PORTRAIT OF A PHYSICIAN
Oil by Nicholas Neufchatel (Flemish 1525 - 1590)
The text translates as "Died September 20, 1562 at the age of 75".
Donated to the Society by Homer Gage M.D.

A Community Of Physicians

The History of the
Worcester District Medical Society
1954 - 1994

JOHN J. MASSARELLI, M.D.

WORCESTER, MASSACHUSETTS
WORCESTER DISTRICT MEDICAL SOCIETY

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DEDICATION

The presidents of the Worcester District Medical Society during the past 40 years have been a talented, varied group. I have been privileged to have known them personally, and count more than a few as among my treasured friends. Each administration has been colored by the personality of the incumbent. All have maintained the integrity of the organization and preserved its traditional values. This book is respectfully dedicated to those 37 persons.

1954 - 1955	Edward J. Crane	1972 - 1973	Francis X. Dufault Jr.
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1956 - 1957	Paul F. Bergin	1974 - 1975	Edward Kilroy
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1963 - 1964	Sanfrey M. Lilyestrom	1981 - 1982	Paul M. Steen
1964 - 1965	George R. Dunlop	1982 - 1984	John P. Howe, lll
1965 - 1966	Hyman Heller	1984 - 1985	John J. Massarelli
1966 - 1967	Harold M. Constantian	1985 - 1987	Guenter L. Spanknebel
1967 - 1968	Charles S. Whelan	1987 - 1988	Robert S. Harper
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1969 - 1970	Karl T. Benedict	1990 - 1991	Gilbert E. Levinson
1970 - 1971	Robert A. Johnson	1991 - 1993	Peter B. Schneider
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INTRODUCTION

The Worcester Medical Society was founded in 1794 in order to further the professional education of the physicians in the central part of Massachusetts. The United States of America was five years old. The leading citizen of Massachusetts was the vice-president of the United States, John Adams. Coastal Massachusetts was then enjoying the fruits of the already fabulous new China trade. The farmers of the central and western parts of the commonwealth shared only to a small extent in this prosperity, and the long-standing resentments which had led to Shays' Rebellion a few years earlier continued to smolder.

When the county in the heart of the commonwealth had been formed in 1731, Worcester was chosen as county seat, although several nearby towns were larger. The various sessions of court, held annually, attracted multitudes to Worcester in search of justice, business, and entertainment, and inevitably the permanent population grew. There were 2,000 residents by 1794.

On December 18th of that year, 41 physicians met, probably at Daniel Haywood's Tavern, in Worcester, and agreed to form themselves "into a fraternity by the title of the Worcester Medical Society." They came from 24 towns, from as far west as Amherst, and even from Greenwich, R.I..

A history of that society, which continues to the present as the Worcester District Medical Society, was completed in May 1954 by Paul F. Bergin, M.D. (1908-1970). Dr. Bergin had a large obstetrics practice (he delivered all five of my children who were born in Worcester), was chief of obstetrics at the St. Vincent Hospital and the Worcester City Hospital, was active in the Worcester District Medical Society (secretary for two years, and president in 1957), and was a

Ddevoted family man. All the members of the society are indebted to him for finding time to write the excellent, well-researched work which tells of the first 160 years of the medical society in Worcester.

Dr. Paul F. Bergin
acrylic by Sante Graziani

The Massachusetts Medical Society had come into being in 1781; it claims to be the oldest American medical society in continuous existence. (The Medical Society of New Jersey had been founded in 1766, but apparently held no meetings during two periods of six and twelve years respectively, before 1808.) The Worcester Medical Society, as we have seen, began in 1794, and is one of the oldest medical societies in this country.

We can read in Dr. Bergin's work of how the original Worcester Medical Society became the Worcester District Medical Society in 1804, when it became affiliated with the Massachusetts Medical Society. The Worcester Medical Library came into being, and at times seemed to be the mortar which held together the bricks of the medical society. The society and library flourished through the years. Fitchburg, Leominster, and neighboring towns spun off into the Worcester North District Society in 1858.

Other epochs in Dr. Bergin's history were:

1873 Women were first granted membership in the society.
1934 The Worcester Medical Library was incorporated.
1937 The Worcester Medical News was begun.
1946 World War ll veterans nominated from the floor, and elected, the entire slate of officers.
1947 57 Cedar Street was purchased to be used as society headquarters.
1954 55 Cedar Street was purchased for the Worcester Medical Library.

The City of Worcester matured into the second largest city in New

England, with parallel growth in the medical profession and the medical society.

In 1954, the point at which this story of the Worcester District Medical Society opens, I was just beginning a fellowship in internal medicine. At that time an internist was considered to be a specialist, and was often called on in consultation by general practitioners, who made up the large majority of doctors in this country. Practically all members of the profession were independent solo practitioners, who practiced on a fee-for-service basis.

Almost incredible changes have occurred since then in the practice of medicine, owing to unprecedented advances in the scientific foundation of knowledge, the application of enormous technological developments, and the rise of specialism. On looking back over these 40 years, however, the most startling changes have been those which came about because of social and economic forces.

Consider the multiplication of group practices, the increased insurance coverage, government payment for health services and its control of a significant segment of medical and hospital care, the advent of defensive medicine as malpractice suits grew in number and size, peer review, the number of older patients, prepaid panels and reimbursement by capitation. All these were unknown to the doctor of 1954, or so unusual as to be of negligible consequence in his (rarely "her") practice. Even the language of sociology has intruded itself into discussions of medicine: practice has been transmuted into delivery of medical care, doctors into providers, and patients into clients or consumers.

The Worcester District Medical Society has perforce changed with the times. We will see how it responded to innovations in medical science and the socioeconomic factors that transformed the profession's character.

The society was originally created to further the professional education of its members, and this remained its major function for most of its existence. During the period covered by this book, however, its educational role has been made less important by advances in the dissemination of medical information through journals, computers,

audio-visual materials, specialty groups, seminars and symposiums, etc., and by educational programs sponsored by the medical school which appeared on the scene during the years in which we are interested. Social changes have made other functions necessary for the society. Doctors now have to deal with regulatory agencies, third-party payers, and others who try to control medical practice, in its technical and business aspects. More than ever, it is necessary for physicians to try to develop a common position on health care issues, to pursue common interests as a group, and to inform the community so that a reasonable public policy can be formulated in regard to health matters.

I think it no exaggeration to say that the changes (progress? - mostly, I guess) of the past 40 years were greater than those of the preceding 160 years.

During the revision of many drafts of this book, I have never failed to find errors of fact, so that I am sure that there are mistakes in the final version. Some of the material is from my own memory, and we all know how treacherously unreliable memory can be. This was brought home recently when I encountered a long-retired physician in the barber shop. I'll call him Dr. C., not his real name. Seeing him again after a long time was a delightful experience, and we reminisced during three haircuts, including one after Dr. C.'s, as he stayed to chat while I was waiting. He is quite old, but as charming and alert as ever, I thought, until I asked his version of one of the events described in this book, in which Dr. C. had a peripheral, but not unimportant, part. He'd completely forgotten that it had ever happened, and despite my describing it, was still unable to recall it. How treacherously unreliable memory is, I realized again, but then, he must be at least in his mid-eighties. My turn for a haircut finally came, and Dr. C. left the shop. When I was seated in the barber chair, I said to the barber, "Fulvio, it must be more than ten years since I've seen Dr. C.!"

"Yeah, doc", Fulvio replied, "That's what you told me when you ran into him here last year."

I would appreciate it if readers would write me, in care of the Worcester District Medical Society, about the errors that they've found, so that future historians will not be misled or puzzled.

INTRODUCTION

The help and advice of many individuals have contributed to whatever merit there is in this book. Mrs. Joyce Cariglia, Dr. Francis Dufault, Dr. Peter Schneider, and the copy editor, Mr. Thomas Massarelli, deserve special acknowledgment.

Finally, I must apologize to the many persons who were active and influential in the society whom I have mentioned only briefly or not at all. There were stalwart supporters and devoted workers who deserve a debt of gratitude from all the members of the organization, who do not appear in these pages. The blame for their omission must be laid on my shoulders. Space, and especially time, have to a major extent mandated the selection of the material in this history.

John J. Massarelli, M.D.
Worcester, Massachusetts
December 18,1994

INTRODUCTION

THE FIFTIES

THOSE WERE THE DAYS, MY FRIEND

1. The State of the Worcester District Medical Society and of Area Medicine in the mid-1950s
2. Aftermath of the Tornado
3. Socialized Medicine: One
4. Other Business

CHAPTER 1

THE STATE OF THE WORCESTER DISTRICT MEDICAL SOCIETY AND OF MEDICINE IN THE AREA IN THE MID-1950s.

In 1954, the territory of the Worcester District included the city of Worcester and a number of townships and post offices, from Princeton and Harvard in the north to the Connecticut and Rhode Island state lines in the south, from Hardwick in the west, to Westboro in the east. There were 473 members, of whom 425 were active and 48 retired fellows. The enormous majority were males. Fewer than a dozen members were women.

The annual dues in 1955 were $15. At that time the usual fee for an office visit was about $5, and for a house call about $8. An internist's fee for the initial history and physical examination was $15 in most offices. Some of the older general practitioners in the smaller towns still accepted produce and poultry in barter for their services. The fee for an appendectomy was about $100, as was that for a normal delivery.

Most of the doctors in central Massachusetts were general practitioners. There were 19 board-certified internists in the city of Worcester, and one in Harvard, Massachusetts, all of whom considered themselves specialists, although almost all did primary care for adults. Many had a special field of interest, usually cardiology, and all were consulted in difficult cases by the general practitioners as well as by the surgical specialists. There were 18 board-certified surgeons in Worcester and two in Clinton in 1954. Most of the obstetrics in the district was done by general practitioners. There were eleven board-certified obstetrician-gynecologists. Gynecologic surgery was largely done by general surgeons.

THE FIFTIES

The Worcester District Medical Society (WDMS from now on) owned the building at 57 Cedar Street, which served as its headquarters, and as the location of the Worcester Medical Library (WML). The

Worcester Medical Library, 1966

WML was legally a separate organization, which had been incorporated in 1934 for tax purposes. Its membership was identical to that of the WDMS. In 1954 the society purchased the lot and house at 55 Cedar Street, and a large building in the rear of this property, which had originally been a stable, then a garage, then a women's dormitory for Becker Junior College. This was renamed "Medical Library Hall," and

used for some of the regular meetings of the society, which were held monthly except for the summer months and December. Access was from Merrick Street which ran perpendicular to Cedar Street. The hall had a seating capacity of 150 people, and was almost full for most meetings. Space in the buildings on Cedar Street was rented to a number of health-related civic organizations such as the American Cancer Society, the Worcester Chapter of the Massachusetts Heart Association, the Southern Worcester County Health Association, and the Visual Training Center. The neighborhood, not far from downtown Worcester, was one of stately old homes, many of which had been or were being converted to multiple-dwelling buildings.

The Worcester Medical News (WMN) was the official publication of the society. It had begun as a newsletter in 1937. A section for the Worcester Dental Society was added in 1939. It was published before every meeting of the WDMS, and had grown to consist of news, announcements, highlights of the previous meeting, obituaries, hospital news, editorials, articles, and the like. It was partly supported by advertisements. In December 1953, Dr. John A. Maroney, a prominent Worcester City Hospital surgeon, had become editor, succeeding Dr. Joseph A. Lundy. The latter was to continue on the editorial board for many years, writing many editorials, articles, and brief nostalgic or humorous commentaries which he signed "Jayl". Dr. Lundy had had a distinguished military record in World War 2, was an activist in the Maddox Society, and a trustee of the WML from 1951 until he retired from practice in 1982. He practiced internal medicine, and was a senior physician at the St. Vincent, City, and Hahnemann hospitals. Dr. Maroney remained editor until 1966.

The president of the WDMS was elected annually, and the office was usually rotated among the three major hospitals and "the county", so that each segment could count on the presidency every fourth year. The position was not onerous; it interfered only minimally with the incumbent's professional practice. The vice-president was also president-elect. Other officers included a secretary, a treasurer, and an orator, whose duty consisted in delivering one "discourse" annually at a regular meeting of the society, and presenting the secretary with a copy of the oration. The only staff was the secretary of the WML, Mrs.

Charlotte B. Patterson, and later her part-time assistant, Miss Mary Jones, who was to succeed Mrs. Patterson. These middle-aged ladies were unsung heroines who served the library and the society well, performing all the clerical duties for both organizations.

When meetings of the society were held at one of the hospitals, the food served was invariably either chicken or thinly sliced roast beef. Meetings at the Medical Library Hall were later in the evening, after dinner. The first one-half to one hour of each meeting was devoted to business matters and this was followed by a one-hour "scientific session." Practically all of the society's business was carried out by committees which reported at regular meetings for approval of their recommendations or to present information. The scientific session generally was a formal lecture by a famous visiting physician, often from one of the medical schools in Boston. Occasionally the subject was on a financial or social issue of interest to the medical profession. At the February meeting a member of the society delivered the Annual Oration. Meetings, of course, varied in interest to the audience.

[Digression. One especially boring scientific session was a panel of two doctors and two clergymen on subjects supposed to be of mutual interest, which was held in the late 1950s. Dr. William Murphy, an EENT specialist on the St. Vincent staff was chairman of the program. (In those days it was not unusual for a physician to practice both ophthalmology and otorhinolaryngology). After some desultory comments by the panelists, slips of paper were passed out to the audience for questions. A young physician sitting next to me used his slip to write a witty comment about the program for my benefit: "As one skeleton in the closet said to the other, 'If we had any guts we'd get out of here' ".

I thought it was funny and showed it to the doctor next to me. He, too, felt obliged to share the *mot* and passed it to the doctor sitting in the row in front of him, Dr. V., a very proper, solemn psychiatrist. Dr. V. didn't bother to read the note, but arose, and to our horror, proceeded to bring it up to the president. He'd thought it was a question for the panel!

Dr. Murphy, a choleric gentleman whose temper had a short fuse, read it to himself, turned red, slammed it down on the table, and

announced, "Dr. V., we feel that sophomoric humor has no place at this meeting." Poor Dr. V. never knew what hit him.]

THE HOSPITALS

The hospitals played an important, almost dominating, part in the practice of medicine in central Massachusetts in 1954. Practically all the practitioners in the Worcester district were members of a hospital staff. Some, especially the subspecialists, belonged to the staff of more than one institution, but most doctors were identified with one particular hospital.

Some out-patient laboratory work, and most radiological studies, other than chest X-rays, were done by the hospitals. The use of hospital beds had increased with the growth of the Blue Cross/Blue Shield plans. Payment was assured by these plans for in-patients, but almost no out-patient services were covered, except some minor surgical procedures. It was common practice to admit a patient, for example, with a suspected peptic ulcer, for upper gastrointestinal radiological study; this was not paid for in a private radiology office, but was covered in the hospital. Some patients were admitted "for a checkup" because their insurance paid the bills only if they were hospitalized, and some even "for a rest" to escape briefly from an intolerably stressful environment. The attending physician was reimbursed on a per diem basis, and other services were also "free" for the patient since the insurance paid the charges. It was not unusual for a busy general practitioner or internist to have 20 or more patients in the hospital at any one time. In the booming post-war economy these practices were easily tolerated, and were generally considered to be reasonable, equitable, and ethical.

There were 19 hospitals in the Worcester District in 1954. Because the hospital was such an important factor in the practice of medicine, let us consider them individually as they were at that time. Most of them had recently expanded, were in the process of expanding, or had plans to expand. Two sources of money were easily available for this purpose: federal Hill-Burton funds, and Blue Cross reimbursement for charges, with provisions for capital expansion. This was the golden age of the hospital.

Three were devoted to the care of patients with tuberculosis, the

"white plague" which still flourished but which was coming under some degree of control with the development of effective antibiotics and other treatments, including resectional surgery. Psychiatric therapy for psychotic patients and most other persons disabled with mental illness was mostly ineffective, and institutionalization was often necessary. The district held three state hospitals for these persons, with a combined bed capacity of 5,564 beds. In the City of Worcester there were three large general hospitals (the Worcester City Hospital, Worcester Memorial Hospital, and the St. Vincent Hospital), four smaller medical-surgical hospitals, and one for contagious diseases. There were general hospitals in Clinton, Holden, Webster, Southbridge, and Whitinsville.

Worcester City Hospital. Its first patients had been accepted by the Worcester City Hospital on October 26,1871. The population of

Worcester City Hospital, 1988

Worcester was then 40,000. A special committee of the City Council had recommended an initial grant of $10,000 to establish the hospital. An excerpt from the committee's report follows, to show, by inference, the public's image of a hospital at that time, and as a sociologic commentary.

"...We would not have a hospital for the reception of the degraded

> victims of vice and intemperance, or a home for the hopeless pauper; but we would have it regarded as an asylum for the industrious and honest mechanic and laborer, who by sudden injury or disease, is temporarily prevented from laboring for the support of himself and his family.
>
> "We would have it a home to which may be sent, when struck down by sickness, the respectable domestic, whose attic chamber cannot be made comfortable, and who cannot receive the requisite care, however well disposed the family in which she resides.
>
> "We would open its doors to the stranger overtaken by disease, when absent from friends and home, and to all others, among the various classes of society, whose sickness require(s) that comfort and medical advice which their means and homes cannot afford."

The hospital grew over the years, and until 1953 it was the largest general hospital in the state outside of Boston, with 480 beds. The City Hospital had an excellent teaching program. The director of medical education (DME) was Dr. Henry Uhl. There were approved residencies in anesthesiology, contagious disease (at the Belmont Hospital), internal medicine, orthopedics, pathology, pediatrics, pulmonary disease, and surgery. There were 24 internships; the program was a rotating one, with each intern serving on all the major services during his training. It was considered to be the best internship outside of Boston in New England (and therefore the world, if you asked anyone from Worcester).

Many members of the staff of City Hospital were active in the WDMS. Dr. Nicholas S. Scarcello, a urologist, was elected to the AMA's House of Delegates in 1954; he was thought to be the first member of the WDMS to hold such a position. He was an important figure in much of the business of the WDMS at this time. Another City Hospital urologist interested in the society was the affable Dr. George Tully, a former All-American at Dartmouth and member of the College Football Hall of Fame. Drs. John A. Maroney and Edmund A. Croce of the department of surgery headed influential committees in the Society, as we shall see, and both served as presidents. Other active society members from City Hospital in 1954 included Dr. Sanfrey Lilyestrom, John O'Meara, Arthur Ward, Foster Vibber, Joseph Lundy, Robert Cox,

and Edward Budnitz.

Memorial Hospital. The Worcester Memorial Hospital had begun as the Washburn Free Dispensary in 1874, and opened with 14 beds on

The Memorial Hospital, 1990

Belmont Street in 1884. The additions completed in late 1947 increased its capacity to 273 beds. In the mid-1950s there were about 10,000 admissions annually; about 1,200 babies were delivered each year; over 2,000 major operations were performed with a surgical service of 6,000 admissions annually. In 1953, Memorial became the first hospital in central Massachusetts to be approved by the Atomic Energy Commission to have a radioisotope laboratory for research and clinical services. Dr. Norio Higano was its founder and director. The isotopes used were iodine-131 for the diagnosis and treatment of thyroid disorders, phosphorus-32 for the treatment of polycythemia vera, and intracavitary radioactive gold for the treatment of effusion due to pleural and peritoneal metastases.

Prominent staff members included Dr. C. Bancroft Wheeler, son of the Dr. Leonard Wheeler who is featured prominently in Dr. Bergin's history of the WDMS, Dr. Percy A. Brookes, who was DME, Dr. John

"Jeff" Freyman who was soon to succeed him, and Dr. Roger Robinson, chief of medicine. Dr. George R. Dunlop, star of the department of surgery, was becoming nationally known because of his prominence in the American College of Surgery.

Memorial had eight rotating interns, and residencies in internal medicine, surgery, pathology, and radiology. This last was the only one in Worcester. Dr. William J. Elliott was the chief of that department. In 1953 the department carried out 12,657 X-ray examinations, 2,648 radiological therapeutic procedures and 16 radium treatments.

St. Vincent Hospital. The St. Vincent Hospital had been established in 1893. It grew steadily, and in 1954 an entirely new building was

St. Vincent Hospital, 1954

completed, on the former Crompton estate, diagonally across the intersection of Providence and Winthrop Streets from the old location. This move increased its capacity to almost 600 beds. Its teaching program was improving under the new DME, Dr. John Stapleton, who came here from Georgetown University, where he had been trained as

one of the original DMEs in the country. The new hospital was one of the first general hospitals to have in-patient facilities for persons with acute psychiatric illnesses of all sorts, and became well known for its Alcoholism Clinic. There were twelve rotating internships, and residencies in anesthesiology, internal medicine, and surgery. This last, under Dr. Eugene L. Richmond, was the only one in Worcester approved for four years; those at City and Memorial were for three years.

Almost all the residencies in Worcester then were "pyramidal," i.e. more residents were accepted in the first year than could be accommodated in the second year, and there were even fewer positions in the third year. Throughout the United States, 630 of the 8,275 approved internships (7.6%) were filled by foreign physicians, called "aliens" in those days, and 1,752 of the 18,619 residencies (9.4%). The percentages were approximately the same in the Worcester teaching hospitals, but were due to rise considerably in the next few years. Interns at Memorial were paid $100 monthly, those at City $105, and at the St. Vincent a magnificent $150. Residents generally received a slightly larger stipend.

St. Vincent staff members prominent in the WDMS were Drs. James C. McCann Sr., who had been a major contributor in the formation of Blue Cross/Blue Shield, John J. Manning, Eugene L. Richmond, John B. Butts and Charles Whelan, all of whom were surgeons, James T. Brosnan, chief of medicine, and William Murphy, an EENT specialist.

Other hospitals. The Belmont Hospital had been founded as an isolation hospital in 1896 at the request of the Worcester Board of Health. In 1953 it merged with the Worcester City Hospital, with a single Board of Trustees for both institutions, but continued to function in a separate location, on Belmont Street. It was, in 1954, being increasingly used for tuberculosis patients, but still retained its original purpose for all sorts of contagious diseases.

The Worcester Hahnemann Hospital, incorporated in 1896, had moved to Lincoln Street in 1909. Major construction was under way in 1954, which would increase its capacity to 174 beds. There was no recognized internship or residency program, but the hospital did hire some house officers, several of whom later practiced in the community.

The Worcester Hahnemann Hospital, early 1950's

Its obstetrics services were especially highly regarded.

The Fairlawn Hospital had been established in 1921 by Swedish immigrants, and opened on May Street in 1923 with 34 beds. It proved to be quite successful, and in 1954 an addition was in progress which would increase its capacity to 80 beds and 18 bassinets. There was no teaching program.

The Doctors Hospital was established in 1948 with 30 beds on Lincoln Street in the old Lincoln Hospital, which had recently closed. It was owned by 21 doctors, ten of whom were members of the WDMS. Because of its proprietary nature, it was held in low esteem by a large segment of the profession, but it proved to be so successful that in 1953 an impressive brick addition was constructed.

