oscar went to work in the

steel mills, and Lester attended a high school with only two other black classmates.

"And everything went along fine," recalls Mullens. "My teachers encouraged me to take all of the science courses that I could, although in my senior year, I wanted to drop chemistry…" He pauses for a moment, tears welling up, recalling that his principal sent him a letter, suggesting that he reconsider his decision to drop the important subject, in effect encouraging Lester not to give up his dream of becoming a doctor.

It took awhile. Mullens didn't think he could afford medical school, and so he began to consider mortuary science, a thought that possibly came to the young man because he lived across the street from the busiest funeral home in the city. But before Mullens could try to embark on a career in the funeral industry, he was drafted into the army.

Mullens found himself transferred to the front lines for 13 months at the Iron Triangle and Heartbreak Ridge, the latter a region so dangerous that it was, in 1986, the setting of a Korean War film starring Clint Eastwood. Mullens kept his head low and managed to not get shot long enough to secure a transfer to the department called registration, which sounds benign, until you learn that his job was to pick up the bodies after a battle. "It worked out beautifully," he says, in terms of surviving, "but a couple of times it was pretty rough."

Mullens also helped serve the troops food, a job he volunteered for because he noticed that those volunteers often got to eat a little more than the rest. On one of those occasions, another youth grabbed the chance to serve the meat, and Mullens was stuck behind him, serving another dish. A shot then rang out, and everybody heard the bullet ricochet, possibly off some rocks.

"That was a close call," one of the soldiers breathed, just before the man serving the meat slumped over, dead.

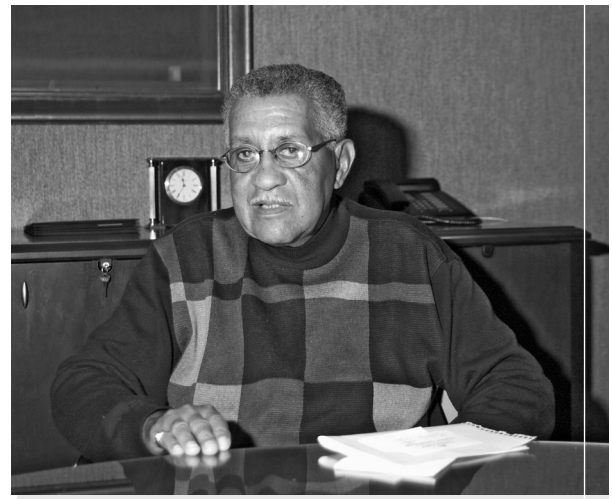
On another day, Mullens left his bunker, and somebody casually shouted his name. Mullens turned to see who was talking to him, and a sniper's bullet whizzed past his head. "If I had turned to the right, I wouldn't be here today," said Mullens, almost fifty years after the incident.

Small wonder that Mullens, who went into the army a private and left a corporal, read the Bible every day, and kept himself reassured with at least one thought. "I knew my mom was probably praying for me."

After his harrowing two years in service, Mullens realized that he could use the G.I. bill to get into medical school, and so he graduated from Des Moines Still College

of Osteopathy and Surgery and applied as an intern to three hospitals in Ohio. He wound up interviewing at Grandview Hospital and remembers thinking that the interview didn't go well. "I figured after I left, they practically tore up the application," says Mullens. That wasn't the case.

"Everybody treated me nicely. There was no discomfort. I never heard the N-word," says Mullens, who didn't receive similar treatment outside of Grandview. He had difficulty finding an apartment near the hospital and wound up moving, with his wife, into an apartment over a garage on the west side of Dayton. "Dr. Harmon knew a fellow whose wife was sick and needed medicine, and so we looked after him," says Mullens of the arrangement.



Lester Mullens, D.O., was Grandview's first African American intern in 1960.

At Grandview, Mullens worked alongside aging giants like Zimmerman, who was especially kind, inviting him over for dinner to his house. Dr. Thomas Jarrett, a top-flight pediatrician who would become chairman of the division of pediatrics, also invited Mullens to his home, where they spent an evening in the doctor's basement playing with his model trains. "The other interns got jealous," recalls Mullens. "Dr. Jarrett was pretty strict."

It was an intense year of internship, but nothing compared to his life in combat.

The times demanded doctors who could perform without a safety net. In the 1960s, as John F. Kennedy was brutally assassinated, and seemingly every other national leader in his wake, from Robert F. Kennedy to Martin Luther King and Malcolm X, ordinary people were caught up in violent acts as race riots broke out across the country. Dayton was no different than anywhere else. One of the more memorable flashpoints occurred in 1966 when a 49-year-old African-American, Lester Mitchell, was sweeping up the sidewalk in front of his apartment at 3 a.m.—

Grandview Hospital through time

1960s

In 1961, classes for expectant parents are introduced at Grandview.

1962: The ever-evolving hospital continues changing. Two new floors open up, and the number of beds now totals 301.

January 25, 1965, Grandview's last founding father and the longest one to serve at the hospital, Dr. Frank Dilatush, passes away.

In 1967, Grandview's infrastructure matures: Cost centers are established for departments, a code of conduct is established for employees and a central dictating system is installed for the doctors to use on patients' histories and physicals; the following year, in 1968, payroll is computerized and placed on a biweekly schedule, central dictation is installed in medical records and on-the-job training is implemented for nurses.

In 1967, no longer unwanted by the military, osteopathic physicians are drafted into the armed forces.

In August 1969, after 23 years, Mr. Joseph Back retires.

October 1969—Grandview Hospital receives an award from the Dayton Community Committee on employing people with disabilities; it's the first hospital in the city to receive this recognition.

awake because of a loud dice game going on in a nearby alley—when a car of white men, witnesses said, pulled up and shot him in both eyes. When the police determined that the bullets must have come from the alley and not the car, the African-American community was outraged, and riots ensued. More than 100 people were arrested, and a thousand National Guard members were mobilized.

It was against this uneasy backdrop that the doctors of Grandview Hospital toiled.

Chapter 5

Dr. William F. Quinlivan recalls seeing a 15-year-old African-American boy who had been playing Russian roulette with his brother. "He lost," said Dr. Quinlivan, years later recalling how he was able to look through the entrance wound in the boy's head and see out the exit wound. Incredibly, the boy not only survived, he recovered enough to go to college, though he would forever have trouble with locations, unable to go anywhere without getting lost.

During one single year in the 1960s, Dr. Quinlivan had 26 cases of bullet wounds that struck the head or the spinal cord, most of them occurring in the inner city. He remembers a young woman who had been shot by her husband five times; the sixth bullet, the husband used for himself. Dr. Quinlivan—or as everybody at Grandview calls him, Dr. Q—was able to save the woman, in part because she had been lucky—one bullet only grazed her skull, and another became embedded in her wristwatch. Still, Dr. Q was saving lives in a way that his predecessors could have never imagined; and on the other hand, people were being injured in ways that doctors in earlier times never could have predicted.

Dr. Quinlivan was saving lives in phenomenal ways because he, like many Grandview surgeons, was continuing his medical education. In Quinlivan's case, in 1959, he spent a year and a half in a fellowship at the University Centre Hospital in Montpelier, France. He moved his family abroad with him, where it was another world ("the bathtub and shower were on one floor, and the toilet on another," recalls a bemused Quinlivan. "Things were a little different than in America."). While his two daughters, 5 and 9 years old, enrolled in school and became fluent in French, and his wife Lorraine struggled with the family issues, Dr. Quinlivan was working with the world's top surgeons on trauma cases. Every day, he scrubbed in on brain tumors, aneurysms and general head trauma, helping advance medicine to a new stage altogether, for brain surgery in the late 1950s and early 1960s was just beginning to cure patients, and no longer was an automatic death sentence.

"Curing insanity and feeble-mindness by opening the skull and doctoring the brain has undreamed of possibilities in the opinion of Professor Cassius C. Rogers of the Chicago College of Medicine and Surgery after a summer's study in the Paris hospitals," trumpeted the *Los Angeles Times* in 1910. "He thinks that the cases of half of the inmates are curable."

One's heart has to go out to these inmates, though maybe their souls can take solace that the early experimentation in Paris eventually led to something substan-

The Quinlivan family [William Quinlivan, D.O., Adair (9), Lorraine and Jana (5)], in 1959, traveling to France on the U.S.S. Independence. Dr. Quinlivan spent 18 months in a neurosurgery fellowship at University Centre Hospital in Montpelier .

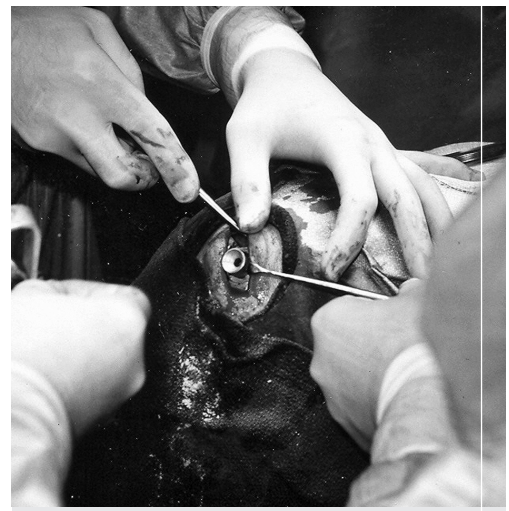
tial. In recent years, many people who had brain surgery had come through it just fine. The sports pages throughout the 1950s and 1960s are filled of stories of boxers who needed brain surgery and lived to tell about it. In 1962, an aide to politician Richard Nixon had successful brain surgery after sustaining a head injury from a severe beating by two muggers. In 1965, 39-year-old actress Patricia Neal underwent brain surgery for aneurysms after two strokes.

But in 1959, when Quinlivan studied in France, brain surgery was still a risky option for patients. Quinlivan remembers operating on aneurysms, which occur when a blood vessel in the brain ruptures and bleeds. When it bleeds into the space between the brain and skull, it's a cerebral aneurysm. When it bursts inside the brain, it's a cerebral hemorrhage. Both outcomes are grim.

Quinlivan was determined to master neurosurgery, however. He knew lives depended on it. His colleague and friend, Dr. Glen Sickenger, lost his young son, Steve, who he suffered a head injury after falling from a tree. It was that tragic death that helped convince Quinlivan to go into brain surgery.

And because of doctors like Quinlivan, what surgeons can do is nothing short of remarkable. Today, some surgery can be performed without actually opening up the brain. With endovascular therapy, for instance, some types of cerebral aneurysms can be treated by inserting a catheter into the femoral artery in the patient's leg and navigating it through the vascular system, into the head and then into the aneurysm. It's a complex process that also uses X-ray technology called fluoroscopic imaging.

But in 1959 and 1960, the technique was quite different—Quinlivan and the doctors would pack ice around their patients. The patient's body temperature needed to come down from 98.6 to 90, putting them into a state of hypothermia, to bring the body to a level where it was safer to operate on the brain. When the body's temperature is lowered, it retards the entire metabolic process, and the patient doesn't require as much oxygen. Circulation slows, and bleeding can be controlled. Surgeons were slowing the body's systems as much as possible while they operated. But you couldn't let the body temperature reach 85 degrees, says Quinlivan, or you risked the patient going into cardiac arrest. Meanwhile, doctors learned to put boxing gloves on the patients' hands, so their fingertips wouldn't develop frostbite from the ice.



A neurosurgery biopsy at Grandview Hospital, shown using a Goniometer for Cerebral Stereotaxy, patented by Dr. William Quinlivan and colleague.

Dr. Quinlivan was one of six foreign assistants, who mostly came from Europe—countries such as Yugoslavia, Italy and Belgium. "None of us spoke the same language," recalls Quinlivan, "but we all spoke French." And since all of the interns had to know "everything about the patient, your French *had* to be good."

Nevertheless, his fluency didn't help Quinlivan at cocktail parties in his down time. Whenever politics was discussed, Quinlivan was at a loss. That might in part explain how he came to befriend an Italian doctor, who was interested in plastic sur-

gery and ultimately ended up spending some time at Grandview and numerous other hospitals in the United States.

Grandview had changed, even in the short period Quinlivan had been gone. As Dayton's inner city grew more turbulent, so did the cases, which were always interesting. Dr. Gabriel had one 17-year-old young man brought in at 2 a.m., riddled with gunshot wounds. He and another doctor tried to salvage him but couldn't and spent a painful period of time afterwards trying to reason with his family.

"Well, you're a doctor," one of the family members demanded, "why couldn't you save him?" And then the conversation disintegrated from there: "Who shot him?" And: "We're going to get him."

Another man came in, with the upper half of his stomach blown out. He had tried committing suicide, when caught in an affair. After shooting himself, he called for help. Later, Gabriel asked him: "If you were trying to kill yourself, why call for help?"

"Because I hurt like hell," the man responded.

Another patient with bullet wounds was more concerned with his shoe and sock than any of the blood and gore covering his body. Finally, Dr. Gabriel stabilized him and asked the man: "What's the problem with your foot?"

The man grew quiet, not wanting to say. It turned out that he had a bag of marijuana stashed in his shoe.

Throughout the 1960s, Dr. Moody was kept busy with patients who found themselves embroiled in urban warfare. One young man was brought into the hospital with a stab wound to his left rib cage. When Moody tried to examine him, the man warned the doctor not to do anything and that all he wanted was a Band-Aid. Moody acquiesced, and the young man collapsed as he was walked out of the hospital. Two weeks later, the young man returned with a bullet wound in his bowels, but he was able to be patched up. When the man returned the third time, he was dead of another gunshot wound.

"Here was a guy who didn't learn from his mistakes," observed Moody many years later, "and the sad thing is, I don't think things have changed all that much."

Medical advances hadn't moved quickly enough for doctors like Moody and Quinlivan who were practicing in the 1960s.

Chapter 5

One morning Dr. Quinlivan was in the middle of routine general surgery when he felt the hospital rumble. It was a sound so severe, that Quinlivan immediately feared an explosion, and he knew he had to leave the patient he was working on to see what had just occurred. "Take over," he said to his assistant, Dr. Gene Ackley, before racing into the next room. When Quinlivan opened the door, he encoountered a horrific scene.

Dr. Jim Elliott was lying on the floor, somewhat conscious, and Dr. Ed Levine, an anesthesiologist, was flat on the floor with a wrecked anesthetic machine—but he was alive, Dr. Quinlivan soon learned. But the patient wasn't so lucky. Their patient, a man in his 50s with an advanced form of cancer in his lungs, had a gaping hole where his chest should have been.

In the late 1960s at Grandview, ether had been replaced by cyclopropane. Anesthesiologists liked it because it quickly inducted the patient, and it involved less guesswork with gas. Cyclopropane was better for the patient because it allowed the transport of additional oxygen to the tissues, and greater muscle relaxation. Furthermore, it wasn't irritating to the respiratory tract, and because of the low solubility of cyclopropane in the bloodstream, recovery was quick. Patients might be a little nauseous, but mostly, cyclopropane was the wave of the future.

Or so doctors thought.

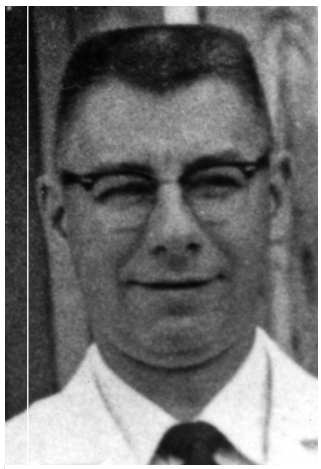
There was one problem. Like ether, cyclopropane was highly combustible. Each year, approximately fifty hospitals were involved in an explosion related to cyclopropane. Now, it was Grandview Hospital's turn.

If everything had gone well, the oxygen that Dr. Levine gave to the patient would have removed the cyclopropane, but traces of it still existed in the patient's lungs. When Dr. Elliott penetrated the plura with a device that had an electrical charge, it mixed with the gases still in the man's lungs, and an explosion resulted.

Miraculously, the man was still living when Dr. Quinlivan reached him, but the damage was so severe that nothing could be done, and a few minutes later, he was gone.

The sixties was a more forgiving era, notes Dr. Quinlivan. The patient's wife understood that this explosion had affected the doctors terribly, although not as profoundly as her husband, and she settled for several thousand dollars, which today might just cover funeral expenses. If a similar accident occurred in more recent years, even given the patient's condition, Quinlivan speculates that a settlement would easily reach into the millions of dollars.

The explosion ended the use of cyclopropane at Grandview Hospital and ultimately opened the doorway to safer agents like halothane and isoflurane. Slowly but surely, the 1960's hospital—not just Grandview but all hospitals everywhere—was looking increasingly like the one the public visits today.



Dr. Leslie White, Grandview cardiologist, won a hard-fought battle with administration to install telephones in ICU patient rooms.

But as far as Dr. Leslie White was concerned, the hospital couldn't change with the times fast enough. John Glenn could be sent into space, and America was working on a Moon launch, but getting telephones into the intensive care unit was apparently too much for Grandview Hospital. That was the view, at least, of an increasingly frustrated White, who would soon make wiring the room his personal crusade. He knew there was a better way than shouting to a nurse to shout to the front desk or down the hall, to bring in help. "There's going to be a cardiac arrest in here," White kept repeating, to anybody who would listen. Other hospitals, like one in Kansas City, were equipping their intensive care units with telephones. It was clearly the method of communication of the future, but Mr. Back didn't see it that way.

Dr. White visited with the department chairman of medicine, who ultimately made White's case to administrator Joe Back. After Back refused, White approached Dr. Quinlivan and asked for his support. Quinlivan spoke to Back but got nowhere.

"I was beginning to get upset," recalls Dr. White, admitting sheepishly: "I may have used some profanity."

White next went to Josephine McCartney, the chief of nursing, with his concerns, and she was naturally sympathetic, taking him on a tour of Good Samaritan in Dayton to see their ICU. White marveled, amazed and envious that they had a bank of telephones, enough for one for each patient's room, provided the doctor allowed it. Dr. White returned and told Mr. Back what he had seen and described what he feared—a day when two nurses would be on duty for six beds, but one would be in the cafeteria, another would be in the bathroom, and there would be a dying patient and a doctor unable to call for backup.

But Back didn't see it that way.

Not even when one day, a patient of White's went into cardiac arrest. After all, on that particular shift, a nurse arrived soon enough to help White as he resuscitated the patient, disproving the doctor's theory and strengthening the administrator's hand. Dr. White's pleas for telephones continued to be denied.

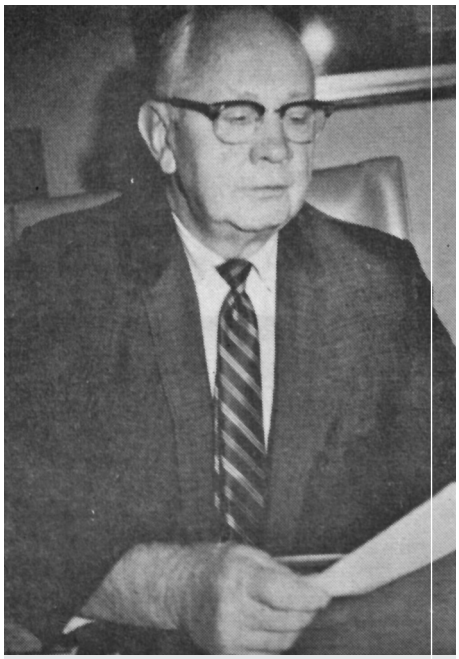
"Dr. Burns was sure I was going to have a stroke that day," says Dr. White, who decided to make his most drastic move: calling the chairman of Grandview Hospital's Board of Trustees at home, at eight p.m. Dr. White, flustered and frustrated, made his case. The chairman was mostly quiet, and Dr. White hung up, unsure if he had properly made his point.

"I think he thought I was on the booze or drugs or something," says White now. Nevertheless, the next morning, at 9 a.m., two telephones were being installed in the ICU.

"Mr. Back never spoke to me for the rest of his life," says White.

It may have been poor judgment on Back's part, says Dr. Burns, but that's just the way he was. "He never wanted to spend money on a piece of equipment that didn't pay for itself," says Dr. Burns, who was hired that same decade by Back to run the hospital's new respiratory care department. Respiratory care operated out of what looked to be a former linen closet—it was just four by eight feet—and usually when Burns made a request to buy some new equipment, Back turned him down.

At one point, frustrated by the hospital bureaucracy, Dr. Burns and Dr. Elliott spent $10,000 of their own money on pulmonary function equipment—which they then donated to the hospital's respiratory care department. It was maddening, but some forty years later, Dr. Burns



Joseph J. Back, in a photo probably taken in the 1960s. His management style was sometimes feared by employees—but nobody questioned his commitment to the hospital.

holds no grudges. "I thought he did a good job with the hospital."

Richard Minor, the night shift supervisor hired by Back in the late sixties, had always known Back as an amicable fellow—but that was mostly because they rarely crossed paths. One day, Jack Marshall, a fellow administrator, invited him to come to an early afternoon meeting, telling Minor, "I want you to see what goes on." Several minutes into the meeting, an administrator in human resources who enjoyed causing mischief, said something that he knew would make Joe Back angry. Indeed, as Minor recalls, "Joe got all red, all angry, yelled at this guy, shouting, 'You take care of it,' and he walked out of the meeting."

It was the first time Minor had seen Joe Back angry. "That's not the guy I know," thought Minor at the time.

Rattled, Minor left his chair and immediately spotted Lee Fisher, who surely witnessed Back's explosion. The night administrator idled into the pharmacy to get a reality check. "Does that happen often?"

"Frequently," said Fisher, unflustered. "Daily. We don't pay much attention."

When it came to his involvement in the hospital, Joe Back clearly ran a tight ship. But at home, his son remembers a man who was warm and generous. "You couldn't have asked for a better father," says Joe Back, Jr.

Still, Back's son is the first to admit of his dad, "He was firm. He could be autocratic. There were a lot of strong personalities at the hospital, and they all wanted the same thing—to make it better—but they all had different ideas as how to get there."

Joe Back's son, who everyone called Jay, saw his dad at the hospital on several occasions. When he was younger, he'd sometimes go with his father at odd hours on a Saturday morning or afternoon. Back would park in the rear of the hospital and take his son through heavy doors near the boilers, often catching the staff by surprise. Once, the father and son walked in on a man who was touching a female staff member in an inappropriate manner. Joe Back, Sr.—his body and tone—took on a whole new persona that his son had never seen. "I will see you in my office on Monday morning," he snarled. "Even I was looking for a place to go hide," his son says now. "I had never heard that tone of voice coming from him."

As the son grew up, he noticed his father coming home, weary if the day had been full of infighting and office politics. "Sometimes it was torture for my dad," says Joe Back II, "but that was just part of the job."

Still, Joe Back refused offers to run other osteopathic hospitals around the country. He had found his home. It was Grandview Hospital, and Back clearly couldn't think of any reason to leave.

Dr. Burns interests evolved during his internal medicine residency and the first six years of his practice and he decided that he wanted to specialize in pulmonary medicine. But because it was such a new specialty, one couldn't major in the subject at medical school. Virtually no hospital dealt extensively with pulmonary issues other than tuberculosis hospitals, and so Burns created his own intensive five-year training program. He took individual courses in Colorado and Pennsylvania and attended seminars. He was finally competent enough that when the American College of Chest Physicians put out its first exam, Burns received a score of 95 percent.

But in order to get into many seminars, Burns had to list himself not as a D.O, but as an M.D. It simply wouldn't do to advertise oneself as a doctor of osteopathy, as Dr. Gabriel found out a decade later when his resident, Dr. Agababian, was in the medical library at nearby Kettering Hospital. A research librarian asked who he was, and after he volunteered the information that he was a resident of surgery at Grandview Hospital, he was summarily ejected from the building.

"It didn't make me feel bad for myself," said Dr. Gabriel years later. "My father researched it [when I was looking into medical school]. He wasn't going to invest in something that was a waste of money. When he learned more about it, he said, 'Son, do you realize you're going to be an M.D.-plus?' And that's the way I looked at it, that I'd always be able to offer my patients more than just being a physician."

That was the consensus among the Grandview osteopathic physicians—they all wanted to offer their patients something more than they were accustomed to, and so like Burns, they would often resort to subterfuge to get the training they needed to further their education.

September 10, 1967, Dr. William F. Quinlivan embarked on another educational adventure, taking a month's worth of post-graduate work again at the University Centre Hospital in Montpelier, France, followed by a visit to the International Congress of Neuroradiology in Paris. About the same time, Dr. Zimmerman was speaking to the Nuclear Medicine Institute in Cleveland and attending a symposium on nuclear medicine.

In Quinlivan's case, he didn't go to France simply because it was one of the best and most prestigious places to study. That was true, but as an osteopathic doctor, he was barred from studying neurosurgery at just about anyplace in the United States. There was no law against him learning about neurosurgery—it's just that M.D.s were reluctant to grant any favors to D.O.s. Dr. Zimmerman, it's been speculated, simply neglected to advertise that he was a D.O. Whenever he met fellow physicians at a seminar, he would introduce himself as "Dr. Zimmerman" and let them assume he was an M.D. When Dr. Everett Wilson wanted to learn more about eye surgery, he befriended a sympathetic ophthalmologist at Ohio State University. Wilson was never allowed to scrub in, but he could watch operations and attend their M.D. seminars.

Throughout the 1960s, doctors came and went. Grandview Hospital was becoming so large, it was difficult to keep track of everyone. One physician in 1967 stood out, however. He had just joined the staff and was practicing internal medicine, a man who would be both well-liked and admired. But his name caused a few initial chuckles: Joseph B. Doctor. The hospital newsletter, on announcing Doctor Doctor's arrival, introduced him by writing, "We won't make any humorous comments as he has probably already heard anything we could think of to say."

Two years later, when Neil Armstrong set foot on the Moon during the summer of 1969, an important physician departed the hospital. Dr. Bob Haas passed away, it was noted in the *Grandview Hospital Medical Staff Bulletin*. "His personality and mannerisms gave confidence to those who sought his help," the newsletter declared. "His ethics were above reproach. He gave his service untiringly to his patients and his hospital." It concluded that Haas had been "one of the pillars of Grandview Hospital." What the newsletter didn't mention was that Haas had been a victim of Grandview's bed shortage problem. He had died on a rollaway bed in one of the hospital's hallways.

The hospital saw another change in 1969. Joe Back, approaching 65, his hair almost as white as the button-down Oxford he wore, decided to retire. It wasn't an agonizing decision. He had grown tired of the office politics and struggling with the board of directors, and reaching retirement age, it seemed a prudent decision.

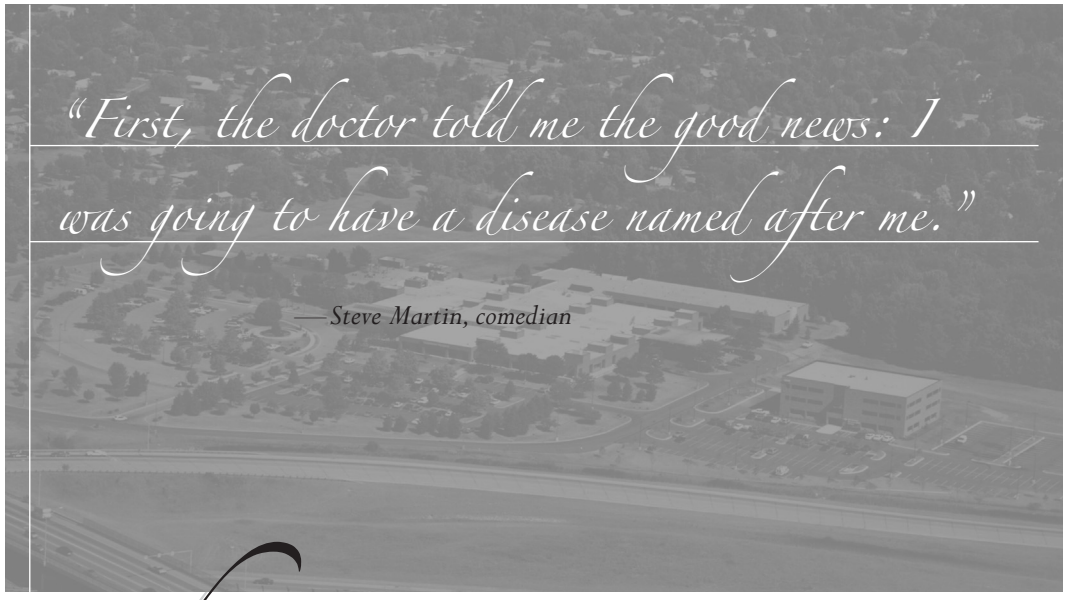
Several years before, Back listened to the advice of William Konold, his predecessor and still the CEO at Doctors Hospital. "Go buy some property in Naples,

Florida," suggested Konold, and Back ended up taking that suggestion. Once he retired, he spent his golden years in the Sunshine State.

No one on the board of directors asked Back for his opinion of his successor, and the exiting administrator couldn't help but take some offense. "Well, look at it this way, Dad," Joe Back II said. "If something goes wrong, they can't blame you."

"You're probably right," agreed Joe Back, who left the hospital with warm feelings about his tenure there nonetheless. He had taken Grandview from a hospital with 65 beds and led the charge to transform it into a building with over 300 beds. When he came, osteopathic medicine was regarded as an ugly step-child in the realms of medicine; when he left in 1969, compared to years before, the prejudices were paper-thin. He knew he hadn't done any of this single-handedly, but he knew that he had helped Grandview live up to its name and truly be grand. "It was his baby," says his son, who trained at Grandview in his father's last years at the hospital. Joe Back II became a radiologist, an osteopathic physician who now practices in Tulsa, Oklahoma.

Joe Back lived 15 more years. His retirement years were very enjoyable, until 1979, when he suffered a debilitating stroke. The stroke took the use of his right arm and most of the strength in his right leg. He was a fighter, though, and he went to rehab every day until he died of renal and heart failure in 1984. During his retirement, he spoke fondly of Grandview with his family. He had mixed feelings when his son left Grandview to practice in Oklahoma, but he never tried to persuade him to do otherwise. If he had lived to see his grandson attend medical school and do a rotation at Grandview, no one would have been more proud.



"First, the doctor told me the good news: I was going to have a disease named after me."

—Steve Martin, comedian

Chapter 6

THE BIG CHILL

(THE 1970s)

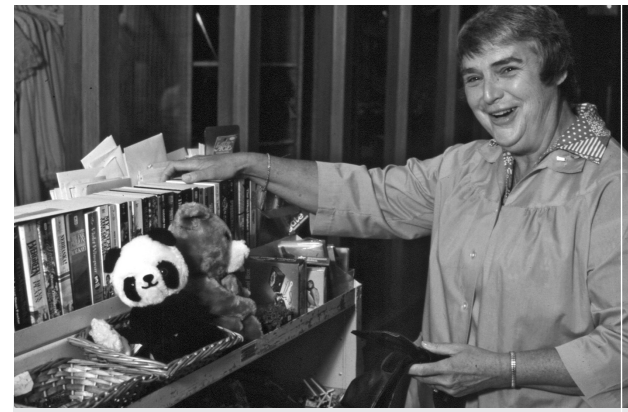
If time travel was possible, and one wanted to visit the early 1970s at Grandview Hospital, on any given day you might have found Susie Siehl walking the hallways, with a group of school children following her."There are several areas we do not go into," she always told the kids." Surgery, intensive care and the recovery room. Their work is too critical to be interrupted by a tour. Also, there is always the fear of infection. They are very fussy in this area."

The wife of Dr. Donald Siehl always began her tours in the lobby and eventually led the children into, appropriately enough, the pediatric unit. "We have 27 beds and take medical and surgical patients," she would explain, having memorized a script that she had written out and shared with others who conducted tours.

"We have very small babies to early teenagers. We are a member of the Ruth Lyons Fund. This fund provides a gift for each child upon admission, and if the child is here more than a week, another gift is given. This fund also provides [transportation] to take the children for treatment, TVs for hospital rooms, rocking chairs for nurseries—many things for children in the hospital."

Next, she'd lead the students past the crash cart—filled with syringes, needles and medication for crises you'd hope a child would never have to endure, like, "choking, cardiac arrest, difficulty in breathing, these types of things," said Susie, taking the students to the laundry room, where she would reveal that the hospital had approximately 56,000 pounds of clothes and linens cleaned every week.

Had Susie Siehl been welcoming the students to the hospital decades earlier, it would have been a very different tour, of course. Ever evolving and turning high-tech, the nuclear medicine department that Dr. J. Milton Zimmerman established fourteen years earlier had recently been remodeled to include a 10-room suite, and a new EEG laboratory opened at Grandview. Meanwhile, portions of the hospital were being remodeled—but then, from the time the hospital moved into the new facility in 1947, construction always seemed to be a work in progress.



Susan Siehl poses with the Grandview Gift Cart, which volunteers rolled throughout the hospital to brighten patients' and families' days.

In 1971, a $5.5 million expansion was approved to add 66 beds to the hospital; by the next year, Grandview would have a total of 452 beds and be the largest osteopathic hospital in the nation—under one roof. But a July 1970 statistical report of the hospital truly shows how far Grandview had come. That month, the hospital's emergency room hit a new high of 2,060 cases, an interesting contrast to a 1951 report showing that Grandview had 2,236 emergency cases—during the entire year. In July 1970, the hospital logged 10,138 patient days; in 1951, the entire year had 29,337 patient days.

A young Dr. James Laws became intrigued by stories shared by the old guard, about what life had been like at the former hospital. "'It was like this at Second Street, it was like that at Second Street. Well, I didn't know what it was like at Second Street," says Dr. Laws, who years later, for all practical purposes, became the hospital's unofficial historian. Without his interest and passion for the past, it's safe to say that much of the hospital's history would have been lost forever.

By the time Dr. Laws arrived in 1971, even Joe Back was no longer working at Grandview, having retired two years earlier. The next administrator was Richard Hunsaker.

"He was one of the most interesting people I've ever met in my life. He was a genius, a very bright man. I enjoyed being with him," remembers Richard Minor, who was hired by Joe Back as a night administrator and then promoted by Hunsaker to the position of chief operating officer. Unfortunately, as likeable and intelligent as Hunsaker was, he had a few flaws that kept him from being a more effective administrator.

"He didn't want to make major decisions," says Minor, "and the second thing was he overreacted to pressure."

But Hunsaker's downfall was that he drank too much. As one doctor observed years later, "You never knew who you were going to talk to with Hunsaker. The smart one, or the drunk one."

During his tenure, he became intoxicated several times, to the point that the police were involved, and there are some physicians who remember bailing him out of jail. Another time, Hunsaker wrecked his car after a bout with alcohol and had to have a staff member drive him to work for a week.

More expansion, another dedication: May 16, 1971, Richard Hunsaker, president of Grandview Hospital from 1969–1972, dedicates a new wing of the hospital.

When he was sober, however, he ran the hospital well. Dr. Wesley Boudette once explained it to Dr. Laws this way: "When Hunsaker came, there were a lot of things that transpired with the Hospital. Hunsaker was willing to spend money like mad, and we got a lot of things, equipment-wise, under Hunsaker's regime that we didn't have. I don't know whether we would have got them out of Joe Back or not."

One big-ticket item that Hunsaker gave the hospital was a new indoor parking garage. It opened in May 1972, but as is the story of many big projects, the journey to complete it was messy. Hunsaker determined that the hospital needed a parking garage, and as the chief operating officer, Minor insisted that it would cost too much, wrecking the hospital's budget.

In the early 1970s, president Richard Hunsaker worked with RJ Minor to put the building of the hospital's much-needed parking garage in motion. It opened in May 1972.

Essentially agreeing with both men—parking was needed, but it would be costly—the board of directors brought in an old friend to consult on the building of the parking garage: William Konold, who had led the hospital when it was still on Second Street and known as Dayton Osteopathic Hospital.

Minor wasn't overjoyed to see him. Minor was several years out of a war, was young and full of energy, and he couldn't help but see Konold as "an old warhorse who had gained his reputation at Doctors…and so this old character was standing before the board, and he said, 'What we need is an austerity program.'"

To pay for the garage, Konold recommended trimming the budget in ways that mostly affected the employees—taking away the generous employee discount in the cafeteria and the free meals for the third shift. When the board of directors appeared to heartily accept the suggestions, Minor conferred with his boss, and said, "Dick, we can't do this. The employees are going to hate this. This is going to cause World War III. Let me put a program together, and I'll show you how we can make this work."

Hunsaker agreed that Minor could put together a program of his own—but he, not Hunsaker, would have to go to the board with it. And so at the next board meeting, after Konold made an official presentation on the austerity program, Hunsaker cleared his throat. "Mr. Chairman, may I speak?"

Minor was given the floor. He began his plea: "This austerity program is all employee based. It's going to be a slap in the face to the staff, and they're going to react to this, and we're not going to like how they react to this. And so I've devised a few ideas—"

It was then that a board member spoke up, cutting Minor off at the knees. "I move we accept Konold's report," he growled.

Everyone agreed. Even Minor, decades later, agrees that Hunsaker was correct in calling for the parking structure. It was sorely needed. He still feels Konold's austerity program was too harsh—fifteen years later, employees were still complaining to Minor about it. Eventually, a discount was restored to staff eating in the cafeteria, but it was never as generous as it once was, and the free meals only wound up returning for the interns. Minor's views on the parking weren't completely dismissed. He proposed charging a fee to visitors for space in the parking structure to help pay for it and ensure that some revenue came to the hospital. The board agreed—at that time, it was somewhat revolutionary. Now, of course, almost every hospital charges for parking.

But that day, feeling far from appreciated, Minor went back to Hunsaker's office, thinking, *Dick's going to call me any minute and tell me I'm not working here any longer.*

Only it didn't work out that way. The board didn't ask that Minor's head roll, and even if Hunsaker was annoyed, he wasn't one for firing people. Minor discovered this when he had problems with a staff member, the same fellow in personnel who had irritated Joe Back so badly a few years earlier. In trying to explain his position and displeasure to the employee, Minor told him a joke, hoping that he would take the punchline as a warning.

The joke focuses on an Amish husband and wife who are riding in a buggy led by a horse that constantly gives them trouble. The Amish farmer keeps warning the horse to curtail his behavior, by saying, "That's *one*," and then "that's *two*," and after three, he shoots the horse. A little later, when the husband gets out of line, the wife says, "That's one." Minor discussed why he was annoyed with the employee—finishing by saying, "That's *one*."

The employee was "very inept," says Minor. He once came into the hospital, stole some equipment and then the next day, chastised security for not catching him.

Never mind that this employee knew the ins and outs of the hospital and had an upper hand over any outsider who actually wanted to make off with a theft. So one day, Minor said, "That's three," and fired the man. Hunsaker—always wanting to make friends—later came and tried to talk Minor out of terminating the poor fellow.

"Hey, it's him or me," said Minor, and Hunsaker replied with an anguished, "My, my!"

Finally, as 1972 came to a close, it wasn't Minor who the board of directors terminated, but Hunsaker. One night, the administrator had one drink too many, and he wound up in jail for the fifth time. The police videotaped Hunsaker in his cell, ranting and raving, and the police chief, a member of the Grandview Hospital Board, likely took no joy in showing it to his colleagues at a board meeting. Hunsaker was invited into the meeting and summarily sacked.

Minutes later, Hunsaker was dictating a letter of resignation to long-time secretary, Mary Blair, who had been with Joe Back for most of his tenure. Minor happened upon them, and Hunsaker told him matter-of-factly, "I've just been relieved of my duties." Minor offered his regrets and then left, not wanting to embarrass the man any further.

That same day, Minor was told by the executive board, "We're going to make you acting director."

"What does that mean?" Minor asked.

"We're going to make you acting director."

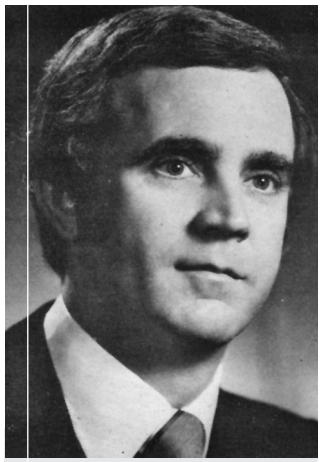
And so Minor received a hefty raise but went home that night thinking, *Well, I'm an acting director, so you're going to be looking for someone else, so you must not have much confidence in me, which is fine, since you don't know me well.* But Minor wasn't going to wait for the axe to fall. He immediately began thinking about finding work elsewhere.

As it turned out, a few board meetings later, the only thing dropped was the word "acting," and Minor was made the executive director of Grandview Hospital. Any thoughts of looking for another job quickly faded.

The rest of the year—1973—was quite nondescript for Minor. On a timeline of historical events, created and compiled by Grandview in 1996, the only significant event listed for 1973 is that Mr. Richard J. Minor was named executive director of Grandview Hospital, and that patients began getting TVs in their rooms. But as the years went on, and Minor became more comfortable in his role, the hospital began modernizing significantly. In 1974, a closed-circuit television system was installed so security could monitor the campus. The Data Processing Department was established, and in what must have made Dr. Leslie White jump for joy, every patient

received a telephone next to their bed. The following year, the pediatric unit was renovated, and progress marched onward.

During Minor's first years as Executive Director, he had to get used to the hospital, and more importantly—them to him. Most of the employees—the retention has always tended to be high at Grandview, even today—had been around throughout Joe Back's tenure, and a few, like Dr. Zimmerman and Dr. Gephart, were holdovers from the Dayton Osteopathic Hospital. In the beginning, says Jim Spiegel, a former administrator who became the Chief Financial Officer during the Minor years, the new executive director felt that he couldn't be friends with anyone at work, that it was important to keep personal and business affairs separate. And so for quite some time, Minor kept his guard up, something Spiegel completely understands.



Richard J. Minor, in a photograph that appeared in the hospital newsletter in the early 1970s. Minor was at the helm of Grandview Hospital from 1972 to 1999.

"I had worked at a hospital before, where the administration was mamby-pamby, and they let the doctors rule the roost, which is fine, if you have plenty of money," says Spiegel. "But if you don't have plenty of cash, you had to be a tough-minded businessman if you were going to be successful."

Dick Minor, says Spiegel, was that tough-minded businessman, even if the tough-minded businessman didn't see himself that way. "I remember a management consultant trying to do some team building, and we were asked to all draw something that represented who we were," says Spiegel. "To everyone's surprise, Dick drew a heart, because he felt he was this big-hearted person. Well, yeah, he did have one," chuckles Spiegel, "but he hid it well."

As the years went on, some of those barriers came down, and Spiegel and Minor eventually became close friends, though they lost touch when the two ultimately retired. By the time Minor retired in 1999, he was indisputably the patriarch of the Grandview family. Several years later, during occasional visits to Grandview, the doctors, nurses and staff would enthusiastically greet him, and ask how their old friend was doing.

But while Minor was in charge, there was no question who was running the show: Minor wasn't mamby-pamby. "When we would do budgets, he could be hell on wheels," says an admiring Spiegel. "He was very skilled, verbally, and so even when somebody was trying to convince him that they needed something important, even when he was wrong, just flat-out wrong, he would still win, because the doctor couldn't articulate his case."

After several years at Grandview and becoming the CFO, Minor usually let Spiegel argue with the doctors and make the decisions. Spiegel had been taught well. "Sad to say, but even if the hospital needs something else more, it's the person who does the best job of justifying why they need something, who generally gets what they want," says Spiegel, who remembers some doctors who couldn't articulate their case well, "but they would never give up. They were like dogs on bones… It's understandable, a doctor wants this new toy, but at the end of the day, if it isn't going to make money for the hospital, it's hard to justify it."

That may sound harsh, but clearly if a piece of surgical equipment is making the hospital money, then patients are getting use of it, and so the administration and medical staff often are aiming for the same target, even if it rarely feels that way for each side.

Spiegel particularly admired the aging Dr. Zimmerman, who had a keen business acumen and could easily get around the hospital's budget. If the hospital didn't want to pay for new equipment, fine with Zimmerman. Money was no longer an object for the man who once danced with Eddie Cantor. He had become fantastically wealthy over the years, and so, as Spiegel explains, "He would donate equipment worth $100,000 to his own department, and then he'd end up making $300,000."

Not everything during Minor's first couple years went smoothly. Possibly because of the sudden shift in administration personnel at the top, or maybe just because of the natural tendency to gossip, rumors began to run rampant through Grandview during Minor's first year as executive director.

Whispers went through the halls, sharing the bombshell that the maternity building would be closed to create storage space to hoard hospital supplies, which Grandview could no longer afford to purchase. The Annex would be closed to conserve energy. Employees with more than five years of service would be laid off to reduce the cost of the hospital pension plan.

Grandview Hospital through time

1970s

1971, a $5.5 million expansion adds 66 beds.

1972, the annex is connected to the main building, making the bed total 452 and the largest osteopathic hospital, under one roof, in the nation.

Continuing its commitment to Grandview's youngest patients, the newborn infant hearing testing program is established in October 1972. Later in the decade, the pediatric unit will be renovated, and in 1976, the Easter Seals donates an infant incubator.

January 1973: Richard J. Minor is named the executive director of Grandview Hospital; he would remain at the helm until 1999.

1976—Grandview celebrates its 50th anniversary. May 17, 1977, Grandview's paramedic school graduates its first class.

January 30, 1978, the Ambulatory Care Center, later called Southview Hospital, opens.

Sign of the times: Television sets are installed in patients' rooms in September 1978. The screen size is three by four inches.

Chapter 6

Of the rumors, "they are, of course, false," assured Minor, to readers of the hospital newsletter, *Osteopatter*, at the start of 1974. "Every business, corporation or institution has its grapevine. Somehow, hospitals are noted for the rumors that circulate through their many departments."

Minor suggested a "rumor stopper" in every department, and while that was probably wishful thinking, he did offer a solution: Dial 345, the hotline to the administration, and leave whatever question the concerned staff member had. Minor promised that generally, within 24 hours, the employee would have their answer.

The hotline didn't last very long, recalls Minor, dropped ultimately when people stopped using it. Eventually, the culture changed, and rumors became less widespread.

That type of management may be why Lee Fisher, for one, felt that Minor did a superb job in over 25 years as the head of Grandview. "I think he was the greatest business man ever," enthuses Fisher, who also says that Minor was a good person, period. "He's done more for this hospital than people realize. He took it from the old style to the new. I don't think a greater businessman ever lived. He solved problems that would have made others turn white."

Minor had been confronting frightening problems for some time. After all, he was a Marine for three years and fought in the Korean War. He admits that the experience helped him when it came time to run a city hospital. "I think it taught me discipline and courage to stand up and do what you need to do," says Minor, years later. "And to not be meek. It gave me a little sense of survival skills."

He needed them. After his stint in the military, and his college career, he worked for Highland Laboratories as a sales representative. That was a calm enough period in his life, but it was frustrating, because he was required to constantly travel to hospital laboratories. He left that position when he learned about a purchasing agent job at Good Samaritan Hospital in Dayton, one that wouldn't require him to travel. After a time, Minor was promoted to an assistant administrator. He met Joe Back through that job and about the time he started for his masters in health administration at Xavier University, he was hired as a night administrator at Grandview.

He hadn't been on the job long when he received a phone call from the head nurse. "You have to come up here to the third floor," urged the nurse. "We have a patient with a gun."

"Really?" Minor said, startled. "Well, what do you want me to do?"

"Take it away."

Great, thought Minor, hurrying up the stairs, formulating a plan, or at least something to say to her. When he arrived, he found a nervous looking woman sitting on a bed in her room.

"How is everything? Are they treating you well?" asked Minor, wanting to first ensure that the woman wasn't angry at anybody, before bringing up the subject of a weapon.

Everything is fine, the woman assured Minor.

"Well, good, I'm glad to hear that," said Minor, the relief probably evident on his face. Then he turned a little more serious: "Now, I understand you have a gun in your purse?"

"Yes," the woman said, pulling it out to show him, so that the revolver was aimed directly at Minor's face. But it was only pointed at his face for a second—to Minor's relief, she had no desire to shoot him—and then she put the gun down, close enough that she could have grabbed it in an instant, however.

"Well, we have this silly rule," said Minor in a soft-spoken voice that he reserved for situations like this: "The rule is that when patients bring guns, we put them in the office safe. We do it for your protection. So nobody steals it from you when you fall asleep."

The woman chewed that over for what seemed like an eternity, and again to Minor's relief, she agreed, handing him the weapon. Minor did just what he said he would do—he put it in the safe, and when she left the hospital, it was given back to her—although he did remove and discard the bullets.

Dr. Lester Mullens might have been a good person to have called that night, had he been around. Like Minor, he wasn't exactly meek or a stranger to danger. When he spent several years in the 1970s saving lives in the unpredictable emergency room, he was realistic about the atmosphere he was working in. He carried a gun.

Small wonder. The hospital, at times, resembled a battlefield. Dr. Laws remembers a time two gangs got into it, on one of the grittier streets of Dayton, and a youth was killed. When some of the gang members were brought into the hospital,

their presence attracted others who ran through the hallways with pistols. But most of the time, Laws was seeing the aftereffects of violence, such as having to declare a time of death on one young man who had been shot in the chest and whose heart cavity was filled with blood.

Another time, a young man came, shot in the head after losing a game of Russian Roulette, and a neurosurgery resident declared, "We're going to save him," and the boy was saved, but to what end, Laws couldn't help but wonder. Indeed, a month later, Laws visited the young man, who was staring into space and not at the meal that he been provided for him.

The neurosurgery resident kept insisting to the boy that he eat, and finally he raised his spoon to his lips. "See, I told you he could feed himself," the resident said proudly.

In another case, Laws recalls a cardiac arrest in the delivery room that brought 32 physicians to the woman and baby's rescue. Laws says that when he met up with the mother later, he learned that the baby had died of crib death.

Tragedy didn't just strike the patients. In the waning days of July, 1976, a mysterious and deadly lung disease crept through Philadelphia, seemingly killing people at random, until it was clear that the illnesses were definitely linked. All who died had the same symptoms—chills, fever and chest ailments. Twenty-nine people died, and at least 151 people were hospitalized and on the brink of death. One of those fighting for his life was Dr Robert Berger, the well-liked director of medical affairs at Grandview. He, along with 10,000 other American Legion members, had descended upon Philadelphia for their July 21-24 convention.

The epidemic was in the newspaper headlines for weeks. President Gerald Ford met with his secretary of health, education and welfare, to discuss the investigation. Everyone was worried it was swine flu, a disease that had felled a healthy 19-year-old army recruit earlier in the year. With worries that a plague like the one that took half a million American lives in 1918, the swine flu incident jumpstarted a program to inoculate 220 million Americans, though it was stopped after 40 million citizens received the injection, when it became apparent the disease was not an epidemic.

As it turned out, Dr. Berger and at least 150 other people had Legionnaire's Disease, a newly discovered disease involving what are now called Legionella pneumophila germs. Outbreaks tend to occur in healthy people staying in hotels

or other buildings, in which the cooling systems or showers have been contaminated by these bacteria. The convention hall in Philadelphia apparently had a poor ventilation system.

Dr. Robert Berger was an esteemed colleague and favorite of many. Berger became Grandview's first medical director and later Senior Vice President for Medical Affairs.

Dr. Berger was brought to Grandview immediately from the airport. He was "clouded," recalls Dr. Mel Crouse. "He was confused. He might have even been irrational."

Dr. Berger had a fever and was extremely sick, as Crouse remembers. Worse still, no one yet knew what he had had. Dr. Zimmerman, however, diagnosed it. Looking back—the disease was making headlines in the newspapers and evening news—but what was truly impressive was that Zimmerman prescribed the correct medicine at a time when doctors didn't know how to treat it. He gave Berger erythromycin, an antibiotic that is now routinely given to treat Legionnaire's disease, as well as other infections caused by bacteria, including bronchitis, diphtheria, whooping cough and pneumonia.

Dr. Bob Berger made a full recovery.

In the mid-1970s, it was decided that Grandview Hospital again needed to expand its facilities if the hospital was going to continue being a dominant force in Dayton. No one knew it then, but the plan foreshadowed a bigger one that would come almost a quarter a century later.