The Harvard Private Hospital, on Chatham Street in Worcester, was small -- 18 beds and 7 bassinets -- and, in contrast to all the other hospitals discussed here, was fading away. Its last gasp came in 1956.

The Worcester State Hospital began as the Worcester Lunatic Asylum in 1833, the first state-supported institution for the mentally ill in America. Over the years it had grown, so that in 1954 the official bed capacity was 2,440, but it was said that often it actually held 3,000 patients. It was located on an enormous tract of land on the eastern edge of Worcester, on a hill sloping down to Lake Quinsigamond. Dr. Bardwell Flowers had been superintendent since 1940; he was active in the WDMS. The State Hospital was approved for 17 three-year residencies in psychiatry.

There were two other hospitals for the mentally ill in the Worcester District. The Grafton State Hospital began in 1903 with 50 male patients transferred from the Worcester State Hospital, but became an independent institution in 1915. In 1954, it had 1,564 beds for acute and chronic psychotic patients. The Westboro State Hospital was at the former site of the Lyman School for Boys. In 1954 the bed capacity was 1,660. Consultants from Worcester and Boston supplied the medical and surgical care as necessary for the psychiatric patients.

The Rutland State Sanitorium was the oldest of the three hospitals for tuberculosis patients in the Worcester District in 1954. It had opened in 1898. In 1954 the bed capacity was 350. The superintendent was Dr. Paul Dufault, who was to become president of the WDMS in 1958. The Worcester County Sanitorium opened in 1933, in response to a state law that all counties must provide hospital facilities for tuberculosis patients. Patients from Worcester and Fitchburg were excluded because those cities operated such facilities (Belmont Hospital in Worcester, as we have seen) for their own citizens. The Worcester County Sanitorium had beds for 128 patients in 1954, and maintained a large out-patient clinic, mostly for following arrested cases, and maintaining pneumothorax and pneumoperitoneum, common treatments at that time. The superintendent, Dr. Heinz Lorge, was an active member of the WDMS. The Veterans Administration Hospital at Rutland Heights, which had opened in 1923, was for tuberculosis patients. It had spread to 51 buildings with 619 beds by 1954.

The Clinton Hospital had accepted its first patient in December 1889. A new building shell was completed in 1948, and the Bowers Building opened in June 1950. This was named for Dr. Walter Prentice Bowers, a force in the WDMS and the MMS. While he was president of the Massachusetts Medical Society (1912-1914), Dr. Bowers was responsible for the Boston Medical and Surgical Journal's becoming the official organ of the MMS, and in 1921 he persuaded the society to purchase the journal. He was immediately made editor. Dr. Bowers, or Uncle Walter, as his younger colleagues called him, was then 66 years old. The name of the journal was changed to the New England Journal of Medicine in 1928, and it thrived under his leadership. He commuted to Boston every day, diligently pursuing his editorial duties on the train. On his arrival back in Clinton in mid-afternoon, he would go to his office and take up his medical practice. He continued as editor until 1937, when he retired at the age of 82. In 1954 the Clinton Hospital had 115 beds, the largest general hospital in the Worcester District outside of the City of Worcester.

In 1914 the Holden Cottage Hospital opened with beds for five patients. In 1922 its name was changed to the Holden District Hospital, and a new building was put into operation with 38 beds. The "District" in its name refers to Holden, Rutland, Princeton, West Boylston, Barre, South Barre and Oakham. A new wing was begun in 1953, and in 1954 its future looked promising.

The Webster District Hospital opened in September 1929 with 16 beds, on a beautiful site overlooking Webster Lake. Local support is obvious when you consider that its auxiliary, the Hospital Guild, had 579 members in 1954. Construction was to begin in August 1954 to enable expansion from the then current 40 beds to a general hospital of 60 beds.

Harrington Memorial Hospital, on South Street in Southbridge, also had 40 beds in 1954. It had opened on Labor Day in 1931.

The Whitinsville Hospital consisted of nine general beds and eight more for obstetrics. Plans had been made by 1954 for construction to increase to 36 beds.

OTHER PROFESSIONAL ORGANIZATIONS

Because of each doctor's loyalty to his hospital and his identification as a member of the staff of that hospital, and because of generally poor communication among the hospitals, there was a lack of fellowship among the practicing physicians from the different staffs in the area, and almost a spirit of antagonism. The regular meetings of the WDMS were the major factor in combating this negative attitude. Meetings were occasionally rotated through the larger hospitals and a meal provided by the courtesy of the host hospital. Some meetings were also held at the Worcester Library Hall, and the annual meeting at that time was usually at the Wachusett Country Club, in West Boylston. These meetings supplied the only contact among many doctors in the Worcester District. There were two other forums, however, which provided some inter-hospital contact and promoted a sense of collegiality: the Maddox Society, and the Medical Innominates.

Twenty-two doctors had met on December 6, 1945, to form a society which would "bring together at frequent intervals the Physicians of World War II to consider and take action upon all matters as may concern this Society as a group relative to their present and future welfare and those matters, medical, pertaining to all Veterans of World War II insofar as such consideration may properly come within the scope of this Society." With demobilization of the armed forces, membership in the Maddox Society rapidly grew to eighty physician veterans. There was clearly an attitude of resentment on the part of this group toward the doctors in the district who had not served in the armed forces during the war. (It was explained that the organization was named in memory of Dr. Raymond Dunn, who was killed in action when his ship, the U.S.S. Maddox was sunk in the invasion of Sicily, but there are those who say that the name is a pun on "mad docs".) In a neatly orchestrated move they nominated their own slate of officers from the floor at the annual meeting of 1946, and effectively took over the society. By the mid-1950s the Young Turks were fast becoming the Old Guard, and the Maddox Society insidiously and happily became transformed into a social club. Dinner meetings were held four times a year, and, post-prandially, someone held forth on a nonmedical subject. Famous athletes and investment advisors were favored as speakers. These well-attended meetings were invariably enjoyable, and doctors

from all the hospitals mingled as comrades.

The Medical Innominates Club was started in 1953 by Drs. Higano, Stapleton, and Uhl, from Memorial, City and the St. Vincent Hospital, respectively, in a special attempt to foster communication among the growing cadre of young, well-trained doctors who were starting to come to the Worcester area. Among the more active original members were Drs. Will Small, a surgeon at Memorial, Irving Wolfson, a cardiologist from City, and Robert A. Johnson, a neurosurgeon from the St. Vincent. Meetings were held at local restaurants, usually in a special room at the Huguenot Restaurant downtown, or in the basement of El Morocco, a near-Eastern restaurant in an area of old three-deckers on Grafton Hill, which attracted many show business celebrities. Members presented summaries of their current research or other medical topics, and occasionally there were nonmedical speakers. The Innominates fulfilled its purpose admirably, helping to promote good feeling and mutual respect among at least a segment of the various hospital staffs.

Two more local institutions must be mentioned, because of the importance they will attain: the Fallon Clinic, and the Worcester Foundation for Experimental Biology. Since John Fallon's death in 1951, the group named for him consisted of two internists, a surgeon, and a radiologist, and was the only group practice in central Massachusetts. They were highly successful and enjoyed good relations with the local medical community in 1954.

The Biological Foundation had been started by Drs. Hudson Hoagland and Gregory Pincus, two PhDs at Clark University in 1944, but moved to the enormous old Brewer estate on Maple Avenue in Shrewsbury in 1945. They performed various hormone assays, semen analyses, vaginal smears, and electroencephalograms as a service to the physicians of the local medical community. Steroid chemistry and physiology had been their main interest, but the foundation's scope was enlarging. Programs were being developed both in neurobiology, and in cell growth and differentiation and their implications in cancer. The foundation's most spectacular success was the development of the birth control pill. Dr. Pincus and Dr. M. C. Chang discovered the first safe oral contraceptive. In 1956 they and John Rock M.D., from Boston, oversaw field trials in Puerto Rico which conclusively proved the pill's

efficacy and safety.

This, then, was the state of the WDMS and of the profession in general in central Massachusetts in 1954, when we take up the story of the society.

CHAPTER 2

AFTERMATH OF THE TORNADO

The worst natural disaster in its history occurred on the afternoon of June 9, 1953, when a powerful tornado roared across central Massachusetts in a half-mile wide swath, touching down in Holden, the northern part of Worcester, and Shrewsbury. Ninety-two people were killed, and thousands injured, many hundreds of them seriously. Factories, stores, and more than 3,000 homes of all sizes were damaged or destroyed. Collapsing walls, falling ceilings, and flying debris (someone told of seeing a shoe fall out of the sky in Natick) struck men, women, and children, inflicting fatal injuries and terrible wounds.

As news of the tornado spread, the nearby streets became filled with cars of residents of the area who were fortunately away from home at the time of the disaster, with ambulances and police cars, with private automobiles of citizens who wanted to help, and innumerable people who were just curious. Despite this melee, police were able to control traffic in the streets, so that practically all of the injured were evacuated within two hours.

A first-aid station was established for the treatment of minor injuries, but the majority of victims went to or were brought to the hospitals. Most casualties were first brought to the Hahnemann Hospital, which was closest to the scene, then to Doctors Hospital, the Holden Hospital, and the three large hospitals in Worcester. One hundred patients descended on Memorial in the space of one hour. Police at the entrances of the hospital parking lots directed automobiles to less busy hospitals.

Staff doctors, summoned by telephone or radio bulletins, poured into their hospitals. Some performed triage, sending persons with various kinds of injuries to areas hastily set up for one specific sort of trauma, and segregating minor injuries for later treatment. Some doctors

were sent throughout the hospital to discharge any patients who could be cared for at home in order to free up beds for the tornado victims. Most doctors were at work caring for the injured, in the emergency room, the operating rooms, the specific areas set up for shock cases, neurosurgical cases, fractures and so forth, and on wards as admissions trickled and then flooded in.

The medical profession apparently did a magnificent job. An emergency meeting of the WDMS's executive committee was called, and a donation of $1,000 was made for emergency relief. (This was, of course, unanimously approved at the next regular meeting of the members.) A letter to the editor of the local newspaper from the head of the Red Cross singled out the doctors of the Worcester area for "their selfless assistance to the tornado victims," pointing out that of medical expenditures of $115,000, "only $467 went to doctors, and this was mostly for home calls on long continuing cases." This letter also mentioned that elective hospital admissions virtually ceased for several weeks, causing loss of income for the medical profession.

A brief, unsigned editorial in the September 1953 issue of the WMN went as follows:

> "Our hats are off to the doctors of our district. Few disasters so great and widespread as the Worcester Tornado received such prompt medical care.
>
> "Our hospital staffs, city and county physicians rallied immediately to the need of the disaster. Men worked hours without knowing what had happened to their own homes.
>
> "With the highest ideals of our profession before them, all doctors worked with all their skills for long hours. Before the Tornado was many hours passed (sic) all patients were being cared for.
>
> "We of the medical profession who criticize ourselves so much, must be proud of a job well done."

In October 1953 the MMS voted "to congratulate the WDMS on its prompt and thoughtful actions in connection with the Worcester tornado."

Clearly, the doctors of central Massachusetts thought that they had a right to feel good about their role in the handling of a major

catastrophe.

Then, half a year later, as suddenly and unexpectedly as the tornado itself, came criticism and cruel censure of the medical profession's behavior during the catastrophe.

Dr. Edward J. Crane, president of the WDMS, in his "President's Message" in the Worcester Medical News, wrote that a "respected, well-known and medically well-educated man ... has cast unjustifiable aspersions against the doctors of Worcester, both as to their mental acuity and medical alertness. He has written in a National Surgical Journal an article that has been reprinted at least once that the doctors of Worcester were mentally panicked during the Tornado of 1953 and thus were unable to care properly for the many injured that came to our hospitals." Dr. Crane further said, "For any doctor to judge our conditions, medical care, and results from a distance from second, third and fourth hand information is stark presumption and should be wholly discredited. The doctors of the Worcester area who participated in the care of the Tornado victims have no apologies for their conduct and should be judged not by mere man but only by their God. A great injustice has been done to the doctors of Worcester by these regrettable writings."

The article in point was an editorial in the Annals of Surgery, entitled "Panic in Disaster," written by Edward D. Churchill, M.D., Homans Professor of Surgery at Harvard University and head of the Department of Surgery at the Massachusetts General Hospital. Dr. Churchill, both a general surgeon and a thoracic surgeon, had been surgical consultant for the North African and Mediterranean Theaters of Operations in World War 2, and was a member of the medical advisory committee to the Surgeon General from 1946 to 1948. He had two major criticisms of how casualties had been handled in the aftermath of the tornado.

"The first was total lack of equable distribution of the injured among the hospitals of the region." Dr. Churchill told of the importance of distributing battle casualties among military mobile hospitals and seemed to compare the Worcester experience unfavorably to that of a trained and experienced military medical organization. (This seems to

be a rather weak criticism and certainly not one which justified the term "panic" in his title. There was no panic, and triage seems to have been accomplished reasonably efficiently. No one should expect a tornado to be tidy.)

Dr. Churchill continued: "The other item chosen for comment strikes close to home because it has to do with a surgical error." He described what he thought was the error. "Charged with the care of these injuries, doctors furiously sewed up wounds and lacerations. With many unversed in the principles of debridement, handicapped in some instances by rapid depletion of sterile supplies, poor lighting and a lack of trained assistants, it is not surprising that wound complications were numerous. Dirt, devitalized tissue, foreign bodies and debris caused early wound breakdown, sepsis, delayed healing and unsightly scars. Despite a decade of preaching the gospel of the no-primary-suture management of contaminated wounds under combat or disaster conditions, the lesson has not been taken to heart by the profession at large."

These were fighting words. The Boston professor's view of Worcester surgeons as benighted, uninformed, panic-stricken blunderers called for a rebuttal. Dr. Crane wrote in his indignant message to the members of the WDMS. that he had appointed a special committee to investigate the charges, "in order that we may reveal to everyone the true facts concerning the care of these patients." The committee consisted of Dr. Donald Hight, a surgeon at the Memorial Hospital, Dr. Edmund J. Croce, chief of surgery at the City Hospital, Dr. Charles S. Whelan, a St. Vincent surgeon, Dr. Elwood Horne from Hahnemann, Dr. James T. Blodgett of Holden Hospital, and Dr. John W. McKoan, who represented local Civilian Defense.

Standard surgical practice in civilian life when confronted with a fresh wound (for example a deep and long laceration of a leg inflicted by a lawnmower) was to clean the wound thoroughly (debridement), and then to suture the wound (primary closure). If there has been a delay of more than six to eight hours since the injury, or if the wound contamination has been so severe that adequate debridement is impossible, then the bacteria that are inevitably present begin to invade

the traumatized tissue, and so the wound is not primarily closed. In these cases, an attempt is made at debriding the area and treating the patient for infection . When infection is controlled, usually several days later, the wound is then sutured (secondary closure). Sometimes no suturing is done and the wound allowed to heal from the bottom up, as it were (open treatment).

During World War 2 it was found that there was an inordinately high incidence of wound infections when the treatment was primary closure. The rate of serious infection improved to respectable levels when wounds were not primarily sutured, and the bacteria were presumably not locked into the injured tissues. Thus Dr. Churchill's criticism.

The WDMS committee studied lacerations in 341 patients which were severe enough to require admission to the hospital, and in which follow-up was recorded. There were 181 soft-tissue injuries without fractures or important neurosurgical complications. One hundred thirty-three were treated with primary closure, and 10.5 per cent of these developed wound infections. Forty-eight were closed secondarily or treated by the open method, and 10.4 per cent of these became clinically infected. The results were practically identical!

Wound infections were slightly more common in patients with fractures or neurosurgical complications or both (13.5 per cent). Too few were treated with secondary closure (eight, of which two became infected) or by the open method (24, of which two became infected) to compare with any confidence.

The committee concluded that the standard civilian method of debridement and primary closure was, indeed, the proper treatment for the soft-tissue injuries incurred during the Worcester tornado because the incidence of wound infection was no higher than with delayed closure, allowing faster recovery and therefore less disability, and minimizing scarring.

Why was the eminent Harvard professor, a renowned expert in the field of trauma, so badly mistaken? There are several reasons. Dr. Churchill was not on the scene, and his information concerning surgical conditions in Worcester was in error. War wounds were often not afforded surgical treatment as early as was possible in the Worcester

experience. Because the need to evacuate the wounded precluded close and frequent following of the patient, as was possible in the civilian setting, early surgical and medical treatment of incipient infection was not possible. The sterile conditions found in the operating room cannot always be duplicated on the battlefield. Finally, the nature of the wounds may be different; the high-velocity shell fragment or bullet causes extensive necrosis of surrounding tissue, a problem not common in civilian trauma.

This report closed the history of the famous Worcester tornado of 1953, as far as the WDMS was concerned. The behavior of the doctors of Worcester was vindicated. The criticism was unjustified. Their patients were well served.

CHAPTER 3

SOCIALIZED MEDICINE: ONE

The medical profession in the 1950s was haunted by the specter of socialized medicine, which the doctors of America feared would bring government regulation of medical practice, with consequent oppressive limitation of professional autonomy, setting of fees, loss of free choice of physician for the patient, control of admissions to medical schools, assignment of places to practice, and assorted other evils. Significant portions of organized medicine's meetings and journals were dedicated to combating real and imagined threats from this direction. Secretary of Health, Education and Welfare Wilbur Cohen was seen as the leader of the diabolical movement, and the labor unions were his henchmen. Not many subjects were as effective in arousing a doctor's fear and hostility as socialized medicine. The WDMS was deeply involved, and few meetings went by, or issues of the WMN published, without discussing the problem.

The threat of socialized medicine lurked behind many comments on the socioeconomic issues that came before the WDMS in the late 1950s. The fears of the leaders of the society became focused on Social Security regulations. United States Senator Leverett Saltonstall accepted an invitation to address the society on this subject at the regular meeting of April 1956.

In February 1959, a bill (HR 4700) was introduced in Congress by Rep. Aime Forand of Rhode Island, which would provide insurance to Social Security beneficiaries for hospital care, nursing home costs, and doctors' and dentists' services. It was estimated that it would cover sixteen million persons and cost two billion dollars during the first two years of its existence. Organized labor supported the measure, and was seen by the WDMS as the important enemy. An editorial in the WMN started with this paragraph:

> "The powerful forces of labor unions throughout our nation are constantly at work to hamstring the inherent right of all Americans to freedom, particularly the right to practice medicine as our forefathers did. Unions are not too concerned about the methods of control, either by state or federal government or even the unions themselves, as long as the final outcome brings all physicians under total regimentation."

At the November 1959 regular meeting, the WDMS passed a resolution expressing its "firm opposition to the Forand Bill" and made "the recommendation to our representatives in Congress that they vote against it".

Specific objections stemmed from the enormous cost of the provisions of the bill, and concern that because the federal government would be paying the bills, there would be oppressive government regulation of hospitals and the medical profession, especially in setting fees and requiring standards. In addition, it was presumed that since not all doctors would participate, the public's right of freedom of choice of their physicians would be abrogated. The Forand Bill was seen as the first step toward government control of all health care, the dreaded "socialized medicine." The Forand Bill did not become law.

When the original Social Security Act was passed in 1935, it covered only employed workers, and did not include large classes of people, such as state and local government employees, farm workers, domestic help, and self-employed professionals. In the 1950s these persons became eligible to be included. The medical profession's reluctance to become part of the program reflected the last American "rugged individualism" in this respect. Whether or not to participate was the subject of considerable discussion among the members of the profession, and was debated in the MMS and the WDMS.

A panel discussion on Social Security in January 1959 was attended by 200 members of the WDMS, and later voted as the best meeting of the year. Discussants were Drs. Brosnan, Butts, and Scarcello. In March 1959, the WMN reported on a poll concerning compulsory Social Security for doctors. For the first time the response was favorable for Social Security;139 were for joining and 104 against.

CHAPTER 4

OTHER BUSINESS

A number of items of business were discussed at regular meetings of the WDMS, some of which required repeated and prolonged consideration, and some of which have had effects which are still being felt.

The Worcester Bureau of Medical Economics. A small, commercial telephone answering service had been supplying the needs of many members of the society, but its performance had been deteriorating, and doctors were leaving it in increasing numbers because of their dissatisfaction. In late 1953 the society approved in principle the establishment of a telephone exchange to be located in the Medical Library Building.

Nothing was done until early 1957, when a committee was appointed to study the desirability and feasibility of organizing a Bureau of Medical Economics, to handle the telephone answering problem and also to serve as a collection agency. Dr. Sanfrey Lilyestrom was named chairman, and over the next three years he performed yeoman's service in this endeavor. The other members were Drs. Clancy, Clapp, Guterman, and Washburn. Bylaws were compiled by the end of 1957 and distributed to the members of the society in December of that year. A nine-member Board of Directors was proposed and elected in mid-1958. Donations were requested to cover start-up costs. The legal firm of Sibley, Blair, & Mountain was hired "to investigate the legal corporate status of forming a Medical Bureau" because of some difficulties at the state level, since there were no precedents in this matter. The Worcester Bureau of Medical Economics was to be the first such entity in Massachusetts.

Finally, in January 1959, Dr. Lilyestrom was able to report to the

society that the Worcester Bureau of Medical Economics had become legally incorporated, with himself as president, Dr. William J. Elliott as vice-president, Dr. Burte Guterman as treasurer, and Dr. John W. Henderson as secretary, and Drs. David J. Cavan, Paul Dufault, Donald Hight, Smith G. Philips, and Charles S. Whelan as directors. Loans, rather than the previously requested donations, were asked for in March 1959, and recruitment efforts were begun to enlist society members as clients of the new organization. Before the year was over Mr. Vance G. Blake was hired as manager of the enterprise. The collection agency was established first, and plans were made for the telephone answering service to be begun. This was effected in June 1960 with complete 24-hours-a-day coverage.

The Blood Bank. The minutes of the society's regular meeting for October 1954 decried the failure of the American Red Cross to keep up with the blood requirements for central Massachusetts, and the members considered establishing a local blood bank, rather than being obliged to depend on the one in Boston. A year later the situation had not improved, and the society endorsed setting up a regional blood bank in Worcester, administered by the Worcester chapter of the Red Cross. Financial aid was pledged if this proved to be necessary, and volunteer physicians would be recruited to staff 200 sessions of blood collection annually. Dr. Edmund Croce undertook the chairmanship of the ad hoc committee to put the plan into effect.

The blood bank committee became an item of business at many meetings of the WDMS because a number of stumbling blocks had to be overcome. Dr. Croce reported that the state headquarters of the Red Cross somehow felt that even with local subsidization the enterprise would be too expensive. Minor squabbling took place over whether the WDMS should have approached the problem through the Massachusetts Medical Society. Eventually, in April 1956, it was announced that the national authority of the American Red Cross approved a blood bank for the Worcester area. Within a month a total of 186 physicians had volunteered to serve at blood collection sessions. The Massachusetts Regional Blood Program still wanted to manage the enterprise, but would allow local collection and redistribution, and in fact almost

complete Worcester autonomy but continued dependence on state (i.e. Boston) laboratory facilities. This was considered acceptable at the time. Dr. Raymond A. Goodale, the widely known chief of pathology at Hahnemann Hospital, would be director, and Drs. MacGillivray, Sniffen, and Casale, pathologists from City, Memorial, and the Saint Vincent Hospital, would be adjuvant directors. One more hurdle popped up; the state Board of Health failed to approve the local facilities, saying that they "did not meet the requirements of the newly adopted state regulations". This problem was overcome and the first blood was drawn on October 1, 1956. Dr. Croce projected that the central Massachusetts need for 12,000 units of blood annually would be met from the pool of 500,000 potential donors in this part of the state.

It wasn't long before it was perceived that sending all the collected blood to Boston for processing was unnecessarily burdensome, and a movement begun for the society to provide our own laboratory for this purpose in Worcester. Dr. Croce met with the state commissioner of public health concerning this issue. Continued expansion of the Worcester blood program was approved, but within the framework of the Massachusetts Regional Blood Program.

Public Health. In November 1953, a standing Committee on Chronic Illness was proposed to the society to define positions on tuberculosis, arthritis, chronic neurological diseases, and similar problems in the district. The committee was established and Dr. Samuel Bachrach named chairman. This committee sponsored a scientific session on alcoholism at the February 1955 regular meeting of the society. The main speakers were Dr. James M. Morrison and George E. Deering Jr., respectively the medical director and psychiatric consultant of the new Saint Vincent Hospital Alcoholism Clinic.

The WDMS's interest in public health measures was evidenced by frequent informational reports on the development and trials of a vaccine for anterior poliomyelitis. The noted specialist and teacher, Dr. Louis Weinstein, came from Boston to discuss poliomyelitis in 1955 at one of the scientific sessions of a regular meeting. At the annual meeting that year the WDMS endorsed the new polio vaccine, but voted down a request for money for a proposed advertising campaign to promote the

vaccine.

A project was proposed by Dr. Paul Dufault, head of the tuberculosis hospital in Rutland, for chest X-ray screening of all persons on admission to any hospital, similar to the screening serological test for syphilis which was routine then. He felt that because of the large volume it could be done for $1 or $2 , instead of the usual $5.

Nosocomial infections with the Staphylococcus were increasing in the general hospitals in the district. The WDMS voted to request all hospitals to establish committees on infectious diseases, and the society set up a Public Health Advisory Committee to which all doctors were requested to report Staph cases occurring in the community.

The society's admirable support of public health measures apparently was not as strong as its sense of propriety (a traditional New England virtue dating back to the Puritans) because in November 1956, the WDMS voted its disapproval of showing a film of breast self-examination to "a large public audience."

Medical Education. The WDMS sponsored a Post-Graduate Medical Institute which provided a series of formal lectures by local experts on technical medical subjects. The chair rotated among the Directors of Medical Education at the three big hospitals. The program flourished initially, with respectable attendance by district physicians and even some of the residents training locally. The numbers gradually fell off, and no course was held in the winter of 1957-1958. In the spring of 1958, there was a course in correlating the basic sciences with clinical practice, and eight practitioners and 55 residents paid a total of $1,022.50 to attend. This was felt to be so successful that a repeat was planned for the following year.

The Blues. The Massachusetts Medical Services Inc. (Blue Cross/Blue Shield) plans insured the majority of the population of Massachusetts, and the enrollment was nowhere higher than in central Massachusetts. The WDMS seemed to be pleased with this arrangement. Relations between the society and the Blues were most friendly. A member of the WDMS, Dr. James C. McCann Sr., had been the chairman of the MMS committee which originally approved of the Blue

Cross/Blue Shield programs in 1941. The committee's report stated, "... it seemed equitable to us that, on the basis of business practices, the right of physicians to control judiciously this corporation should not be questioned." There was no challenge to this statement.

The tiniest rift in this alliance appeared in late 1955 when Blue Shield, which paid doctors' fees (Blue Cross reimbursed hospitals), unilaterally raised the income figure defining the poverty level below which doctors subsidized the cost of medical care by accepting significantly lower fees. Heretofore this had always been done by mutual agreement. The WDMS, and indeed the entire Massachusetts Medical Society, felt that the doctors were losing control of "their plan." The situation wasn't improved when private health insurance companies set their fees to coincide with those of Blue Shield. Still there was no real threat to the arrangement and the society was content merely to express its displeasure and concern.

THE FIFTIES

THE SIXTIES

TIME WAS

CHAPTER 5

THE FAIRLAWN AFFAIR

The 1960s were a turbulent time in this country, and it seems fitting that the decade began for the WDMS with a cause celebre, involving bitter conflict among doctors, and between a hospital administration and a medical staff.

The seeds for the affair were sown during the last days of 1959. At the regular monthly meeting of the medical staff of the Fairlawn Hospital in November, the staff roster for the coming year was presented, and it was unanimously voted to approve all the names, which were identical to those of the then current year. This was apparently an unremarkable action, involving no controversy. But at the next regular meeting, in December, the list was reconsidered because of an unspecified problem between one unnamed doctor and the hospital administration. Again the staff approved the roster without change. This seemed to settle the problem.

On December 28, 1959, however, the Fairlawn Board of Trustees approved a different roster, omitting the names of Drs. Nicholas Scarcello, Adolph Meltzer, and Charles King, and demoting Drs. Norman Hagopian and Mary Shannon. This list had been submitted by Dr. Chester Brown, chief of surgery, and it was alleged that Dr. Brown had threatened to resign if the Board did not act on his advice to drop the three doctors from the staff. All three were notified that they were not reappointed; as of the new year, January 1, 1960, their privileges at Fairlawn were terminated.

The three doctors who had been dropped from the staff immediately wrote to the WDMS's committee to study physician-hospital relations, complaining of the action by the Fairlawn Hospital and specifically citing Dr. Brown's behavior. (This letter and two other related letters had been attached to the minutes of a special meeting of

the WDMS held on May 9, 1960 to consider the matter, but they were subsequently removed; blank pages bear testimony to this act of censorship by a person or persons unknown.) Drs. Meltzer and King wrote to the committee on ethics and discipline of the MMS, complaining of Dr. Brown's action. The Maddox Society was mobilized to support the three doctors, and passed a resolution requesting their reinstatement by the Fairlawn board.

There was no denying that the Board of Trustees, as the governing body of the hospital, had the right to make the changes. It was almost unthinkable, however, that they should do so in opposition to the medical staff's recommendations.

How did this situation arise? Why did Dr. Chester Brown take action against these well-entrenched, popular surgeons? The most important persons in the drama are all dead now, and we must depend on the written records which are universally circumspect and euphemistic. Discussions with other contemporary Fairlawn staff members raises questions of motives, none of which is believable. For example, it was said that Dr. Brown wanted only specialty board certified surgeons in his department. This is not credible, since Dr. Brown was not certified himself, and Dr. Meltzer was. All those who did comment on the affair agree that there was no egregious personal animosity involved. We must conclude that Dr. Brown acted only to effect what he thought were changes necessary to improve surgical practice in the hospital. He steadfastly refused to be provoked into publicly itemizing the problems which the doctors involved created. It is to his credit that he would not "wash dirty linen in public".

The major antagonists had remarkably different personalities. Dr. Brown was reserved, sophisticated, gentlemanly, impressively intelligent, a scholar. Dr. Scarcello was affable, likable, gregarious, voluble, a "people-person". The important place of the latter in the WDMS requires further mention here.


Dr. Nicholas Scarcello, 1953

Nick was a Worcester native, received his M.D. from Tufts, and obtained his post-graduate training at the St. Vincent Hospital, Mt. Auburn Hospital in Cambridge, and the Evangeline Booth Hospital in Boston. He served in the armed forces for five years in World War 2, and on his return was one of the leaders of the Maddox Society. He practiced urology before and after the Fairlawn affair for a total of 50 years, and was chief of the service at Worcester City Hospital.

He seemed to be a born politician and naturally assumed leadership roles in organized medicine. He was a trustee of the WML, an associate editor of the WMN, a member of the society's committee on administrative and executive functions and several other committees. Nick was quite vocal at WDMS meetings. He served as president in 1952-1953.

He was a councilor to the MMS for twenty years, where his presence was often felt, and was a delegate to the A.M.A. for 18 years.

A special meeting of the WDMS on May 9, 1960 was held at the Medical Library Hall, and was attended by 118 members, including Dr. Brown. The background letters were read. (None of these can be found in the records of the Society, including the three previously mentioned) The findings and recommendations of the committee on physician-hospital relations were presented. The society approved the report as a whole, and specifically voted "that the present trustees of the Fairlawn Hospital be publicly censured in this meeting and in the press," and that the trustees be urged to reinstate Drs. Scarcello, Meltzer and King.

Dr. Brown was then asked for his comments. He said that he was asked to appear before the MMS Committee on Ethics and Discipline on May 26 (still two weeks in the future) and that when the Fairlawn trustees heard this, they "offered to throw in the sponge," presumably by

reinstating the three doctors in order to eliminate the issue and avert any action against Dr. Brown. However, Dr. Brown said that he told the trustees that, "If he had to support principles in which he did not believe, then he did not want to practice medicine."

This statement was apparently not well received by many members of the society, who perceived it as a threat. A motion was made to refer a charge of "conduct unbecoming a physician" against Dr. Brown to the state Committee on Ethics and Discipline. After considerable discussion, the motion was tabled.

The state committee met that summer and considered 32 charges submitted by the WDMS. They found Dr. Brown guilty of two. These were: influencing the hospital trustees to dismiss staff members, and interrogating a patient of another physician without that physician's knowledge. A letter of censure was sent to Dr. Brown.

The MMS's committee on hospital-physician relations also recommended that the trustees reinstate the doctors to their previous positions, and this was accomplished as of October 1960. Medical staff morale at Fairlawn was never fully restored, and rumors and locker-room accusations continued to be the order of the day.

Another special meeting of the WDMS was held on September 14,1960, at the Medical Library Hall, where the Fairlawn Hospital affair was discussed in executive session. The local committee to study physician-hospital relations presented a motion to request that Dr. Brown be dismissed from the MMS. Dr. Brown was not present at the meeting, but had sent a letter to the president which was read. In it he pointed out that he was found guilty of two of the 32 charges made against him, and he raised the question of "false witness borne against me on the 30 other charges." He ended his letter by saying that he had approved of the withholding of the evidence against the three dismissed doctors in the interest of avoiding a public spectacle, but "in light of all that has transpired since, I feel that this decision was not a good one and that all the information be made available to the Society at the earliest possible moment". This apparently was not done. The motion to request Dr. Brown's dismissal was tabled by a vote of 56 to 32, after much discussion.

Incidentally, there were several minor items of business conducted at this special meeting, including a call for nominations for the General Practitioner of the Year. The minutes record that, "There were no nominations made".

The Fairlawn affair was not over. The hospital hired "a Boston physician, a professional hospital consultant" to survey the situation. The Worcester Medical News noted that this consultant was not a member of the MMS although he had lived in the state for 15 years. Apparently on the recommendation of the outside consultant, the three doctors were again dropped from the staff, and a "white paper" of explanation was issued by the trustees. In March 1962, a joint committee of the MMS and the Massachusetts Hospital Association approved the Fairlawn trustees' decision not to reappoint the three doctors. It would appear that Dr. Brown's action was a not unreasonable one.

Two events occurred in 1961 which may not have been related to the problem: the Fairlawn Hospital failed to be accredited by the Joint Commission on Accreditation of Hospitals for 1961, and Dr. Cecil McLaughlin, chairman of the WDMS committee which had spent so much time and effort in investigating and considering the issue, died of a heart attack in November, 1961.

All three doctors involved continued their active practices, using other hospitals. Dr. Scarcello continued his large urologic practice at the Worcester City Hospital. Dr. Meltzer later became chief of surgery at the Doctors Hospital. Dr. King used City Hospital until his retirement to Florida.

CHAPTER 6

THE UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

In the late 1950s there arose a perceived "doctor shortage" throughout the United States. Initially, organized medicine resisted this perception, insisting that inefficient distribution of medical resources was really the problem, and claiming that there was an oversupply of physicians in large cities, and that the undersupply existed only in rural areas. The baby boom following World War Two and an increased demand for medical services by a prosperous public soon proved the reality of an insufficient number of doctors as well as maldistribution.

In Massachusetts the Legislature addressed the doctor shortage by creating a commission in May 1961 for the purpose of "making an investigation and study relative to the establishment of a state-supported medical school in the Commonwealth." A rumor arose that a state school would be created and that Worcester was a potential location. The rumor status of this idea was superseded in December 1961 when the commission met in Worcester and actually considered the city as the site of a proposed medical school. The local attitude seemed to be one of interest, but doubt that anything would be accomplished. There were already three prestigious schools in Boston, those of Harvard, Tufts, and Boston Universities, and a fourth, the Middlesex Medical School, had failed only 20 years previously.

In March 1962 the state commission reported that they found that a need did exist in Massachusetts for another medical school. Their final report contained several recommendations. The first called for the establishment of a four-year medical school, which was to be part of the University of Massachusetts, but with enough independence to guarantee that the operation would be "of the highest quality." The

choice of location would be left to the trustees of the University of Massachusetts, acting in conjunction with the dean of the new medical school, who would be chosen by the trustees. The state commissioners of public health and mental health would be made trustees ex officio. Finally, the commission requested the Legislature to provide funds to hire a dean and also to employ an architect to develop preliminary plans for the new medical school building.

In October 1962, these recommendations were made law. The General Court appropriated $100,000 to find and acquire a dean, and a similar amount to engage an architect. The Worcester city manager and the City Council were quick to recognize the potential advantages of locating the school in Worcester. The construction of the plant, the jobs created in the school and the inevitable new hospital, the local services which would be necessary, the improvement of medical care in the community, and innumerable fall-out benefits would perceptibly change the city's economy and add to its prestige. The support of the medical profession in Worcester, and specifically the support of the WDMS, would be desirable, and probably necessary, to snare the school.

The president of the society, Dr. Eugene L. Richmond, told the members that "the issue is not black and white, and the gray area will arouse many reservations." The gray area included the fear on the part of practitioners in the district of losing their patients to the school, the fear of the existing hospitals being dominated by the school, the fear of diminished public regard for doctors not affiliated with the school, and the fear of losing (or at least losing control of) the internships and residencies in the local hospitals. In the background was the chronic dread of "socialized medicine," and a lack of knowledge of what part state funding would play in controlling practice within the walls of the school and new hospital. This last was what led Dr. Richmond to caution, "And we all know about the basic difference between the philosophy of the medical school teacher and the private practitioner."

Although the "Town-Gown Syndrome" seemed to be rearing its ugly head, it did not assume a virulent stage because most members of the WDMS felt that Worcester did not have much of a chance to be chosen as the site of the school. Any state project that offered the promise of costly construction and many jobs to be dispensed was most

likely to be located in the Boston area and least likely to be given to Worcester. The WDMS unanimously voted to favor having the new school in Worcester.

In December 1963 the University of Massachusetts trustees selected Dr. Lamar Soutter to be the dean, in what proved to be an inspired choice. Lamar Soutter, M.D., called "Beamie" by his friends, was a thoracic surgeon at the Massachusetts General Hospital, a professor of surgery at Harvard University, and former dean of the Boston University Medical School. He had a distinguished war record; Major Soutter had flown into the Battle of the Bulge in a glider as head of a surgical team, an operation for which he was awarded the Silver Star for gallantry in action. Later, Dr. Soutter had become chief of surgery for the Veterans Administration in New England. Best of all, from the viewpoint of the WDMS, he supported organized medicine and was a former president of the Suffolk District Medical Society.

The dean's first task would be to select a site for the new medical school and to persuade the university trustees to agree to the location. Much research and discussion and many site visits narrowed the field down to Boston, a Boston suburb, Amherst (the main campus of the University of Massachusetts), Springfield and Worcester. Several sites in Worcester were considered: in and around City Hospital, on the Fairlawn Hospital site, and on Worcester State Hospital land. Boston support was weakened by lack of enthusiasm, and even opposition, by the existing medical schools. Amherst seemed to be favored by the university trustees and probably by Dr. Soutter, who, it was rumored, had already moved to a home in that city. Worcester was ranked fourth by the consulting firm hired to help make the decision. Local support in Worcester was strong, however; the community's civic leaders and politicians rallied to the cause as did most of the members of the local health professions.

Voting for the site took place on Friday, June 11,1965. A majority of the 22 votes was required for the selection; in the absence of a majority, the last-place finisher would be eliminated and another vote taken. In the first three rounds, Boston, Springfield, and the Boston suburb were dropped, leaving Amherst and Worcester. Two trustees were from Worcester, Dr. Edmund Croce, the chief of surgery at the

City Hospital, and Major General John Maginnis. Their votes plus ten more would win the election for Worcester. On the fourth round there were eleven votes for Amherst and eleven votes for Worcester.

Dr. Barry Hanshaw would later describe ensuing events as follows, quoting General Maginnis:

> "There was one fellow on the board I didn't know. We chatted before the final vote. I said to him, 'You're going to vote for Amherst, of course.' And he said, 'I hate like hell to vote for it.' Then he described his displeasure with the university over some personal matter. So I took him aside and said, 'Now's your chance to get even!' On the fifth ballot the result was Worcester 12 and Amherst 10. It was as simple as that."

The next day the front page headlines of the Worcester Telegram proclaimed, "CITY WINS STATE MEDICAL SCHOOL."

The next decision was where in Worcester to locate the school. The consultants (Booz, Allen and Hamilton) again backed a loser, the Fairlawn site, and the dark horse won, land near Lake Quinsigamond, part of the enormous grounds of the Worcester State Hospital.

University of Massachusetts Medical School, Groundbreaking 1969

This was an epoch-making occurrence in the history of medicine in the Heart of the Commonwealth, and one of the most important events to influence the history of the WDMS.


Dean Lamar Soutter, 1972

Five years passed between the decision to locate the school in Worcester and the entry of the first class. These were busy years for Dean Soutter, involving much interaction with the WDMS. He assembled a library and courted the trustees of the WML, proposing marriage between the two institutions. He worked on planning the medical school edifice, and procuring and remodeling a temporary home while the definitive building was being constructed. He recruited a faculty, and oversaw their devising a curriculum. He helped select the members of the original class. He spent countless hours in defining the role of the school, and presenting that image to the state, to the citizens of the Worcester area, and to the medical profession.

The first class consisted of 16 white males, 13 clean-shaven, two with mustaches, and one bearded. The first building was the remodeled (at a cost of $1.5 million) H.E. Shaw Wholesale Tobacco Company's structure, at the head of the bridge across Lake Quinsigamond, at Lake Avenue and Belmont Street (Route 9) which led to and from Boston. The facilities were surprisingly spacious, belying the deceptively small impression given by the exterior of the structure.

In his welcoming address, on September 15, 1970, Dr. Soutter told of the objectives of the University of Massachusetts Medical School. He enunciated the basic principle that the school would "furnish a broad educational foundation upon which a variety of programs of hospital training and continuing education can be built" so that the new school

would not educate the students for one type of practice, general or specialized. Dean Soutter spoke of the WDMS, saying:

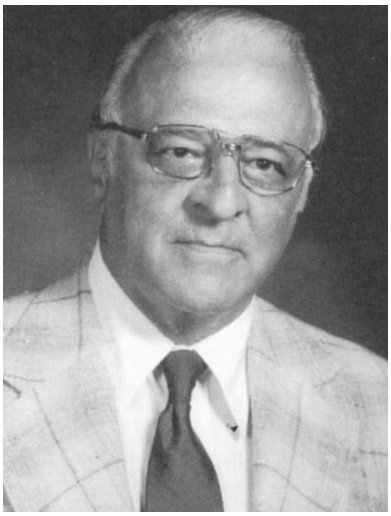
> "The Worcester District Medical Society has already made a considerable effort to help the school get started. In addition to providing scholarship money, it will join its medical library, the third oldest in the country, with ours. Recently, students have been invited to attend meetings of the society and to have one of your number join the editorial board of the society's news magazine. The District Society is a part of the Massachusetts Medical Society. It has essentially three functions: an educational one for its members, a legislative one for helping patients and developing the practice of medicine, and a social one. The wives of members acting as a women's auxiliary to the District Society have also expressed an interest in the school and the welfare of its students."

An innovation in the curriculum was the establishment of a Department of Community Medicine. This name for a medical school department had first been used in America only ten years previously and merely 14 schools had such a department when the University of Massachusetts Medical School opened. The professor and chairman of the department, Dr. Hugh S. Fulmer, defined it as follows:

> "Community medicine may be defined as the discipline concerned with the identification and solution of the health problems of communities or human population groups. Its basic sciences are epidemiology and biostatistics, though it draws liberally from the clinical, laboratory and behavioral sciences. Preventive medicine, public health and social medicine are terms that, traditionally defined, are included in the scope of community medicine." During the first year clerkship, students became acquainted, one on one, with the practicing doctors of central Massachusetts, and were first exposed to the WDMS and its influence on the offices of local physicians.

Other innovations in the curriculum included a large number and wide variety of electives, more free time for the student than at other medical schools, and the emphasis in examinations on the application

of knowledge rather than its mere accumulation.


Dr. Edmund J. Croce, 1972

Edmund J. Croce, M.D. Dr. Ed Croce was an influential member of the WDMS at this time. He was a general surgeon who had one of the largest practices in the region. He had been an outstanding student at North High School in Worcester, and at Holy Cross College, to which he'd commuted on foot. After graduating from Harvard Medical School cum laude, he interned at Worcester City Hospital. He received his surgical training there and at Boston City Hospital, and practiced at the Worcester City Hospital for the rest of his career.

Dr. Croce thrived on work. For several years in the 1960s I was a jogger, and felt like a hero for leaving the house at 6:15 a.m., often in the dark or as the sun was just rising. Almost always I'd encounter Dr. Croce leaving his house, impeccably dressed, on his way to see his patients at City Hospital before starting a back-breaking operating schedule. I never saw him return at night; I suppose I'd already gone to bed. Quantity never compromised the quality of his surgery. His knowledge, judgment and skill always kept him in the front rank of his profession. Dr. Frank Carr wrote in Dr. Croce's obituary in the WMN in 1982:

> "Complete devotion to his patients and to City Hospital often kept the surgery on three shifts. He was the only doctor I know who made rounds on his patients three times a day, often leaving a trail of exhausted interns and residents in his wake."

He served as chief of surgery and president of the medical staff at the Worcester City Hospital, and was a trustee of that institution. He was also on the board of trustees at Holy Cross College and at the

University of Massachusetts. As we have seen, he held this last position at the time of the selection of Worcester as the site of the medical school.

Dr. Croce was president of the WDMS in 1968-1969. Many articles and editorials in the WMN testify to his interest in medical education, and in organized medicine.