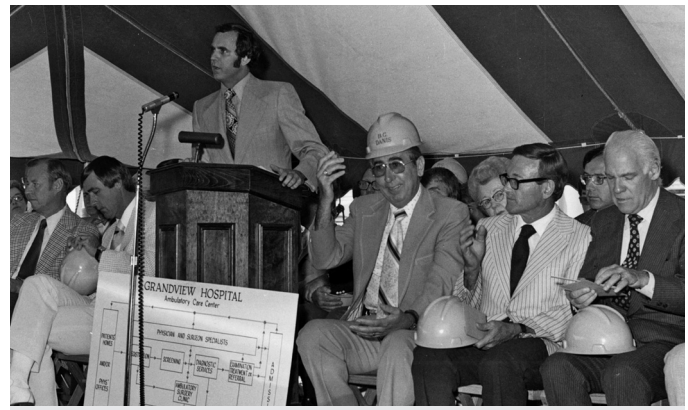
The idea was that Grandview would have an outpatient center in the southern suburbs, near the Dayton Mall, a popular attraction that the administrators couldn't help but notice. Grandview purchased a large plot of land just east of the mall, and throughout 1977, the construction of the Ambulatory Care Center was underway. By January 26, 1978, an opening date that had already been pushed back repeatedly, everything was set for the Ambulatory Care Center to receive patients.

It would be, promised Richard Minor in the *Osteopatter*, a "first" in the United States, "providing a comprehensive range of services under one roof. It will be a viable health service in meeting many of the health care needs at lower patient cost for the southern Montgomery County area and surrounding counties."

Just two minutes from the popular and growing Dayton Mall, the Ambulatory Care Center was a 60,000 square foot facility built on a 50-acre site. Three months before the planned opening, but almost seven months before it actually did, Grandview's community newsletter, *Accent*, noted that "hundreds of thousands of man hours went into creating one of the most unique health care facilities in the United States." In terms of what the hospital would look like, the article observed that the ACC would have one-half acre of carpeting, and that the grounds would be landscaped with 3,989 shrubs and shaded by 368 trees and evergreens.

Most importantly, a later newsletter proudly noted, there would be a startling array of services from X-rays to respiratory therapy. The center had a laboratory, a pharmacy, a full-service emergency room, EKG and EEG, operating rooms for outpatient surgery, office space for physicians and meeting rooms for community service groups. "The center," the newsletter explained, "will serve all health care facilities and doctors from all hospitals in the greater Miami Valley. Patients that must be hospitalized will go to the hospital that they or their family physician chooses." After several years of planning, the future had arrived.

Almost. Once again, the opening would be put off, but only for four days. What Minor nor anyone else at Grandview knew was that a crisis was lurking ahead, one that would prevent the ACC's grand opening from being grand. The day the ACC was to invite the public to come in, get warm and stay healthy, a storm was brewing.



Grandview president Richard Minor (at podium), at the Ambulatory Care Center, with a crowd gathered for its groundbreaking in 1977.

The blizzard of 1978 was a weather event of cataclysmic proportions and will never be forgotten by those who lived through it. From January 25 through January 27, a severe blizzard raced through the Ohio Valley region, pummeling everything in its path. At the Cleveland airport, their low pressure had a reading of 28. In the history of weather records, there hadn't been a pressure reading this low in all of the United States' mainland—except during hurricanes.

The average winds were 45 to 60 miles an hour, and sometimes gusts exceeded 100 mph. Across Ohio and much of the Midwest, snowdrifts covered houses and then sometimes, as a final insult, collapsed the roofs. In Mansfield, Ohio, an entire semi-trailer truck was buried in a snow bank. The driver wasn't rescued until almost a week later.

In the Greater Dayton area, entire animal populations were virtually wiped out. For instance, the bobwhite quail used to be abundant throughout southwest Ohio and much of the state. In years before the storm, it had been having trouble surviving urban sprawl and insecticides—but the blizzard decimated the bird.

The Red Cross, the Ohio National Guard, the Army Corps of Engineers and federal troops fanned out across the state to help the public.

Everywhere, the state was literally frozen in its tracks. For those who had ample food in their refrigerators, and the electricity running, this was the start of a forced vacation, which is what happened to Jim Spiegel, who spent the next several days holed up in the comfort of his own home. For places like a hospital that required regular truckloads of food to be brought in, and needed a staff to care for hundreds of patients, this was a potential disaster.

But it wasn't. The staff, committed to caring for their patients, simply wouldn't tolerate being shut down by the blizzard. Dr. Allyn W. Conway, who was the chief of radiology, owned a Red Chevy Blazer—more importantly, *a four-wheel drive*. Many of the Grandview staff of the time recall that he canvassed the city, picking up every doctor he could feasibly reach. The auxiliary members also jumped into the vehicle: wives like Esther Sievers, Phyllis Gabriel and Bertha George emptied bed pans, brought patients water and carried trays of food back and forth from the kitchen. That Conway would risk his vehicle and himself in perhaps the worst blizzard of the century isn't, upon reflection, much of a surprise to his son, Mark. "He had a tremendous work ethic, and he loved people. And he loved Grandview."

Indeed, Conway didn't just phone in during his time at Grandview. Even though his major role was in radiology, if he could help, nothing was out of his bounds. He played a big role in the development of neurosurgery, helping to oversee the carpenter who built the hospital's first seriograph, an early device used in arteriography, which involved injecting a dye visible by X-ray into the bloodstream. Patient X-rays were then taken and studied to see if the arteries were damaged.

The night of the blizzard, Conway was also probably a source of comfort to any of his passengers who were nervous about embarking into the unknown. "He had a great sense of humor," says Mark, who offers his father's 1974 heart attack as an example. Mark went to see his father, in a bed in intensive care, and Allyn Conway was much more light-hearted than one might have expected. "If you really want to see some excitement," he told his son, "watch what happens when I disconnect this wire."

Perhaps cheating death a few years earlier, not to mention avoiding it during the brutality of World War II, made him less fearful of plowing through the storm. Tragically, he still died far too young. In 1980, when Conway was 56 years old, a second heart attack took his life.

Lee Fisher made the best of things, rather enjoying the campout qualities that the blizzard had forced on him and the staff. He and fellow pharmacists brought mattresses into the room and slept on the floor. He talked to his wife on the phone and gave her reports and learned what he could about life at his house. In the hospital, he describes the atmosphere as relaxed—at least it was, once it was determined that nobody was going to starve or die as a result of the storm. It was a time where everyone pitched in and did what they could to help each other out. Richard Minor even served food. "Nobody could get in, and nobody could leave, so we just took care of business as usual," says Fisher. "But people rolled with it."

Like much of the staff, Fisher had been brought to the hospital by Dr. Conway. Fisher remembers looking out the car window and seeing snow covering saplings and drifts of eight to 10 feet choking cars and smothering the streets. "It was powerful snow," says Fisher. "Once we got here, we knew we had to stay."

Dr. Lester Mullens remembers working three shifts in a row, helping to treat sprains and fractures, as well as some patients who came in with cardiac problems. There were a few frostbites cases, but not as many as one would expect, and there

were some women in labor who were brought to the hospital. It was, he remembers, "basically calm," almost like a normal day or night. The real trouble was outside.

The phone call came at about 1 a. m., recalls Dr. Wilcher. A police officer was on the other end.

—We have a woman here who needs stitches, the officer said.

—Well, Dr. Wilcher sputtered, asking the logical question: What about taking her to the hospital?

—We can't get to the hospital, the officer interrupted.

Dr. Wilcher agreed to help, provided the police take him and his new patient to his nearby office. He knew he couldn't do anything substantial at home. Not too long after, the police showed up and helped shovel a path from the Wilchers' front door to a truck that the officers were driving. The woman, in the cab of the truck, had her hands covering her face. When they reached Wilcher's office, he understood why.

The woman, who was in her early sixties, had fallen down some icy steps leading from her back door, and when she landed, she had injured her nose and mouth, where it looked as though all of the surrounding skin was on the verge of falling off. She was in serious danger of being permanently disfigured for life. "This should be done by a plastic surgeon," Wilcher told her, soberly. She nodded. But they both knew that wasn't an option.

Slowly, quietly, carefully, for the next four hours, Wilcher sewed her up, using as much anesthesia as he dare. By sunrise, Wilcher surveyed his work and believed he just might have done a good job.

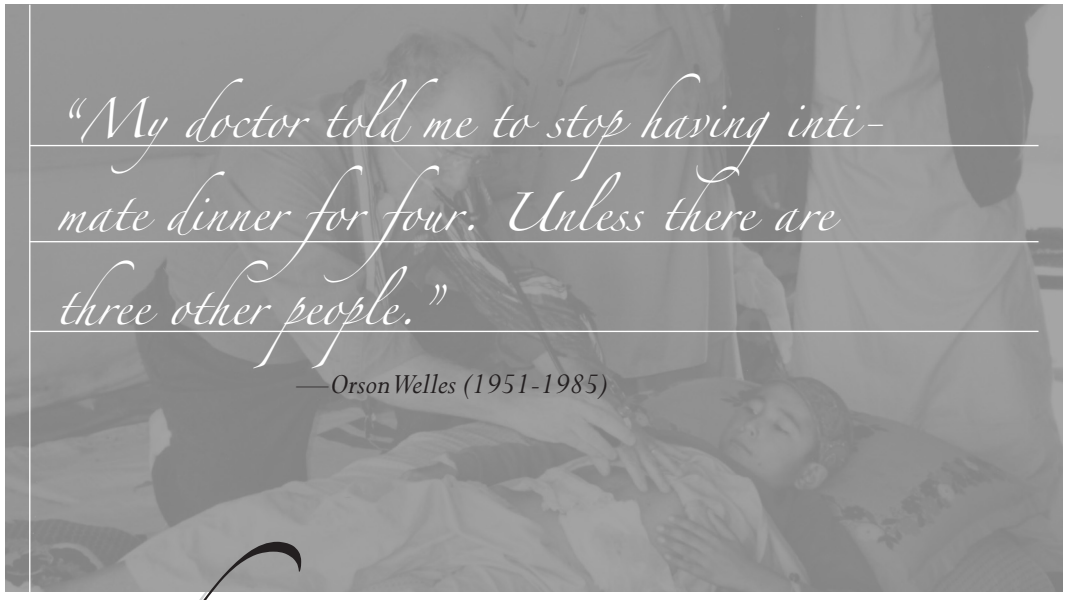
Indeed, in the spring of 2005, Wilcher's patient, who was still alive, had just the tiniest of scars to show for her accident. "Of all of my patients, she is my prize," says Wilcher quietly, his voice etched with pride.

What Richard Minor remembers about the blizzard is that almost instantly, they ran out of bread, and the other rations were low. Stuck in the hospital, no one inside had a safe way of leaving or bringing back food, and delivery trucks had no chance of making it through the snow drifts. When Minor truly understood that their situation was dire, he called a nearby auto dealer. Fortunate to find someone at the other end of the line, Minor asked, "Do you have a four-wheel drive?"

"Yes," came the reply.

Minor didn't hesitate. "We want to buy it."

The vehicle was driven in, and Minor and his assistant administrator, Bill Thornton, drove into the blizzard, found a grocery store open and made two trips—loading up every inch of space they had with bread, frozen meats and vegetables. "You tired, Bill?" asked a weary Minor at the finish of their second excursion. "No," he answered, moments before falling asleep.



"My doctor told me to stop having intimate dinner for four. Unless there are three other people."

—*Orson Welles (1951-1985)*

Chapter 7

ADJUSTMENTS

(THE 1980s)

On August 12, 1980, Grandview Hospital found itself entrenched in a medical case that made national headlines and touched upon a popular culture craze that even inspired a 1982 television movie starring a young Tom Hanks.

On August 11, a disturbed 17-year-old college student, James Dallas Egbert III shot himself in the head in his Dayton apartment. The news media, including *The New York Times* and *The Los Angeles Times*, noticed because Egbert had made a name for himself a year earlier when he disappeared from Michigan State University. A private investigator was hired to look for the child prodigy and computer whiz, who had an I.Q. estimated between 145 and 180, and who had been admitted into college several years early. It was during his sophomore year that he was reported missing, and the private investigator finally found him. What interested the national media is that the detective, William Dear, pushed a theory that Egbert, a fan of the game "Dungeons & Dragons," may have been playing a live-action version and had become too wrapped up in it to distinguish reality from fantasy.

It was a theory that some critics have since written off, and certainly Egbert's troubles were too complex to blame on a game, but the story nonetheless inspired *Maze & Monsters*, one of Tom Hanks' very first films. After Egbert attempted suicide with a gun, he didn't die instantly because he was taken to Grandview Hospital. Dr. Quinlivan successfully removed the bullet from his brain—allowing the young man to live, but in a vegetative state.

"There was certainly interest from the media, though I didn't feel any real pressure from them," says Quinlivan, who estimates that he probably spent a couple hours delicately removing the bullet from the boy's brain. He also muses something intriguing. "I always suspected that he was murdered," says Quinlivan. "As far as I know, the police never tested his hands for gunpowder blast. I can't remember enough facts about the case, but I'm sure the police felt that way, too, but they probably weren't able to get enough evidence. I suspected it personally, but I couldn't find anything to support my suspicions."

Several days after the surgery, the boy's parents consented to have his organs donated, and life support ended.

In 1982, Grandview Hospital expanded once again. The ACC—still not yet called Southview—was adding a new wing on the north side of the building to house 56 additional beds. Grandview itself was going through a $48.7 million expansion and renovation project, reshaping its entrance, creating a larger admitting area, relocating the emergency room, building a new surgery suite, improving patient rooms, and relocating their central services, stores and receiving departments. Meanwhile, the Claridge Health Center was invited to join the Grandview family.

For the previous seven years since it opened, Claridge had been run by the Montgomery County Health District. The building on Webster Street had once been a farm house, and then a recreation center, and finally a health center. Here, anyone could come to the neighborhood medical center, regardless of their financial situation, which generally meant that low-income families were seizing the opportunity to visit. It was open four hours a day, and the staff was handling 20 to 25 patients per day; every day, on average, four to six new patients were visiting the institution. There were three examining rooms, a laboratory, a reception and waiting area, and physicians and nurse conference rooms. Six family practice residents from Grandview were staffing the center.

But for the hospital to help the public, for a low to no cost, it had to make enough money to sustain itself, which was something that Grandview forever had difficulty doing. It was around this time, in 1982, that Minor seized on a money-making trend that was spreading in hospitals around the country. Minor became an entrepreneur and created a division of the hospital that was strictly for-profit. This entity of the hospital would create businesses, some of which would be completely unrelated and separate from medicine, that could either generate money, or save it, for the hospital. Minor hired a law firm in Los Angeles that specialized in this type of for-profit and nonprofit relationship, and out of that was formed Versacor, a company designed solely to acquire Dayton area businesses for profit.

Minor began brainstorming. In 1983, Versacor bought a laundry company, which would clean all of Grandview Hospital's linens and gowns, as well as take on additional clients. Minor developed a corporate real estate holding company and must have chuckled to himself, when he named it Landcor. But he was just getting started. The hospital, also in 1983, bought a commercial printing company.

Shortly before Jane Fonda popularized the trend, the visionary-minded Minor started a video company, which produced an exercise tape, and cut a deal with Time-Life, allowing them to sell 20,000 videos. "That turned a nice profit, for awhile," recalls Minor, who also, in 1986, started Grand Corp Medical Systems, figuring that they could sell discounted medical equipment to themselves as well as selling to other institutions.

An October 14, 1984 article in *The New York Times* nicely encapsulated the dilemma that Minor and other hospital administrators faced. "Until recently, hospitals, like other large institutions, were administered by doctors, nurses or trained laymen who came up through the ranks and whose first concerns were medical and altruistic rather than monetary. But the era of rising medical costs, shrinking Federal reimbursements, wary third-party insurers, complex medical technology and improved human longevity has given rise to a new type of hospital administrator, one as cognizant of business-management techniques as he or she is sensitive to human suffering and pain."

In short, if Minor didn't think about these things, the hospital would cease to exist. Nevertheless, eventually, Grandview dropped its entrepreneurial aspirations. Spiegel describes the feeling this way. "It's like what happens with many companies that own other companies. It's very hard to manage from afar, especially in an industry you're not familiar with."

Grandview Hospital through time

September 2, 1980: Grandview Hospital begins operating a CAT Scanner.

1981, the vascular lab opens.

1982—the open-heart program receives approval.

1982: The Sleep Disorders Laboratory begins at Southview Hospital.

October 24, 1982: Groundbreaking ceremonies for a $42 million expansion and renovation project.

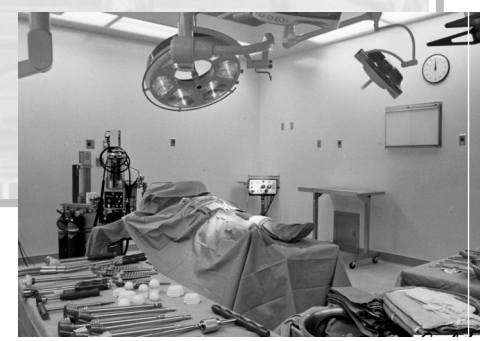
1983: The mental health unit at Grandview doubles in size.

December 12, 1983: Grandview opens two new birthing rooms.

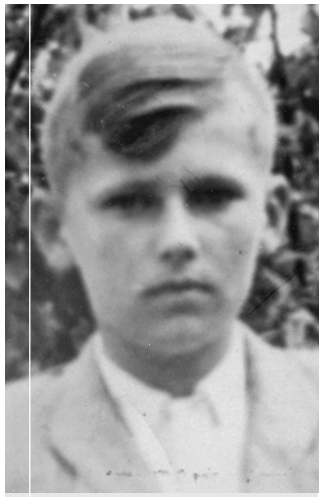
May 1984: the psychiatric unit opens at Grandview.

February 1987: the cardiac treatment center (outpatient rehabilitation facility) is established at GVH

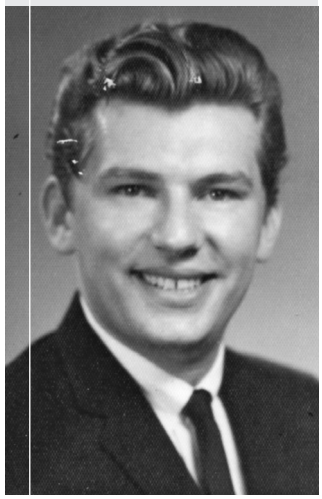
May 5-6, 1988: Grandview's first national symposium, Laser Applications in Vascular Surgery, takes place.



In the industry that Grandview was extremely familiar with—medicine—the hospital was progressing very nicely. One department that formed under the Minor and Spiegel era was the vascular lab, which opened in December 1981. It was a goal finally realized for one doctor: Laszlo Posevitz, D.O., who came to Grandview in 1968 as an intern. From the beginning, Posevitz intended to specialize in vascular cardiac surgery, and as part of his education, he spent time at Good Samaritan Hospital in Cincinnati and studied at Montpelier in France. He remained in Dayton, because he enjoyed working at Grandview, and because Dayton had become his home since emigrating from Hungary.



Laszlo Posevitz, when he was just a young boy in his native Hungary. Posevitz fled to America as a teenager, and is pictured as a U.D. student below.



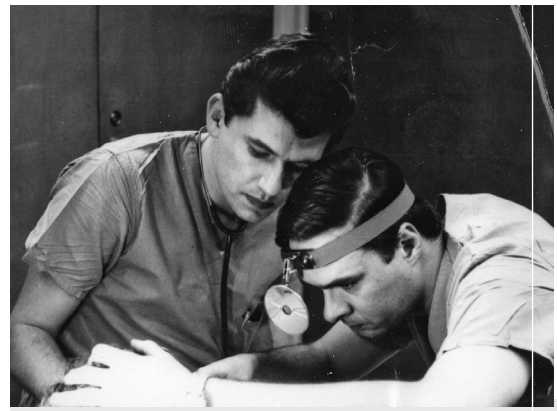
Before Posevitz, there were doctors doing vascular surgery at Grandview. They were either flown in from another hospital, or they were general surgeons tackling vascular-related problems. But Posevitz was the first trained vascular surgeon, operating on patients who had problems with their arteries and veins. Surgery of the heart is something that cardiothoracic surgeons specialize in, which is effectively a branch of vascular surgery. The two specialties are quite interconnected, which explains why Dr. Laws, a cardiologist, and Dr. Posevitz were constantly at odds each other, often lobbing verbal insults at each other and doing everything they could to make sure their own specialty would dominate the other. The two men, in the prime of their professions, continually overlapped in what they were trying to do for the hospital and their patients.

Posevitz was Grandview's medical director of the only vascular lab in the state of Ohio at the time, although the University of Cincinnati and the Cleveland clinic would soon follow. The lab was a triumph for numerous reasons, most notably because the new equipment allowed the technicians to test blood flow without invasive surgery. A technician could listen to the flow of blood

through a patient's artery with the aid of a microscope connected to a stethoscope; the information then was shown on a computerized screen—high-tech, in its day—as well as on paper. The lab that Posevitz created could also screen for arteriosclerosis and other artery obstruction problems.

Not that Posevitz was content to be king of the lab and rest on his laurels. For instance, twelve months later, he began a three-year process to secure his board certification in thoracic cardiovascular surgery.

Posevitz was living a life that he never could have predicted when he was a young boy. During the 1950s, when he was a teenager in Hungary, he was a freedom fighter, battling the Russians. After the revolution, he was thrown in jail with his father and numerous others. He was eventually released, and not long after, his father was let go. They had a happy reunion at their home, but soon after, a close friend, who was a teacher and a Communist dropped by—probably at considerable risk to himself. He was there to warn Laszlo and his father, Albert, that in a few weeks, the freedom fighters were going to be rounded up again, taken to jail, and executed.



Dr. Laszlo Posevitz carefully participates in a surgical procedure while a vascular surgery resident in the 1970s.

Laszlo and his father didn't need any convincing. They said good-bye to Laszlo's mother and grandmother, climbed aboard a sled, and after taking out two watch towers, escaped across the border. As it turned out, Laszlo wouldn't see his mother for another 11 years, when she moved to Dayton. He never saw his grandmother again.

Laszlo Posevitz arrived in America in 1957, a 16-year-old with a thick Hungarian accent. He and his father came to Dayton, where Albert's brother lived. He was an osteopathic physician.

As a teenager attending Kettering High School, Laszlo Posevitz was just trying to fit in and earn money for college. His first job was at Owl's Drug Store on Third Street in Dayton. The business was owned by a fellow Hungarian, and Laszlo

got to know its pharmacist, who probably influenced him even more than his uncle to enter the field of medicine. In any case, Laszlo excelled in high school, so much that a teacher pulled him out and took him to the University of Dayton to enroll in some classes. Perhaps because of the language barrier, Posevitz didn't realize until well into his college career that he was supposed to earn a high school degree before he could receive his diploma from the university. And so for a time, by day he went to the university, and in the evenings, he went to night school, working on his high school studies and college at the same time.

It was a busy time for the young man. During the summers, he was juggling odd jobs, working on an assembly line at General Motors, painting houses and changing light bulbs at Inland, a mental health and alcoholism clinic. Meanwhile, his father, who had been a lawyer in the old country, went to the University of Dayton to get a chemistry degree, and so he spent his last 20 years of work as a professional chemist. It was during this time that Posevitz had a conversation with one of his mentors at the University of Dayton, a comparative anatomy professor who thought very highly of osteopathic medicine and who had a high opinion of Dr. Arthur Bok, who coincidentally happened to be Posevitz's family doctor. Posevitz set up a meeting with Dr. Bok, who immediately took to the young man and ultimately recommended him when he applied for an internship at Grandview Hospital.

It was the 1960s, and Posevitz remembers Dr. Bok trying to explain and warn him of the prejudices against osteopathy. "You have to understand, you're going to be a doctor, but you won't be a doctor," Dr. Bok had said.

His explanation was confusing, says Posevitz, years later. "I didn't know what he meant. Where I come from, in Europe, if you were a doctor, you were a doctor." Posevitz, in any case, ultimately became a convert to osteopathy, but in the beginning, he just knew he wanted to practice medicine, and if osteopathy was good enough for Dr. Bok, it was good enough for him.

Mentoring and other forms of medical training were also being conducted at Grandview on a much larger scale. September 7, 1986 brought Grandview another groundbreaking ceremony, this time for the Ohio University College of Osteopathic Medicine (OU-COM) education complex on Grandview's campus.

This was a decision that was a long time in coming. In the early 1970s, after decades of discussion and anxiety in the osteopathic community, the Ohio Osteopathic Association decided that it was time to get serious about creating an osteopathic medical college in the state. To get the blessing of local legislators, the OOA commissioned a feasibility study from William S. Konold and Associates—Grandview's former administrator's consulting firm—and it was ultimately decided that the school should be at Ohio University in Athens. There were several good reasons: a physician shortage in the Appalachian hills, and a decline in enrollment that meant space was available in dormitories and classrooms at OU, which the osteopathic medical school could share. It seemed like an excellent idea, and arguably, it was.

And so ten years prior to Grandview's groundbreaking, and three days before the Bicentennial, on July 1, 1976, Grandview became the first teaching hospital for OU-COM, which formed late the previous year and would have its first class in September of that year. Under the agreement, Grandview began developing and operating teaching programs in medicine that were coordinated with the university in order to train the third and fourth year students. Meanwhile, Grandview became one of six regional medical centers where interns rotated throughout Ohio, all with the idea of specializing or starting a family practice in osteopathic medicine. It certainly made sense to approach Grandview first. The previous year, in 1975, Grandview had one of the largest osteopathic training programs in the nation, and there were plenty of patients for the students to provide care. All the ingredients were there to create a more formalized teaching relationship. In 1975 alone, 32,000 emergency patients were treated at Grandview.