CHAPTER 7

THE WORCESTER MEDICAL LIBRARY

The Worcester Medical Library had been founded in 1798, and had survived moves from building to building, and through periods of neglect, to become a prominent aspect of the WDMS. It had become incorporated as a separate legal entity on December 12, 1934, but all the regular members of the WDMS were also voting members in good standing of the WML, Inc.. The members' privileges included the right of attendance at the annual meetings, the right to vote at meetings, the right to demand a special meeting (this required 20 members' written request) and "the use of the educational materials of the Corporation, subject to the current library rules." The officers of the WML (president, vice-president, secretary, and treasurer) are identical to those of the WDMS. They and nine elected trustees make up the board of trustees, which has all the powers which the corporation itself possesses.

At the April 1960 regular meeting of the WDMS, it was voted to increase the dues to $25 annually. There was no important dissension to this move, because national currency inflation was affecting the price of everything. The salary of the secretary of the WML, Mrs. Patterson, was increased by $250 a year, from $2,340 to $2,590, and an assistant secretary was taken on at $2,500 annually. In addition, part-time help had cost $1,750 in 1960. The WDMS had to donate an additional $3,000 to cover salary costs that year. The library hired all employees and nominally paid all salaries, and the employees served the library, the society, and the WMN. The WDMS had donated six-sevenths (for some reason fractions were always used in this regard by the society) of the dues to pay for the salaries. When the dues were raised in 1960, it was also voted to contribute ten-elevenths to the WML.

Mrs. Charlotte Barnes Patterson, a native of Ware, Massachusetts, grew up in Worcester, where she attended Classical High School, and

took courses at Simmons College in Boston, in library science. She had worked for the Worcester Free Public Library until 1928, when she resigned to marry. In 1953, with her family grown, she entered the employ of the WML, where this gracious lady served effectively and cheerfully as the full-time secretary to the WML until her retirement in 1968. Her assistant, Miss Mary L. Jones, succeeded to the position of secretary at that time. Miss Jones was the all-purpose office clerk until 1973, when she in turn retired.

At the October 1967 meeting of the WML, Dr. Sanfrey Lilyestrom, chairman of the board of trustees, reported that the trustees had been conferring with Dean Soutter on the subject of amalgamation of the WML with the University of Massachusetts Medical School Library, possibly with an arrangement similar to that of the Boston Medical Library and the Harvard Medical School Library. These had recently formed a common board of directors, but with separate boards of trustees, and the volumes of each library were intershelved in the Countway Library building on the Harvard medical campus. The members of the WML (in effect, the members of the WDMS) approved further deliberation between the library and the medical school, and encouraged a mutually beneficial union of some sort.

The University of Massachusetts Medical School had acquired 25,000 volumes of medical literature from the Pittsburgh Academy of Medicine and an additional 5,000 volumes from an unnamed different source. Dean Soutter expressed the hope that a combined WML - UMass library could be housed in the medical school building which was being planned.

Many meetings involving much discussion were held between the WML's board and Dean Soutter, representing the medical school, concerning the coming together of the libraries of the two institutions. It seemed generally accepted that such a union would take place, and that the society would sell the building at 57 Cedar Street, which was then costing between $20,000 and $22,000 annually to maintain. This was felt to be so certain that in late 1970 plans were made to house the library in the Bureau of Medical Economics if the medical library building were to be sold, pending the permanent move to the University

of Massachusetts building. Indeed, this arrangement was voted upon favorably by the society, despite the declaration of the chairman of the board of the WML that no decision to sell the building had been made and would not be made until the need arose.

A "Participation Agreement" was finally signed by the WML and the University of Massachusetts Medical School in October 1974, "with the objective of having unified and comprehensive library facilities for the benefit of the entire Worcester area medical community." Under the agreement's provisions, the school agreed to provide the facilities without charge to the WML to house the collection, and also to give the WML and the WDMS a minimum of 500 square feet of office space for administrative functions. The WML Board of Trustees would continue its composition and functions unchanged. A separate Rare Books Room would be maintained, with books from both parties. Although the volumes would be intershelved, all WML books would be labeled as such. Most importantly, WML and WDMS members "will be granted each and every privilege granted to any member of the student body or faculty of the Medical School with respect to the use of the library and materials therein."

CHAPTER 8

SOCIALIZED MEDICINE: TWO

The defeat of the Forand Bill had left the problem of health care for the elderly unsolved, and the WDMS and all of organized medicine soon had similar problems with which to contend. The King-Anderson Bill was introduced into the United States Congress; it proposed to pay all doctors, hospitals, and nursing homes for all persons age 65 or over, directly from federal funds. The bill was vigorously opposed by the WDMS. Considerable space was given to the issue in the WMN , and at almost every meeting of the WDMS something derogatory was said about the bill. Dr. Leonard W. Larson, president of the AMA, in an address to the House of Delegates on November 27, 1961, said, "We are engaged in a historic struggle to preserve our country's unique system of medical care and our stature as a profession. Both are seriously threatened by current proposals to incorporate health care benefits into the Social Security system." Dr. John B. Butts, a St. Vincent Hospital surgeon, who was a member of the AMA House of Delegates, functioned as the WDMS's watchdog over federal attempts to install socialized medicine. He reported on such activities regularly at society meetings and in the WMN.

An alternative to the King-Anderson Bill, the Kerr-Mills Act ("Medical Care for the Aged") was placed before the Congress. This would limit the covered population to the relatively indigent aged, and make payments via federal grants-in-aid to the individual states, which would administer the program. This was more palatable to the WDMS and the medical profession in general, and vastly preferable to the evil King-Anderson Bill. With the support of organized medicine it became law, and in Massachusetts came to be administered by the Department of Welfare .

The WDMS soon became unhappy again because they saw this last

administrative ruling as a corruption of the intent of the law, since it was carried out simply as an extension to current welfare practice. It thus limited choice of physicians to those participating in the welfare service, and was unfairly biased toward certain hospitals by requiring admission only to teaching hospitals unless the nearest one of these was more than 15 miles from the patient's home. This new status was far from permanent, however.

Social Security for Doctors. In mid-1964, the Ways and Means Committee reported a Social Security bill to the U.S. House of Representatives which would mandate the compulsory inclusion of physicians in the Social Security program. Dire predictions of mass retirements of older physicians and exacerbation of the doctor shortage were proffered by organized medicine, which, ironically, denied that a shortage existed only a year or two earlier. The bill was quickly passed, and the Senate shortly followed suit. There were no retirements, and most doctors in the WDMS seemed pleased with rejoining the mainstream of America.

Medicare and Medicaid. The passage of the Medicare Act in 1965, providing health care to persons age 65 or older, administered by the Social Security system, seemed to many members of the WDMS to threaten the very existence of the current health care delivery system by overpowering medical facilities and manpower. President Lyndon B. Johnson also signed into law the Medicaid program at the same time (Public Law 89-97 consisted of Title 18, Medicare, covering everyone age 65 or over, and Title 19, covering the medically indigent). Income standards for the latter were to be determined state by state. The federal government would pay half the cost of Medicaid and each state would pay the rest. The intent of the Medicaid law was to encourage the individual states to provide better health care to their indigent populations, and to remove the socially demeaning stigma, and sometimes medically inferior care, involved in being a "charity case."

The further threat posed by these aspects of the president's Great Society program, bone-chilling to organized medicine, was of the degree of control over practice that the government would exert, now that it

was paying the bills for a significant, and growing, segment of the population. The day of socialized medicine appeared to some members of the WDMS to have dawned.

Nationwide, doctors had an average of 16.7 percent Medicaid patients in their practices, a meaningless figure considering its being skewed by the 5 percent of physicians who saw over half of all such patients! Many of these were hard-working generalists in inner cities who were the only source of medical care available, but some were proprietors of lucrative "Medicaid mills," exploiting mass production methods of practice and providing multiple laboratory tests which were reimbursed generously.

Health Planning. The post-war economic boom continued into the 1960s, but at the cost of increasing inflation, and with some slowing or actual recession in specific areas. As the cost of health care increased both absolutely and relatively, it became clear that restraint in this field would become necessary, and that uncontrolled expansion of facilities with costly reduplications soon would no longer be affordable.

In November 1966, Public Law 89-749 was passed. This was known as the "Partnership in Health Law," and was concerned with comprehensive health planning. The purpose of the program was to supply federal funds to support the coordination of national, state, and local health resources, in order to provide high quality health care for all persons without interfering with established patterns of private practice. It would be administered through the Department of Health, Education, and Welfare. Under the provisions of the act each state would designate one state planning agency to administer its terms. In Massachusetts this agency was established within the Department of Administration and Finance; it was thought that this would be most effective since it was an interdepartmental agency. The state was to be divided into areas, each of which would have a regional advisory council, the majority of whose members must be consumers. In central Massachusetts, the area was roughly equivalent to Worcester County. Half of the funding would be raised from local public and private sector donations and the remainder derived from federal matching funds.

An important principle of financial disbursement was established

in Section 314D of the law, which eliminated categorical grants for this program and inaugurated the block grant system. Prior to this, federal aid had been awarded for categories of needs, e.g. tuberculosis, heart disease, venereal disease, etc., and rigidly limited to use in that category. With the block grant system, Congress recognized that problems differ from place to place, and flexibility in the use of federal monies is necessary to optimize their use in each state.

The Partnership in Health Law was seen by the WDMS to be a far reaching enterprise and one requiring considerable thought and action by the society. The Worcester Dental Society, of course, was equally concerned about the effects of this legislation; one of its members, Dr. Joseph M. Kelly, who specialized in oral surgery, wrote in the WMN that if our coordinated comprehensive health planning is not effective, "then the process of federal decentralization will stop and more centralized federal control of the entire health system will be the only alternative."

Even before the passage of the Partnership in Health legislation, approximately 20 hospitals in central Massachusetts had formed a Regional Hospital Planning Council. They saw their function as making policy in this area, and offering advice primarily to hospitals. The council was made up of a labor representative, a state senator, the executive director of Community Services of Greater Worcester, doctors, hospital trustees and administrators, and others. This organization was to fill a leadership role in health care facility planning in the Heart of the Commonwealth.

At the regular meeting of the WDMS in November 1967, a Regional Health Planning Committee was formed in order to involve doctors in the health care planning process. Dr. Richard J. Broggi was made chairman. Dr. Broggi was an ophthalmologist, well known for his surgical talents, who proved to be an excellent choice; he devoted considerable time to the problem and represented the society well in the various non-medical arenas where health care planning was discussed. This committee's first result was a resolution in January 1968 by the WDMS to seek representation on the area-wide planning agency.

In 1969 the Regional Hospital Planning Council approved a plan for implementing guidelines relevant to reviewing facilities (nursing

homes, extended care facilities, and rest homes, as well as hospitals), and their programs and activities as they related to each other. This was so highly regarded by the Comprehensive Health Planning Council that they made the Regional Hospital Planning Council its Health Care Facilities Planning Committee.

The policy of the WDMS toward regional health planning was to involve doctors, and especially its members, in the process as much as possible, and to encourage private donations to its funding. Echoing Dr. Kelly's warning mentioned above, the watchword was, "If we don't do it, they will." The topic was discussed at many regular meetings of the society in the late 1960s. The gradual socialization of medical practice was apparently becoming acceptable, although with reservations and reluctance.

CHAPTER 9

OLD BUSINESS AND NEW BUSINESS IN THE SIXTIES

The Worcester Medical News. In 1961, the WDMS was required, for the first time, to subsidize the WMN. The latter had been self-supporting, thanks to paid advertising (and, of course, the unpaid services of its editors and writers) for the previous 23 years of its existence, but now it had a deficit of $1,500. This, alas, was not its last year in red ink, and it became a custom for the WDMS to pick up the check for the annual shortfall. Later this was to be done by means of a loan from the WML which was not expected to be repaid.

Dr. Charles I. Brink, a Worcester internist who was a member of the Memorial Hospital staff, became editor of the WMN in the summer of 1966 and transformed it from a good county medical society journal to an outstanding one. It became a slick magazine of 32 pages, with an attractive illustration, often in color, on the cover, in place of the erstwhile announcements and advertisements, and with articles solicited from members and other qualified writers on historical, socioeconomic, and other areas of professional interest, while continuing to print a summary of the minutes of the WDMS's meetings and other society news. The regular meeting of October 1966, was entitled, "Salute to the Medical News," and marked the 25th anniversary of its incorporation. The speaker was the renowned Dr. Morris Fishbein, who had been the editor of the Journal of the American Medical Association for many years.

Despite the renaissance of the WMN, some society members, apparently motivated by fiscal concern, suggested its replacement by a newsletter, and a motion was even made at a regular meeting of the WDMS in December 1966 that the current policy of a quality magazine be put on probation for six months. Fortunately, this motion was tabled, and the WMN continued as a literary and communication success, if not

a financial one. An ad hoc committee was appointed "to study the status of the Worcester Medical News" with Dr. Bancroft C. Wheeler, a surgeon on the staff of the Memorial Hospital, as chairman; this committee recommended that the society continue to subsidize the WMN, and the members approved the report.

In October 1967, Dr. Leonard J. Morse assumed the editorship of the WMN. Dr. Morse was an internist, specializing in infectious diseases. He was interested in the history and traditions of the medical profession, and he embodied all the legendary qualities of a physician. Under his leadership the WMN was to continue to improve and reach the pinnacle of its success.

The editorial board was enlarged to 23 members, in addition to two contributing editors: Dr. Lamar Soutter, Dean of the UMass Medical School, and Hudson Hoagland, Ph.D., Sc.D., co-founder of the Worcester Foundation for Experimental Biology. At the end of Dr. Morse's first year as editor-in-chief the circulation was 2,500. Requests to reprint material were received from many distant parts of the country. The most successful campaign was the anti-smoking drive. Its slogan was, "The trouble with smoking is starting," emphasizing efforts in the schools to prevent the development of the habit. Books of matches were sent to all the medical societies and the 294 medical bulletins in the country; the matchbook cover featured the same grim skull and crossbones device which was on the official seal of the society. Requests for the matchbooks flooded in from all over the country.

The financial problems of the WMN unfortunately did not abate as its literary and news values increased. In 1969 each issue cost approximately $1,750 to produce and the total annually for nine issues was roughly $16,000. The WDMS paid the WMN $500 per issue, or $4,500 per year, and the Women's Auxiliary paid $225 annually for subscriptions for all its members. Subscriptions from nonmembers brought in $600 that year. Finally, advertising at $105 per page represented the remainder of the income; twelve full pages of ads per issue would balance the budget, but this goal was never realized.

At the October 1969 regular meeting of the WDMS it was voted to assess each member $15 to make up the shortfall for that year, and to increase the annual dues by $15 to continue to subsidize the publication

of the WMN in its current, high quality format.

Our colleagues, the chiropractors. After years of protesting the recognition of chiropractors, the medical profession was forced to accept their licensing as practitioners in Massachusetts by act of the Legislature in 1966. In December 1968, the U.S. Department of Health, Education, and Welfare, after detailed study, recommended that chiropractic treatment not be included in the Medicare program. Despite this, new legislation was proposed in Massachusetts in 1969 requiring chiropractors' reimbursement by Blue Shield and other agencies. This was discussed during the regular meeting of April 1969. President Croce announced to a stunned audience at that meeting that circular letters from the state Division of Industrial Accidents dated March 1965 and February 1968 confirmed the fact that the state paid higher fees to chiropractors than to physicians.

Emergency Medical Coverage. The WDMS undertook to solve the problem of emergency medical care for persons without their own personal physician by establishing a service called Emergency Medical Coverage, staffed by its members. Initially it was thought that volunteers would be used, but this transferred the profession's obligation to only a few persons, and proved to be impractical. All members of the society under the age of 55 were formed into a roster, with one person on call for 24 hours. Reassurance was sought and obtained that liability insurance carriers would cover members engaged in this activity, regardless of specialty. The object was not to provide definitive care, but to be available for advice, referral, or preferably, for personal care through a house call or office visit. The society took a boxed advertisement in the telephone directory, and prepared to transfer all calls, via the Medical Bureau, to the doctor on call. In October 1961 the initial report noted that in the first 104 days there were 261 calls.

The system proved to be successful for several years and was felt to be an important contribution to a favorable public image of the WDMS. There were well over 200 members eligible to participate and so each doctor was on call only once or twice a year.

By the middle 1960s, however, the society was becoming

disenchanted with Emergency Medical Coverage. The number of doctors who ordinarily made house calls was declining, and those who did not make house calls in the usual course of their own practices felt insecure and resentful when called on to do so. The emergency nature of the service was frequently abused, and the doctor on call was summoned for routine medical care that could easily be deferred for a day or two. The number of calls to Emergency Medical Coverage was declining, anyway, because the public was increasingly turning to the hospital emergency room for acute treatment.

The last straw was the problem of the Acme Telephone Answering Service, a private outfit, not connected to the WDMS. Acme also had an ad in the Worcester telephone directory offering emergency medical coverage, but on receiving such calls, routinely referred them to the Worcester Medical Bureau!

The President's Message in the October 1968 issue of the Worcester Medical News took notice of the changing role of the hospital emergency services. Dr. Croce wrote, "The current revolutionary expansion of the Emergency Ward services in most hospitals is an interesting reflection of the recent changes in medical practice on the one hand and the public demand for medical services on the other."

He pointed out that the various general hospitals felt an obligation to their community to offer emergency services. The public had been educated concerning the value of early care for injuries and illnesses, and the demand for emergency room facilities had increased. However, a significant percentage of visits to the ER proved to be minor or to have no emergency status. Over-utilization diluted personnel and facilities, and detracted from the medical care of genuine emergency cases. Physicians abused the facilities by using them for follow-up visits of nonemergency nature, and some even signed out to the ER when they were not available.

Despite what were seen as anomalies in the utilization of hospital emergency services, their use grew rapidly. The objections of society members to the WDMS Emergency Medical Coverage system proved to be legitimate as the public's use of the service declined. The roster was eventually discontinued, and was replaced by a physician referral

service for all medical care to members of the society on the basis of specialty, hospital affiliation, and location of office.

Practically all the doctors in the Worcester district were independent solo practitioners, and traditionally they were always on call. Some would sign out to an emergency room if they were away for an evening or even a whole weekend. For a vacation, each would have to scramble to get one or more colleagues to care for hospitalized patients and handle follow-ups and incoming calls. Few took long vacations for fear that their practice would disintegrate by the time they returned. The situation was unsatisfactory not only for the physician but also for the patients who required urgent or emergency services and were unable to contact their private physicians. The use of coverage groups became more widespread in an attempt to alleviate this situation. Two or three or four doctors, rarely more, would arrange to cover each other when one wanted to be away. They would, of course all have to be members of the same hospital staff. The makeup of such groups would frequently change, but some were surprisingly stable for years.

The Blood Program. The Worcester blood program, which had been developed with so much travail ("blood, sweat, toil and tears") proved to be as successful as it was hoped it would be. In 1966, 12,481 pints were drawn in the Worcester area, under the supervision of volunteer members of the WDMS. At about this time, however, the duty involved began to become onerous because of the large volume of blood donations and the fact that the roster could be prepared only one month in advance at a maximum. The latter came about owing to the frequent need to collect blood at the work site, and many times industrial plants were unable to schedule this activity further in the future. The society decided to make the roster inclusive of all its members, rather than just the volunteers, and this proved to be satisfactory. In the rare cases of defection, one of two retired physicians, Drs. Harry B. Goodspeed and George MacIver, usually volunteered to fill in, on little or no notice. In 1969, there were 13,093 pints collected.

The hospitals in the district all receive blood from the program. The blood bank is another success story in the history of the WDMS.

CHAPTER 10

THE WORCESTER DISTRICT MEDICAL SOCIETY AND PUBLIC HEALTH

The WDMS had assumed as part of its function the role of guardian of the public health and advisor to the people of the district on subjects related to sanitary and community-wide preventive measures. Advice concerning the water supply, the handling of milk, using the quarantine at home for certain infectious diseases, and many other measures had led to a decline in the mortality rate from epidemics in the past, even before the advent of curative antibiotics.

Tuberculosis. Early diagnosis and effective treatment by means of antibiotics and surgery also helped to prevent this infection, and the incidence of the disease steadily declined from about 70 new cases annually in Worcester in 1960 to about 40 new cases during 1966. The number of discharges from tuberculosis hospitals exceeded the number of admissions for the first time in 1964. Selected tuberculous patients began to be treated at home. The Rutland State Hospital was converted to an extended care facility for chronically ill patients. The census at the Worcester County Sanitorium dropped low enough so that in 1966 its name was changed to the Worcester County Hospital, and its conversion to other uses was publicly debated. Tuberculosis seemed finally to be coming under control.

Diabetes mellitus. The WDMS had a Diabetes Mellitus Committee, chaired by Dr. Harold MacGilpin, an internist who was a member of the staff of Memorial Hospital. Dr. MacGilpin had a special interest in this disease and accumulated a large experience in caring for diabetics. As part of a national program he and his committee carried out a screening

program annually during Diabetes Detection Week, usually in mid-November. During the 1966 program 12,000 urine testing packs were distributed, 4,455 were returned, and 140 positive tests were obtained in persons not previously known to be diabetic. Of these, two-thirds had postprandial blood sugar determinations, and 55 new diabetics were found in the Worcester district.

A member of the WDMS, Dr. Mary Shannon. personally donated $200 to the project for the 1968 drive, in which 60 new cases of diabetes were detected.

Project Papanicolaou. In 1965 the Worcester Obstetrics and Gynecology Society proposed to the WDMS Cancer Committee that a free Pap smear be made available for the women in the Worcester district, and the committee recommended the project to the WDMS. The society agreed to sponsor the undertaking, and donated some funds to cover the expense. The Pap smear involved aspiration of the vaginal pool via a pipette and rubber bulb, and the preparation of a stained smear for personal examination by one of several pathologists who volunteered their services.

The public response was amazing. Samples were collected on successive evenings at each of five local hospitals. At the end of the week, 3,164 adult women were examined. Two carcinomas in situ were discovered and treated. It was felt that two lives had been saved.

Drug Abuse. Alarm over the increasing use of marijuana and, to a lesser extent, of other drugs, by young people led to a crash educational project on the subject, recommended by the WDMS School Health Advisory Committee. The active members were Drs. A. Jane Fitzpatrick, Robert Cox, Bruce Brown, and Horatio Turner. Forty members of the society were contacted and invited to a meeting at the Medical Library Hall in February 1968, where the Worcester Police Department's expert on drug abuse presented the scope of the problem. Science teachers from local high schools became involved at another session two days later where a psychologist and an experimental biologist discussed the problem. Physicians were then assigned to give a 20 to 30 minute talk at all the high schools in Worcester, and to

present a film on drug abuse.

Dr. Fitzpatrick, a pediatrician on the staff of several Worcester hospitals, had always been interested in issues concerning public health measures for infants, children, and teen-agers. She stimulated the society's interest in the drug problem. In the late winter of 1969, during National Mental Health Week, the Women's Auxiliary of the WDMS sponsored a program on the role of the community hospital in the field of mental health; a part of the program was on drug abuse.

Editorials in the WMN as early as January and February, 1970, mentioned "a time of public furor" over the drug problem and called it "the scourge of the seventies." The author, probably Dr. Morse, wrote "The problem cannot be left only to federal and municipal narcotic officials, and social volunteers. It is urgent that the physician become involved."

Immunization. In January 1966, the statewide Measles Eradication Program was implemented with the support of the MMS and its component societies. The result was spectacular: in 1965 there were 19,512 cases in the state, in 1966 there were 853 cases, and in 1967 there were 420 cases -- a 97.6 percent reduction!

The Salk poliomyelitis vaccine had appeared in 1956. This was administered free of charge to all preschool youngsters and to all schoolchildren. The program was so successful locally that Worcester had the highest percentage in the nation of children under the age of seven immunized against polio. Dr. Robert Cox, a WDMS member, was a leader in this effort.

In 1963 the Sabin vaccine, an attenuated live poliomyelitis vaccine to be taken orally, became available. This was distributed by volunteer members of the WDMS and its Women's Auxiliary to citizens of all ages on several Sundays in the Worcester schools. What was thought to be a nominal charge of 25 cents was made for each dose to cover the cost of the vaccine.

THE SEVENTIES

THE WAY WE WERE

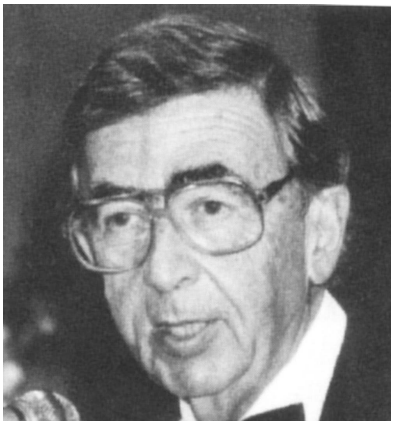
11. The Scholarship Committee
12. The School and the Society in the 1970s
13. The Structure of the Society
14. Singing the Blues
15. The WMN in the 1970s
16. PSROs, EMS NHI, HMOs, etc.
17. The Malpractice Problem
18. Other Issues

CHAPTER 11

THE SCHOLARSHIP COMMITTEE

In 1964, the WDMS found itself with the sum of $14,000 on its hands. To the society's embarrassment, this was the excess after paying for the Sabin polio vaccine used in the successful immunization campaign the previous year. It was felt that the money should somehow be returned to the citizens of Worcester. Accordingly, a Scholarship Committee was appointed with the object of recruiting "promising youth into the medical profession and related disciplines," with a fund set up from the polio vaccine profits.

Dr. Burte Guterman, a neuropsychiatrist on the staffs of the St. Vincent Hospital and City Hospital became its chairman. Dr. Guterman interpreted the EEGs (brain wave recordings) at several hospitals and had an EEG machine in his office for his extensive practice among persons with seizure disorders; he also carried on the practice of general psychiatry. Despite his extensive professional activity, he selflessly donated much of his time and energy to the scholarship project. The scholarship committee has been one of the most successful endeavors of the WDMS. Dr. Guterman continued to be its chairman for almost 30 years of the committee's existence.



Dr. Burte Guterman, 1993

In 1964, the fund was utilized to give $250 to be used toward the college tuition of each of two high school students who had outstanding

exhibits at the annual Kiwanis Science Fair. This was continued on an annual basis for a number of years. The young winners were always head table guests at the society's annual meeting.

With the establishment of the University of Massachusetts Medical School in Worcester, Dr. Guterman proposed partially underwriting the tuition of a student at this institution, and, if feasible, at other medical schools. This would represent an enormous leap in the Scholarship Committee's scope, but if enough money could be added to the scholarship fund, it would help promising students to enter the profession of medicine, and provide a more positive image of the members of the WDMS to the public. Donations were solicited from the members.

The size of the Scholarship Committee was increased, the monies it controlled were designated as the Worcester District Medical Society Scholarship Fund, and steps were taken legally to confirm that contributions would be tax deductible. By late 1969 the fund's capital was just under $10,000. A goal was set of ultimately having $100,000 in the fund. There was no timetable and it was presumed that this would take many years. A scholarship of $1,500 was committed to one of the members of the first class of the UMass Medical School, who would begin his (all incoming students happened to be male) studies in the fall of 1970. The initial $1,500 consisted of $500 interest from the fund and a $1,000 donation from the Worcester Medical Bureau. At about this time, Dean Soutter invited representation from the WDMS on the medical school's scholarship committee, and Drs. Guterman and James T. Brosnan were appointed to that body.

. By January 1973 the District Medical Society Scholarship Fund had reached about $25,000. The initial UMass recipient, Mr. Jonathan Rothman, continued to receive $1,500 annually for his four years in medical school. He proved to be an excellent investment, and eventually became a practicing psychiatrist in Worcester and a faculty member at his alma mater.

By the summer of 1975, the scholarship fund had reached $36,000. At the start of the academic year in September 1975, the committee, after much consultation with UMass officials, decided to convert to a

loan program through a local bank. Four loans of $1,000 were arranged to students in each of the four classes at the UMass Medical School. The scholarship fund was the collateral for the loan, and paid half the interest while the recipient paid the other half until he or she graduated, when the new doctor assumed all the responsibility for the loan. The accelerating inflation of the national economy made it desirable to increase the loans to a total of $8,000 annually in 1976. At this time it was also decided to extend loans to central Massachusetts residents in medical schools other than that of the University of Massachusetts. In 1978 a bylaw was proposed making the scholarship committee a standing committee of the society, with 13 members. This was so voted unanimously.

In 1978, the society accepted an offer of $50,000 for the sale of the Medical Bureau to Mr. Vance Blake, who had been overseeing its operations since its inception almost 20 years previously. All the money realized was given by the society to the scholarship fund.

By the end of the decade the fund exceeded its original goal, having reached $118,000. There were 252 individuals and groups who contributed, practically all of whom were members of the WDMS. A total of $50,000 in loans had been made in the previous five years. Repayments were no problem.

CHAPTER 12

THE SCHOOL AND THE SOCIETY

While construction of the medical school building was in progress, Dean Soutter proposed building a hospital connected to the school edifice. During the planning of the school in the 1960s, at one stage it was thought that the existing hospitals in Worcester would furnish the patients required for bedside teaching. Gradually this idea was superseded by the concept that a university hospital was needed. This aroused some controversy. A segment of the WDMS felt that a new teaching hospital would not be necessary, and represented a threat to private doctors' hospital practices. The state government was undecided, and prompt support was not initially forthcoming. The reality of the situation finally impressed itself on the local profession; at the regular meeting of the WDMS in March 1972 the society voted to support a new university hospital.

In addition, the WDMS voted to encourage the concept that the school be required to pursue a "certificate of need" through the B agency. The state of Massachusetts required a certificate of need for all large-scale construction for health care purposes. There were two bodies involved: the A agency, which functioned at the state level, and the B agency, which worked at the local level. The latter was the Comprehensive Health Planning Council which had been set up by federal legislation in 1965. Its purview was Worcester County. There were 50 members on its board of directors, only two of whom were physicians. Apparently no problems were encountered, because construction of the hospital began in April 1972, at which time the medical school building was half finished.

The second class expanded to 24 students (from 16), and nine were women. The third class attracted 728 Massachusetts applicants; seven women and 14 men made up this class of '76. The aim was to accept 100

students annually when the building was completed and the faculty was in place. Its potential capacity was actually 150 students in each class.

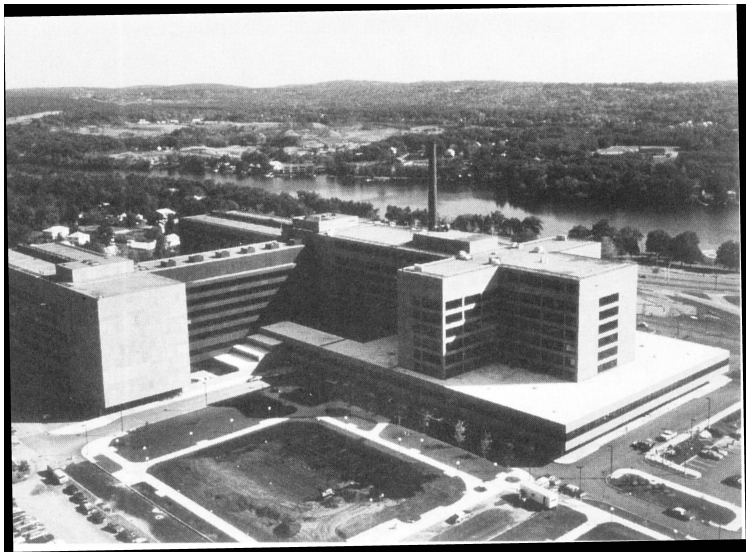
Relations between the school and the WDMS were generally cordial, thanks largely to the Department of Community Medicine programs, and to the tact of Dean Soutter, who maintained an interest in the practice of medicine in the community. At the November 1972 regular meeting of the WDMS, the chairman of the Department of Medicine of the UMass Medical School, Dr. Roger B. Hickler, and the chairman of the Department of Surgery, Dr. H. Brownell Wheeler, spoke concerning the relations between the school and the practicing physicians in the district. Dr. Hickler told the society that the faculty in his department consisted of 24 hospital-based, full-time doctors and 37 physicians practicing in the community. Other contacts with the local doctors were through the residency programs in Worcester hospitals, medical student teaching in most hospitals in the area, the shared medical library, continuing medical education programs for practitioners, service on and cooperation with the WDMS Education Committee, an inter-hospital Committee, and clinical research.

Dr. Wheeler had joined the staff of the Saint Vincent Hospital while awaiting the first class in the school and became known to a significant segment of the profession in Worcester. He envisioned widespread use of the university hospital by doctors from the staffs of other nearby hospitals. He pointed out that the original organization of several departments was being done by longtime WDMS members: Dr. John A. Duggan in pediatrics, Dr. Edward Mason in psychiatry, and Drs. Edward Kilroy and Murray Janower in radiology. Dr. Wheeler predicted that Worcester would become a major medical center, as a result of the school and the members of the medical society working together.

The initial class of the UMass Medical School graduated in 1974, and that fall the school left the Shaw Building and moved into the newly finished medical school building. The hospital was still under construction. Dean Soutter graciously donated the use of the Shaw Building to the City of Worcester Department of Public Health and to the Worcester Chapter of the American Red Cross. The state retained

ownership of the structure. The entire Health Department offices and laboratories, with a staff of about 140 persons, gratefully moved in. When the Red Cross relocated in the Shaw Building, it tripled the productive capacity of its central Massachusetts blood bank program, and assumed new functions for the entire state, including radioimmunoassay for hepatitis associated antigen, separation of blood components, preparation of blood-grouping antigens, and isolating special biologicals.

Many members of the WDMS watched the opening of the hospital with some trepidation. In the spring of 1975 a ten-bed emergency ward and several out-patient clinics were opened; this was clearly not a tertiary care facility, as had been promised. It seemed to threaten private practice, but to what extent was impossible to predict. Shortly afterward a floor of 58 beds was activated, and the first patients were admitted.



University of Massachusetts Medical Center, 1984

The agreement to combine the WML with the UMass Medical School Library also contained the offer of a room, rent free, in the school building, for the use of the WDMS. It was generally believed that this was an invitation to locate the society's headquarters there. An ad hoc committee to study this possibility was created, with Dr. Philip

Burke as chairman. The committee reported at the regular meeting of March 1978, and recommended that the society accept the offer. They had inspected several potential rooms in the building, and the committee and the school agreed on Room L1-6.

The recommendation was not rubber-stamped by the members. Considerable opposition surfaced, and emotional statements were made on both sides of the question. It was decided to defer action at least until the next meeting.

In 1974, Dean Soutter was made chancellor for the medical school, and in 1975, with the school running smoothly, the UMass Hospital open and relations with the community and the WDMS in satisfactory condition, he retired.

Dean Soutter was succeeded as chancellor and dean by Dr. Roger Bulger, a 42-year-old specialist in infectious diseases, with a particular interest in public policy related to health and medicine. A Harvard college and medical school alumnus, he took most of his graduate training in the state of Washington, interrupted by a year's residency at Boston University Hospital. Prior to coming to UMass he had been executive officer of the Institute of Medicine, National Academy of Sciences, in Washington, D.C.. Dr. Bulger proved to be quite friendly to the WDMS and was a member during his stay in this area. In 1978 he left Worcester to become president of the University of Texas Health Service Center in Houston.

H. Maurice Goodman, PhD, served as acting chancellor and dean for a year after Dr. Bulger left. He had come to UMass in 1970, from the Harvard Medical School, to found the department of physiology, and has been professor and chairman of the department ever since. Although Dr. Goodman is an outstanding administrator who has filled several deanships at UMass, teaching and research remain his first love. Evidence of the latter lies in the 138 original publications in the scientific literature and almost 100 published abstracts.

Thanks to Dr. Goodman's interregnum, the search committee for a new dean felt no pressure to rush a decision, and carried out a thorough nationwide search. They came up with a gem.

Robert E. Tranquada, M.D. was a native Californian. His medical

education and graduate training was at Stanford, U.C.L.A., and U.S.C.. He was a specialist in diabetes and metabolic diseases. Dr. Tranquada was professor of medicine and vice-chairman of the department at U.C.L.A. when he was asked to become dean and chancellor at UMass in 1979. He immediately joined the WDMS, and in 1983 was elected a councilor to the MMS. Bob Tranquada was tall, tweedy, and charming. His laid-back California style proved to be remarkably effective in New England and he provided real leadership to the medical school as it was developing into a first class institution.

THE SEVENTIES

CHAPTER 13

THE STRUCTURE OF THE SOCIETY

The bylaws published in 1962 specified that the regular meetings of the WDMS should be held on the second Wednesday of October, November, January, March and April of each year, and the annual meeting between April 15 and May 15. Thirty-five members constituted a quorum. All expenditures of more than $200 and all salaries were to be voted on by the members. An executive committee existed to conduct emergency or interim business; this consisted of the officers (the president, president- elect, secretary, and treasurer) and the executive councilor. There were seven standing committees (Finance, Nominating, Legislative, Public Relations, Memorials, Auditing, and Bylaws) and a Board of Censors and a Board of Membership. There were usually several ad hoc committees at any time, and these and the standing committees did most of the work of the society.

The presidency was beginning to be more and more burdensome to each succeeding incumbent, and Miss Jones, even with various part-time helpers and volunteers, no longer could handle the burgeoning load of paperwork that the affairs of the society demanded, carry out the business of the WML and the WMN, and the secretarial chores associated with maintaining the headquarters on Cedar Street. Clearly, significant changes in its structure would be necessary as the WDMS entered the 1970s.

In October 1970, an ad hoc committee was appointed by President Robert Johnson to streamline the executive functions of the society. This committee on reorganization of the district medical society office reported at the regular meeting of January 1971. At its initial meeting the committee (Drs. Sanfrey Lilyestrom, Harold Constantian, Donald Hight, Elwood Horne, Edmund Croce, and Richard E. Hunter, chairman) agreed that the basic issue was whether the society should

have an executive secretary, and what the functions of this position should be. They strongly favored the creation of such a position, and also recommended that an assistant be employed "to perform the clerical work." Invitations to house the society's headquarters in the Bureau of Medical Economics, and in the UMass Medical School building (yet to be built), had been considered, and the committee recommended the latter.

This last proposal inspired considerable debate. Many members felt that moving to the medical school building would threaten the image and even the autonomy of the WDMS, and, furthermore, the location was relatively inaccessible. Those in favor of such a move pointed out that the rent was free, there would be conference rooms which could be used for committee meetings, kitchen facilities could handle dinner meetings, and a large auditorium would be available. When put in the form of a motion before the society, the members voted 74 to 34 "to move Society headquarters to the University of Massachusetts Medical School." This, of course, led to no action, since there was no place to which to move. The concept of an executive secretary aroused no opposition and was voted on favorably.

The reorganization committee's work was barely begun. Numerous meetings were held to devise a method of paying for an executive secretary and his assistant. (The language used in referring to the job seemed to assume that a male would fill the position.) The executive committee was involved in these discussions, and the trustees of the WML provided considerable input. It was finally agreed to recommend that the executive secretary's salary would be paid by the library, and the mechanism would be the same as that which had heretofore been used to pay Miss Jones and her part-time secretarial staff. Since the work included the WML, that organization contributed part of the salary (a considerable part) which it donated to the WDMS, which actually wrote the salary checks.

There was a multitude of applicants for the position of executive secretary. Numerous interviews were required to be held by the members of the reorganization committee during all of 1972 and early 1973. At last one person emerged as the outstanding candidate, and the job was offered to her, Mrs. Joyce S. Forbes. Mrs. Forbes was employed

by the Burbank Hospital at this time as executive secretary to the medical staff and medical library administrator. She had been educated at the Hickock Secretarial School in Boston, the medical technology program at Northeastern University, and Bob Jones University in South Carolina. She proved to be an excellent choice; she was bright, forceful, responsible, eager to assume initiative, and a pleasant person with whom to work. Her official title was "Medical Librarian and Executive Secretary of the WDMS." Her duties were described as "managing the business of the Society, keeping and maintaining financial and membership records, attending all meetings of the Society, from time to time assisting the Society's Public Information Committee, maintaining liaison with the state medical society, assisting the Treasurer in his duties, being responsible for the efficient operation of the administrative office of the Society, assisting the Society's Publications Committee, assisting and keeping the President informed of the activities of the committees within the Society, performing the 'leg-work' necessary in the preparation of the Society's monthly meeting and scientific meetings, and providing a continuity from one administration to the next." This job description, from the final report of the committee on reorganization, failed to mention the considerable labor involved in "assisting the Society's Publications Committee" by helping to get out six editions of the WMN annually. Mrs. Forbes assumed her duties on April 1.1973. Miss Jones, who was eager to retire after twelve years with the society, was persuaded to stay on until July 1, 1973. Mrs. Charlotte Wilder was hired in 1975 to be Mrs. Forbes' clerical assistant on a full-time basis.

The society's fiscal year was from April through March, but it was decided to change this to coincide with the calendar year. Accordingly the fiscal year of 1975 ran from April 1 through December 31, and the new system started on January 1, 1976. At this time an auditing firm was retained "to review the yearly accounts."

The final major improvement in the society's structure was a change in the executive committee. This committee had not been very active in the 1960s, and as it became more so its membership was supplemented by the addition of the five immediate past presidents. The increasing activity of the society was requiring urgent decisions far more often than could be made in five regular meetings a year, and the

president and executive committee were called on more and more frequently to make these decisions. President Lester Felton requested the bylaws committee (whose chairman was Dr. Robert Phaneuf, a master at drafting precise bylaws) to expand the executive committee in order to conduct the business of the society more efficiently and representatively. The new executive committee would include the officers, the five past presidents, and ten additional members appointed by the president. This was approved by the society at the regular meeting of November 1977.

The first expanded executive committee consisted of President Felton, who was chairman ex officio; the president-elect, Dr. Leonard Morse; the secretary, Dr. Edmond M. Koury; the treasurer, Dr. Arthur Ward; the five immediate past presidents, Drs. Mayo, Butler, Kilroy, Manning, and Dufault; plus Dr. Bachrach, editor of the WMN; Dr., Marvin Baum; Dr. Nathan Cohen; Dr. Walter Crosby; Dr. Hugh S. Fulmer, head of the Department of Community Medicine at the UMass Medical School; Dr. Elwood Horne; Dr. Harold MacGilpin, executive councilor to the MMS; Dr. John Massarelli; Dr. Robert Phaneuf, who chaired the bylaws committee; Dr. Jacob Spungin, the first Doctor of Osteopathy in the WDMS; and Dr. Paul Steen.

After four years of service to the WDMS, Mrs. Forbes resigned because of personal reasons. At the regular meeting of October 1977, it was announced that Mrs. Charlotte Wilder was appointed the new executive secretary. Mrs. Wilder was an alumna of Tufts University, and the mother of seven children. When her children started to grow up, she came to work at the WDMS as clerical assistant to the first executive secretary, Mrs. Joyce Forbes, whom she succeeded. She soon proved to be invaluable, providing administrative support for the president, the chairman of the board of the WML, chairmen of all the society's committees, and serving as executive secretary of the WMN. In addition she handled many of the 2,000 telephone calls to the society annually, helped plan society meetings, and even developed a placement service for the staffs of the doctors' offices.

The society's public relations committee sponsored local radio programs off and on, varying from weekly to monthly broadcasts. The

original format was a talk by a WDMS member about a common disease or condition, but later on, call-in questions were more popular. Mrs. Wilder coordinated these programs.

As the 1970s drew to a close, President MacGilpin surveyed the 21 district medical societies of the MMS, in order to see how the WDMS stood in comparison with her sister societies.

The WDMS was one of the largest societies, being one of six with more than 500 members. It was one of only three which had a full-time executive-secretary. The number of regular meetings and their format were similar to those of the majority of other district societies. Attendance at meetings throughout the state averaged about one-third of the membership; the WDMS was on the low side in this respect. The district presidents agreed that apathy among members was a major problem, but that the representatives to the MMS (the councilors) reflected the ideas and opinions of the members of each district society.

Interestingly, the district presidents agreed that attendance at meetings was increased by having dinner meetings, where "a good meal was served." Most members of the WDMS seemed to feel that at least the dinners were edible and reasonably filling, but they really didn't give much thought to the issue. In the WMN of May-June 1979, there appeared a letter from a member of the auxiliary, Mrs. Joan R. Schultz, in which she complained of the dinner at the annual meeting. She noted that the chicken breast was highly salted, and that all three vegetables served were starches: butternut squash, rice, and lima beans. This was certainly a valid criticism. Upon reflection, the society's meals were unappetizing, unattractive, and unhealthy. No noticeable action resulted. Attendance at meetings continued to be low.

A Note on Inflation... The cost of belonging to the WDMS rose precipitously during the 1970s, in keeping with the national trend to inflation. The dues were raised to $60 per year at the October 1974 meeting, and to $85 at the November 1975 meeting. When the decade ended, they were set at $200 annually (at the regular meeting of November 1979)!

In May 1969 the WMN had been indignant that the price of

gasoline went up to 39.9 cents per gallon.

In November 1970 school doctors in the Worcester public school system were paid $15 per hour.

...*And One on the City*. In 1972 Worcester celebrated the 250th anniversary of its having been established as a town by the General Court. Its population was 177,000, making it the second largest city in New England, with only Boston having more people.