It made even more sense in the mid-1980s to locate Ohio University's new education complex near Grandview, but other hospitals were competing for the university, and it took months of time, energy and convincing, particularly by Corwin Nixon, to make the university embrace Dayton, a city across the state from Athens. Grandview was in large part aided by Corwin M. Nixon, a prominent local politician from Warren county, who had devoted his life to the region. Everywhere you look in southwest Ohio, Nixon has left his imprint. His name is attached to a Mason park, a Waynesville covered bridge, Miami University's aquatic center in Oxford, a wing of the Brookwood Retirement Community in Sycamore Township, a Wilmington aviation maintenance school, and a Grandview satellite health clinic.

The Claridge Health Center was renamed the Corwin M. Nixon Community Health Center when it moved from Leo Street to Stanley Avenue, in 1995.

Nixon had a special place in his heart for Grandview. He was on the board of directors and had been a friend of the hospital since at least 1940, when Nixon was 37 years old and just beginning his political career as the Warren County commissioner. He also managed the Lebanon Raceway at the county fairgrounds and was coming off a decade in which he had managed a Kroger store in Lebanon. Nixon had a busy life, which may explain how he developed a bleeding ulcer, for which he was treated at the Dayton Osteopathic Hospital. In 1963, Dr. Frank Dilatush called Nixon up and asked him to join the hospital board of trustees.

And so when Ohio University began exploring the construction of a new educational center, Nixon was only too happy to jump in. He spent months trying to convince Ohio University to build their center in Dayton. It made sense, from a synergy standpoint, the university officials eventually realized: the staff could teach at the center, and the students could study at the hospital.

Richard Minor (middle) along with long-time Grandview Hospital proponent and friend, Corwin Nixon (right), and Hospital supporter and volunteer Susie Siehl (left), cut the ribbon at a 1984 dedication.

Then, just a year later, in 1987, something ominous once again threatened the life of Grandview Hospital, and once again, Corwin Nixon would be instrumental. This time, he saved Grandview from a slow and agonizing death. Blue Cross was threatening to terminate insurance contracts in Ohio, apparently as a way of streamlining their costs. Nixon was able to push through Ohio legislation that prevented Blue Cross from eliminating osteopathic medicine from their coverage. Soon after, he also passed legislation that gave HMO patients the right to choose osteopathic hospitals for their care. As R.J. Minor said in Patricia M. George's book *Corwin Nixon: A Life of Service*, "At the time the bill passed, it was vitally important.

It was apparent that HMO's were cutting osteopathic hospitals out of care contracts. We were competitive in pricing, but we wouldn't get the contracts."

Minor didn't mince words with author Patricia George when discussing Nixon's importance to the hospital. "If we hadn't been accepted by HMOs, we would be out of business by now."

Nixon helped Grandview hire a lobbyist to get the legislation passed, which is why Spiegel observes, "We really learned a lot about the way government works."

So it was little surprise to anyone when, in 1992, Nixon was honored with Grandview's Distinguished Service Award. The two local institutions, one human and the other a hospital, clearly believed in each other. After all, almost 10 years later, when Corwin Nixon was 90 and ill, he could have presumably gone anywhere for treatment, but he died November 6, 2003, with his friends at Grandview.

Dr. Bob Glaser, who was on the hospital board with Nixon, explains his importance to the hospital's history: "There is little doubt that he saved the institution and its fiscal viability on more than one occasion. The importance of his action against the Blue Cross group who wanted to cut osteopathic hospitals and care providers out of their insurance contracts and ensuring the inclusion of osteopathic hospitals in HMOs, must be underscored. Nixon helped secure the fiscal viability of not only the hospital but the care providers as well—to say nothing of retaining the ability of patient choice for those covered by the Blues and the HMOs."

Spiegel seconds that. "He was there on the board when I got there, and was still on when I left. I don't think he got any personal rewards from his association with Grandview. I think he just liked the physicians."

One of the most colorful physicians at Grandview Hospital is Dr. James Laws, who naturally fits into the hospital's history of having brilliant doctors who also happen to live compelling lives. Laws set on an exciting and memorable path upon joining an organization in the 1980s called the Knights of Malta. Through the Knights, Laws met others interested in humanitarian relief work and founded Knightsbridge International with his friend Ed Artis. Knightsbridge International, a Non-governmental Organization (NGO), has only two requirements, says Laws: that they work on humanitarian missions with the goal of accomplishing something important, and the mission has to be dangerous.

Dr. James Laws (right) and Ed Artis founded Knightsbridge International, a humanitarian relief organization, to provide medical aid to people living in dangerous places. They are pictured here in Grosney, Chechnya.

Well, "high adventure" is actually the phrase that Dr. Laws uses. As Dr. Laws puts it, "We don't deliver canned goods for Mississippi flood victims. We take vaccines for a plague to an orphanage in the Gobi desert."

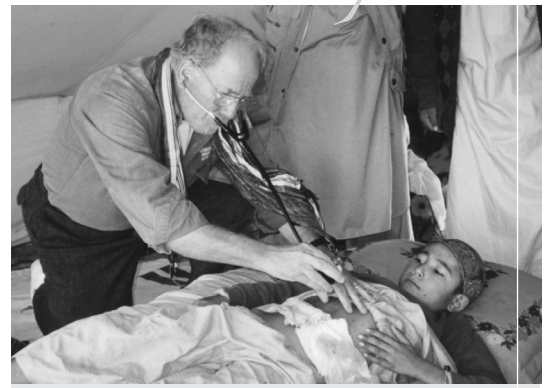
Over the years, Dr. Laws has been to Afghanistan four times, including a trip when it was ruled by the Taliban, and another, when the bombs were falling, shortly after September 11. But on each occasion, vital supplies were needed, including an EKG machine in Kabul, and so he and his colleagues made the trip. He has been to Russia, Rwanda, Nicaragua, Albania, the Philippines, Cuba, Thailand, Ecuador, Sri Lanka, India and Kazakhstan, often at times when the government didn't want him there. Laws' life reads like an unfilmed screenplay. There was the time he had to slip some money to a guard in order to cross the border between Zaire and Uganda, now known as the Congo. Another time, in Nicaragua, Laws and a companion from the Knights traveled down a jungle road until it dead ended into a small village with a bar. Laws and his friend drank until they were feeling the effects, and then set out to find a boat. They sailed down a river, with their medical supplies, until they came to Bluefields, an old pirate town often used for drug trafficking. They had no lights, and as they tried to anchor themselves in the harbor, they awoke a sleeping guard, who waved his gun in Dr. Laws' face and shouted, "Who you be?"

"We be Knights!" shouted a panicked Laws.

Pause. Then the guard said, "Oh. That's good."

High adventure is in the doctor's bloodstream. He was a paratrooper in the army, which he left after an extended tour of duty in 1962. But Laws, who grew up in Houston, always knew he wanted to do something that would benefit his fellow human beings. He thought he might be a preacher, but when he

was a junior in college, he switched his major to psychology, and from there, he realized his true calling lie in medicine. His father, who was a drug salesman, suggested that he become a D.O. When Laws looked skeptical, his father assured him that osteopaths are "real doctors," and what truly impressed the young man was how the osteopathic community encouraged him to go into medicine. None of the medical doctors he approached were as enthusiastic or helpful.



Dr. James Laws examining a child with shrapnel wounds in Afghanistan just one month after 9/11. Laws delivered medical supplies donated by Grandview Hospital to this community hospital.

Of all the changes in the hospital industry during the 1980s, and not necessarily for the better, were the changes in hospital insurance. "It used to be so simple," says Spiegel. "We sent to the insurance how much money we needed, and they would review it, and see if they believed it. And if it was defensible, they pretty much paid the claim."

Western Ohio Insurance was the death knell for the hospitals in Dayton, says Spiegel. "They had a proposal in which they offered unattractive prices, meaning very low. I said it was ridiculous." Ridiculous or not, another hospital in the area took it, and then another, and another. "It was not good management, that three out of five hospitals were dumb enough to lose control of the market, and let control shift to the insurance market," laments Spiegel. "Bigger hospitals would do it, and smaller ones couldn't. The bigger hospitals would take the volume."

Grandview Hospital may have been reluctant to take the bait, but three years later, when they had another chance to renew with Western Ohio, they gave in. "At the end of three years," says Spiegel, "we surveyed the situation, and said, 'We lost a lot of patients. We want in.'"

Once Western Ohio was successful, says Spiegel, Anthem was next. They began dictating the prices they would pay, and the domino effect was in play.

Dr. Fred Auwers was one of those affected. He retired on December 31, 1986, when his malpractice insurance coverage ended. As he told fellow physicians five years later, "It was supposed to go up fifty percent in the next year, and I thought it was a good time to call it quits."

Auwers then noted that while malpractice insurance wasn't common when he began at Grandview in 1953, it did exist. He had started in medicine as a general practitioner in Corpus Christi, Texas, "and they had one orthopedic surgeon there at that time, and he had seven lawsuits pending at one time," chuckled Auwers, "so I didn't refer any patients to him."

The frustrations that physicians like Auwers felt were shared among many of the aging osteopathic physicians. Norma Sefton was a nurse at Grandview Hospital from 1957 to 1958, during the time her husband Tom was an intern, and then the two opened a family practice in the Dayton area and raised a family of their own, three boys and a girl (son John followed in his father's footsteps and is a family practice physician in Beavercreek). Tom (whose brothers are named Dick and Harry, really) practiced for 41 years, retiring July 1, 1999. Age was a factor, but so was the bureaucracy—while his eyesight wasn't what it was, it was increasingly difficult to read the fine print in the numerous contracts and forms that he had to sign.

"There was a lot of governmental interference," says Sefton of the late 1980s and 1990s. "The bullets you had to dodge and regulations; and all of the encroachment with the government in medicine. I didn't grow up with that, and I didn't want to deal with that."

"They would come in and tell you how many patients you have to see in an hour," adds his wife, Norma, referring to both Medicare and, of course, the insurance companies. Meanwhile, state government officials would come in and tell you, "you have to have these things on the door of the lab, for the employees. Well, I'm the only one working in the lab." But Norma Sefton obliged, and the first year, she added a warning on the door that no employee could put their contact lenses on in the lab.

"I didn't wear contact lenses," Norma notes.

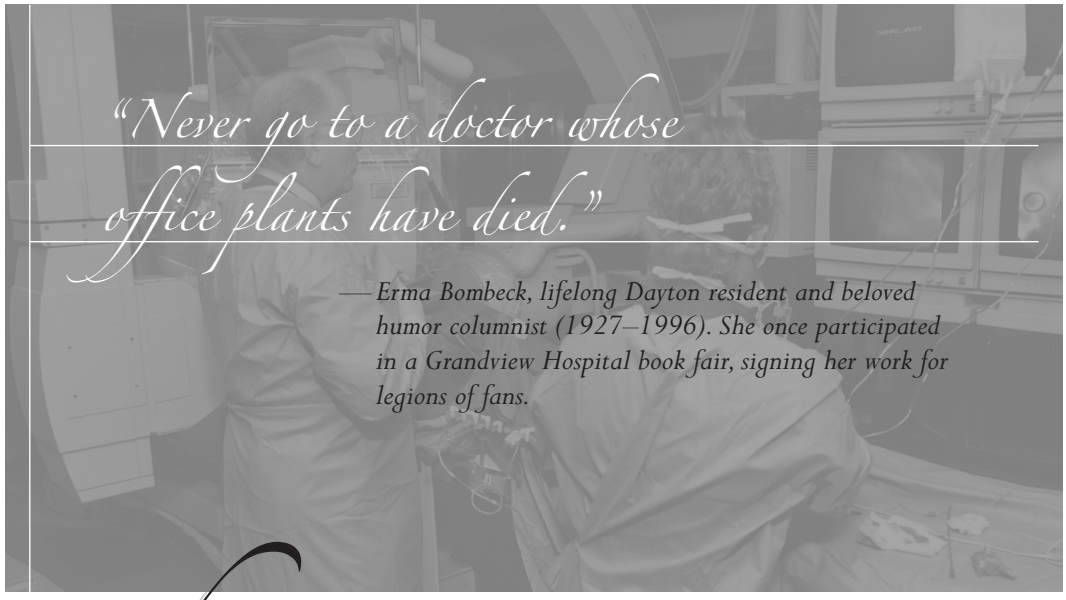
The next year, the same officials came and sternly warned her that a sign needed to be on the door, alerting employees that they couldn't put makeup on in the lab.

"Even if I had employees wearing makeup, nobody would do that anyway," sighs Norma.

The third year, the state officials complained about the door handle, which had been on the door for 39 years at that point.

"It was like they couldn't find anything wrong, but they just had to find something," says Norma.

As challenging as it was for the osteopathic physicians to stay in practice, however, it was nothing compared to the challenges that lie ahead for the osteopathic hospitals. When 1989 came to a close, the future looked bright. After all, Grandview had expanded its organ retrieval program, and to honor the recently departed J. Milton Zimmerman, the Zimmerman Osteopathic Dream Foundation was developed to bring a little happiness to children with life-threatening illnesses. Grandview Hospital was staying true to its mission of helping their little corner of the world, and as far as anyone could tell, they were doing everything right. No one could have guessed that before the end of the next decade, the hospital would be fighting for its own life.



"Never go to a doctor whose office plants have died."

— Erma Bombeck, lifelong Dayton resident and beloved humor columnist (1927–1996). She once participated in a Grandview Hospital book fair, signing her work for legions of fans.

Chapter 8

THE END?

(THE 1990s)

One hundred years after Dr. Andrew Taylor Still established the first osteopathic college of medicine, 30-year-old Dr. Bob Cain came to Grandview from Brentwood Hospital, an osteopathic hospital in Cleveland. It was 1992. He had attended the O.U. College of Osteopathic Medicine, and like previous generations before him, had met with resistance to his chosen field. Many of the Grandview physicians had decided to go into osteopathy because a family friend or a parent heartily endorsed the idea. But Cain's own father, a pharmacist in East Liverpool, thought his son was crazy. Cain, planning to be a pulmonologist, was still haunted by his dad's words, when he first told him that he was going to become a doctor—as osteopathic physician.

"I didn't pay all of this money for you to go to a small private school, for you to become a quack."

Old prejudices die hard. "People like myself," says Cain, "we're the transitional generation. It was becoming much more acceptable to be a D.O., but there were still issues." He remembers that shortly after passing his medical exam, he was inter-

acting with a pulmonologist, who learned that Cain wasn't an up and coming medical physician but—horror of horrors—an osteopath. The elder surgeon gave Cain a disdainful look and said, "Oh, well, at least you passed some board examination."

Happily, Cain's father came around. When Cain was in his residency, his grandmother became quite sick from what seemed to be a heart ailment. Dr. Bob Cain stepped in when it became apparent that his father's mother was terribly ill, and no one in her town seemed able to help her. East Liverpool didn't have a cardiologist, and so Cain sent her to an osteopathic cardiologist in Cleveland. "All the doctors in my hometown had misdiagnosed her," says Cain. "The D.O. in Cleveland diagnosed and treated her right away, and my father was so happy with how it all worked out, that not long after, he switched to an osteopathic doctor, and not long after that, my entire family all started changing."

Attitudes weren't the only change around the hospital. Lee Fisher could see the handwriting on the wall, or rather, the computer screen. No one at Grandview Hospital suggested that he leave. The pressure came from the microchip. The hospital was becoming more wired by the week, which included the pharmacy, and Fisher felt that the time had come for him to go.

In the 1950s, "all we had to keep track of were patients' orders, and those were written up by doctors," says Fisher. But by the early 1990s, whether the prescriptions came from paper, computer or audiotape, they had to be transcribed into a computer, which kept track of everything the patient was receiving—"even one aspirin," says Fisher, who has no complaints about the changes that technology brought. It's just, as he says, "I knew nothing about computers."

Even the IV pumps, which used to be cleaned and sent to and from central services, were now hooked up to a computer program. "After I got that up and running, I quit," says Fisher, who acknowledges that he didn't really get the program operating—as much as simply watching one of his colleagues do it. Still, the ever-conscientious Fisher wanted to leave after overseeing his colleague put it in place successfully, and not before. Fisher departed on a high note, and shut the door behind him, with the pharmacy a better place than when he found it. Indeed, when he arrived, he was the only pharmaceutical worker. When he retired from the pharmacy, he had 33 employees working for him.

Fisher wasn't the only one during this period contemplating retirement. In 1992, Ralph Young was 79 and feeling his years. He had dropped his county coroner position in 1984—the attraction to being called in the middle of the night to investigate a dead body had waned—but now the time seemed right to call it quits for good. He retired from his practice and all of his odd jobs, including his position as a jail physician. It was a good run, and as doctors tend to do, he even saved some lives.

On one occasion during the 1970s, the four-year-old child of the Lebanon family who owned the four-star Maisonette restaurant in Cincinnati, was being babysat, when a piece of a hot dog became lodged in his throat. He started choking, and the panicked babysitter called the police, who ended up calling Dr. Young. They all met at his office, where Young attempted the Heimlich maneuver. When that proved useless, he used forceps to pry it out. (Several years later, Young would meet Dr. Heimlich and rather gleefully tell him that he tried his maneuver, and it didn't work.) The boy was saved and had no ill health effects because of the incident. In fact, he grew up to be a Cincinnati Bengals football player. Dr. Young was probably too polite to bring up the irony of the family who owned a four-star fine dining French restaurant having hot dogs for their child to eat.

Another time during the 1970s, a major hospital that had a satellite in Lebanon contacted Young at two in the morning to tell him, "We've got a lady here, who is having a baby, and the baby is breeched, and we can't get the baby out."

Young regretfully explained that his practice no longer had the insurance to cover babies, and that there was nothing he could do. He hung up the telephone, contemplated the situation for about a second, got out of bed, put on his clothes and drove out to the hospital. "OK, here's what we're going to do," said Young, ignoring the fact that if something went wrong, he could technically be sued, and then he directed a police officer to push as hard as he could on the woman's stomach, and within a short period, he had delivered a healthy baby. He went to tell the woman's anxious parents, in the waiting room, and that's when they informed him, "Oh, Dr. Young, our daughter who you just helped, you delivered her, and she was breech also."

These were the types of incidents that likely kept Young in good health and practicing medicine as long as he did. He retired, stayed in touch with many of his former patients, and was in pretty good health until a stroke on March 30, 2003. He was 90 years old. His wife, Kathryn, perhaps from the stress, had a leg problem about the same time, and wound up getting an angiogram in the hospital. Then she

had a heart attack. But Kathryn and Ralph managed to watch the Kentucky Derby from the ICU, and she even convinced some of the nurses to bet on the horses. It was a memory that sustained Kathyrn, who would recover, but Ralph was fading, and he slipped into unconsciousness on May 6, 2003.

In 1993, Grandview expanded its mini-empire a little further. The Charles H. Huber Health Center joined their health system as an urgent care center, offering a variety of services and providing an alternative to visiting the hospital's emergency room. Physicians practiced in numerous specialties, including cardiology, gastro-intestinal diseases, pediatrics, obstetrics, women's health and orthopedics. The Huber Health Center also had a laboratory, X-ray, physical medicine and rehabilitation services.

Establishing the Charles H. Huber Health Center—named for the developer who created the community of Huber Heights in the 1950s—made sense for Grandview, economically and geographically. As Richard Minor remembers it, "We saw how the northern areas were growing, and we wanted to put a presence there." Four years later, the Charles H. Huber Health Center expanded by 30,000 square feet to total 50,000, adding, among other things, more doctors' offices and Dayton Regional Dialysis, Inc., the first and only dialysis center in Huber Heights.

In the mid-1990s, a development occurred that had been in the making since the 1980s. Once again, the insurance industry was continuing its prejudices against the osteopathic profession. United Healthcare dropped the bomb that they were renewing contracts with four of the five hospitals in Dayton—and Grandview wasn't one of them. The suggestion from the health insurance company was that Grandview's rates were too high for them. "That was devastating, because a third of our business came from United Health," says Minor. "We asked our medical staff to hang in there with us, and we told them that we would do our best to get everything back on track."

Minor immediately got on the phone with the Ohio Insurance Commissioner's office and explained that they felt they were being discriminated against. Meanwhile, he had a full-page newspaper ad placed in the *Dayton Daily News*, explaining what United Health was doing, and that if readers and the people who

used both United Health and Grandview's services believed it was unfair, they should write the insurance commissioner and tell him so. Apparently, thousands of people wrote in. Minor ran into the commissioner years later, who, not amused, said, "I remember your name. Don't you ever have people write me again."

But the interaction with the commissioner's office didn't seem to be getting Grandview anywhere, and about the same time, Minor recalls that someone in the industry told him he had been "bamboozled," that Grandview had bid lower than at least one other hospital. United Health had decided that it wasn't in their economic interests to work with the osteopathic profession.

Meanwhile, D.O.s at Grandview were jumping ship. Not all of them, but if a doctor had a patient with United Health coverage, and that patient needed to be treated at a hospital, no caring physician would recommend that they wait out the corporate disagreement. Minor watched, irked but fully understanding the situation, as even the most loyal of Grandview doctors started referring their patients to other doctors at other hospitals.

The doctors weren't pleased either. "Trying to drive all over the city, everywhere; if it's inconvenient, and you can avoid doing it, you're not going to," says Dr. Laws, who remembers that period with absolutely no fondness.

"The doctors were very upset," agrees Minor, who remembers that they would pepper him with questions about the insurance situation. Minor wasn't allowed to say anything about the lawsuit, except that they were in the process of suing. "Yeah, right," the disgruntled doctors would retort.

Minor felt their pain. 'They're very busy, and they don't want to be running around to two or three or more hospitals."

Frustrated but determined to fix the problem, Minor went to talk to a friend of his, Dave Young, a lawyer in Columbus. Sitting in the man's office, Minor listened attentively as Young laid down the gauntlet: "I think you ought to sue them. That's the only way you can find out if you were bamboozled. If you ask them directly, they're just going to say no."

Minor was enthusiastic, but Young warned, "R.J., it's going to cost you a lot of money. We're not an inexpensive firm, and I don't work for love."

Minor drove back to Dayton, set up a meeting with the board of directors and soon called Young. "Unleash the hounds," said Minor.

Shortly after that, a letter surfaced from a rival hospital that told United Health,

if Grandview was in, they were out, which helped build the case that the insurance company was unjustifiably trying to eliminate Grandview from their clientele.

"We knew we had them," says Minor, but there was still the matter of enduring a lengthy lawsuit. "We made the decision not to let the bleeding go on any longer." Grandview was able to settle with United Health, which didn't actually put them on a contract, but they agreed that any of their customers could use Grandview, and that they would compensate the hospital the average price of what the other hospitals were paying. "Which was fine with us," says Minor, "since that was more than what we bid."

In the 1990s, life went on for another year or two, and changes seemed to be coming every day. In January 1996, the Huber Health Center opened an EEG Laboratory, a program allowing visitors to stay overnight began at Southview, and as the Grandview physicians' practices kept growing, some quietly ended, like that of longtime Grandview family physician, Dr. Charles Wilcher, who retired. The following month, in a nod to how the world had changed, employees received newly designed ID badges to improve security and safety and a bioethics education program began at Grandview and Southview. Meanwhile, that same month of February 1996, Grandview continued to add new, complex and advanced medical procedures to their menu of services. John Ribic, D.O., performed a coronary rotablator procedure—which involves a catheter and a tiny drill, which destroys plaque that has collected in a coronary artery. One can imagine Dr. William Gravett's ghost walking the hallways, immensely proud—and fascinated.

The most interesting development—certainly from an administrator's point of view—was the arrangement that Richard Minor brokered with Kettering Hospital, a well-respected allopathic hospital that opened in 1964. Minor and its president Frank Perez agreed to create an allegiance, whenever it made sense. Primarily, Kettering allowed Grandview to join their buyers group, helping both organizations make purchases on medical supplies for lower prices. As osteopathic hospitals across the country were purchased, and often dismantled or turned into allopathic institutions, Grandview continued as an independent operation, just the way it had for the last 70 years.

A year or two after the United Healthcare scuffle and settlement, however, Minor noticed that a few of Grandview's cardiologists and orthopedists were "leaking out," sending patients to other hospitals for no apparent reason. He started

making calls to the physicians and discovered that United Health had told them that they would pay the doctors more if they sent them to other hospitals.

"That hurt us," says Minor. "You can plead all you want, that you should be loyal to osteopathy, and most of our doctors were, but at the same time, they had overhead, and they had to meet those costs." As more doctors left, "that painted a financial picture here," says Minor. "It's those kinds of activities that go on, that you can't really ever recover from."

Meanwhile, Ernst & Young, Grandview's auditors, contacted Minor with the news that a venture capitalist firm wanted to purchase the hospital. Minor did what he always did with big news—he took it to the board of directors, which decided to see what the company had to say. "Three or four people came in," says Minor, "and made it clear that they would run the place, but that they wouldn't feel compelled to stick with osteopathic medicine." The board passed on the offer.

It was easy to see why the company was interested in Grandview. As the 1990s came to an end, Grandview was vastly different from what it once had been. Even Dr. Frank Dilatush, who saw it in the 1960s, would have been floored by the statistics. In July 1999, one of the hospital's newsletters reported that Grandview had 1,900 full-time and part-time employees, with a medical staff of 300. They had just come off a year, 1998, that saw 32,000 emergency room visits, 48,000 patient days, and 730 children born into the world with the help of Grandview's doctors, midwives and nurses.

More venture capitalist firms and hospitals approached Grandview with the idea of purchasing the organization, and were sent on their way. One potentially appealing offer came from Miami Valley Hospital, a long-time rival but one that was well-regarded. Minor went to a meeting, but it soon became clear that Miami Valley, too, couldn't guarantee that Grandview would continue as an osteopathic institution.

"They were totally honest about it," says Minor, who appreciated that. But it wasn't enough for him, and gradually, it became clear to Minor that as a matter of survival, they had to be purchased or merge with a hospital that respected the osteopathic profession.

Osteopathic hospitals around the country were dying, and if Grandview wasn't terminally ill, it was only a matter of time. If the status quo held, Grandview Hospital would expire, too. It would see its 75th birthday by the end of the century, but there was no way it could endure for another 75 years. And so Minor made a decision.

Grandview Hospital through time

December 4, 1990: Ear, Nose & Throat Clinic opens.