CHAPTER 14

SINGING THE BLUES

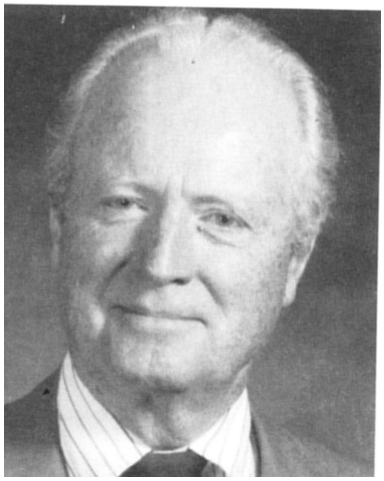
Physicians had helped set up the Blue Cross/Blue Shield plans in 1941, and, indeed, their contribution was publicly perceived to be the major influence in shaping the plans. In addition, their subsidization of Blue Shield by accepting a lower fee schedule for persons and families below a certain income level had helped Blue Shield become a financial success; although it was a non-profit organization it was able to accumulate a substantial cash reserve.

The Blues issued two types of contracts. Plan A provided "service benefits," and was for those individuals and families whose income was below a specified amount. Participating physicians (most, if not practically all, doctors in the state) accepted the Blue Shield reimbursement as payment in full. Plan B, with higher premiums, paid a higher fee schedule, and for patients above a predetermined annual income the physician was allowed to bill the patient for the balance between his fee and the Blue Shield payment. Unfortunately, Blue Shield never updated the doctor's fee schedule in spite of the national trend to considerable inflation at this time. The poverty income level for families eligible for the service benefit, however, was readjusted periodically to account for the effect of inflation. This meant that doctors' fees were plummeting. The local welfare agencies generally adopted the Blue Shield fee schedule and poverty level.

The advent of Medicaid had promised to change this arrangement, since the federal government would now pay for part of the cost of medical care of the indigent, thus eliminating the need for Plan A contracts. In Massachusetts, however, the Welfare Department assumed charge of running the Medicaid program, and, in effect, nothing was changed. The MMS had met with Blue Shield officials and Public Welfare commissioners in an effort to encourage compliance with the

intent of the law. Promises were made; nothing was done. Much discussion was carried out in WDMS meetings, many words on the subject appeared in the WMN, and hours of hospital corridor conversations were consumed by the subject. There were threats that most members would not participate in the program as it was being administered in Massachusetts. Doctors felt that they were being taxed doubly, by being made to underwrite part of the Medicaid program via inadequate fees despite the promises made that Title 19 would provide all citizens with a common high level of medical care, regardless of ability to pay, and also by their income taxes which supported the program in common with all U. S. citizens. At least several other states were providing "usual and customary" fees, and some private insurance companies were supporting this concept.

Dr. George R. Dunlop, a distinguished surgeon on the staff of Memorial Hospital, and a former president of the WDMS, was at this time president of the Massachusetts Blue Shield. He advocated the usual and customary fee concept, and saw progress, albeit slow, in that direction. At the regular meeting of the WDMS in October 1967, he reported that Medicaid, at some future time, would utilize Blue Shield fees, and that the subject would be considered in 1968.


Dr. George Dunlop, 1972

In 1968, a new Blue Shield contract was devised, the Master Medical Plan. This eliminated differences based on subscribers' income and provided for payment of 95 percent of each doctor's usual and customary fee, with the idea that the other 5 percent would help pay for Blue Shield's administrative costs. There would be no balance billing, so that participating physicians had to accept the Blue Shield payment.

Most doctors in Massachusetts perceived that they had less and less

to say in the Blues' policy making, and felt a heightening frustration in their inability to correct what were seen as inequities in the system. In fact, however, in the early 1960s the executive board of Blue Shield consisted of eleven laymen and ten physicians who were elected by the executive councilors of the MMS. The Central Professional Services Committee of Blue Shield was made up of six physicians and one layman. This was considered to be a powerful committee because it adjudicated fee complaints and appeals. Despite this representation, the average doctor still felt that he had little influence on Blue Shield.

The so-called "lock-in" provision of most Blue Shield contracts seemed manifestly unfair in the eyes of the doctors of Massachusetts. This stipulated that reimbursable services must be provided only by a participating physician, i.e. one who has signed an agreement to accept the Blue Shield fee schedule. A non-participating physician could not be paid any fee at all, and his patient, although covered by Blue Shield, could not be reimbursed to any degree by the plan. In other words, subscribers were insured only for services rendered by actively participating physicians. Any doctor who chose to terminate his or her participating physician's agreement would not receive any payment from the plan. Because so great a percentage of the state's population subscribed to the plan, practicing doctors were in effect locked into participating in the Blue Shield contract.

Beginning in 1968, each participating physician had his or her own payment profile. This was based on his or her "usual and customary" fee for a given service, i.e. what that doctor charged non-Blue Shield subscribers as well as those insured by the Blues. This fee had to be within what 90 percent of other doctors in the same specialty charged for the service. If the fee met these two criteria -- usual or customary, and up the 90th percentile -- then the doctor was paid 95 percent of that figure, and not allowed to bill the subscriber for more than the amount paid. Profiles were to be changed annually, but in practice this was not done by Blue Shield because of the forbidding amount of paperwork involved. This failure to update profiles was especially burdensome to the profession in those days of rapidly spiraling inflation. Furthermore, a new doctor just entering practice could set his personal fee schedule up to the 90th percentile of what all doctors charged, and, because he or

she had not built up a history of fees, his or her profile would be set at those figures. Every clever new doctor was being paid more than practically all his older, more experienced colleagues.

Another problem arose concerning fees when Blue Shield set up two standards for fees: one for doctors practicing in the Boston metropolitan area and one for those in the rest of the state. The latter fees were lower. As might be predicted, the members of the WDMS did not warmly welcome this system. In 1975, two more nettles were added to the list. On its statement of payments sent to patients, Blue Shield included the percentage of the doctor's fee that it paid. This was phrased so that it could easily be construed as saying that the doctor had tried to overcharge for his services, but that Blue Shield had corrected this. Patients, indeed, did complain to their doctors about the original charges, which, of course, were never paid. Finally, Blue Shield took out large advertisements in newspapers throughout the state implying that doctors hospitalized patients unnecessarily, and kept them in the hospital longer than required, for mercenary reasons.

The split between the doctors and what had been called "the doctors' plan" became complete in 1979, with the passage of Senate Bill 1873, ending the statutory relation between Blue Shield and the MMS because of federal and state concerns about conflict of interest on the part of the medical society. Also in 1979 the MMS filed suit against Blue Shield, challenging the fairness of the participating physician's agreement. A prolonged legal battle was obviously in store. Every member of the MMS would be assessed $25 annually for legal expenses until the issue was resolved. The original lawyers were unsatisfactory, and were replaced by a second prestigious Boston firm. Before the suit was finished, the MMS paid enormous legal bills, rumored to be in the vicinity of $2,000,000.

CHAPTER 15

THE WORCESTER MEDICAL NEWS IN THE 70'S

Dr. Leonard Morse served brilliantly as editor of the WMN for four years. During that time he incrementally added to the editorial board so that the issue of May 1971, his last as editor-in-chief, listed 31 names on the board, including those of a production editor, and the secretary, Miss Mary C. Jones, who was also secretary of the WML. Dr. Morse was responsible for many controversial editorials and articles, letters in response to these from an audience wider than it was suspected the WMN had, and attractive front cover illustrations. (One of these last was a Valentine made up of a culture of the red-pigmented bacterium, Serratia marcescens, in the shape of a heart on a gray agar plate background, for the issue of February 1971). As we have read, in 1969 the WMN had conducted an anti-smoking campaign by distributing matchbooks throughout the country with the frightening skull and crossbones of the original seal of the society, and bearing the legend "The Trouble With Smoking Is Starting." This elicited a tremendous public response as judged by letters to the WMN and requests for the matchbooks.

In his last report to the WDMS, in May, 1971, Dr. Morse announced that he would step down as editor in the near future. The September 1971 issue listed two editors , Drs. Morse and John J. Massarelli. Both names continued to share the masthead until the issue of March-April 1973.

There had been nine issues per year of the WMN (monthly except for the summer months) until November 1971, when the publication schedule was changed to six numbers annually, one regularly every two months. The issue of March-April 1972 was an especially well done and important one, entirely devoted to "Socioeconomic Issues in Contemporary Medicine." This reflected the changing social attitudes

toward the delivery of health care and innovations in its financing. There were a number of letters to the editor following its publication. The ideas of national health insurance, peer review, health maintenance organizations (HMOs), and health planning were brought into the public forum, where they were to remain.

In the July-August 1972 issue of the WMN there was no Dental Section. A brief letter appeared in the September-October 1972 issue from the secretary of the Worcester District Dental Society stating that it had been "voted that the Worcester District Dental Society withdraw from the Worcester Medical News." No reason was given.

This association of a medical society and a dental society in a single journal had been unique. It had lasted for 32 years, and has never been resumed. The section on dentistry had been sufficiently prestigious that its articles were listed in the Journal of the American Dental Association and in the Index of Dental Periodical Literature. Editors Massarelli and Morse immediately appointed Dr. H. Martin Deranian to the editorial board of the WMN. Dr. Deranian had been editor of the dental section (and a former president of the WDDS), and had contributed fascinating articles to the WMN, often on dental and medical history.

The March-April 1973 issue listed Drs. Massarelli and Samuel Bachrach as co-editors. Dr. Bachrach was a rheumatologist and geriatrician who was a member of the Memorial Hospital staff. He had been the book editor for the WMN, and was active in WDMS affairs, where his previous most impressive service was as chairman of the committee on chronic diseases. In the May-June issue of 1974, Dr. Bachrach became the editor-in-chief of the journal, a position he was to fill with distinction.

The persistent fiscal difficulties of the WMN, however, gradually intensified. Operating losses accelerated, owing to rapidly increasing printing and mailing costs, loss of the dental section, and failure to increase advertising revenue. The size of each issue was decreased to an average of 18 pages (from a previous 32) and in early 1974 it was necessary to combine two numbers in one, so that we had a single issue for November-December 1973 and January- February 1974, consisting of 20 pages. By October 1974 it was felt necessary for the WDMS to

appoint a committee to study the relations between the society and the WMN.

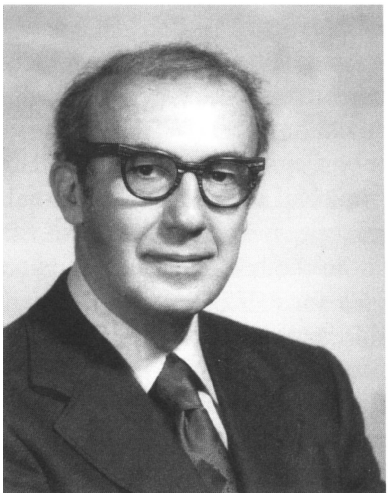
This committee reported at the next regular meeting. The society voted to dissolve the WMN corporation, but also voted that the WMN would continue to be the official publication of the WDMS under a new structure. Still another committee was created to study and make recommendations concerning future financial support of the journal. This committee recommended the assumption by the WDMS of the debts of the WMN Inc., to be paid within the next two years, and an allotment of $6,000 to cover expenses for 1975. President Kilroy requested a bylaws change that would create a standing committee, the publications committee, to be responsible for the WMN.

In spite of these fiscal burdens, the journal continued to maintain its high standards. Sandoz Pharmaceuticals presented the WMN its first prize in their category of medical journals nationally, which involved an award of $500.

On November 9, 1977, Dr. Bachrach submitted his resignation as editor of the WMN, but agreed to continue to serve until a replacement could be found. The Rev. Dr. Robert Bain assumed the position beginning with the issue of July-August 1981.

An annual formal meeting of the editorial board, society officers, the publications committee (which was chaired for years by Dr. David Spodick, the noted cardiologist), and invited guests was held every June at the Worcester Club, not far from downtown. A striking growth of wisteria framed the entrance of the building. On the afternoon of the 1974 meeting, a patient gave Dr. Bachrach a photograph of a garden in a park in Japan, filled with wisteria "brossoms" [sic], similar to those over the door of the Worcester Club. At Dr. Bachrach's suggestion the photograph was framed and made into an award, the Wisteria Award, to be presented annually to someone who'd contributed in an exceptional manner to the journal. Speakers at this annual meeting included members of the WDMS, a newspaper editor, a famous local author, the editor of the prestigious New England Journal of Medicine, and others interested in journalism and literature.

Samuel Bachrach, M.D. Dr. Bachrach was editor of the WMN from 1973 to 1981. He was a gentleman and such a gentle man that colleagues were amazed to hear that he'd been a heavyweight boxing champion in college, and had a distinguished military record in the U.S. Army Medical Corps during World War 2 (and remained active in the reserve for years afterward).


Dr. Samuel Bachrach, 1963

Sam went to Tufts Medical School, interned at the Rhode Island Hospital, and trained in internal medicine at the Worcester Memorial Hospital. He practiced as an internist with a special interest in rheumatology, and later in geriatrics. His accepting the position of editor-in-chief of the WMN undoubtedly derived from his love of literature. Sam was a founder of the Worcester County Poetry Association, and served on the Worcester Public Library board of trustees, eventually becoming president of the board. He was a strong civil rights proponent, and marched in Selma, Alabama, with the Rev. Martin Luther King Jr. in 1965. He was the founder and president of the Worcester Forum for the Study of Values, an organization devoted to study and discussion of medical ethics and social values.

Sam was a faithful member of the WDMS who devoted many hours to service as chairman of the committee on chronic disease. Sam was quietly effective at society meetings, where he brought a liberal, reasonable viewpoint that cooled down many a heated discussion. The WMN continued to maintain its standard of excellence during the eight years of Sam Bachrach's leadership.

CHAPTER 16

PSROs, EMS, NHI, and HMOs

The economic pressures which led to the initiation of community-wide health care planning measures in the 1960s became even more important to the medical profession during the 1970s. The rapidly rising cost of health care gave rise to more intense planning programs in the Worcester district in an attempt to correct the inefficiencies in the distribution of facilities. Overutilization of hospital beds, due to unnecessary admissions and prolonged length of stay, became a major point of attack in the attempt to cut costs. Utilization review committees were activated in hospitals. Gone were the halcyon days of going into the hospital for a rest, or for a shotgun diagnostic workup, or for a checkup.

In January 1975, the U.S. Congress replaced the Comprehensive Planning programs with the "Health Planning and Resources Development Act of 1974". Its aims were to be achieved in this area by the Central Massachusetts Health Systems Agency, funded by public money. The old Comprehensive Health Planning Committee assumed its function. Any citizen was eligible to become a voting member. Its 50-person board of directors, elected by the general membership, was required to include a wide spectrum of health care consumers and providers. Two members of the board would be physicians. The WDMS felt, and surely they were justified in feeling, that the medical profession was badly under-represented in the CMHSA. The society urged individual members and their spouses to become members of the CMHSA and to attend three meetings so that they would become eligible to vote for the members of its board.

The society nominated Drs. Paul Steen and Edward Kilroy for the CMHSA board of directors, but the organization supported their internally nominated physician representatives, and refused to allow

WDMS Auxiliary members to vote in the election of 1979. A legal opinion was obtained by the society, but this was made moot when the CMHSA postponed the election, pending bylaws changes. In 1980 the CMHSA replaced Dr. Steen on their board with a physician from the Worcester North District Medical Society via election under the new bylaws.

A stated objective of the CMHSA was to reduce pediatric hospital beds, and they formally advised closing the pediatric units at Memorial, Worcester City, and Holden Hospitals. The WDMS HSA Advisory Committee recommended that the society not support this advice. Other activities of the CMHSA were a review of the appropriateness of CT scan use, a study of psychiatric facilities, and limitation of obstetrical beds to three hospitals in the district.

During the 1970s the state of Massachusetts began to require a "certificate of need" for the building or expansion of health care facilities. National health insurance plans were debated. Federal legislation created Professional Services Review Organizations (PSROs). The Health Maintenance Organization (HMO) concept was born. The health care delivery system was in turmoil.

Dr. Edward Mason, a practicing psychiatrist in Worcester with a deep interest in the WDMS, and a member of the editorial board of the WMN, became acting chairman of the Department of Psychiatry at the new medical school in early 1972. He was at that time chairman of the recently formed Committee for the Study of Delivery of Medical Care. In this last capacity, at the regular meeting of the WDMS of April 1972, he requested that the society empower his committee to prepare a set of bylaws for a "medical foundation," a concept which was then beginning to be talked about in medical societies around the country. The foundation would be a corporation, separate from the WDMS but with all members of the society eligible to participate, for the purposes of ensuring equitable costs and fees for medical care, performing local peer review, negotiating contracts with third party payers, and similar functions. With an amendment for the committee to obtain legal advice, a motion supporting the idea was passed unanimously. The Central Massachusetts Health Care Foundation, Inc. came into being in 1973, and was incorporated legally as a nonprofit professional corporation in

March 1974, with Dr. James Cosgrove as president of the board of trustees.

The PSRO. Passed on the last day of the 1972 session of Congress, the Bennett Amendment (originally amendment no. 851 to HR 17550, the Social Security Amendments) was named for Representative Wallace F. Bennett, R, Utah; it provided for the creation of Professional Standards Review Organizations (PSROs) by January 1, 1974. Each PSRO was to be a nonprofit professional association made up of a substantial percentage of the physicians practicing in its area who would review all medical care services in hospitals and nursing homes reimbursed by Medicare, Medicaid, or the Maternal and Child Welfare programs. If any area failed to establish a PSRO, the secretary of Health, Education, and Welfare would designate one. Much was made of the claim that the purpose of PSROs was to ensure high quality professional services, but actually the government's thrust was on policing the medical necessity of the services received, with the eventual goal of cost containment. A significant number of failures to comply with locally set standards would exclude a doctor from Medicare and Medicaid, and even call for reimbursement by the doctor of the cost of unnecessary services. As the details of setting up a PSRO unfolded, Dr. Lewis J. Cataldo Jr. was asked by the WDMS to monitor developments in the field. He soon perceived that the society would have to act.

WDMS President John J. Manning appointed a committee to develop a PSRO in this region, and the Central Massachusetts Health Care Foundation (CMHCF) seemed to be a natural for this function. The foundation formulated a plan for submission to the Department of HEW requesting that it be named the PSRO for Area II (for purposes of the Bennett Amendment, all Massachusetts, like Gaul, was divided into three parts), which included the territory of the WDMS and the Worcester North Society. The board of trustees consisted of 22 members, of whom five were officers: a president, a vice president, a secretary, a treasurer, and an assistant treasurer.

The CMHCF became operative as a PSRO on June 1, 1976 on a conditional basis, at which time it consisted of over 500 members. The president was Edward Mason, M.D.; vice president, Lewis Cataldo,

M.D.; secretary, Richard Gifford, D.O. (the inclusion of osteopaths was mandated by law); treasurer, Charles Brink II M.D.; and assistant treasurer, George Ballantyne, M.D. Its Health Care Guidelines Committee, chaired by Stuart Jaffee, M.D., had established standards of care for those diagnoses for which 75 percent of patients are admitted to the hospital. A committee from each hospital, usually, if not always, a pre-existing peer review committee, would carry out the actual review, under the supervision of the CMHCF. It was hoped that any deficiencies that were uncovered could be corrected by educational measures, rather than through the severe federal penalties.

The foundation hired a full-time director, Mr. Richard W. Kaplan M.P.H., the son of longtime WDMS member, Dr. Daniel Kaplan.

On January 1, 1976, the CMHCF had been given the responsibility of reviewing all Blue Shield claims for which the question of medical necessity was raised. The required "conditional" status of the foundation was removed in late 1976, and it was awarded one of the first six ambulatory care demonstration contracts by the Bureau of Quality Assurance of the Department of HEW.

EMS. Another federal law that had an impact on the WDMS and its members was PL 93-154, the Emergency Medical Services System (EMSS) Act, passed in November 1973. Even prior to this, the society had been active in planning for emergency care through the Committee on Civil Defense and Disaster Planning, chaired by Dr. Edward Amaral, a young general surgeon on the Hahnemann Hospital staff. A good deal of Dr. Amaral's time and talent were devoted to this project. An inventory of existing resources was carried out in cooperation with several state agencies, communications needs were studied, ambulance regulations were devised, and hospitals categorized into (1) those with a comprehensive emergency department, (2) those with a routine emergency department, and (3) those with standby emergency service. A public education program on emergencies was planned, and training programs begun for emergency medical technicians.

In 1976 the Central Massachusetts Emergency Medical Services Corporation was formed. If we then had a crystal ball, we'd see that in the mid-1980s, using modified American College of Surgeons criteria,

the UMMC would be designated a Level i trauma center. Level ii centers would be Worcester City Hospital, Memorial, Hahnemann, Burbank Hospital in Fitchburg, and the St. Vincent Hospital. This last would also be named the neuro-trauma center, for brain and spinal cord injuries. Peering deeper into our crystal ball, we'd see that in 1990 the UMass Medical Center became "the regional resource trauma center", to provide total care of every serious trauma patient, and responsible for training all trauma personnel and for research in trauma medicine. The UMass Medical Center is the base for Life Flight, a helicopter ambulance service. St. Vincent Hospital became the Level ii trauma center, essentially an alternative or a backup for the Level i facility. Level iii centers were appropriate emergency rooms located greater than 20 minutes transport time from UMass or St. Vincent Hospital. The system is functioning well at this writing, but is still new and evolutionary changes are expected.

NHI. The scheduled time and place of the regular meeting of the WDMS for January 1973 was changed to accommodate an unexpected guest speaker, U.S. Senator Edward M. Kennedy, who would discuss national health insurance (NHI). The new venue, Bullock Hall at the State Mutual Building, had a large enough capacity to handle the anticipated audience. The annual oration, originally scheduled for January, was put off until the March meeting.

Sen. Edward Kennedy addresses the Society, January 1973

The large audience did indeed materialize. Senator Kennedy told the society's members and guests about the national health insurance bill on which he was then working. He addressed the problems of payment for insurance, special needs patients, and the efficiency and quality

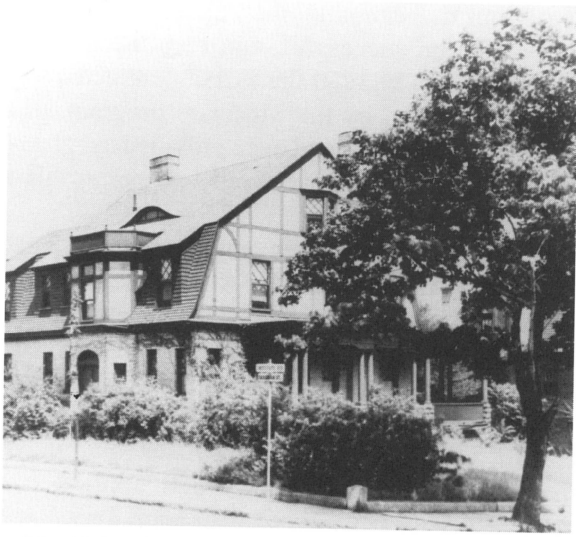
of health care. He felt that his "Health Security Act" could resolve these issues and preserve the traditional freedoms of physicians and patients.

His hearers were generally favorable to the speaker, but there were probing questions and comments afterward which bespoke a strong wave of hostility toward the proposed scheme. No one remarked on the irony of the setting (the senator and his audience were the guests of an insurance company) for a plan to clamp strong government controls on the entire health insurance industry. In a WMN editorial a spokesman for the AMA said that in his presentation in Worcester, "Senator Kennedy made a generalized remark that was a flagrant distortion of facts" when he accused the AMA of obstructionism in this field apparently because they did not support his revolutionary approach and instead proposed a gradual change built on the current insurance and health care systems.

The debate on health insurance has continued for years. (This is being written in August 1994, 21 years after his appearance in Worcester, and Senator Kennedy's picture is in today's newspaper with a story in which he blames "special interests" for not allowing his most recent NHI idea to be made into law). Ideas have incorporated various permutations and combinations of compulsory employee insurance, coverage limited to catastrophic illness, mandated expanded benefits, various capitation plans with and without co-payments, health care corporations or alliances, deductibles, premium subsidies, and replacement of private insurance companies by a federal agency financed by new social security taxes. No resolution to the obvious problem has been found.

HMOs. Several national health insurance plans incorporated the Health Maintenance Organization (HMO) idea, a concept enunciated by the secretary of HEW in 1970 and widely discussed after that. The HMO reality, if not the name, actually dated back to 1929, and included the well-known Kaiser-Permanente plan, which had been founded in 1939. The first HMO in Massachusetts was the Harvard Community Health Plan in Boston, which was followed by the Fallon Community Health Plan in Worcester in 1976.

The Fallon Clinic, founded in 1929, consisted of four doctors in 1951 when Dr. John M. Fallon died. Since then it had gradually grown, and changed from a small group engaged in a surgically oriented practice to a multi-specialty, comprehensive medical care group practice. In 1970 it became clear to Dr. John Meyers, president of the Fallon Clinic, that financial factors were beginning to shape the practice of medicine and would continue to do so with an increasing impact. It was intolerable that businessmen should influence health professional decisions. He foresaw that a physician-controlled HMO might ameliorate many of the problems with which health care was burdened. With the approval of the WDMS, the Fallon Clinic began planning to establish an HMO. This would be an organization which guarantees a pre-defined comprehensive medical care benefits package, including out-patient and in-patient medical and surgical care, and periodic health examinations and other preventive measures, in return for a specified annual fee which is paid to the HMO. The HMO would then negotiate with a professional organization, in this case the Fallon Clinic, to provide the benefits on a capitation basis, i.e. for a fixed amount for each member. It was thought that these features would 1.) promote wellness by disease prevention and education in healthy modes of living (Blue Shield did not pay for preventive measures), 2.) limit expensive duplication of diagnostic workups by correlating non-competitive



The Fallon Clinic at 10 Institute Road (1947-1967)

hospital, out-patient and consultation activities, 3.) offer doctors an incentive to avoid previously lucrative but sometimes unnecessary procedures, and 4.) maximize physician productivity by limiting paperwork (a new and growing hassle in everyday practice) and providing more help in other activities which could be performed by non-physicians.

From its beginning, the Fallon Community Health Plan (FCHP) proved to be successful, and resulted in explosive growth of the Fallon Clinic. In 1980 the FCHP contracted to supply health care to persons covered by the Medicare program, practically all of whom were age 65 or over, and even provided eyeglasses without charge and pharmacy services for a fixed low price; this was the first "senior plan" in the country.

This example, later augmented by encouragement by the Worcester Area Systems for Affordable Health Care, an ad hoc effort originated by the Worcester Medicine/Business Coalition, spurred the development of other HMOs in the district. In time HMOs were to replace the old Blue Cross/Blue Shield programs in providing most of the health insurance in central Massachusetts.

In September 1976 the trustees of the CMHCF formed an independent organization which applied one year later to the Massachusetts Division of Insurance for a license to function as an HMO. Another year elapsed before the license was granted, and an independent practitioners association (IPA) model of HMO finally became operative on June 1, 1979, called Central Massachusetts Health Care, Inc. (CMHC). The organization grew rapidly. By the end of 1979 there were 220 participating doctors, each of whom had contributed $1,000 to the plan to cover startup costs.

CHAPTER 17

THE MALPRACTICE PROBLEM

During the late 1960s malpractice lawsuits against doctors were increasing in number, and settlements and awards were escalating. By March 1971 the WMN noted that the number and costs of the suits were accelerating to the point that insurance premiums were becoming a real problem for doctors. Defensive medicine - the costly overuse of diagnostic tests to protect the doctor - was being born. The MMS became alarmed at the growing practice of insurance carriers' canceling or not renewing professional liability insurance, because the carriers felt that the business was becoming less profitable than it had been. The word "crisis" was used in a report to the MMS in October 1971.

The guest speaker at the April 1972 regular meeting of the WDMS was the chairman of the MMS's Committee on Professional Liability. He described a five-year agreement between the MMS and the Argonaut Insurance Company which took effect on March 1, 1972, to provide malpractice insurance for MMS members. It was felt that this would provide an equitable liability program which would be stable for at least the five years of the agreement, and it was hoped that renewals of the agreement would extend its term beyond that. Members of the WDMS were exhorted to take advantage of this plan.

Over the next few years the problem indeed became worse. The MMS sponsored various bills in the state Legislature, but no legal remedy was forthcoming. The era of million dollar awards had begun, and expensive defensive medicine became widespread. The major professional liability insurance carrier announced that it would leave the state.

Finally in 1975 the state Legislature passed Chapter 362, Acts of 1975, "An Act Relative to Medical Malpractice". This established the Massachusetts Medical Malpractice Joint Underwriting Association, or

JUA, for the purpose of providing professional liability insurance to all the physicians of Massachusetts at rates established by the state commissioner of insurance. The St. Paul Fire and Marine Insurance Co. became the servicing carrier. The law also provided for a tribunal to determine whether a malpractice case has sufficient merit to be tried in court. This same act reorganized the Board of Registration in Medicine under the name of the Board of Registration and Discipline in Medicine.

In an editorial in the WMN of May-June 1978, Dr. Leonard Morse protested the use of the word "discipline" in the board's name, which he found offensive. He pointed out that the dictionary definition of discipline was "punishment or control gained by enforcing obedience or order," and argued that the word in the name of the board was demeaning, because it "suggests a herd of unruly professionals needing to be corralled." Dr. Morse waged a one-man war to correct this situation, bringing a WDMS resolution to the MMS to do so. The Legislature passed and the governor signed a bill restoring the former name: the Massachusetts Board of Registration in Medicine.

CHAPTER 18

OTHER ISSUES

Besides the national issues which impinged upon the local medical society, a large number of other matters occupied the organization. Regular meetings during the 1970s were time-consuming, busy sessions characterized by debate, usually friendly, and discussions of a wide range of subjects. The society was in the forefront of a number of issues which confronted the community.

Drug Abuse. The WDMS procured an exhibit from the AMA on the hazards of drug abuse, for display at the Worcester Public Library in February 1971. The experimental use of marijuana among teen-agers had become widespread, and other drugs began to appear on the streets of Worcester -- hallucinogens (LSD, mescaline, and STP), amphetamine (speed), and even heroin. Members of the WDMS had available several avenues of help for their patients with a drug abuse problem. The Worcester Crisis Center promised immediate non-physician support; the Medical Bureau had access to several psychiatrists and other physicians who were interested in persons with this problem; the Worcester State Hospital had a drug unit; and emergency rooms of all the local hospitals were acquiring experience in handling such patients. A detoxification program for heroin addicts, using methadone substitution, was established as the Chandler Street Center.

Fluoridation. In the summer of 1968, legislation was enacted abolishing the compulsory referendum on fluoridation in Massachusetts. Any local Health Department, with the approval of the state Health Department, was empowered to institute fluoridation of its drinking water. In January 1969 the Worcester Board of Health ordered the fluoridation of its water, but the decision was not acted upon because

surrounding towns also obtained their water from the Worcester supply, and these had had no representation in the decision. In early 1970, Dr. Kenneth I.E. Macleod, former Worcester Health Commissioner wrote, "It could be that Worcester will be the last stronghold of the antifluoridationists in New England. And that would be a pity".

The WMN made fluoridation of drinking water, to diminish the occurrence of dental caries, an issue in January 1971, when an editorial protested the anti-fluoridation stand taken by the Worcester Telegram and the Evening Gazette. This drew a letter in response from the publisher of both newspapers who claimed that the benefit of fluoride was controversial, but more importantly, pending legislation to add fluoride to the area's drinking water would occasion a loss of liberty because it deprived citizens of the choice to accept fluoridation or not. Letters from members of the WDMS were received on both sides of the issue. The Dental Section of the WMN devoted almost three pages to the subject and suggested that a public educational program concerning the protective action of fluoridated water be undertaken by the dental and medical societies. The Worcester Health Department supported the fluoridation proposal. City Councilor George Wells, probably Worcester's most popular politician at the time, wrote to the WMN to denounce it.

(In 1994, the drinking water for the city of Worcester is still not fluoridated.)

The Stubbs Collection. The Stubbs collection of anatomical drawings was originally owned by Dr. John Green III, an active member of the WDMS, and president in 1830 to 1837. He was the last of this most prominent family of physicians in central Massachusetts. The collection consisted of 126 drawings and four manuscripts in comparative anatomy, drawn and written by the famous English artist, George Stubbs (1724 - 1806). Dr. Green donated 7,000 books and $30,000 to establish the Worcester Public Library in 1863, and at the same time gave the Stubbs collection to the library. The collection was ignored for over 90 years, but "discovered" in 1957 during an updating of the library's catalog. At that time it was thought to be worth $48,000, but by 1978 it was valued at over $1,000,000. In 1979, Yale University

in New Haven, Connecticut, offered to purchase it.

The Stubbs collection immediately became a topic of intense public concern. Dr. Leonard Morse pointed out that the work in question belonged in Worcester, and, considering its history, its retention here was the business of the medical society. The WDMS was galvanized into requesting the right of first refusal if the public library were to be so misguided as seriously to think of selling this work of art. The board of the library voted, 9 to 2, to sell. At the regular meeting of October 1979, the society formed an ad hoc committee to raise $1,500,000 to keep the collection in town, but the effort was unsuccessful, and the collection did go to New Haven. Legal action was initiated to bring the Stubbs collection back to Worcester, and the WDMS voted $2,500 to help pay the cost, but to no avail. This incident reflects the continuing interest of the WDMS in the affairs of the community.

The Memorabilia. The Lamar Soutter Library of the UMass Medical School rapidly developed into an excellent institution, to the benefit of the members of the WDMS, who had free access to the holdings, through the 1974 agreement between the WML and the school's library.

The WML established a curator's committee to preserve the memorabilia and artifacts which the library owned. Dr. Leonard Morse was appointed curator. A room was obtained in the Soutter Library to house the collection, and a graduate student in history at Assumption College, Mr. Paul Julian, was engaged to catalogue the objects. In addition a glassed-in, permanent display was built, and continues to be maintained, at the entrance to the library.

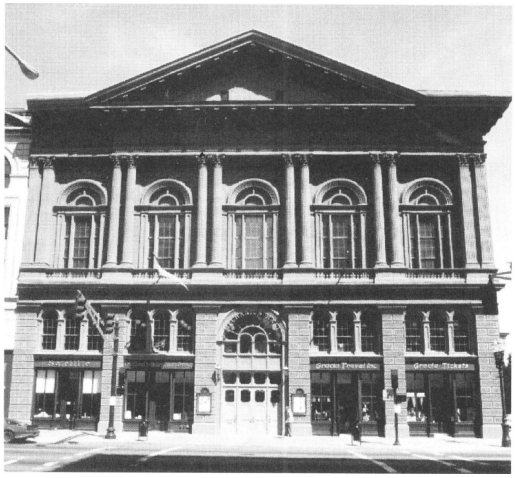
Some of the holdings include a collection of doctors' house call bags, old-fashioned surgical instruments and diagnostic equipment, doctors' office records, and old diplomas and certificates, including a commission in the Union army signed by President Lincoln's Secretary of War, Edwin M. Stanton. One prize possession is an oil painting on a 22 1/2" x 17" panel, which was donated to the WML by Dr. Homer Gage, and which languished in the attic of 55 Cedar Street until it was discovered during the move to the UMass Medical School building. It shows a physician and a skull. The title is, "Portrait of a Physician"; the

artist was Nicholas Neufchatel (1525-1590), a master of the Flemish school (see fronstispiece).

Headquarters. In November 1977, an ad hoc committee was appointed, with Dr. Philip Burke as chairman, to consider moving the society's headquarters to the UMass Medical School. This was recommended and so voted on April 12, 1978, by the members, but only after much debate. This same motion had also been voted on January 11, 1971, but had never been carried out, partly because of the lack of a reasonable purchase offer for the old headquarters and partly because of the opposition of a vocal minority of members of the WDMS, led by Drs. Vincent Mikolowski and Leonard Morse.

The buildings on Cedar Street were sold in 1977. A move had to be made and Dr. Morse's eloquence persuaded the society that the place to go was Mechanics Hall in downtown Worcester. The spirit of independence triumphed over the temptation of free rent, and the medical school's offer was never accepted.

Mechanics Hall. The Worcester County Mechanics Association had been founded in 1842, and it rapidly grew in numbers and influence. It sponsored lectures and courses, owned a well-used library, and supported exhibitions, all designed to further the education and morals of the rapidly growing



Mechanics Hall, 1993

The Great Hall, 1993

force of workers in the mills and factories in the area. The association obviously required a permanent building, and in 1857 it opened the magnificent Mechanics Hall, the largest building on Main Street. Its main hall had superb acoustics, and became widely used for lectures and concerts.

By the early part of the 20th century, the structure began to look old-fashioned, and when the Worcester Municipal Auditorium was built in 1931, Mechanics Hall was used for basketball games, then boxing and wrestling matches, then for roller skating. Dirt and grime accumulated. The magnificent portraits on the walls became indistinct and gray. The Mechanics Association put it up for sale in 1948, but for years afterward there were no serious offers for its purchase.

In 1974 the adjacent building, the old Barnard, Sumner, and Putnam store, was razed. The now exposed south wall of Mechanics Hall was seen to be crumbling. At about the same time the fire control system was found to be inadequate. A decision had to be made to try to save the edifice or to tear it down. The Mechanics Association chose the former course. Borrowed money plus a community-wide fund drive

enabled the enormous restorative efforts to begin. The new Mechanics Hall, as grand as ever, gleaming and highly functional, opened in November 1977. One year later, a new brick and glass rear section was completed.

The WDMS moved into two rooms on the second floor in late 1978. Each room had spacious vaulted windows overlooking Main Street, and the rooms were connected by a wide archway. They had been used for many years as a lending library by the Mechanics Association. The society's new lodgings proved to be comfortable, easily accessible, and highly serviceable. In 1992 a third adjoining room was added.

Society Offices, 1994

THE EIGHTIES

IT SEEMS LIKE ONLY YESTERDAY

CHAPTER 19

AT WAR WITH THE BLUES

As we saw at the end of Chapter 14, Massachusetts Senate Bill S1873 was signed into law by Governor Edward King in mid-1979, eliminating physician representation on the Blue Shield board of directors, and effectively completing the legal separation of the Blues and the doctors of Massachusetts. There was no longer any statutory relationship between Blue Shield and the MMS. The divorce was final, and relations between the doctors of Massachusetts and Blue Cross/Blue Shield would never be the same..

Considerable discussion was engendered at the WDMS executive committee meeting in July 1979 by the news that the Massachusetts Department of Public Works in conjunction with Blue Cross offered to enroll Medicaid patients into the Fallon Community Health Plan at special capitation rates. The society took no action on this matter then, but there was a feeling among many members that the Blues were unfairly subsidizing one segment of the medical care provider community. This feeling was expressed that fall in a proposal made by Dr. Morse that members of the society look for carriers other than the Blues for their own personal health insurance.

Thus the decade of the 1980s began with a lawsuit pending between the Blues and the doctors of Massachusetts, with the health insurance company entirely divorced from the profession, and with general dissatisfaction on the part of the doctors with the behavior of the Blues.

On January 3,1980, the executive committee of the WDMS proposed that Mr. Arthur Carty, president of Blue Cross, be invited to the next meeting to elucidate the relations between Blue Cross and the Fallon Community Health Plan (which paid the Fallon Clinic on a capitation basis). The Board of Directors of the FCHP then consisted of

three Blue Cross representatives, three Fallon Clinic representatives, and three consumers. The medical society correctly perceived that there was a close relationship. Following the regular meeting of the WDMS on January 9, 1980, 175 members wrote Mr. Carty expressing concern regarding the proposed Blue Cross/Fallon Clinic joint venture to purchase the Auburn Medical Center. It was decided to hold a meeting between the WDMS and Blue Shield people. At this time there was legislation pending (originally proposed by the MMS) to eliminate the Blue Shield lock-in, i.e. to reimburse non-participating doctors, and also further legislation, similarly instigated, to remove the 30 percent fee reduction to Massachusetts physicians from Medicaid, which was administered by Blue Cross.

In February 1980 the executive committee requested President MacGilpin to meet with a representative of the Blue Cross board of directors to discuss their paying higher fees to hospital emergency rooms than to physicians who performed the same service in their offices. At that same meeting the executive committee discussed a letter from the state Department of Public Works addressed to Worcester-area dentists, announcing the department's association with the FCHP and the Hahnemann Family Health Center, urging them to subscribe to these plans, and offering them $7 a month to do so. The committee informed the MMS of this letter. MMS President Grant Rodkey then sought a legal opinion on the matter, and was informed that the action involved "no violation of express federal or state statute or regulation," and that the $7 per month was from a special HEW grant for that purpose, apparently to encourage HMOs.

Dr. Morse's suggestion that doctors change their personal health insurance away from the Blues was cast in the form of a resolution to be put before the society for action. It read as follows:

RESOLUTION

> Since the Massachusetts Medical Service (Blue Cross and Blue Shield), in the interest of lowering health care costs is promoting inequitable competition among physicians and hospitals and other health care vendors, be it moved that the members of the Worcester District Medical Society record its dissatisfaction by encouraging its members to purchase alternative forms of personal health

insurance than Blue Cross/Blue Shield.

A legal opinion from Attorney Thomas M. Reardon of the Boston firm of Warner & Stackpole was that "the referenced resolution should not be promulgated, and should be rescinded if already adopted." He supplied four reasons for this opinion. First, it would not have much practical effect on the Blues. Second, the MMS was currently engaged in seeking alternative health insurance for its members, and incidentally, not being successful. As a practical matter, it might be difficult to make a change without sacrificing some coverage or increasing the cost. Third, the resolution violated antitrust laws (a consideration that seems to me to make all the other reasons superfluous). Finally, it put the society at the risk of expensive litigation.

At the May 1981 meeting of the WDMS it was reported that Blue Cross and Blue Shield were seeking legislation that would allow the two entities to merge into a single institution. The MMS was strongly against this because "among other adverse aspects of the bill, it would create a statewide HMO." The bill died at the end of the 1981 session of the Legislature; it was expected to be filed again in 1982. And indeed it was, with little change. Eventually it was passed. (The dire prediction made by the MMS was fulfilled by the formation of HMOs in Springfield and the Boston metropolitan area, under the auspices of Blue Cross/Blue Shield of Massachusetts. In January 1994 the HMO format had been apparently successful enough that the Blues established "Physician Partners of New England Inc.," and offered to purchase practices of medicine from groups and solo practitioners.)

Judge Caffrey of the United States District Court rendered a decision in the lawsuit brought by the MMS against Blue Shield, using several of its members as plaintiffs. His opinion, dated March 19, 1984, summarized the difficulty of the struggle in these words:

> "The route from initial filing of the complaint six years ago to the 37-day non-jury trial of the case before this Court has been circuitous and tortuously slow, replete with procedural skirmishes and internecine disputes among plaintiffs who are represented by

> three different law firms. The case has been assigned to five different judges of this Court, the first four of whom recused themselves. In one form or another, the matter has already been before the Supreme Judicial Court of Massachusetts on certified questions of Massachusetts law, and it has been before the Court of Appeals for the First Circuit on two occasions on appeals from rulings made by other members of this Court."

It had been ruled that the prohibition of payment to nonparticipating physicians was compelled by state law, but the ban on balance billing was not so compelled; although the balance billing feature was part of the contract agreed to by the physicians, this could be overturned by the federal court as being in restraint of trade. This last question was decided by Judge Caffrey, who said, "I rule that the ban on balance billing unreasonably restrains trade in the market for physicians' services in Massachusetts in violation of Section 1 of the Sherman Act and that its further implementation should be enjoined."

The state Legislature quickly responded to this decision by incorporating the ban on balance billing into the Blue Shield system, thus in effect nullifying the federal court ruling. The expensive, "circuitous and tortuously slow" process had been completely in vain.

CHAPTER 20

THE SOCIETY'S CHANGING *MODUS OPERANDI*

We have seen that in the mid-1970s the structure of the WDMS required a number of changes. These included, among others, adding the new position of executive director to handle all the housekeeping and other nitty-gritty details involved in running an organization of over 600 members, bringing the WMN back into the society under a new Publications Committee, expanding the categories of membership from regular and senior to regular, senior, junior (for doctors out of medical school fewer than five years), student, and nonresident (living outside the district), and adding a standing Committee on Tax-Supported Medical Care. These actions all improved the *modus operandi* of the organization, but over the next ten years further modifications became necessary.

A long-range planning committee, chaired by Dr. John P. Howe III, who conceived the idea, and consisting of an especially broad representation of WDMS members and several leading nonmedical citizens of the Worcester area, first met in early 1982. By October of that year it was able to report on issues that it felt the society should address, and strategies it should pursue. These included the cost of health care, medicine's relations with business, the development of an attitude of trust and confidence towards the profession on the part of the community, and effective communication to the public of the doctor's viewpoint on social problems. It also recommended increased participation and input in medical society affairs by young doctors and medical students, modernization of the society's finances and its committee structure, and measures to insure continuity of its leadership. Finally, it urged greater political involvement by the WDMS.

The office of executive director assumed growing importance, and the incumbent, Mrs. Charlotte Wilder, became well-known throughout

the MMS for her industry, efficiency, and reliability. She began to represent the society and the MMS in performing American Medical Association staff functions. The bylaws of April 1985, for the first time, no longer specified that the vice-president "shall be the president-elect of the society." The presidency continued to be a strong position in the society, and made considerable demands on the incumbent. The time-honored custom of rotating the position among the power bases of the district was abandoned in favor of the philosophy of "the best person for the job." The categories of membership were again changed, and now included regular, senior, non-practicing, student, resident (now defined as "members in training in duly accredited programs or fellowships"), and out-of-district; this last replaced "non-resident," apparently to avoid confusion with the new "resident" category. There continued to be six meetings annually, but only one was held in April (the annual meeting) and there was one in May each year. Approval of the entire society had been required for any expenditure of greater than $200 , but this figure was raised to $500 in keeping with the continuing inflation of the national economy.