1991: Dr. Robert Berger is honored for a 50-year medical career.

January 1, 1992: Following a trend across the country, Grandview and Southview become smoke-free.

1992: Grandview participates in a Russian-American nurse exchange program.

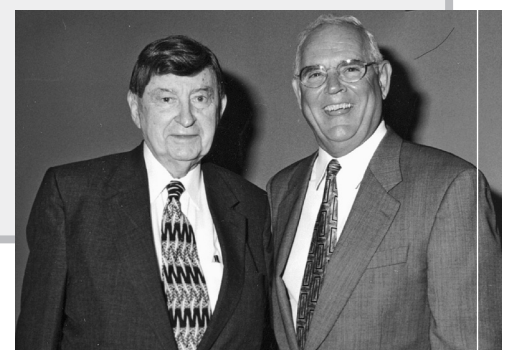
1993: Discovering Normal, a parenting program for adult children of alcoholics and their parents, is offered at Southview. Southview also begins offering an intensive outpatient chemical dependency program.

1994: Brent Bamberger, D.O., performs reconstructive elbow surgery at Grandview; he's the only surgeon in Ohio and one of the few in the country to do this.

November 16, 1995: Claridge Health Center is re-dedicated as the Corwin M. Nixon Community Health Center.

January 16, 1996: Richard J. Minor and Frank Perez sign an affiliation agreement, paving the way for coordinated efforts between Grandview and Kettering Hospital.

1999: Grandview Hospital joins the Kettering Medical Center Network.



Corwin Nixon and Richard Minor

If he could successfully ensure that Grandview had a future as an osteopathic institution, then he realized he may have no choice but to ride into the sunset. His thinking at the time was: *When you walk out of here, Mr. Minor, osteopathy will be preserved, and so will Grandview and Southview, or otherwise, you'll really have let everyone down.*

"If that goal hadn't been reached," says Minor, "I would have considered myself a failure."

Grandview had a good relationship with Kettering Hospital, however, and Minor ultimately approached Frank Perez, with the idea of joining forces. It was a surprising decision at first. Kettering Hospital was, and still is, governed by the Columbia Union Conference, an arm of the Seventh-day Adventist Church, which sponsors numerous faith-based hospitals around the world. Grandview Hospital, in contrast, didn't have a chapel installed in their hospital until 1970, some forty-odd years after its opening. And yet because of each organization's commitment to treating the entire body, rather than just one symptom, it still felt like a good fit. As Perez told Minor, "Our core values are a lot like your core values, and in that respect, I think we have a tremendous opportunity."

During these periods of negotiations, hoping to cut off the swell of discontent that he could feel rising from within the hospital, Minor held several staff-wide meetings in the auditorium, during each shift; and so for a 24-hour period, he wouldn't get much sleep. "My point was to give everyone an overview and share the rumors I had heard, and tell them what I knew," says Minor. "I really wanted to let people know to, 'Get your arrows out and have fun.' And they could throw some pretty hard questions, and a couple of them got pretty darn angry."

It wasn't easy for Perez either, speculates Minor. "He had his medical staff to deal with, his board, the church organization—all of that was going on, and untoward hours of discovery and negotiations, and paper, paper, paper, and lawyers, lawyers, lawyers." Grandview's lead attorney was Dave Young, who had guided them through the United Health debacle.

Most people's concern was that the hospital would shut down, of course, and that, too, was Minor's chief concern. But only when he felt confident that he had brokered a solid deal with Kettering that would maintain Grandview's osteopathic principles, keep its jobs and make it a bigger, better hospital, did he bring the doctors in for a meeting. One physician stood up and said, "What choice do we really have, Mr. Minor?"

Grandview president Richard Minor (left) and Kettering president Frank Perez (right) shake hands, linking the two hospitals in a merger. Shown behind each president are respective Board Chairs, Stephen Pfarrer, Esq. and Ron Wisbey.

"Well, you could rebel," said Minor, truthfully. "No one's going to want to come in if the medical staff isn't going to be supportive."

The doctors, however, apparently decided that if Minor trusted Kettering, they would, too, for there was no mass rebellion. It was collectively a wise decision. By the time Grandview merged with Kettering, they were the last independent osteopathic hospital in the country. Every single osteopathic institution had been bought out, and then stamped out, or merged with a like-minded allopathic institution. For instance, that was Brentwood Hospital's fate—Dr. Cain's old stomping grounds in Cleveland—it merged with Suburban Hospital, to become South Pointe Hospital. Even Doctors Hospital in Columbus, the osteopathic institution that had had

warhorse William Konold at the helm for so many years, merged with Ohio Health Choice, a network of several hospitals, in 1997.

"They were very helpful, in terms of saying, 'Make sure you don't encounter this problem, or don't do this, and told us about issues that we should avoid if we were going to merge," says Minor, who entered the new partnership feeling very good about Grandview's future.

"I never questioned whether this hospital would be around," said Minor, five years after the merger. "I trusted the agreement that came into place, and I trusted Frank Perez, and I knew he'd want the place to grow. I also knew that Kettering could bring the financial resources to bear quickly to do the things they needed to do for Grandview, and they've done that, just as they said they would."

Indeed, the same year as the merger, amazing changes occurred. In September, 1999, the Huber Health Center added diagnostic mammography services, a few months after adding echocardiograms, and because Grandview was part of Kettering, they could take pride in being part of a network that boasted non-invasive neurosurgery: the Gamma Knife, recognized worldwide as a valuable treatment for brain tumors, arteriovenous malformations and brain dysfunctions—particularly for patients who can't have traditional brain surgery. It was yet another form of treatment that Grandview, if indirectly, could offer.

Another important change for Grandview was the creation of The Grandview Foundation. When the hospital became part of the Kettering Medical Center Network, the foundation was formed, seeded with the proceeds of the sale of the hospital. They were given the mission of raising funds and awarding grants to support osteopathic graduate medical education and training at Grandview and Southview hospitals, as well as high quality medical services to improve the lives of people in the Dayton community.

"Kettering Medical Center is very prestigious," notes Minor, "and whether the staff at Grandview wants to admit it or not, the moment we joined them, we became part of that prestige. We married into that prestige immediately, and that was a good thing."

After the papers were signed, and hands were shaken, Perez asked Minor what role he wanted to play in the organization. "Retiree," said Minor, who was ready to retire but also felt that in any new endeavor, new leadership was required. "When you step into the new leadership role, you're the good guy. You can lay out all these

grandiose plans, but I didn't want to be an old shadow lurking around the new process. Those are the reasons I said, 'I'm out of here.'"

Minor, unlike his two predecessors, did return to Grandview from time to time. Everyone seemed happy, nobody left their job beyond Minor, who took himself out, and a few administrators at the vice-president level, and the hospital did continue to grow.

Nevertheless, some hospital staff would see Mr. Minor at Grandview or Southview, embrace or shake his hand, and then grow wistful and nostalgic for a bygone era in the hospital's history.

"I still have some people say, 'I wish it was like the old days,'" chuckles Minor. "Well, doesn't everybody?"

Patient: "It's all ending today! Today is the last day."

Doctor John Carter: "Oh, great, I have to work. I'm always working when the world ends."

— dialogue from the longest running medical television drama of all time, and presumably a show all of the Grandview residents could relate to, ER (1994–).

Chapter 9

A NEW BEGINNING

(2000 AND CONTINUING)

The nation held its collective breath, waiting to see if Y2K would dismantle everything from computers to clock radios. For a time, everyone was in a bit of a panic, somewhat certain that airlines would fall from the sky, and elevators would plunge down their shafts. Some pessimists even predicted that the changing of the clock from December 31, 1999, to January 1, 2000, would disrupt the clocks in computers that kept the nuclear arsenals running, and automatically, missiles would be fired, and before you knew it, the world would end.

That wasn't the case, of course. "It was a non-event," says current Grandview president Roy Chew, Ph.D..

"The consultants had a heyday with Y2K," recalls Richard Minor, who spent a portion of his last years at Grandview dealing with the threat that the computers possibly posed. Mostly, however, he says he was able to stay out of the fray, letting the lead to revolutionize the computer system be taken by Grace Curtis, a Director then in charge of marketing and managed care contracting. "She was a bright lady, and really focused," recalls Minor. "Probably the minute the first news-

paper article ran a story about Y2K, Grace was knocking on my door, telling me that we really should do something about it."

Minor doesn't recall how much was spent preparing for Y2K, but the funds were significant, because much of the hospital was computer-driven. "We went into the New Year with a 99.9 percent confidence level, and the only reason we didn't have the other .01 percent is that there's always going to be something you didn't consider."

Everything went without a hitch, and the entire world did just fine, leaving one to wonder if there was anything to the computer problems, after all? "Hindsight is perfect," shrugs Minor, "and you can't live by hindsight. We didn't feel like it was a waste of money, and that being prepared was the issue." Indeed, there were very few computer issues as 2000 began. Dr. Cain does recall that after the new millennium, the cardiopulmonary stress machine stopped working properly. "We couldn't get the accurate date on it any more, and so we stopped using it," says Cain, who adds that they replaced it with a newer version. "In order to bill Medicare, you have to have the dates in the software."

In 2000, however, there was a small but significant percentage of the population in Dayton, Ohio, who came to realize that they had something genuinely frightening to worry about. In the summer of 2000, St. Elizabeth, Dayton's oldest hospital, closed, and the intentions were to shut its Hopeland Family Practice Center down with it. For years, the center had been taking care of the medically underserved, the poor, indigent and uninsured.

Hopeland was the largest clinic in Montgomery county, serving 13,000 patients and many more citizens without any credible health care options, save for visiting emergency rooms. Thousands of individual medical tragedies across the community were just waiting to happen.

Roy G. Chew, Ph.D., Minor's successor, stepped in, arguing that Grandview would take over Hopeland's facilities rather than let it close. It was a challenging prospect, especially given that Grandview's finances were only just now improving, but Chew was more than up for it. Although he hadn't planned it this way, he had been working toward this position for much of his life, straddling challenges ever since he was hired at Kettering Hospital as a respiratory therapist.

The year was 1976, and Chew, a young man from Philly, was fresh out of the University of Missouri. He started off coordinating Kettering Hospital's respiratory therapy program, and a couple years later, was asked to also take over the respirato-

ry therapy program at the Kettering College of Medical Arts. Around 1979, the ambitious Chew knew he wanted to run the college, and so he took an educational leave, and completed his Ph.D. at Stanford in administration and policy analysis, "and at that point, I was preparing to come back and head up the college, actually," says Chew.

Did that happen? "Nope," he says ruefully. The man he hoped to replace retired early, the position was filled, and Chew accepted an administrative job as vice-president for human resources.

Chew married and started a family, and before long, was promoted to other vice-president positions, in which he had some responsibility for almost every department at Kettering and its sister institution, Sycamore Hospital. "I had responsibilities for the retirement center, the nursing home—that kind of thing. It was like a new job every three or four years," says Chew, who one day in 1999 was in the middle of a discussion, when Frank Perez asked if he would consider becoming president of Grandview Hospital, and did he need to discuss it with his wife first.

"No, I think I want to do that," said Chew, surprising even himself. He had taken more time ordering from a restaurant menu. But as he points out, "I had been working with the people at Grandview since 1995, and I was familiar with some of the operations over here." He liked what he saw, although the hospital was "in a world of hurt, financially."

Admissions had been declining, and revenues were not keeping up with expenses, and "I don't want to say the referral base was in disarray, but it was slowly disintegrating," says Chew. Ironically, the success that Grandview and other osteopathic hospitals had in showing the rest of the world that their medicine was comparable, and arguably better, than allopathic, was what was causing so much trouble in their administrative offices. When the allopathic community wasn't interested in the osteopaths, they could work in an insulated environment, and grow and expand. Now, the allopathic community would grant privileges to D.O.s, and Grandview, when it was a lone osteopathic hospital in a nation of allopathic hospitals, was finding its solidarity splintering because of numerous opposing forces that didn't exist a decade or two or three earlier. For instance, points out Chew, a few decades ago, doctors would send their patients traveling 200 to 300 miles to an osteopathic hospital like Grandview, and the people would happily go. "Now, patients don't even want to go 20 miles away," says Chew. "And so that was a factor as well. A lot of factors were at work, resulting in a pretty severe decline."

The hospital, in fact, was losing one million dollars a month.

And so Chew, then 49, went to work to reverse that. His strategy was to face the crises directly. Instead of trimming the budget or staff, he actually decided to invest in the hospital and expand it. "It was very tempting to just do layoffs," admits Chew. "But we thought that our goal should be to grow the business to the point where we would need the existing staff, plus more. We could have saved money with layoffs throughout the hospital, and we had to face that decision several times because it was a typical response to declining admissions in that time period. Hospitals nationwide were losing money, still reeling from the Balanced Budget Act of 1997," says Chew, referring to the government's decision to slash Medicare reimbursements. "A lot of hospitals across the country were laying off people."

But like Joe Back, Richard Hunsaker and Richard Minor, Roy Chew plead his case to the board of directors, "and I think the board was patient enough to give our strategy time." Indeed, between July and December of 1999, Chew managed to reduce expenses dramatically, renegotiating contracts and doing "hundreds of things," on the paperwork side, to trim costs. "We had been through this before," points out Chew. "I've been through periods where Kettering Hospital was losing money, so we had pretty strong systems to take a look at operations and make them more efficient and effective, and to make some of the hard choices that needed to be made. And," he says, echoing Richard Minor's thinking, "it's easier to make those hard decisions when you're coming in from the outside, fresh. I think the physicians and employees were willing to give it a shot, because when you're on a burning platform, everyone realizes things have to change."

In January, 2000, Grandview Hospital had a profitable month. Everyone was overjoyed, though Chew was cautious. Still, the hospital's economic outlook had improved, which is why when Chew proposed taking over the operation of the dying Hopeland Family Practice Center and giving the poor and uninsured a place to seek medical care, the board didn't dismiss him.

Franciscan Medical Center, which owned Hopeland, did. For the next three years, the Franciscan Medical Center dragged out lease negotiations while 18 of Hopeland's 28 medical residents found other jobs. Then Franciscan demanded above-market rental payments and later evoked a 30-day eviction clause before rescinding it. "They did not want us to stay in the building," Chew understated

it, when talking to *The Dayton Daily News* in 2003. Fortunately, from the beginning Chew envisioned Grandview building its own center and started the fundraising process early.

What would become the Victor J. Cassano Health Center would not just be for the indigent and uninsured, but a first class center for training family practice and other specialty graduate medical education residents. There was certainly a need for a first class center. The clinical training site that Grandview had prior to Cassano was cramped and outdated. The hospital was looking for ways to raise money for new facilities before Franciscan closed, and Chew now saw an opportunity to raise the needed funds that would both benefit the community as well as greatly strengthen Grandview's teaching program with exceptional new facilities.

In return for helping Dayton avoid a community health care crisis, Grandview was able to raise 5.5 million dollars to create a health care facility that is equal in what it can offer, and as attractive as any other ambulatory care center in the country. It is a clinic made up of 12 smaller clinics, with everything from neurology to nephrology, pediatrics, obstetrics and gynecology. Annually, almost thirty thousand visits are logged at the Victor J. Cassano Health Center, named for Dayton's beloved pizza entrepreneur and philanthropist.

Cassano, who died in 2002 just before the center named for him opened, could have used a clinic like this one when he was a young boy. He was the son of Italian immigrants who had moved to Dayton before Cassano was born, in 1922. Two years later, Cassano's father died. His mother, who neither spoke nor read English, was forced to place her three sons in a Cincinnati orphanage. It would be years later before she would reunite with her sons.

Despite the rocky start, or maybe because of it, Cassano grew up to be a success, opening a pizza parlor in 1953 with his mother-in-law. They turned their business into a 125-store chain before he sold it in 1986 to a food management company, that later resold the chain back to Cassano's son and a business partner. Victor Cassano, from the start of his success to his death, became a well-known humanitarian. As he told the Dayton Daily News in 1981, "When you get to those pearly gates, you're going to be judged by what you do for your fellow man."

Cassano certainly had no problem passing through those gates. Over the years, he donated time and money to Catholic schools, providing funds for tuition assistance to children who needed help. He was on the board of directors of the Boy Scouts of America, the National Leukemia Foundation, the National Conference of Christians and Jews, as well as the Hopeland Family Practice Center, which was the inspiration for Grandview's new medical center for Dayton's most disadvantaged citizens. Naming the center for Hopeland's primary benefactor seemed more than right.

The center itself was built from several federal and local grants. The federal department of Health and Human Services was one of the biggest players, allocating $1.6 million. The newly-elected Congressman Mike Turner made Cassano Center one of his first projects in office and worked closely with both Senator Mike DeWine and Congressman Dave Hobson to capture federal funds. Meanwhile, Jim and Diana Spiegel donated $800,000, the Levin Family Foundation gave $250,000, the Wallace Foundation presented $200,000, and Mayor Rhine McLin and the Dayton City Commission offered an additional $200,000. Another $2.5 million was awarded by the Mathile Community Foundation.

The 22,000-square foot center had its advantages for Grandview. As noted, it kept the emergency rooms free for actual emergencies, but there was another reason the Cassano Center was beneficial to Grandview. As Roy Chew planned from the start, Cassano gave the hospital a place to house its osteopathic family practice residents, not to mention train residents in other specialties. The residents were getting a state-of-the-art medical facility where they could train, and Dayton's disadvantaged could seek treatment in an uplifting atmosphere. Within just a couple years of its opening, the hospital won two awards from architectural organizations for its unique design. Meanwhile, city leaders were immensely pleased. "Thousands of individuals and families were at jeopardy of losing their only health-care resource from the largest health center of its kind in Dayton," went a letter in 2003 by Vicki D. Pegg, president of the Board of County Commissioners in Montgomery County. "Your decision to assume the operation was compassionate, courageous and difficult."

Mayor McLin said in a letter that the decision to assume Hopeland's old operations "more than demonstrates Grandview's commitment to the health of the Dayton community." The Cassano Center received its highest honor in

Grandview Hospital through time

21st Century

2000: Grandview Hospital enters the new millennium without any serious computer glitches, as had been feared by the world at large.

2003: U.S. News & World Report places Grandview as the 34th best hospital in the nation for respiratory disorders and 35th for rheumatology, on its annual America's Best Hospitals listings, starting a trend: they would make the list for at least three more years and possibly more.

2003: Grandview wins eight five-star distinctions from Healthgrades.

2003: Grandview extends the Kettering Medical Center Network's reach by opening the Preble County Medical Center, fulfilling a huge need in this rural county.

August, 2003: Grandview opens the Victor J. Cassano Sr. Health Center.

January 2004: In the aftermath of the tsunami that killed over 100,000 people in southeast Asia, Dr. James Laws continues a tradition of his—helping disadvantaged people in serious trouble—and volunteers his services in the region.

2005: Grandview wins more five-star distinctions from Healthgrades than any other local hospital, and is the only Dayton area hospital to be listed three years in a row by US News and World Report's annual "America's Best Hospitals" issue.

Grandview's 2015 campus plan.

2006, winning the Better Business Bureau's Eclipse Integrity Award in the non-profit category. Chosen from among hundreds of nominees, Cassano Health Center was recognized for operating with the highest integrity in patient care and business practices.

Internally, before the Cassano Health Center opened, Chew received numerous complaints from young and middle-aged doctors who thought the hospital's resources could be better spent elsewhere, and so he couldn't help but be pleased by the positive feedback from the city. The older doctors were also pleased. Chew received several letters from Grandview's retired physicians who understood that something amazing had taken place. After a lifetime of being something of an outcast in the city, suddenly Grandview Hospital had achieved visibility, stature and respect. "Some of the doctors who were in the thick of things saw that, but the old guard really did," says Chew.

By helping the greater Dayton community avert a major healthcare crisis when Franciscan closed, Grandview was now perceived to be a significant community partner and for the first time was asked to participate, and even lead out, in several important Dayton initiatives. Starting in 2000, Grandview began working with its surrounding neighborhood associations and the nearby Dayton Art Institute to revitalize its once grand neighborhood surroundings. The revitalization effort became known as the Renaissance project. With the help of elevated public stature after opening the Cassano Health Center, Chew and the new vice president for The Grandview Foundation, Kelly Fackel, were able to secure resources that would enable the beautification of the neighborhood, accommodate campus expansion as well as improve the Hospital's image in the community.

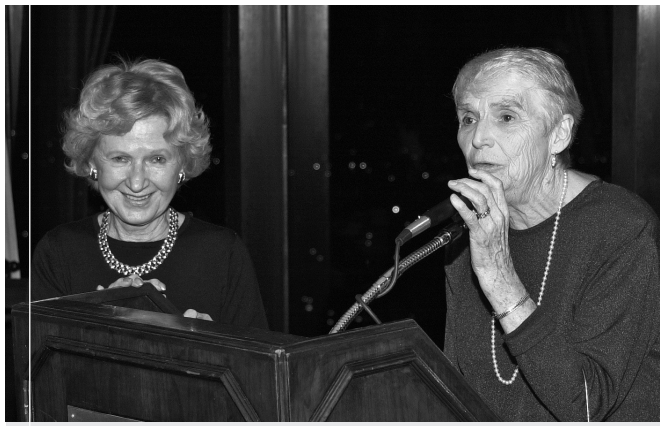
Before the Renaissance project, the hospital focused on preserving and protecting the osteopathic tradition, but in an isolated and insulated manner. They rarely shared their successes with the outside world, but ever since they began educating the public, the administration and physicians have felt something in the air that had been eluding these caretakers of the osteopathic profession for so long.

Respect.

It has meant that Grandview has become a major player in medicine in Dayton. The administrators and physicians are now frequently invited to discuss community-wide initiatives and to serve on community boards, all of which will mean additional, improved healthcare for the city at large, as well as benefits for the hospital itself.

The Renaissance project illustrates Grandview's improved presence in the Dayton community; as a major player, the Hospital will achieve better access and visibility from Interstate 75 as well as a new gateway into west Dayton. Grandview's future, will be positioned for growth and viability in the years ahead.

And osteopathic medicine marches on. For a time, Dr. Cain felt rather despondent about its odds of survival, thinking it might not make it much beyond the new century. But in the last few years, he has begun feeling hopeful, believing that osteopathic medicine may be at the beginning of its run, rather than the end. And he has reasons to be hopeful. Osteopathic medicine is the fastest growing profession in the healthcare industry, according to a variety of sources. As the twentieth century closed, there were approximately 45,000 osteopathic physicians in the United States; five years later, there were over 50,000. As Dr. Cain happily points out, "Harvard is now teaching osteopathic manipulative therapy at their medical school." Meanwhile, there are 20 osteopathic medical colleges across the country and more are being built or being proposed—in Georgia, Pennsylvania and Alabama, for instance.



In 2001, Bertha George and Susie Siehl, the wives of beloved doctors Frank George and Donald Siehl, helped to celebrate the 75th anniversary of Grandview Hospital.

On a personal level, Cain was delighted when, in 2002, The Grandview Foundation awarded a five-year annual grant of $250,000 solely for the purpose of training interns and residents to understand and utilize osteopathic principles in their practices and everyday work. The history of Grandview Hospital, and the osteopathic profession, has always been that everyone trains the incoming doctors in the principles and practices behind osteopathic medicine; nevertheless, Dr. Cain notes that most

allopathic institutions have a paid professional staff dedicated to teaching their interns and residents, and the grant allows him to compete with other hospitals.

The founders of Grandview Hospital, and its earliest pioneers, would be stunned if they could see what their little hospital in a house has accomplished. They would marvel that every year, Grandview and Southview admit over 12,000 patients, conduct over 3,000 inpatient surgeries and approximately 175,000 outpatient visits. They would be floored by the number of emergency room visits—34,808—and appreciate all of the hours of work that go into delivering over 1,600 babies a year. Yet they would probably recognize their hospital. They would see it every time a patient left feeling better than they did coming in, and at the posh surroundings that the poor find themselves being treated in at the Victor J. Cassano Sr. Health Center. They would see it in the interns, residents, fellows, nurses, doctors and administrators, in the tireless devotion of Dr. Bob Cain, the adventurous spirit of Dr. James Laws and the wary but hopeful facial expressions of Roy Chew.

Perhaps the greatest affirmation, or vindication, of the contribution of osteopathic medicine to the greater Dayton community has been the unmatched recognition that Grandview has received for exceptional clinical quality and outcomes.

Starting in 2003, Grandview received recognition for clinical quality from both *U.S. News and World Report*'s "America's Best Hospitals" and Healthgrades. Each organization analyzes Medicare data for risk-adjusted mortality and complication rates. Based on data compared to all 5,000 hospitals nationally, Grandview ranked in the Top 50 for several categories in *U.S. News and World Report*, and achieved the highest possible designation from Healthgrades as a Distinguished Hospital for Clinical Excellence, placing Grandview in the top 5% of hospitals nationally.

At the 75th anniversary of Grandview Hospital, Dr. James Laws, chief of cardiology, shakes hands with Roy Chew, PhD., president of Grandview and Southview Hospitals.

Grandview went on to receive these same honors from both organizations for three consecutive years. In 2005, Grandview was the only hospital in the greater Dayton area to be listed by *U.S. News and World Report*, and was the only greater Dayton hospital to receive these awards from both quality ranking organizations for three years in a row. Grandview has also received Solucient's Top 100 Teaching Hospital designation for 3 years (2001, 2003 and 2005).

These unprecedented achievements were due to the pioneering work of the early medical staff, as well as everyone who passed through the hospital's doors, and the present-day staff, who have tirelessly worked to build on, and protect, the foundation that their predecessors created at Grandview Hospital.

Years of labor, some would rightfully say a labor of love, produced some remarkable clinical quality outcomes, elevating the sense of achievement and pride in the medical staff and its standing in the community. The Grandview Medical Staff had lived through many years of exclusion, and in the end, eclipsed other local hospitals with hard-earned recognition for clinical quality.

Conceptual plan for the Renaissance project—a neighborhood revitalization effort of Grandview, the Dayton Art Institute and the Grafton Hill, Five Oaks and Riverdale neighborhood associations.

Grandview Hospital's new Emergency Department entrance; a $3.5 million renovation and expansion was completed in 2005 and dedicated in 2006.

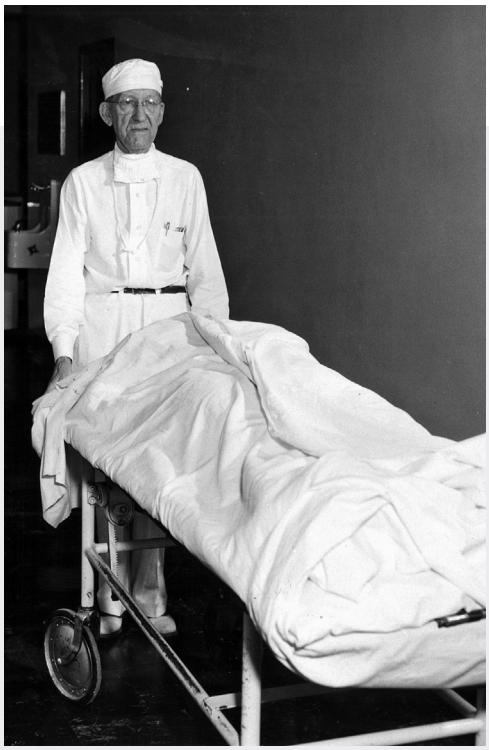
One of those pioneers from the old days, however, has a heartfelt message for those who currently work at Grandview. In 1991, Ralph Deger, D.O., attended a physician's dinner, held in part to reminisce and share memories. Deger first came to Grandview in 1936 and spent most of his life in family practice and then proctology at Grandview. He passed away April 7, 1999. When talking with his old friends, including everyone from Carl Gephart to Corwin Nixon, Deger mused, "I wonder how many doctors and nurses, lab technicians, pharmacists and therapists ever think of our pioneer days when we concerned ourselves to our cause. Many larger cities such as Cincinnati and Indianapolis cannot boast of a hospital that is as outstanding, progressive, and actively promotes osteopathic principles."

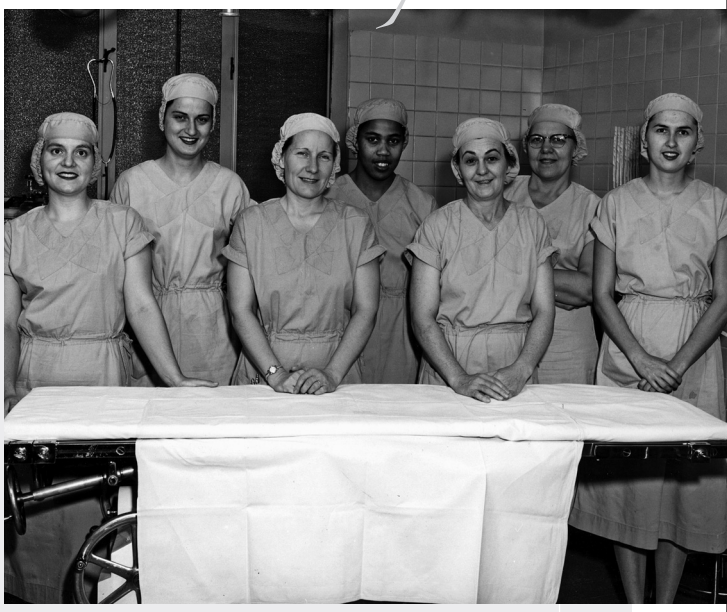
And, of course, there are thousands of unsung heroes in Grandview Hospital's history, people like Mary Blair, who spent 28 years assisting administrators Joe Back, Richard Hunsaker and Richard Minor. They include Norman Drewing, who ran the custodial services for many years, and a woman named Rose Pant. She was, as the *Osteopatter* put it, "a faithful employee for thirteen years," working at Grandview from 1963 to 1976. As the day supervisor in admitting, Ms. Pant probably didn't bask in much glory, but she was one of the gatekeepers at Grandview, a woman who made certain that patients' first experiences at the hospital were positive ones. One of the improvements she made at Grandview was to recommend building a ramp at the admitting doors, so patients could be wheeled out to their cars in wheelchairs, which is now as expected at hospitals as oxygen tanks and beds. She made lives better, making it

all the more tragic that hers was cut short. December 23, 1976, Rose Pant was killed in an automobile accident on her way home from the hospital.

"This institution didn't just happen," Dr. Deger reminded everyone. "It didn't just grow like topsy," said Deger, using an old-school expression. "It is because of the almost-forgotten efforts of those who have gone on before. My wish is that we will progress and continue to grow while promoting our osteopathic tenants with pride."

That is the hope of Roy Chew, and the hope of all who love Grandview and feel it is more than a hospital, that it is a home, a family and a refuge for the sick, weak and troubled. There have been some difficult days since William Gravett, Heber Dill and Frank Dilatush banded together to create a hospital, but what used to be known as Dayton Osteopathic has survived and thrived. There was a time, not so long ago, that if you were sick, a hospital was the last place you wanted to visit. Today, Grandview Hospital might just be the first.





Unidentified, undated photos from another era. Numerous unsung heroes have built Grandview Hospital.

AFTERWARD

So, here we are, 80 years from the founding of Grandview Hospital, an institution which has provided osteopathic healthcare and healing to the Dayton community since 1926. Grandview has experienced good times and bad, struggles and successes. Grandview is fortunate to have weathered the changing healthcare environment and to have survived as an osteopathic teaching hospital, one of the few remaining in the country. Grandview is also fortunate to have created The Grandview Foundation, a 501(c) 3 organization, during our merger with Kettering Medical Center in 1999. The Foundation is committed, in perpetuity, to enhancing osteopathic graduate medical education at Grandview and to improving the quality of healthcare the citizens in our community receive. Through careful stewardship and growth of our endowment and restricted funds, the Foundation will ensure a bright future for Grandview and Southview Hospitals.

To contact the Foundation for information about how you can help us grow, please call or write the staff at:

The Grandview Foundation
405 Grand Avenue
Dayton, OH 45405
(937)723-3358
www.grandviewfoundation.org

APPENDIX

"All efforts have been made to ensure accuracy of this list from the available records in the archives. Please contact us at The Grandview Foundation 937-226-3358 for corrections."

* denotes deceased

HONORARY OR RETIRED STAFF

SPECIALTY	FIRST NAME	LAST NAME	
OB/GYN	A. Wayne	Abbott	D.O.
ENT	John	Alway	D.O.
Orthopedic Surgery	Frederick J.	Auwers*	D.O.
	Robert D.	Berger*	D.O.
Urology	Robert B.	Black	D.O.
Family Practice	Steven J.	Blumhof	D.O.
Family Practice	Arthur B.	Bok	D.O.
Internal Medicine/Pulmonology	Donald	Burns	D.O.
Urology	Robert	Butz	D.O.
Family Practice	Richard	DeBard	D.O.
Proctology	Ralph	Deger*	D.O.
Family Practice	Robert E.	Dressler	D.O.
Family Practice	Richard	Evans	D.O.
Family Practice	Harold	Ferguson	D.O.
Family Practice	Charles I.	Fried	D.O.
General Surgery	S.A.	Gabriel	D.O.
Family Practice	Theodore C.	Garland	D.O.
Family Practice	Frank	George	D.O.
Family Practice	W. Morgan	George*	D.O.
Anesthesiology	Jack	Goeller	D.O.
Psychiatry	Arthur	Greenfield	D.O.
Surgery	Eugene	Hagan	D.O.
Anesthesiology	Lawrence	Harker	D.O.
Proctology	James R.	Hodge	D.O.
Family Practice	Elmer	Horman	D.O.
Family Practice	Miles	Jermanovich*	D.O.
General/Vascular Surgery	Robert	Jones	D.O.
Family Practice	Ralph	Keating	D.O.
Family Practice	Harvey	Kiley	D.O.
Family Practice	Frank	Krumholtz*	D.O.
Family Practice	David R.	Laderman*	D.O.
Family Practice	Jack	Litle	D.O.
ENT	Jack	Miller*	D.O.
Anesthesiology	Tomulyss	Moody	D.O.
Family Practice	John	Murphy Jr.	D.O.
Family Practice	Edward	Prejsnar	D.O.
Neurosurgery	William	Quinlivan	D.O.
Family Practice	Herbert	Rineer*	D.O.
Family Practice	Peter	Sambol	D.O.
Family Practice	Tom L.	Sefton	D.O.
Family Practice	Glen	Sickinger	D.O.
Orthopedic Surgery	Donald	Siehl*	D.O.
Family Practice	Henry	Steinecker*	D.O.
Family Practice	Jack	Strickler*	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
Family Practice	John	Vosler	D.O.
Radiology	James	Weiss	D.O.
Ophthalmology	William O.	Wentling	D.O.
Internal Medicine/Cardiology	Leslie R.	White	D.O.
Family Practice	Charles	Wilcher	D.O.
Ophthalmology	Everett E.	Wilson	D.O.
Family Practice	Ronald E.	Wolf	D.O.
Family Practice	Ralph W.	Young*	D.O.
Anesthesiology	Wayne S.	Andersen	D.O.
Anesthesiology	Brian	Batdorf	D.O.
Anesthesiology	Robert E.	Bergman	D.O.
Anesthesiology	Todd	Biagini	D.O.
Anesthesiology	Donald W.	Billings	D.O.
Anesthesiology	James W.	Branch	D.O.
Anesthesiology	Mary	Burk	D.O.
Anesthesiology	David	Darden	D.O.
Anesthesiology	Michael	Dellinger	D.O.
Anesthesiology	Craig	Henry	D.O.
Anesthesiology	Todd	Holsinger	D.O.
Anesthesiology	Bernadette	Jabour	D.O.
Anesthesiology	Herbert	Javery	D.O.
Anesthesiology	David	Kaczorowski	D.O.
Anesthesiology	David	Kaffenberger	D.O.
Anesthesiology	David	Kohan	D.O.
Anesthesiology	Gerald	Krupp	D.O.
Anesthesiology	Frank J.	Marruchello	D.O.
Anesthesiology	Chandler	Parker	D.O.
Anesthesiology	David	Riemann	D.O.
Anesthesiology	Christopher	Rogers	D.O.
Anesthesiology	James	Rosselit	D.O.
Anesthesiology	Robert	Sculthorpe	D.O.
Anesthesiology	Stephen	Seifert	D.O.
Anesthesiology	Keith	Smith	D.O.
Anesthesiology	Thomas	Taghon	D.O.
Anesthesiology	Charles	Urse	D.O.
Anesthesiology	Kevin	Wells	D.O.
Anesthesiology	Sallie	Wilson	D.O.
Anesthesiology	Thomas	Zimmer	D.O.
Dermatology	Kathy	Balazs	D.O.
Dermatology	Daniel A.	Buscaglia	D.O.
Dermatology	Eugene	Conte	D.O.
Dermatology	Barbara	Cortez	D.O.
Dermatology	Mary Lou	Ernst-Woodhouse	D.O.
Dermatology	Monte E.	Fox	D.O.
Dermatology	Lori	Haddad	D.O.
Dermatology	Daniel	Hilbrich	D.O.
Dermatology	Matt	Leavitt	D.O.
Dermatology	Mary Beth	Luca	D.O.
Dermatology	Gregory	Papadeas	D.O.
Dermatology	David	Roy	D.O.
Dermatology	Joan	Tamburro	D.O.
Dermatology	Craig	Ziering	D.O.
Emergency Medicine	Peter A.	Bell	D.O.
Emergency Medicine	Ronald J.	Bohmer	D.O.
Emergency Medicine	Mary L.	Brawn	D.O.
Emergency Medicine	Kevin E.	Broyles	D.O.
Emergency Medicine	Carla	Cameron	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
Emergency Medicine	Doug	Carlson	D.O.
Emergency Medicine	James	Conde	D.O.
Emergency Medicine	Kelly	Cullen	D.O.
Emergency Medicine	Julia A.	DiCicco	D.O.
Emergency Medicine	Craig	Dues	D.O.
Emergency Medicine	Martin K.	Dunsky	D.O.
Emergency Medicine	Christine	Fleming	D.O.
Emergency Medicine	Ronald D.	Franz	D.O.
Emergency Medicine	Anthony	Guarracino	D.O.
Emergency Medicine	Doug	Harmon	D.O.
Emergency Medicine	Andrew	Hughes	D.O.
Emergency Medicine	Robert L.	Hunter	D.O.
Emergency Medicine	Kindra	Engle	D.O.
Emergency Medicine	Kenneth	Jacobs	D.O.
Emergency Medicine	Joseph	Karre	D.O.
Emergency Medicine	Valerie	Kemsuzian	D.O.
Emergency Medicine	Christ	Kyriakedes	D.O.
Emergency Medicine	Lonnie	Lanferman	D.O.
Emergency Medicine	Gordon	Leingang	D.O.
Emergency Medicine	Stephen	Lewis	D.O.
Emergency Medicine	Rodger	Meadows	D.O.
Emergency Medicine	Samual	Miller	D.O.
Emergency Medicine	Susan	Payson	D.O.
Emergency Medicine	Stacy	Peterson	D.O.
Emergency Medicine	Jeff	Rosenberg	D.O.
Emergency Medicine	Jane	Siehl-Moore	D.O.
Emergency Medicine	George	Simons	D.O.
Emergency Medicine	Jason	Tackett	D.O.
Emergency Medicine	Marni A.	Teramana	D.O.
Emergency Medicine	Chris	Tidwell	D.O.
Emergency Medicine	Daniel	Waksman	D.O.
Emergency Medicine	Lisa	Ward	D.O.
Emergency Medicine	Ross	Warren	D.O.
Emergency Medicine	Thomas J.	Zuesi	D.O.
Emergency Medicine	Maury	Witkoff	D.O.
EM/FP	Francis	Cortez	D.O.
EM/FP	Bradley	Hiles	D.O.
EM/FP	David J.	Smith	D.O.
ENT	John D.	Balazs	D.O.
ENT	Jeffrey E.	Binder	D.O.
ENT	Jon	Brinkman	D.O.
ENT	Sean T.	Carroll	D.O.
ENT	Jeffrey S.	Christoff	D.O.
ENT	Mathew	Cosenza	D.O.
ENT	Donald M.	Dushay	D.O.
ENT	Michael	Helfferich	D.O.
ENT	Daniel	Kim	D.O.
ENT	Ronald	Kirschner	D.O.
ENT	Miguel	Krishnan	D.O.
ENT	Ian	Lonergan	D.O.
ENT	Gus	Mazzola	D.O.
ENT	Tim	Nash	D.O.
ENT	James	Niles	D.O.
ENT	Mark	Roessler	D.O.
ENT	William	Ryle	D.O.
ENT	Libby	Smith	D.O.
ENT	John	Ulrich	D.O.
ENT	Richard	Weinstock	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
Family Practice	Dana B.	Altman	D.O.
Family Practice	David G.	Apple	D.O.
Family Practice	Carolyn M.	Bailey	D.O.
Family Practice	Joel M.	Beltran	D.O.
Family Practice	Barbara A.	Bennett	D.O.
Family Practice	Donald	Bennett	D.O.
Family Practice	Scott D.	Bleser	D.O.
Family Practice	Paul	Bonetzky	D.O.
Family Practice	Eric E.	Born	D.O.
Family Practice	Bruce C.	Brink	D.O.
Family Practice	Stephanie L.	Broughton	D.O.
Family Practice	Mark R.	Brown	D.O.
Family Practice	James S.	Burkhardt	D.O.
Family Practice	Dana	Chaykin-Glover	D.O.
Family Practice	David	Cluff	D.O.
Family Practice	Bruce D.	Cox	D.O.
Family Practice	M.D.	Crouse	D.O.
Family Practice	Micah	Davis	D.O.
Family Practice	David A.	Denka	D.O.
Family Practice	Kevin T.	Denlinger	D.O.
Family Practice	Wesley	Dykes	D.O.
Family Practice	Rose S.	Ebel	D.O.
Family Practice	Richard W.	Evans	D.O.
Family Practice	Paul	Fracasso	D.O.
Family Practice	Mark	Fraley	D.O.
Family Practice	Suzann K.	Franer	D.O.
Family Practice	Melvin	Friedman	D.O.
Family Practice	Kenneth	Gallant	D.O.
Family Practice	April	Gardner	D.O.
Family Practice	Robert	Gardner	D.O.
Family Practice	Rick	Gebhart	D.O.
Family Practice	Thomas	Gibbs	D.O.
Family Practice	V. Shearman	Gilreath	D.O.
Family Practice	Justin	Glodowski	D.O.
Family Practice	Joel	Grubbs	D.O.
Family Practice	Scott	Hardy	D.O.
Family Practice	James C.	Helphenstine	D.O.
Family Practice	Nancy	Henceroth-Gatto	D.O.
Family Practice	Jan	Hendryx	D.O.
Family Practice	Earl	Henson	D.O.
Family Practice	Lester	Hill	D.O.
Family Practice	John	Hinton	D.O.
Family Practice	Carol	Hostetter	D.O.
Family Practice	H. Pete	Hostetter	D.O.
Family Practice	James	Humphrey	D.O.
Family Practice	Thad	Jackson	D.O.
Family Practice	Brent	Jacobus	D.O.
Family Practice	Mark	Jeffries	D.O.
Family Practice	Cynthia	Kallet	D.O.
Family Practice	Lisa	Keefe	D.O.
Family Practice	Edward	Kinkopf	D.O.
Family Practice	Barry	Kitts	D.O.
Family Practice	J. Timothy	Kohari	D.O.
Family Practice	Jim	Kolp	D.O.
Family Practice	Robert	Kominiarek	D.O.
Family Practice	Cynthia	Koren	D.O.
Family Practice	Joni	Koren	D.O.
Family Practice	Donald	Landgraf	D.O.
Family Practice	Christopher	Lauricella	D.O.
Family Practice	David	Lentz	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
Family Practice	John	Lozowksi	D.O.
Family Practice	C. Frank	Lyons	D.O.
Family Practice	Carol E.	Marino	D.O.
Family Practice	Brian	Marshall	D.O.
Family Practice	Patrick	McGriff	D.O.
Family Practice	Rachel	Mergenmeier	D.O.
Family Practice	Janice	Miller	D.O.
Family Practice	Sheldon R.	Minkin	D.O.
Family Practice	Gary	Mitnick	D.O.
Family Practice	Robert	Mitzel	D.O.
Family Practice	Jennifer	Ogle	D.O.
Family Practice	Detleff	Olson	D.O.
Family Practice	David	Pasquale	D.O.
Family Practice	John J.	Peterangelo	D.O.
Family Practice	Millie	Petersen	D.O.
Family Practice	Richard	Plumb	D.O.
Family Practice	Cynthia	Peterson	D.O.
Family Practice	Craig B.	Poliforne	D.O.
Family Practice	Nicholas	Powers	D.O.
Family Practice	John	Sawvel	D.O.
Family Practice	James	Schoen	D.O.
Family Practice	Bruce	Siegel	D.O.
Family Practice	Andrea	Tewell	D.O.
Family Practice	Ruloff	Turner	D.O.
Family Practice	Sandy	Turner	D.O.
Family Practice	Thomas	Waitzman	D.O.
Family Practice	Carleigh	Wilson	D.O.
General Surgery	Eugene	Ackley	D.O.
General Surgery	David	Acuna	D.O.
General Surgery	Gary L.	Anderson	D.O.
General Surgery	Victor David	Angel	D.O.
General Surgery	Andrew L.	Archer	D.O.
General Surgery	Harold	Bafitis	D.O.
General Surgery	Joseph R.	Bennett	D.O.
General Surgery	Dale	Branel	D.O.
General Surgery	Mark J.	Brennan	D.O.
General Surgery	David E.	Bruce	D.O.
General Surgery	Gregory	Brusko	D.O.
General Surgery	Kenneth Lance	Bryant	D.O.
General Surgery	Abraham	Campbell	D.O.
General Surgery	Stuart	Chow	D.O.
General Surgery	Alison A.	Clarey	D.O.
General Surgery	Thomas	Czarnecki	D.O.
General Surgery	Christopher	Danielson	D.O.
General Surgery	Craig A.	Duncan	D.O.
General Surgery	Robert A.	Edwards	D.O.
General Surgery	Edward L.	Erb	D.O.
General Surgery	Andrew	Gabriel	D.O.
General Surgery	James	Gebhart	D.O.
General Surgery	Roxane	Gibson	D.O.
General Surgery	Peter	Giglio	D.O.
General Surgery	Dan	Gilbert	D.O.
General Surgery	Stephen	Greer	D.O.
General Surgery	Jerome	Guanciale	D.O.
General Surgery	Craig	Gudakunst	D.O.
General Surgery	Lester	Hoverston	D.O.
General Surgery	Robert	Keighley	D.O.
General Surgery	Nancy	Kopitnik	D.O.
General Surgery	Karen	Kritsky	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
General Surgery	Gerald	Kronk	D.O.
General Surgery	Edward	Kurello	D.O.
General Surgery	Stephen	Laird	D.O.
General Surgery	Lisa	Lichota	D.O.
General Surgery	Christopher	Lowery	D.O.
General Surgery	Bart	Maggio	D.O.
General Surgery	Malcolm	McDonald	D.O.
General Surgery	Todd	Nickloes	D.O.
General Surgery	Stephanie	Oberhelman	D.O.
General Surgery	Brian W.	Ondulick	D.O.
General Surgery	Doug	Paul	D.O.
General Surgery	Bruce	Rank	D.O.
General Surgery	Darrell	Reiben	D.O.
General Surgery	Benjamin	Russell	D.O.
General Surgery	Steven	Santanello	D.O.
General Surgery	Lori	Stemmerich	D.O.
General Surgery	Pat	Toselli	D.O.
General Surgery	Alan M.	Tripp	D.O.
General Surgery	Donald	Vasquez	D.O.
General Surgery	Roxanne	Weighall	D.O.
General Surgery	Cully	White	D.O.
General Surgery	John	Winter	D.O.
General Surgery	Farid	Zehtab	D.O.
General Surgery	John	Zopfi	D.O.
Internal Medicine	Vahagn	Agbabian	D.O.
Internal Medicine	Paul J.	Alessi	D.O.
Internal Medicine	Sanjive	Amin	D.O.
Internal Medicine	Michael T.	Barbara	D.O.
Internal Medicine	Peter M.	Barnovsky	D.O.
Internal Medicine	Ralph	Barron	D.O.
Internal Medicine	John	Barton	D.O.
Internal Medicine	James	Beck	D.O.
Internal Medicine	Charles	Bisogna	D.O.
Internal Medicine	Richard R.	Black	D.O.
Internal Medicine	Daniel R.	Bonetzky	D.O.
Internal Medicine	Ingrid S.	Brown	D.O.
Internal Medicine	Gregory W.	Carpenter	D.O.
Internal Medicine	Brian	Clymer	D.O.
Internal Medicine	Wayne	Coats	D.O.
Internal Medicine	Jason	Connors	D.O.
Internal Medicine	Steven	Cordas	D.O.
Internal Medicine	Frank	Cosentino	D.O.
Internal Medicine	Charles	Curtiss	D.O.
Internal Medicine	Daniel	Debo	D.O.
Internal Medicine	Barbara M.	Doerr	D.O.
Internal Medicine	Brian E.	Dolnick	D.O.
Internal Medicine	David J.	Dortin	D.O.
Internal Medicine	Michael A.	Englund	D.O.
Internal Medicine	Farhad	Farokhi	D.O.
Internal Medicine	Monte G.	Finch	D.O.
Internal Medicine	Barry A.	Firstenberg	D.O.
Internal Medicine	Stanley	Frankowitz	D.O.
Internal Medicine	Donald R.	French	D.O.
Internal Medicine	Monte	Funch	D.O.
Internal Medicine	Kenneth	Gatto	D.O.
Internal Medicine	Lowell "Rocky"	Greer	D.O.
Internal Medicine	Charles	Hanshaw	D.O.
Internal Medicine	Mary	Harwood	D.O.
Internal Medicine	Keith	Henson	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
Internal Medicine	Tamara	Holt	D.O.
Internal Medicine	Jennifer L.	Howard	D.O.
Internal Medicine	Cornelia	Kacir	D.O.
Internal Medicine	Trudy	Kantra	D.O.
Internal Medicine	Ann	Kelleher	D.O.
Internal Medicine	Carla	Kingsley	D.O.
Internal Medicine	Lawrence	Klein	D.O.
Internal Medicine	Michael	Kourakis	D.O.
Internal Medicine	Joseph W.	Lavelle	D.O.
Internal Medicine	Jennifer	Leavitt	D.O.
Internal Medicine	Marc	Loundy	D.O.
Internal Medicine	Dominic	Maga	D.O.
Internal Medicine	Lee Ann	Manthorne	D.O.
Internal Medicine	Jon	Marsh	D.O.
Internal Medicine	Michael	Mekjian	D.O.
Internal Medicine	S. Scott	Moore	D.O.
Internal Medicine	Carla	Myers	D.O.
Internal Medicine	Veronica Kimberly	Newsome	D.O.
Internal Medicine	Daniel	O'Roark	D.O.
Internal Medicine	Robert	Orr	D.O.
Internal Medicine	David	Ostransky	D.O.
Internal Medicine	Mark	Oxman	D.O.
Internal Medicine	Holly	Papanek	D.O.
Internal Medicine	Keith	Pattison	D.O.
Internal Medicine	Bruce	Petersen	D.O.
Internal Medicine	Harry	Pierce	D.O.
Internal Medicine	Andrew	Pitzak	D.O.
Internal Medicine	David	Powell	D.O.
Internal Medicine	Lon	Preston	D.O.
Internal Medicine	Kevin	Reid	D.O.
Internal Medicine	Peter	Scheidler	D.O.
Internal Medicine	Peter	Schneider	D.O.
Internal Medicine	Eugene	Searfoss	D.O.
Internal Medicine	Jules	Sherman	D.O.
Internal Medicine	Robert	Sickinger	D.O.
Internal Medicine	Marvin	Siegel	D.O.
Internal Medicine	James	Sill*	D.O.
Internal Medicine	Todd	Smith	D.O.
Internal Medicine	Shaynee	Sussman	D.O.
Internal Medicine	Scott	Swabb	D.O.
Internal Medicine	David	Tat	D.O.
Internal Medicine	James	Thesing	D.O.
Internal Medicine	Ruth	Thomson	D.O.
Internal Medicine	Raymond	Thuman	D.O.
Internal Medicine	Kathy	Tillman	D.O.
Internal Medicine	Jose	Torres	D.O.
Internal Medicine	Kathleen	Tylman	D.O.
Internal Medicine	Troy	Tyner	D.O.
Internal Medicine	Frederick	Uberti	D.O.
Internal Medicine	John	Uslick	D.O.
Internal Medicine	Joann	Virgilio	D.O.
Internal Medicine	David	Volarich	D.O.
Internal Medicine	Greggory	Volk	D.O.
Internal Medicine	Richard	Winger	D.O.
Internal Medicine	Eric	Wingerson	D.O.
Internal Medicine	Jennifer	Winters	D.O.
Internal Medicine	Bruce	Worrell	D.O.
Internal Medicine	Billie	Wright	D.O.
Internal Medicine	David	Zapf	D.O.
Internal Medicine	Lane	Ziegler	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
Internal Medicine	Bernard	Zoranksi	D.O.
IM - Cardiology	James	Laws	D.O.
IM - Cardiology	Gregory	McWilliams	D.O.
IM - Cardiology	Charles	Moon	D.O.
IM - Cardiology	Stephen	Young	D.O.
IM - Fellow Pulmonary	Barton A.	Bellus	D.O.
IM - Fellow Oncology	Greg	Gordon	D.O.
IM - Fellow Nuclear Medicine	John	Knox*	D.O.
IM - Fellow Pulmonary	David	Young	D.O.
IM - Fellow Nephrology	Jennifer	Jackson	D.O.
IM - Fellow Pulmonary Med	James	Marcin	D.O.
IM - Pulmonary Fellow	John S.	Belany	D.O.
IM - Pulmonary Fellow	Robert A.	Cain	D.O.
INTERN	Deborah	Aanonsem	D.O.
INTERN	Peter	Abadeer	D.O.
INTERN	Bobby Jo	Adams	D.O.
INTERN	Roy H.	Adams	D.O.
INTERN	Steven R.	Adelman	D.O.
INTERN	Kamran	Aflatoon	D.O.
INTERN	Carla	Agliozzo	D.O.
INTERN	Basit	Ali	D.O.
INTERN	Larkin	Allen	D.O.
INTERN	Duane R.	Allyn	D.O.
INTERN	Alphonse M.	Ambrosia	D.O.
INTERN	Isidor	Amigo	D.O.
INTERN	Diane H.	Anderson	D.O.
INTERN		Angert	D.O.
INTERN		Aronow	D.O.
INTERN	Alexander H.	Asch	D.O.
INTERN	Troy	Ashcraft	D.O.
INTERN	Catherine	Augustin	D.O.
INTERN	Michael	Avallone	D.O.
INTERN	David A	Avila .	D.O.
INTERN	Stephen G.	Axelrode	D.O.
INTERN	William J.	Bajorek	D.O.
INTERN	Lois	Banks	D.O.
INTERN	David R.	Barger	D.O.
INTERN	Kerri	Bartlett	D.O.
INTERN	Philip A.	Basala	D.O.
INTERN	Teresa	Baysden	D.O.
INTERN	Roger W.	Beaumont	D.O.
INTERN	John	Begovich	D.O.
INTERN	Robert	Belise	D.O.
INTERN	Bernard L.	Berks	D.O.
INTERN	Terry L.	Berry	D.O.
INTERN	James	Bertsch	D.O.
INTERN	David	Biliyea*	D.O.
INTERN	Jeffrey A.	Biro	D.O.
INTERN	Roger C.	Blake	D.O.
INTERN	Marcia M.	Blier	D.O.
INTERN	Steven J.	Blumhof	D.O.
INTERN	Billy	Bolden	D.O.
INTERN	Martin J.	Book	D.O.
INTERN	Anne	Borik	D.O.
INTERN	Keith	Borthem	D.O.
INTERN	Charles W.	Bosch	D.O.
INTERN	Christine	Bradley	D.O.
INTERN	Jeffrey W.	Bragg	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
INTERN	Denise F.	Bratcher	D.O.
INTERN	James E.	Breidenstein	D.O.
INTERN	Michael L.	Bristow	D.O.
INTERN	Wallace M.	Broadbent	D.O.
INTERN	Anthony D.	Brocato	D.O.
INTERN	Brian L.	Brown	D.O.
INTERN	Leeann	Brown	D.O.
INTERN	Douglas A.	Bruns	D.O.
INTERN	Todd A.	Burlingame	D.O.
INTERN	Daniel	Cain	D.O.
INTERN	Peter	Calabrese	D.O.
INTERN	Gary D.	Call	D.O.
INTERN	Christina L.	Campbell	D.O.
INTERN	Robert	Campbell	D.O.
INTERN	Mary A.	Campbell-Fox	D.O.
INTERN	Cleanne	Cass	D.O.
INTERN	Jack V.	Chaney	D.O.
INTERN	David	Chauvin	D.O.
INTERN	George G.	Cheronis	D.O.
INTERN	Warren	Christianson	D.O.
INTERN	Loc T.	Chu	D.O.
INTERN	Robert E.	Cicchino	D.O.
INTERN	Francis J.	Cinelli	D.O.
INTERN	Richard J.	Citta	D.O.
INTERN	Katherine	Clark	D.O.
INTERN	Dean S.	Cohen	D.O.
INTERN	Bradley A.	Colman	D.O.
INTERN	Katherine	Compton	D.O.
INTERN	Lee Ann E.	Conard	D.O.
INTERN	Jan	Conklin	D.O.
INTERN	Joseph	Conti	D.O.
INTERN	Debra	Cooper	D.O.
INTERN	Robert	Coppola	D.O.
INTERN	Mason	Corder	D.O.
INTERN	Jeffrey	Coston	D.O.
INTERN	Brandon	Covert	D.O.
INTERN	Larry	Cowan	D.O.
INTERN	William	Cribbs	D.O.
INTERN	Charles	Crosby	D.O.
INTERN	Christopher	Cukrowski	D.O.
INTERN	Stephen	Damiani	D.O.
INTERN	Peter	Dane	D.O.
INTERN	Richard	Darby	D.O.
INTERN	Thomas	Dawson	D.O.
INTERN	Orlando	Debesa	D.O.
INTERN	Brian	Degenhardt	D.O.
INTERN	Robert	DeGuzman	D.O.
INTERN	Arlen R.	Delp	D.O.
INTERN	Arthur F.	Demarco	D.O.
INTERN	Arnold	Deutsch	D.O.
INTERN	Letitia M.	DeVoesick	D.O.
INTERN	Marcy L.	Dickey-Dellinger	D.O.
INTERN	Douglas P.	Dietzel	D.O.
INTERN	Walter A.	Dobson	D.O.
INTERN	James	Dodge	D.O.
INTERN	Merrie Beth	Dodge	D.O.
INTERN	William F.	Douce	D.O.
INTERN	Michael E.	Dowler	D.O.
INTERN	James P.	Doyle	D.O.
INTERN	Geralynn A.	Duell-Breidenstein	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
INTERN	David	Duncombe	D.O.
INTERN	Galen G.	Durose	D.O.
INTERN	William R.	Duteil	D.O.
INTERN	Roger D.	Edwards	D.O.
INTERN	Larry	Eisenberg	D.O.
INTERN	Daniel A.	Elber	D.O.
INTERN	Edward B.	Elkowitz	D.O.
INTERN	Kindra	Engle	D.O.
INTERN	Norbert N.	Engelman	D.O.
INTERN	Benjamin	Ernst	D.O.
INTERN	Sylvia	Esser-Gleason	D.O.
INTERN	Mendel	Ettinger	D.O.
INTERN	Anthony G.	Fabaz	D.O.
INTERN	Thomas C.	Falvo	D.O.
INTERN	Margaret J.	Fankhauser	D.O.
INTERN	Suzamie J.	Farnsworth	D.O.
INTERN	Neil K.	Farris	D.O.
INTERN	Harold	Ferguson	D.O.
INTERN	Tom	Fiel	D.O.
INTERN	Larry B.	Fishbaugh	D.O.
INTERN	Bryan	Fitzgerald	D.O.
INTERN	Scott	Flaata	D.O.
INTERN	Stephen	Fletcher	D.O.
INTERN	Thomas	Flower	D.O.
INTERN	Donald W.	Fox	D.O.
INTERN	Macy L. Artis	Fox	D.O.
INTERN	Richard E.	Frelinger	D.O.
INTERN	David P.	Frick	D.O.
INTERN	Jeffrey	Friedman	D.O.
INTERN	Daniel	Fuentes	D.O.
INTERN	Daniel	Fulk	D.O.
INTERN	John	Gaetano	D.O.
INTERN	Keith	Gangewere	D.O.
INTERN	Thomas	Gardner	D.O.
INTERN	James	Garland	D.O.
INTERN	Joseph	Garland	D.O.
INTERN	Patrick	Garrity	D.O.
INTERN	Paul	Gausman	D.O.
INTERN	Sandeep	Gavankar	D.O.
INTERN	Stacie	Gereb	D.O.
INTERN	Anthony	Giliberti	D.O.
INTERN	Jeffrey	Glover	D.O.
INTERN	Dana	Glover-Chaykin	D.O.
INTERN	Scott	Goeller	D.O.
INTERN	David	Goldberg	D.O.
INTERN	Marya	Goldberg	D.O.
INTERN	Gerardo	Goldberger	D.O.
INTERN	Allan	Goldman	D.O.
INTERN	Donald	Gordon	D.O.
INTERN	Robert	Gorsuch	D.O.
INTERN	Timothy	Grant	D.O.
INTERN	James	Grate	D.O.
INTERN	Ralph	Greenwasser	D.O.
INTERN	Jeffrey	Gretz	D.O.
INTERN	Mark	Grever	D.O.
INTERN	Paula	Grimaldi	D.O.
INTERN	John	Grimm	D.O.
INTERN	Martin	Groffman	D.O.
INTERN	Robert	Gronan	D.O.
INTERN	Robert	Gross	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
INTERN	Wayne	Gunckle	D.O.
INTERN	Gerald	Hamstra	D.O.
INTERN	John	Hanekamp	D.O.
INTERN	Richard	Harnden	D.O.
INTERN	Sheila	Harris	D.O.
INTERN	Keith	Harvie	D.O.
INTERN	Michael	Hayden	D.O.
INTERN	John	Heindl	D.O.
INTERN	Thomas	Henderson	D.O.
INTERN	Owen	Henry	D.O.
INTERN	John	Herzog	D.O.
INTERN	Brian	Higgins	D.O.
INTERN	Harry David	Hinchman	D.O.
INTERN	Randy	Hinkle	D.O.
INTERN	Virgil	Hoback	D.O.
INTERN	Gerald	Hoffman	D.O.
INTERN	Brian	Holsinger	D.O.
INTERN	Richard	Holtz	D.O.
INTERN	Kenneth	House	D.O.
INTERN	Leonard	Howlett	D.O.
INTERN	Carl	Hoyng	D.O.
INTERN	Edward	Hubach	D.O.
INTERN	Gary	Huber	D.O.
INTERN	John	Hughes	D.O.
INTERN	Lloyd	Hughes	D.O.
INTERN	David	Hull	D.O.
INTERN	Kedy	Jao	D.O.
INTERN	Keith	Javery	D.O.
INTERN	Scott	Jerome	D.O.
INTERN	William	Johns	D.O.
INTERN	Audrey	Johnson	D.O.
INTERN	Edwin	Jones	D.O.
INTERN	Aaron	Kaibas	D.O.
INTERN	Chris	Kalucis	D.O.
INTERN	Kevin	Kammler	D.O.
INTERN	James	Kantor	D.O.
INTERN	Dale	Keighley	D.O.
INTERN	Kenneth	Keller	D.O.
INTERN	Gregory	Kelly	D.O.
INTERN	Ronald	Kendrick	D.O.
INTERN	Grace	Kennedy	D.O.
INTERN	Phyllis	Kent	D.O.
INTERN	Todd H.	Kepler	D.O.
INTERN	Brandon	Kibby	D.O.
INTERN	Monica	Kidwell	D.O.
INTERN	Hyung	Kim	D.O.
INTERN	Wonsuck	Kim	D.O.
INTERN	Donald	Kitain	D.O.
INTERN	Charles	Klucka	D.O.
INTERN	Michael	Kondik	D.O.
INTERN	John	Kotis	D.O.
INTERN	Gregg	Kovacs	D.O.
INTERN	Louis	Kovacs	D.O.
INTERN	Justin	Krause	D.O.
INTERN	James	Laffey	D.O.
INTERN	Steven	Lager	D.O.
INTERN	Gregory	Landis	D.O.
INTERN	Ralph	Laraiso	D.O.
INTERN	Lee	Laris	D.O.
INTERN	Patrick	Lau	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
INTERN	Ronald	Lesko	D.O.
INTERN	James	Levri	D.O.
INTERN	Brenda	Lewis	D.O.
INTERN	Charles	Libell	D.O.
INTERN	Jerry	Like	D.O.
INTERN	Michael	Litman	D.O.
INTERN	Claire	Lonergan	D.O.
INTERN	Christoper	Lucchese	D.O.
INTERN	Karen	Luparello	D.O.
INTERN	Gary	Lutz	D.O.
INTERN	Keith	Ly	D.O.
INTERN	Lawrence	Lynn	D.O.
INTERN	Donna	Maack	D.O.
INTERN	Mark	MacNealy	D.O.
INTERN	Ronald	Malm	D.O.
INTERN	Nick	Marino	D.O.
INTERN	Charles	Marley Jr.	D.O.
INTERN	Lois Beard	Martin	D.O.
INTERN	James	Mason	D.O.
INTERN	Dena	Mason-Zeid	D.O.
INTERN	Joseph	Mastandrea	D.O.
INTERN	Duke	Matsuyama	D.O.
INTERN	Robert	Maxfield	D.O.
INTERN	Robert E.	McClain	D.O.
INTERN	Robert J.	McConnell	D.O.
INTERN	Jeffrey	McCutchen	D.O.
INTERN	Kevin	McNally	D.O.
INTERN	Dale	McNinch	D.O.
INTERN	David	Meehan	D.O.
INTERN	Floyd	Miller	D.O.
INTERN	Laurence	Miller	D.O.
INTERN	Lamar	Miller	D.O.
INTERN	William Charles	Miller	D.O.
INTERN	Bruce	Mintz	D.O.
INTERN	Anne	Mishica	D.O.
INTERN	Gregory	Molter	D.O.
INTERN	Neil	Montagino	D.O.
INTERN	Karen	Montgomery-Reagan	D.O.
INTERN	Michael	Moorman	D.O.
INTERN	Stephen	Morgan	D.O.
INTERN	Adam	Morse	D.O.
INTERN	Steven	Morton	D.O.
INTERN	Thomas	Mucci	D.O.
INTERN	Lester	Mullens	D.O.
INTERN	Brad	Murphy	D.O.
INTERN	Dennis	Murphy	D.O.
INTERN	Kevin	Murphy	D.O.
INTERN	John	Murphy III	D.O.
INTERN	Dawn	Murray	D.O.
INTERN	Phillip	Murschauer	D.O.
INTERN	Julie	Myers	D.O.
INTERN	Robert	Myers	D.O.
INTERN	Lana	Nelson	D.O.
INTERN	Gwendolyn	Niebler	D.O.
INTERN	Steven	Noll	D.O.
INTERN	Lance	Nussbaum	D.O.
INTERN	Michael	Ochs	D.O.
INTERN	Jeffrey	Olin	D.O.
INTERN	Todd	Olsen	D.O.
INTERN	Darren	Orme	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
INTERN	Gregory	Ostronski	D.O.
INTERN	Bessie	Owens	D.O.
INTERN	Dean	Pahr	D.O.
INTERN	Teresa	Palmer	D.O.
INTERN	Prashant	Pandya	D.O.
INTERN	Harry	Payton	D.O.
INTERN	Frank	Pedevillano	D.O.
INTERN	James	Pella	D.O.
INTERN	Jeffrey	Pentecost	D.O.
INTERN	Charles	Pernice	D.O.
INTERN	Alexander	Pheterson	D.O.
INTERN	Robert	Pierce	D.O.
INTERN	James A.	Pilla	D.O.
INTERN	Edward	Pillar	D.O.
INTERN	Jose	Poblador	D.O.
INTERN	Craig	Polifrone	D.O.
INTERN	Victor	Politano	D.O.
INTERN	Thomas	Posey	D.O.
INTERN	James	Purpura	D.O.
INTERN	Michael	Pyles	D.O.
INTERN	James	Quinn	D.O.
INTERN	Peter	Rama	D.O.
INTERN	Evan	Ramser	D.O.
INTERN	William	Rath	D.O.
INTERN	John	Raymond	D.O.
INTERN	John	Reed	D.O.
INTERN	Richard	Reel	D.O.
INTERN	Paul	Reiman	D.O.
INTERN	Ronald	Reinhard	D.O.
INTERN	Jason	Reiss	D.O.
INTERN	Randall	Relyea	D.O.
INTERN	Joan	Restka	D.O.
INTERN	Dusty	Rhodes	D.O.
INTERN	Louis	Ricci	D.O.
INTERN	James	Richard	D.O.
INTERN	Lester	Richardson	D.O.
INTERN	Chet	Ridenour	D.O.
INTERN	Penelope	Ries	D.O.
INTERN	Megan	Riley	D.O.
INTERN	Narda	Robinson	D.O.
INTERN	Carlos	Rocha	D.O.
INTERN	Merrie	Rockwell	D.O.
INTERN	Jerry	Rodos	D.O.
INTERN	Brian	Romito	D.O.
INTERN	Barry	Rose	D.O.
INTERN	Gerald	Rubin	D.O.
INTERN	Arthur	Rubin	D.O.
INTERN	Dennis	Ruggerie	D.O.
INTERN	Brett	Rush	D.O.
INTERN	Joseph	Russell	D.O.
INTERN	Laine	Russell	D.O.
INTERN	Bozena	Sabala	D.O.
INTERN	Anthony	Sala	D.O.
INTERN	Rebecca	Salad	D.O.
INTERN	Joseph	Sandler	D.O.
INTERN	Hamid	Sanjaghsaz	D.O.
INTERN	Spencer	Schaeffer	D.O.
INTERN	Joy	Schechtman	D.O.
INTERN	Earl	Scheidler	D.O.
INTERN	Kathryn	Schmaltz	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
INTERN	Gary	Schneider	D.O.
INTERN	Mark	Schneider	D.O.
INTERN	William	Schneider	D.O.
INTERN	Jack	Schnurr	D.O.
INTERN	Douglas	Schram	D.O.
INTERN	Janice	Schram-Wayne	D.O.
INTERN	Jeffrey	Schrapper	D.O.
INTERN	Craig	Schwartz	D.O.
INTERN	Robert	Schwert	D.O.
INTERN	Phillip	Scott	D.O.
INTERN	Stephen	Shanklin	D.O.
INTERN	Mark	Shaw	D.O.
INTERN	Michael	Shaw	D.O.
INTERN	Amy	Sheets	D.O.
INTERN	William	Siegart	D.O.
INTERN	Harold	Siegel	D.O.
INTERN	Thomas	Siehl	D.O.
INTERN	Richard	Sievers II	D.O.
INTERN	Robert	Simmons	D.O.
INTERN	Charles	Slagle	D.O.
INTERN	Edward	Slowik	D.O.
INTERN	Charles	Smith	D.O.
INTERN	Daniel	Smith	D.O.
INTERN	Kirk	Smith	D.O.
INTERN	Paul	Smith	D.O.
INTERN	Robert	Sonn	D.O.
INTERN	Jodi	Sperber	D.O.
INTERN	Earl	Staddon	D.O.
INTERN	Warner	Stanford	D.O.
INTERN	Jerome	Stewart	D.O.
INTERN	Ilana	Stief	D.O.
INTERN	Matthew	Stone	D.O.
INTERN	Howard	Stricker	D.O.
INTERN	James	Sturm	D.O.
INTERN	Sheerin	Sturm	D.O.
INTERN	Michael W.	Suttcliffe	D.O.
INTERN	Norman	Sveilich	D.O.
INTERN	Kathleen	Sweeney	D.O.
INTERN	Jeffrey	Swigris	D.O.
INTERN	Scott	Swope	D.O.
INTERN	Thomas	Swope	D.O.
INTERN	Robert	Sybert	D.O.
INTERN	Andreas	Sylaba	D.O.
INTERN	Bernard	Tabor	D.O.
INTERN	Wasyl	Terlecky	D.O.
INTERN	Steve	Thacker	D.O.
INTERN	Stephen	Thal	D.O.
INTERN	James	Thomas	D.O.
INTERN	Robert	Thomas	D.O.
INTERN	James	Thompson	D.O.
INTERN	Julie	Thompson-Dobkin	D.O.
INTERN	Lance	Tigyer	D.O.
INTERN	Charles	Tolan	D.O.
INTERN	James	Tomasella	D.O.
INTERN	Dixie	Tooke-Rawlins	D.O.
INTERN	Edmund	Torkelson	D.O.
INTERN	Hugh	Townsley	D.O.
INTERN	Walter	Trenton	D.O.
INTERN	Marc	Tressler	D.O.
INTERN	Monte	Troutman	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
INTERN	Verna	Turkish	D.O.
INTERN	Donald	Turner	D.O.
INTERN	James	Tyler	D.O.
INTERN	Joseph	Ucchino	D.O.
INTERN	Jeffrey	Umfleet	D.O.
INTERN	Arthur	Ungerleider	D.O.
INTERN	Anthony	Uonelli	D.O.
INTERN	Sam	Urso	D.O.
INTERN	Ruben	Valdes	D.O.
INTERN	Doug	Van Fossen	D.O.
INTERN	John	Vargo	D.O.
INTERN	Shawn	Vitale	D.O.
INTERN	Scott	Vosler	D.O.
INTERN	Barry	Wagner	D.O.
INTERN	Paul	Wesson	D.O.
INTERN	Alan	Wilimitis	D.O.
INTERN	John	Williams	D.O.
INTERN	Matthew	Williamson	D.O.
INTERN	Everett Jan	Wilson	D.O.
INTERN	Margaret	Wilson	D.O.
INTERN	Ellen	Woelfel	D.O.
INTERN	Ray	Wolf	D.O.
INTERN	Sanford	Wolfe	D.O.
INTERN	Wonsuck	Kim	D.O.
INTERN	Charles	Wren	D.O.
INTERN	Gloria	Wright	D.O.
INTERN	Bethany	Wyles	D.O.
INTERN	Robert	Yanoshak	D.O.
INTERN	Suzanne	Yeary	D.O.
INTERN	Leon	Yoder	D.O.
INTERN	Chris	Yonko	D.O.
INTERN	Cy	Young	D.O.
INTERN	James	Young	D.O.
INTERN	Warren	Young	D.O.
INTERN	David	Zack	D.O.
INTERN	Jay	Zdunek	D.O.
INTERN	John	Ziegler	D.O.
INTERN	Catherine	Zofkie	D.O.
INTERN	Shimon	Zuckerman	D.O.
INTERN	Gary	Zuehlsdorff	D.O.
INT - EM	Charles	McIntosh	D.O.
INT - EM	Robert	Orosz	D.O.
INT - FP	Richard L.	Chamberlain	D.O.
INT - FP	James L.	Chambers	D.O.
INT - FP	John	Cocumelli	D.O.
INT - FP	Darci D.	Coffman	D.O.
INT - FP	Joseph M.	Coffman	D.O.
INT - FP	David	Cox	D.O.
INT - FP	Burton	Cox	D.O.
INT - FP	Craig	Critchley	D.O.
INT - FP	Suzanne	Croteau	D.O.
INT - FP	Carrie	Cunnagin	D.O.
INT - FP	Cathy	Daly	D.O.
INT - FP	Michael E.	Dietz	D.O.
INT - FP	Elizabeth A.	Doriott	D.O.
INT - FP	Robert E. III	Dressler	D.O.
INT - FP	Lora R.	Fife	D.O.
INT - FP	Mark J.	Foley	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
INT - FP	John	Fong	D.O.
INT - FP	Mark A.	Foppe	D.O.
INT - FP	Thomas	Forte	D.O.
INT - FP	Mark	Haggenjos	D.O.
INT - FP	Nezih	Hasanoglu	D.O.
INT - FP	Edward	Hosbach	D.O.
INT - FP	T.J.	Hurm	D.O.
INT - FP	Himanshu B.	Joshi	D.O.
INT - FP	Shawn A.	Kersh	D.O.
INT - FP	Stephan F.	Kircher	D.O.
INT - FP	Govind	Koka	D.O.
INT - FP	Wen C.	Liang	D.O.
INT - FP	John	Manchin II	D.O.
INT - FP	Jeffrey	Mancini	D.O.
INT - FP	Sotirios	Markuly	D.O.
INT - FP	Christopher	Marsh	D.O.
INT - FP	Gretchen	Marsh	D.O.
INT - FP	Paul A.	Martin	D.O.
INT - FP	Samuel C.	Martino	D.O.
INT - FP	Thomas	McConnell	D.O.
INT - FP	Kevin	McKee	D.O.
INT - FP	Heidi	Morris	D.O.
INT - FP	Maynard	Muntzing	D.O.
INT - FP	Arvin	Nanda	D.O.
INT - FP	Howard	Neer	D.O.
INT - FP	Thuat	Nguyen	D.O.
INT - FP	Thomas R.	Noethlich	D.O.
INT - FP	Robert	Nooney	D.O.
INT - FP	Timothy	O'Donnell	D.O.
INT - FP	Brent	Ogle	D.O.
INT - FP	Andrew	O'Leary	D.O.
INT - FP	Gregory	Oliver	D.O.
INT - FP	Claire	Osborn	D.O.
INT - FP	James	Outman	D.O.
INT - FP	Sun Fai	Pei	D.O.
INT - FP	Gerald	Ronneau	D.O.
INT - FP	Mark	Rorrer	D.O.
INT - FP	Michelle	Russell	D.O.
INT - FP	Kimberly	Sanders	D.O.
INT - FP	Catherine	Sargent	D.O.
INT - FP	Stan	Scheidler	D.O.
INT - FP	James	Schoen	D.O.
INT - FP	John	Sefton	D.O.
INT - FP	James	Slaughenhaupt	D.O.
INT - FP	Robert	Smith	D.O.
INT - FP	Richard K.	Smith	D.O.
INT - FP	Mark	Striebel	D.O.
INT - FP	Sharon	Van Nostran	D.O.
INT - FP	Charles	Vance	D.O.
INT - FP	Tommy	Von Luhrte	D.O.
INT - FP	Jill	Vosler	D.O.
INT - FP	Kent	Vosler	D.O.
INT - FP	Mark	Vosler	D.O.
INT - FP	James	Walker	D.O.
INT - FP	Dennis	Ward	D.O.
INT - FP	Elaine	Ward	D.O.
INT - FP	Melanie	Webb-Schramm	D.O.
INT - FP	Christine	Weller	D.O.
INT - FP	Kevin	Wells	D.O.
INT - FP	Michelle	Whitefleet	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
INT - FP	James	Wilcher	D.O.
INT - FP	D. Patrick	Williams	D.O.
INT - FP	Rodney	Yager	D.O.
INT - FP	Andrew	Zepp	D.O.
INT - OB/Gyn	Stephen	Meese	D.O.
INT - OMT	Judith Ann	O'Connell	D.O.
INT - Ortho Sx	Jeffrey	Mutchler	D.O.
INT - Ortho Sx	Gary	Millard	D.O.
INT - Psych	Adrienne	McCray	D.O.
Nephrology	Mary	Burden	D.O.
Nephrology	Demosthenis	Klonis	D.O.
Nephrology	Douglas	Stahura	D.O.
Nephrology	Mahyar	Tahbaz	D.O.
Neurosurgery	Hossin	Alapour	D.O.
Neurosurgery	Robert L.	Baker II	D.O.
Neurosurgery	Charles	Biggs	D.O.
Neurosurgery	Michael A.	Campanelli	D.O.
Neurosurgery	Thomas	Goodall	D.O.
Neurosurgery	Franklin	Hayward	D.O.
Neurosurgery	Keith	Kattner	D.O.
Neurosurgery	Beth	Longnecker	D.O.
Neurosurgery	Thomas	Santanello	D.O.
Neurosurgery	Scott	West	D.O.
Neurosurgery	Brad	Wilson	D.O.
Neurology	Nicole	Danner	D.O.
Neurology	Sharon S.	Merryman	D.O.
Neurology	Melissa	Smith	D.O.
Neurology	Rebecca	Tat	D.O.
Neurology	Sherri	Ten Pas	D.O.
OB/GYN	Heather	Coker	D.O.
OB/GYN	Carolyn	Kollar	D.O.
OB/GYN	Melinda	Velez	D.O.
OB/GYN	Ronald E.	Ayres	D.O.
OB/GYN	Amy M.	Byerly	D.O.
OB/GYN	Michael J.	Clark	D.O.
OB/GYN	Catherine A.	Coats	D.O.
OB/GYN	Zane	Craig	D.O.
OB/GYN	Andrew	Croak	D.O.
OB/GYN	Colleen	Culpepper-Wells	D.O.
OB/GYN	Mark	Day	D.O.
OB/GYN	Jennifer	Delaney	D.O.
OB/GYN	Lori	DelGuadio	D.O.
OB/GYN	Michael J.	Dobransky	D.O.
OB/GYN	William R.	Dorsey	D.O.
OB/GYN	Liam	Duggan	D.O.
OB/GYN	Lisa	Gardner	D.O.
OB/GYN	Christine	Goldstein-Charbonneau	D.O.
OB/GYN	Richard G.	Herman	D.O.
OB/GYN	Trisha	Pachiano	D.O.
OB/GYN	Paul	Pawlosky	D.O.
OB/GYN	Eddie	Perkins	D.O.
OB/GYN	Caroline	Peterson	D.O.
OB/GYN	Valerie	Schulte	D.O.
OB/GYN	William	Seifer	D.O.
OB/GYN	David	Shuck	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
OB/GYN	Kedrin	Van Steenwyk	D.O.
OB/GYN	Melinda	Velez	D.O.
OB/GYN	Kimberly	Warren	D.O.
OB/GYN	Charles C.	Watson	D.O.
Ophthalmology	Roy W.	Bartlett	D.O.
Ophthalmology	Kent P.	Bashford	D.O.
Ophthalmology	Saul	Bresalier	D.O.
Ophthalmology	Joseph	Brown	D.O.
Ophthalmology	Martin E.	Burger	D.O.
Ophthalmology	Ralph	Del Negro	D.O.
Ophthalmology	Steven M.	Frame	D.O.
Ophthalmology	Paul A.	Frascella	D.O.
Ophthalmology	William	Gaynier	D.O.
Ophthalmology	Edward	Glinski	D.O.
Ophthalmology	Jason	Handza	D.O.
Ophthalmology	Gregory	Hsu	D.O.
Ophthalmology	Wonsuck	Kim	D.O.
Ophthalmology	Richard	Lockwood	D.O.
Ophthalmology	Whitney	Lynch	D.O.
Ophthalmology	Vincent	Marino	D.O.
Ophthalmology	Robert	McBratney	D.O.
Ophthalmology	David Sung K.	Or	D.O.
Ophthalmology	Robert	Peets	D.O.
Ophthalmology	Thomas	Perkowski	D.O.
Ophthalmology	Gregory	Quinlan	D.O.
Ophthalmology	Eric	Romriell	D.O.
Ophthalmology	Gregory	Schamaun	D.O.
Ophthalmology	Charles	Schrimpf	D.O.
Ophthalmology	Patrick	Spencer	D.O.
Ophthalmology	Michael	Stark	D.O.
Ophthalmology	Michael	Stauder	D.O.
Ophthalmology	Michael	Taft	D.O.
Ophthalmology	John	Tedesco	D.O.
Ophthalmology	Thomas	Tilton	D.O.
Ophthalmology	Gary	Torbey	D.O.
Ophthalmology	Stephen	Tu	D.O.
Ophthalmology	John	Wilding	D.O.
Ophthalmology	John	Willer	D.O.
Ophthalmology	Everett	Wilson	D.O.
Ophthalmology	Philip	Wilson	D.O.
Ophthalmology	Brian	Wind	D.O.
Orthopedic Surgery	Brent	Bamberger	D.O.
Orthopedic Surgery	Walter	Boardwine	D.O.
Orthopedic Surgery	Stephen N.	Buffington	D.O.
Orthopedic Surgery	James C.	Cassandra	D.O.
Orthopedic Surgery	Brian J.	Ceccarelli	D.O.
Orthopedic Surgery	Thomas	Cook	D.O.
Orthopedic Surgery	James	Cox	D.O.
Orthopedic Surgery	Michael	Crovetti Jr.	D.O.
Orthopedic Surgery	Anthony	D'Angelo	D.O.
Orthopedic Surgery	Joseph D.	DiCicco	D.O.
Orthopedic Surgery	Chris D.	DiPasquale	D.O.
Orthopedic Surgery	Thomas G.	DiPasquale	D.O.
Orthopedic Surgery	William H.	Donahue	D.O.
Orthopedic Surgery	Phillip A.	Edwards	D.O.
Orthopedic Surgery	William	Elston	D.O.
Orthopedic Surgery	Michael E.	Feign	D.O.
Orthopedic Surgery	Frank	Feng	D.O.

Orthopedic Surgery	Daniel	Foster	D.O.
Orthopedic Surgery	David R.	Gotham	D.O.
Orthopedic Surgery	George	Gromke	D.O.
Orthopedic Surgery	Doug	Gula	D.O.
Orthopedic Surgery	Steven	Habusta	D.O.
Orthopedic Surgery	Shawn M.	Henry	D.O.
Orthopedic Surgery	Edward	Heusch	D.O.
Orthopedic Surgery	Wendy	Heusch	D.O.
Orthopedic Surgery	Mark	Holencik	D.O.
Orthopedic Surgery	Anthony	Infante	D.O.
Orthopedic Surgery	Dwight	Jacobus	D.O.
Orthopedic Surgery	Brad	Jelen	D.O.
Orthopedic Surgery	Mark A.	Jenkins	D.O.
Orthopedic Surgery	W. Bryan	Jennings	D.O.
Orthopedic Surgery	Leslie	Kalman	D.O.
Orthopedic Surgery	Roland	Kaplan	D.O.
Orthopedic Surgery	Matthew	Kauffman	D.O.
Orthopedic Surgery	Thomas	Kramer	D.O.
Orthopedic Surgery	George	Lambros	D.O.
Orthopedic Surgery	Robert	Lock	D.O.
Orthopedic Surgery	Paul	Maitino	D.O.
Orthopedic Surgery	Charles T.	Mehlman	D.O.
Orthopedic Surgery	David A.	Nielsen	D.O.
Orthopedic Surgery	Robert	Nowinski	D.O.
Orthopedic Surgery	Dean	Olson	D.O.
Orthopedic Surgery	James	Otis	D.O.
Orthopedic Surgery	Nader	Paksima	D.O.
Orthopedic Surgery	Timothy	Peters	D.O.
Orthopedic Surgery	Douglas	Peterson	D.O.
Orthopedic Surgery	David	Propst	D.O.
Orthopedic Surgery	Donnie	Reinhart	D.O.
Orthopedic Surgery	Edward	Rockwood	D.O.
Orthopedic Surgery	Herbert	Ross	D.O.
Orthopedic Surgery	Jan	Saunders	D.O.
Orthopedic Surgery	Joseph	Scheidler	D.O.
Orthopedic Surgery	Robert	Schneeberger	D.O.
Orthopedic Surgery	John	Schwegmann	D.O.
Orthopedic Surgery	Steven	Shine	D.O.
Orthopedic Surgery	Patrick	Sillix	D.O.
Orthopedic Surgery	Blake	Stamper	D.O.
Orthopedic Surgery	Kenneth	Steel	D.O.
Orthopedic Surgery	Kenneth	Still	D.O.
Orthopedic Surgery	Greg	Stover	D.O.
Orthopedic Surgery	Frank	Swords	D.O.
Orthopedic Surgery	Gregory S.	Tennant	D.O.
Orthopedic Surgery	John	Urse	D.O.
Orthopedic Surgery	Marvin	Vice	D.O.
Orthopedic Surgery	James	Violet	D.O.
Orthopedic Surgery	Aivars	Vitols	D.O.
Orthopedic Surgery	Thomas	Welle	D.O.
Orthopedic Surgery	Evan	Young	D.O.
Orthopedic Surgery	Stefan	Zachary	D.O.
Pathology	Bernard J.	Fox	D.O.
Pathology	Leo	Stein	D.O.
Pediatrics	Anthony P.	Bartholomew	D.O.
Pediatrics	Lorraine R.	Byrd	D.O.
Pediatrics	Benjamin L.	Cohen	D.O.
Pediatrics	Robert	Cruse	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
Pediatrics	Samuel	Grossman	D.O.
Pediatrics	Thomas	Hardin	D.O.
Pediatrics	Neil	Kantor	D.O.
Pediatrics	Connie	McCarroll	D.O.
Pediatrics	John	Rutherford	D.O.
Pediatrics	Louis	Schaner	D.O.
Pediatrics	Malcolm	Schwartz	D.O.
Pediatrics	Harry	Stenzel	D.O.
Pediatrics	J. Brendan	Wynne	D.O.
Proctology	Paul	Broderick	D.O.
Proctology	Brian	Gillis	D.O.
Proctology	Darin	Green	D.O.
Proctology	Robert	Theobald	D.O.
Proctology	Steve	Werling	D.O.
Pulmonary Med	Elsira	Pina	D.O.
Pulmonary Med	Jack	Tuber	D.O.
Radiology	Frederick	Anderson	D.O.
Radiology	James	Anderson	D.O.
Radiology	Joseph J.	Back	D.O.
Radiology	Anthony G.	Bascone	D.O.
Radiology	James B.	Beard	D.O.
Radiology	Jeffrey	Benseler	D.O.
Radiology	Leonard V.	Borland	D.O.
Radiology	Wesley	Boudette	D.O.
Radiology	Todd R.	Brack	D.O.
Radiology	Stanley R.	Briney	D.O.
Radiology	James R. Jr.	Clark	D.O.
Radiology	Amy	Cole	D.O.
Radiology	Richard B.	Collins	D.O.
Radiology	A.W.	Conway	D.Ol
Radiology	Jeffrey	Cushman	D.O.
Radiology	Richard	Disch	D.O.
Radiology	Gerald L.	Friedman	D.O.
Radiology	John	Gallagher	D.O.
Radiology	Paul	Groban	D.O.
Radiology	Rose Marie	Hackett	D.O.
Radiology	Gregory	Haines	D.O.
Radiology	Larry	Hall	D.O.
Radiology	Michael	Harron	D.O.
Radiology	Scott	Harron	D.O.
Radiology	Daniel	Homa	D.O.
Radiology	Donald	Huddleston	D.O.
Radiology	Michael	Keleher	D.O.
Radiology	Jere	Lancaster	D.O.
Radiology	Bernard	Laya	D.O.
Radiology	Julie A.	Lee	D.O.
Radiology	William	Lilly	D.O.
Radiology	Sharal	Mall	D.O.
Radiology	Garry	Malnar	D.O.
Radiology	William	Meyers	D.O.
Radiology	Marinus	Ndikum	D.O.
Radiology	Patrick	Pagur	D.O.
Radiology	Thomas J.	Piehowicz	D.O.
Radiology	Michael	Podolsky	D.O.
Radiology	David	Price	D.O.
Radiology	Bodo	Pyko	D.O.
Radiology	Geogenna	Riley	D.O.

SPECIALTY	FIRST NAME	LAST NAME	
Radiology	Earl	Schatzman	D.O.
Radiology	Scott	Silk	D.O.
Radiology	Jeffrey	Sonn	D.O.
Radiology	Michael	Sorbello	D.O.
Radiology	Joseph	Staab	D.O.
Radiology	Harold	Stahl	D.O.
Radiology	Janette	Starsiak	D.O.
Radiology	Mark	Sturgill	D.O.
Radiology	Richard	Sulek	D.O.
Radiology	Fordyce	Sutherland	D.O.
Radiology	Brad	Weber	D.O.
Radiology	William	Wiand	D.O.
Radiology	Rick	Wright	D.O.
Urology	Robert E.	Butz	D.O.
Urology	John	Croushore	D.O.
Urology	Richard	Donnini	D.O.
Urology	Francis	Troilo	D.O.
Vascular Surgery	Hyunwoo	Chung	D.O.
Vascular Surgery	Sang Won	Dacri-Kim	D.O.
Vascular Surgery	Mark	Gazall	D.O.
Vascular Surgery	Marshall	Medley	D.O.
Vascular Surgery	Daniel	Morris	D.O.
Vascular Surgery	Laszlo	Posevitz	D.O.
Vascular Surgery	David	Smith	D.O.
Vascular Surgery	Neysa	Valentin	D.O.
	Charles V.	Abler	D.O.
	Dawn	Abriel	D.O.
	Ronald	Dennis	D.O.
	Gamal	Elsaidi	D.O.
	Kathryn A.	Franz	D.O.
	L.	Haverson	D.O.
	Jeffrey	Justus	D.O.
	Michael	Keller	D.O.
	Jay	Lawrence	D.O.
	Frank	Lyons	D.O.
	Barry	Mendelson	D.O.
	Justin	Morris	D.O.
	Gary	Ostrow	D.O.
	Robert	Ratzlaff	D.O.
	Rolland	Rogers	D.O.
	Anthony	Slagle	D.O.
	William Joesph	Watson	D.O.

BIBLIOGRAPHY

When trying to decide how I was going to write this bibliography, I knew I had two choices. Go for overkill, in the way that Laura Hillenbrandt did with her brilliant book, Seabiscuit, and explain where I found the source information for every sentence—or go in the abbreviated manner of several other very respected historical narratives, like Michael Capuzzo's *Close to Shore* or Tom Standage's *The Victorian Internet*. I chose the shorter version, which is to just provide a basic list and idea of how I found the information in this book. It wasn't just a question of wanting to write a short bibliography, though there was that; mostly, it felt redundant. Throughout the book, I usually refer to the source material, hopefully giving plenty of clues where a quote or anecdote came from.

I love history, and so I had a wonderful time wading through a lot of material that Kelly Fackel, Janie Ferrell and Dr. James Laws provided me from the outset. One of those sources is *A Second Voice: A Century of Osteopathic Medicine in Ohio* by Carol Poh Miller (Ohio University Press, 2004). It's an extremely well researched book, and anybody who wants to learn more about osteopathic medicine in the Buckeye State should definitely take a look at it. *Osteopathic Medicine: Philosophy, Principles and Practice* by Walter L, McKone (Blackwell Science, Ltd., 2001), a college textbook, was also a helpful read.

For the history of osteopathic medicine, though, I also spent a lot of time pouring through the archives of the *New York Times* and *Los Angeles Times* (I wanted to cover both coasts), and so much of the first chapter, where we follow the ups and downs of osteopathic medicine, came from reading contemporary news accounts of the time, guided by what I had learned in *A Second Voice*.

There were a lot of contemporary accounts to draw upon, that came from Grandview Hospital and its predecessor, Dayton Osteopathic Hospital, as well, like numerous newsletters with basic names like *Grandview Hospital* and more clever ones (Osteopatter). These were invaluable to get a sense of what was going on at the hospital, day to day.

Also invaluable were numerous interviews that Dr. James Laws conducted over the last 10 years or so. To name just a few of those people, he spoke to Dr. Wesley Boudette, Dr. Everett Wilson, Dr. Jim Elliott and Dr. Donald Burns. When Dr. Laws

handed the baton to me, because of all the interviews he had done and had transcribed, I was in good shape. Meanwhile, throughout 2005, from January up until around September, I did plenty of interviews myself, as you can see by reading the acknowledgements pages.

There were other invaluable sources. Dr. Laws gave some talks on the history of the hospital and osteopathic medicine, and those discussions, which are on tape, helped me out. Speaking of tapes, several physicians still had audio recordings of a dinner at the Golden Lamb from the 1950s, where various doctors, like Dr. Frank Dilatush, discussed the early history of the hospital. That was certainly a treasure, as was a transcribed interview that Carolyn Balster did with Dr. William Gravett's son, Charles, back on July 30–1982. I don't know who Ms. Balster is, or where she is, but wherever you are, Carolyn, thank you. It's a very thorough interview that had a lot of wonderful nuggets of information on Dr. Gravett, that helped me piece his biography together. Ancestry.com, with its census records, birth and death records, and World War I draft registration cards records, was also a big help in securing little details about some of the doctors who came of age in the late 19th and early 20th century.

Many anonymous people spent a lot of hours compiling timelines for the hospital, probably long before they knew a book would be written about Grandview Hospital. These timelines have no names on them; they're just nicely done, thorough timelines with numerous dates and events that occurred long ago. I can't thank those people enough. In so many ways, I didn't write this book alone. Someone in the 1940s put together a "record of proceedings of the incorporators, members and trustees of Dayton Osteopathic Hospital," a binder thick enough, that if I would drop it on my toe, would require a trip to Grandview. William Konold and Arnold Fricke, two of the earliest administrators, also kept records that helped me synthesize the history of the last 80 years. For any of you doing any journaling, or keeping obscure records, if you're wondering if anyone will find it useful eight or 80 years from now, let me assure you that your efforts just might save an author a lot of heartache and otherwise missed facts. You never know.

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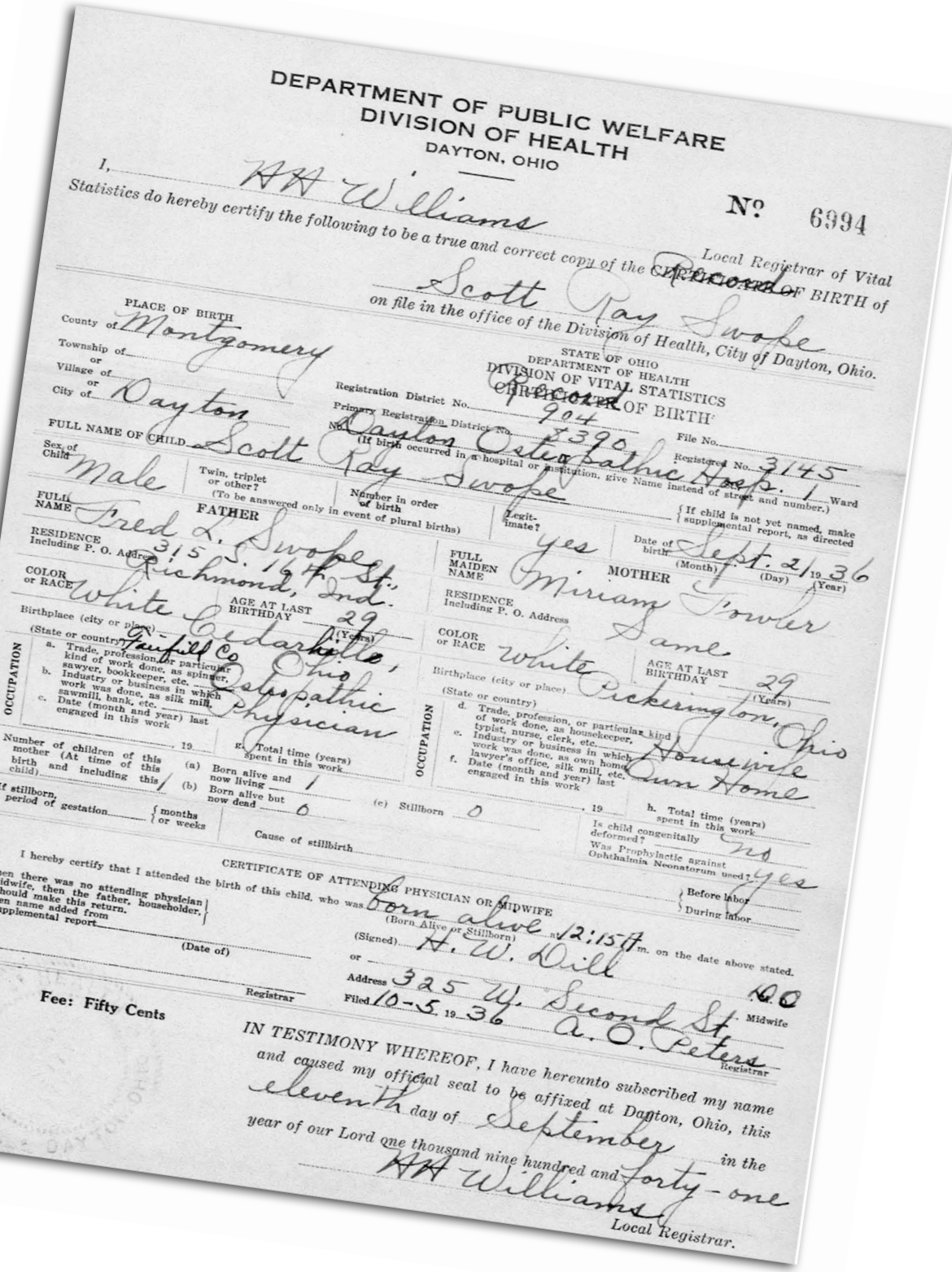

DEPARTMENT OF PUBLIC WELFARE
DIVISION OF HEALTH
DAYTON, OHIO

I, H H Williams, Local Registrar of Vital Statistics do hereby certify the following to be a true and correct copy of the RECORD OF BIRTH of Scott Ray Swope on file in the office of the Division of Health, City of Dayton, Ohio.

No. 6994

PLACE OF BIRTH
County of Montgomery
Township of
or
Village of
or
City of Dayton

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 904
Primary Registration District No. 7390
No. Dayton Osteopathic Hosp. 1 Ward
(If birth occurred in a hospital or institution, give Name instead of street and number.)
File No.
Registered No. 3145
{If child is not yet named, make supplemental report, as directed}

FULL NAME OF CHILD Scott Ray Swope
Sex of Child Male
Twin, triplet or other?
Number in order of birth
(To be answered only in event of plural births)
Legitimate? yes
Date of birth Sept. 2 (Month) (Day) 1936 (Year)

FATHER
FULL NAME Fred L. Swope
RESIDENCE Including P. O. Address 315 S. 14th St., Richmond, Ind.
COLOR or RACE White
AGE AT LAST BIRTHDAY 29 (Years)
Birthplace (city or place) Cedarville, (State or country) Greene Co. Ohio
OCCUPATION
a. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, as spinner, etc. Osteopathic
b. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Physician
c. Date (month and year) last engaged in this work
g. Total time (years) spent in this work 1

MOTHER
FULL MAIDEN NAME Miriam Fowler
RESIDENCE Including P. O. Address Same
COLOR or RACE White
AGE AT LAST BIRTHDAY 29 (Years)
Birthplace (city or place) Pickerington, (State or country) Ohio
OCCUPATION
d. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
e. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home
f. Date (month and year) last engaged in this work
h. Total time (years) spent in this work

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0
If stillborn, period of gestation {months or weeks}
Cause of stillbirth
Is child congenitally deformed? No
Was Prophylactic against Ophthalmia Neonatorum used? Yes {Before labor / During labor}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 12:15 A.M. on the date above stated.
(Signed) H. W. Dill M.D.
Address 325 W. Second St. Midwife
Filed 10-5 1936 A. O. Peters Registrar

If there was no attending physician or midwife, then the father, householder, should make this return. If name added from supplemental report (Date of)

Registrar

Fee: Fifty Cents

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused my official seal to be affixed at Dayton, Ohio, this eleventh day of September in the year of our Lord one thousand nine hundred and forty-one

H H Williams
Local Registrar.

Birth certificate of Scott Swope, D.O., a second generation osteopathic physician who was born at Dayton Osteopathic Hospital, the original Grandview.