We have seen how the executive committee was to include not only the four officers and executive councilor, as it had been constituted for many years, but also the five immediate past presidents, and later ten additional members appointed by the president. The executive committee met monthly, and by the early 1980s was conducting most of the society's business.

Changes were made in the standing committees. The Board of Censors, which examined candidates as to their suitability for membership, was dropped, and the auditing committee also eliminated; their previous duties were taken over respectively by the committee on membership (made up of the president, the secretary, and an elected member) and by private auditors engaged by the society as necessary. A personnel committee was created to handle all matters regarding the staff of the society. A grievance committee was established to "receive and review complaints regarding any alleged misconduct involving the professional activities of any member." Two ad hoc ("special", in the terminology of the bylaws) committees were made standing committees: the scholarship and the medical education committees.

THE SOCIETY'S CHANGING MODUS OPERANDI

The society was growing rapidly. In 1980 there were 675 members. At this time medical school faculty, university hospital house staff, and medical students, mostly recruited by Dr. John Howe and the new dean and chancellor, Dr. Robert Tranquada, ,joined in large numbers. Eighty new members came on board in 1980, and 81 in the following year. By 1987 the membership had expanded to a total of 1,193 doctors, including 635 regular, 97 senior, 185 resident, 229 student, and 35 out-of-state members.

The Grievance Committee. The grievance committee was made a standing committee in 1979. At that time it was receiving about two complaints weekly, the vast majority of which were telephone calls complaining of physicians' fees. These were practically all easily negotiated.

Over the next few years complaints decreased in number. The committee's work was considered to be confidential and the members expressed concern about the preservation of confidentiality of reports to the MMS. This never became a problem. Another concern was about the legal liability of each of the members of the committee, but again no problems arose..

By the late 1980s the grievance committee was handling about a dozen cases a year. Besides fees and billing procedures, other complaints involved patients' difficulty in obtaining their medical records, inadequate communication between doctor and patient, and doctors' behavior being less than that expected by patients.

CHAPTER 21

HEPATITIS IN WORCESTER AND ITS EFFECT ON THE WDMS

The Holy Cross football team opened its 1969 season by losing to a good Harvard team, 13 to 0. A few days later, eight members of the Holy Cross squad became ill with what was thought to be the flu, and had to be admitted to the college infirmary. That Friday the team traveled to Hanover, N.H., and on the trip more players became sick, so that when the team took the field on Saturday, it was more than decimated; most of the athletes were ill. Dartmouth clobbered them, 38 to 6. That weekend the diagnosis of infectious hepatitis was made on the initially affected players. Then blood tests indicated that 75 players, seven coaches, four managers, the trainer, and the sports information director, all had abnormal liver function tests. There were no other cases of hepatitis at the college. Even the freshman football team escaped infection.

The remainder of the varsity football schedule had to be canceled. Expressions of sympathy were reported from all over the United States. That the spirit of sportsmanship was still alive was reflected by the fact that Sacramento State University, at the other end of the country, dedicated its football season to the Holy Cross Crusaders, and offered to donate revenue obtained from post- season play to the college. They even wore Holy Cross' colors, purple and white, that year.

Dr. Leonard Morse investigated the cause of the outbreak. He, the Holy Cross physicians (WDMS members Drs. Joseph P. Hurley and Joseph F. Murphy) along with several federal government epidemiologists were able to track down the sequence of events which led to the amazing epidemic.

The varsity's practice field was near the top of St. James Hill. There

were several subsurface connections to the drinking water supply, and these served to irrigate the practice field. The entire water supply was from the municipal system. If the valves were not completely closed, surface water could siphon back into the system when negative pressure developed. Enough negative pressure, surprisingly, could be produced simply by opening fire hydrants off campus near the field. The pressure differential thus produced was sufficient to reverse the flow of water so that any surface water could enter the system and be transported to the drinking water faucets on the hill at the varsity team's practice field. This was proved during the investigation of the epidemic by putting a dye in surface water, opening the nearby fire hydrants, and seeing the dye travel to the practice field's faucets.

Dr. Morse discovered that one adult and four children who lived adjacent to the college's property at the foot of the hill had been diagnosed as having infectious hepatitis that summer. Further investigation revealed that the children had played in water from the irrigation system during that unusually hot and dry August. The children admitted to occasionally forgetting to turn off the water, so that small pools accumulated, into which they would sometimes urinate and even defecate.

Here then was a source of the hepatitis virus, and a potential route of bringing the virus from the irrigation system into the potable water system. But the pressure difference would seem ordinarily to prohibit the virus' voyaging into the drinking water, unless siphonage occurred into the system from a marked lowering of water pressure. Dr. Morse described how the last clue was found, and its consequences:

> "Examination of Fire Department records confirmed a two-alarm fire at a location proximal to the field exactly five weeks before the onset of the outbreak. The water pressure at night was 40 psi and opening a fire hydrant proximal to the field created a precipitous fall in the water pressure to negative levels.
>
> "Thus, during a high prevalence period of infectious hepatitis, affected children were attracted to an imperfect water system in the heat of summer. The additional links in the chain of events responsible for this unusual outbreak were a two-alarm fire and a thirsty football team."

He further explains how the definitive diagnosis was made, years later:

> "At the time of the Holy Cross outbreak, hepatitis A virus (HAV) had not been identified and serological tests for the diagnosis of hepatitis A were not available. Serum specimens were obtained and stored at the time of the outbreak. When serological testing became available, the stored serum specimens were tested with a contemporary assay for IgM anti-HAV, the antibody measured to detect HAV infection. Thus the Holy Cross hepatitis outbreak was confirmed."

The water-borne hepatitis A virus usually causes a self-limited illness, and recovery is complete, as it was in the Holy Cross epidemic. The blood- and semen- and other body fluid-borne hepatitis B virus is responsible for a more virulent disease, and its parasite, the hepatitis D virus (previously known as the delta agent) is deadly. Hepatitis B had been known to be endemic in Worcester for years, with one or two or no cases a month, and only occasionally as many as four. In September 1983 there were eight cases, and from then on the disease became epidemic in the area.

Over the next 21 months there were 190 cases, at which point a detailed study was carried out and reported by doctors and scientists from the St. Vincent and Hahnemann hospitals, the Worcester Department of Public Health, the Massachusetts Department of Public Health, and the Center for Disease Control in Atlanta.

It was found that the large majority (135 individuals) of cases were in persons who used intravenous drugs illicitly, and their sexual contacts. Besides infection with the hepatitis B virus, over half of these victims were coinfected or superinfected with the especially dangerous delta agent. There were 13 fulminant cases, of whom eleven persons died. Fifty-five cases of hepatitis B were also identified in persons without a history suggestive of intravenous drug use as their source; 34 of these were tested for the delta agent and only three were positive. During this epidemic five dentists were infected, and one died. The investigators felt that the outbreak resulted from a susceptible pool of

new needle users and sharers. Police records indicated a large increase in heroin, and especially cocaine, use in the Worcester area. The report states:

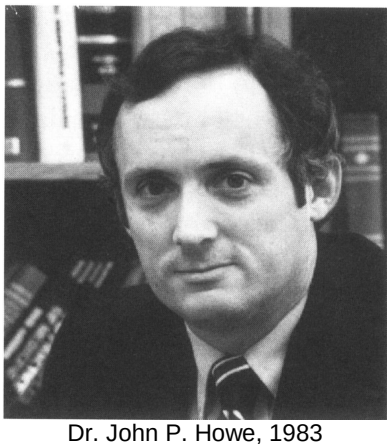
> "Most drug abusers (77 percent) usually (more than 50 percent of the time) shared needles or syringes or both either with friends or anonymously, at so-called shooting galleries or pumping stations. Many continued to self-inject drugs while ill, confusing the symptoms of hepatitis B infection with those of heroin withdrawal."

Attempts to control the outbreak included education of drug abusers, a screening and vaccination program aimed at parenteral drug users and their sexual contacts, and an information campaign directed toward doctors in the Worcester area. Despite these measures, implemented in the fall of 1984, there was no decrease in the number of new cases of hepatitis B until late 1986, when the incidence began to decline gradually for the next several years.

During the summer of 1982, the chief of pathology at Hahnemann Hospital accidentally cut himself during a post-mortem examination (autopsy), and became infected with the hepatitis B virus and the delta agent. He developed fulminant hepatitis, and died of this disease on October 11, 1982, at the age of 54. The pathologist was Dr. Myron E. ("Mike") Tracht, vice-president (and president-elect) of the WDMS.

Mike had earned bachelor's and master's degrees in music from Princeton, and was a bassoonist with the Houston Symphony Orchestra, before going to the University of Chicago Medical School, where he earned his M.D. and Ph.D.. He was chief of pathology at a hospital in northern New Jersey before moving to Worcester with his wife and children in 1975. He became an active member of the WDMS and rapidly rose to a position of leadership in the organization. Dr. Tracht was a brilliant person and an outstanding human being. At his eulogy he was lovingly described as a "mensch," and those who were acquainted with him knew that he indeed deserved that characterization.

Dr. Tracht's tragic and untimely death required that another candidate for vice president (who was also, as you remember, at this time the president-elect) be quickly chosen, and initially it was presumed that he or she would be a Hahnemann Hospital staff member, in keeping with the time-honored custom of rotating the presidency among the major hospitals and "the county." However, the idea was expressed that this would be an opportunity to abandon this unwritten custom and to pick "the best person for the job." Some discussion ensued among the members of the nominating committee and the executive committee, and eventually it was agreed that the rotation system, already weakened (or expanded, depending upon your degree of traditionalism) by the selection of Dr. John P. Howe III from UMass, be given up. Dr. Howe was persuaded to continue his presidency for another year, and thus became the first president in the 20th century to serve two terms. Dr. John Massarelli was nominated and elected vice president.



Dr. John P. Howe, 1983

Dr. Howe was a native of Maine, but he had none of the taciturn quality of that background; he was voluble, outgoing, charming. He had come to the UMass Medical School as a cardiologist, and quickly became chief of staff and vice-chancellor. He was an excellent clinician with a caring attitude toward his patients, attributes with which non-academic doctors could identify, and which led to easy acceptance by the members of the WDMS. His presidency of the society was marked by numerous accomplishments, three of which may be considered typical of his style. He chaired the effective ad hoc long range planning committee, which consisted of an especially broad representation of society members and several leading nonmedical citizens of the Worcester area. He furthered the work begun by his predecessor, Dr. Paul Steen, which allied the society with the business community in an

attempt to control health care costs. He conceived of a program to provide free medical care on a voluntary basis by society members for victims of a recession which caused significant unemployment and consequent loss of health insurance in our district in 1983. This last plan merited recognition by a front page main headline in the local newspaper, and attendant favorable attention to the WDMS.

Soon after completing his second term as president, Dr. Howe left Worcester to become president of the University of Texas Health Science Center in San Antonio. He continues active there in organized medicine. He is currently president-elect of the Bexar County Medical Society, an alternate delegate to the AMA, and a member of the AMA's Council on Scientific Affairs.

CHAPTER 22

THE MALPRACTICE CRISIS

The malpractice problem of the 1970s accelerated into the malpractice crisis of the 1980s. Dr. Harvey G. Clermont, who had worked so hard on the Medicine/Business Coalition (a local alliance of physicians and businessmen committed to holding down the cost of health care while maintaining high quality), had become quite knowledgeable in the legislative process and the economic aspects of medical practice. He was a natural chairman for the WDMS's legislative committee and was appointed as such in 1985. His annual report in April 1986 reflected the low morale of the state's medical profession; the report began by calling the past year one of frustration. He said, "Since my last annual report, Massachusetts physicians have seen their malpractice premiums go from the 40th to the seventh highest in the nation." He noted that retroactive supplemental professional liability premium increases of from 52 percent to 68 percent annually were levied for the past three years, and that fee increases to help pay for this exorbitant increase in overhead for every doctor in the state were forbidden by state law for all programs administered by the now hated enemy, Blue Cross/Blue Shield. All ten tort reform bills introduced into the Legislature for the MMS were defeated.

Governor Michael Dukakis (later to become the Democratic candidate for president of the United States, largely on the basis of what a grand job he did in his own state) appointed a Malpractice Commission, and as a result of its recommendation submitted a malpractice reform package in October 1985, too late for any action that year by the Great and General Court.

Doctors throughout Massachusetts were leaving practice through an unprecedented rate of retirement and through emigration to other states. It became difficult in many communities to find an obstetrician

or an orthopedist, the major victims of the malpractice crisis. Doctors newly out of training stopped coming to Massachusetts to practice, even those completing the many training programs in the state; the only new doctors in the Worcester area in the high-risk (and therefore high professional liability insurance cost) specialties were attracted by the two organizations willing and able to pay their premiums, the UMass Medical Center and the Fallon Clinic. For some reason, the three year catch-up supplement applied even to doctors who had never been in practice before!

In 1985, a total of 20 percent, or approximately 2,000 of the physicians in Massachusetts insured by the Joint Underwriting Association, were defendants in malpractice litigation. That year the average settlement of malpractice cases was $466,000 in the state. "Defensive medicine," largely the ordering of unnecessary tests and procedures to protect the doctor in case of a malpractice suit, was estimated to consume between 20% and 30% of the cost of medical care in the early 1980s -- a minimum of $15 billion annually, and possibly up to double that figure. "In addition," the president of the WDMS wrote in the WMN, "the general public pays the price of deteriorating physician-patient relations, scarcity of high-risk specialists..., lack of innovation in practice, the non-economic inconveniences of defensive medicine, and other subtle erosions of quality in medical care."

The Fall 1985 issue of the WMN was devoted to the malpractice crisis. "Quite frankly we cannot afford to permit health care costs to continue to increase," the president of the Norton Company, one of Worcester's largest employers, said, expressing his concern in one of the articles. The chairman of the board of WASAHC offered support to the WDMS; he wrote that "business people are working on the problem and will stay with it." The executive vice-president of the MMS said, "What frightens me and all who are concerned about health care in this state are the long-term consequences of a runaway medical malpractice system. Patients are the real long-term losers in the malpractice insurance crisis because their physicians face only losing decisions."

By the mid-1980s, the malpractice crisis came to dominate the meetings of the Worcester Medicine/Business Coalition, because of its tremendous impact on the cost and, to some extent, the quality of health

care. The coalition arrived at a consensus position concerning the situation, and concerning legislative remedies. They favored proposed laws which required "periodic payments of damage awards, inclusion of collateral payments, experimental early tender of economic loss, limitation of contingency fees for lawyers, stricter policing of physicians, surcharges for doctors with disproportionate legal sanctions against them, and regional malpractice rates." The coalition suggested a $250,000 ceiling for non-economic losses, and "an acceptable definition of the qualifications to be required for witnesses to be presenting expert testimony." Finally, they urged public education, and discussion, to achieve a fair, efficient and effective public policy in the area of medical malpractice.

Not a single one of these potential remedies was enacted.

In July 1986, Governor Dukakis signed into law "An Act Relative to Medical Malpractice (H.B.5700)", a political expedient which was grossly inadequate and in many ways insulting to the medical profession.

Public notice, however, did come around to the malpractice crisis, probably spurred by its effect on the cost and quality of medical care, the loss of doctors in the state, and by stories of outrageous judgments. As the decade ended, fewer malpractice cases were settled by out-of-court payments, as insurance companies and doctors recognized that many suits were without merit, and were being brought as attempts to extort a settlement prior to a trial that might damage the physician's reputation. When these were defended in court, plaintiffs began to lose cases. The Massachusetts Medical Professional Insurance Association, (M.M.P.I.A.), the new name for the J.U.A.(adopted in early 1993), reported that in 1993, 113 malpractice cases were brought to trial in this state, which was a decrease of seven percent from 1992. Fourteen were settled during trial, and there were awards for the plaintiff in 15 cases; the defense won 80 cases, two were dismissed during trial, and there were two mistrials. The trend seems to be continuing, according to the figures for the first half of 1994. Of the 57 cases brought to trial in Massachusetts during this period, six were settled at or during trial, two involved a directed verdict before deliberation, one ended in a mistrial, the plaintiff won five, and the defendant (physician, occasionally

hospital or dentist) won 43.

In the summer of 1994, the M.M.P.I.A. announced plans to reorganize as a mutual company, owned and controlled by its policyholders.

CHAPTER 23

THE MEDICINE-BUSINESS COALITION, AND WASAHC

The expense of health care, in many instances largely borne by employers, was becoming an increasingly significant item in the cost of doing business. It was obvious that measures were necessary to attempt to improve the problem, as prices rose and inflation galloped on. In late 1981 plans were developed to form the Medicine/Business Coalition to address the issue. The WDMS approved the idea. The coalition consisted of a small group of Worcester district health providers and businessmen, with strong representation of the area's largest employers.

The coalition initially focused on three areas which were felt to be immediately susceptible to improvement in cost-efficiency without sacrificing quality of care. These were: (1) ambulatory surgery when feasible to cut down on hospital costs, (2) improved emergency room utilization to eliminate abuse of the expensive ER system and to funnel appropriate cases into less costly office practice by family physicians, and (3) patient education in regard to cost-efficient utilization of medical services. Additional problems were identified for future consideration. These included easier accessibility of health care, and the excessive length of stay in all the local hospitals when compared with similar hospitals nationwide and regionally (indeed, the Worcester area hospitals had the highest length of stay in Massachusetts). It was thought that the latter situation could be improved by preadmission planning and earlier discharge. Blue Cross/Blue Shield registered approval of the work of the group, but declined to give financial support. During 1983 the coalition developed a medical plan to be carried by the Blues for the Norton Company and the Morgan Construction Company.

Meetings in the mid-1980s were dominated by discussions concerning the expense of professional liability insurance, and its

devastating effects on the cost of medical care. After a position was reached on this issue, other problems, often in a broad social context, were considered, illustrating the outlook of this body. For example, the health and social problems of the elderly were brought before the members and considered to be an important part of the coalition's purview.

WASAHC. A spin-off from the Medicine/Business Coalition was the Worcester Area Systems for Affordable Health Care (WASAHC). Its philosophy was well enunciated by Robert Bradbury, Ph.D., of the Clark University Graduate School of Management, who was executive director of the organization:

> "Worcester Area Systems for Affordable Health Care (WASAHC) is a community coalition whose purpose is to ensure that residents of the Worcester area have ready access to quality health care services at the most affordable rates possible. The strategy to achieve this is informed consumers' choice among health plans with incentives for effectiveness and efficiency.
>
> "Consumer choice of which health plan to join yields competition among plans to be the best. Such provider competition and consumer choice creates an effective health care marketplace.."

The WDMS "supported in principle" an application to the Robert Wood Johnson Foundation for funds for WASAHC, and requested physician representation on their board. Dr. Paul Steen, immediate past-president of the WDMS, was appointed a member, and later Dr. Alan Brewster; they were subsequently replaced by Drs. Frank Dufault and Jack Ansell, and Dr. Louis E. Fazen later replaced Dr. Dufault.

In June 1983 WASAHC received a $100,000 planning grant from the Robert Wood Johnson's Community Programs for Affordable Health Care. After the success of the planning effort, a further $1,200,000 was granted to implement the program in 1984.

Mr. William Densmore, a former Norton Company senior vice-president, was the chairman of the board of directors of WASAHC. Two members of the board now were physicians nominated by the WDMS. The leadership of Mr. Densmore and Dr. Bradbury was particularly

effective in bringing about the signal success of the organization. The Worcester area, with the encouragement of its business leaders and the knowledge broadcast by WASAHC's educational programs, embraced the concepts of HMOs and preferred provider organizations. The educational campaign consisted of seminars for employees, sessions with top management of area businesses, development of incentives for employees to choose health plans, and publication of a Buyer's Guide to Health Plans.

WASAHC was phased out in the latter half of 1989, when its grant funding was exhausted and further private funding, largely from area hospitals but also including voluntary contributions from many area businesses, health plans, and local charitable foundations, dried up. During its existence, enrollment in Worcester area HMOs and PPOs rose from 16 percent to 41 percent of the population, and hospital days dropped more than 33 percent.

By the end of the decade of the '80s, a number of developments caused a waning of interest in the Medicine/Business Coalition on the part of the business sector. These included widespread changes in personnel, leadership, and even ownership, of Worcester area businesses at all levels, the beginning of a significant recession, and the rise of HMOs.

After an "informal" session among Drs. Robert W. Sorrenti and Jack Ansell, representing the WDMS, and two representatives of the business community, it was suggested that the Medicine / Business Coalition be suspended, and reconvened in the future, if desirable. In order to keep open lines of communication between the parties, it was suggested that one or more members of the WDMS be invited to participate in the Business Coalition on Health. (The business community obviously likes the term "coalition", as the medical community likes "committee.") Other means of intercourse would be encouraged, such as the exchange of written material for the various local medical and business publications, and informal get-togethers.

The society's executive committee, at a meeting in 1990, accepted these suggestions. The Medicine/Business Coalition no longer exists. May it rest in peace, at least for the time being until its spirit is revived

to fulfill purposes useful to both parties, and especially to the citizens of the Heart of the Commonwealth.

The experience was a good one. It fostered the exchange of ideas between two important segments of the community; it promoted good will among those involved; it gave birth to WASAHC, which put the Worcester area in the forefront of American cities in embracing the HMO concept. Too many persons participated to be mentioned here, but the important roles played by some cannot be ignored. These include Drs. Paul Steen, Gilbert Fridell, Gerry Clermont, John Howe, Frank Dufault, Barry Hanshaw, Jack Ansell, Bob Sorrenti, Anson Purcell and Messers Sam Hibbard, William Densmore, Robert Macumber, William Dowd, and E. Roy Baum, and Dr. Robert Bradbury from Clark University's School of Management.

The Maddox Society. In 1979 the Maddox Society's demise was recognized when its assets were donated to the WDMS Memorial Fund. The organization had gradually petered out from lack of interest on the part of its members. The original group, all young veterans, had become the entrenched middle-aged establishment, and even the social function which had been its only raison d'etre became no longer viable.

The rise of the various health plans (HMOs, PPOs, and IPAs) in the late 1970s and early 1980s was necessarily accompanied by patients defecting from their private physicians to doctors in the plans. This move was often forced by personal economic pressures and sometimes coerced by their employers. Solo practitioners saw their practices eroding, and began to feel like dinosaurs in a changing world. The last straw was the payment by a local hospital of $400,000 each to two Health Stop units for the promise to use that hospital exclusively when their patients required admission. These units were walk-in clinics staffed by outsiders or newcomers to the community, referred to by more established members of the profession as "docs in a box." Such an obvious threat to private practice mobilized a united front among many solo practitioners. A group of concerned physicians revived the Maddox Society in August 1984. Revivers were all WDMS members: Drs. Brink, Campos, Dell Isola, Durham, Gurwitz, Haas, Harris, Josephs, Morse, Oyer, Perrone, Pohley and Thomas Walsh. Armed Services veteran

status was no longer a prerequisite for membership. A defining statement issued by the group included these words:

> "The Maddox Society is a coalition of physicians concerned about happenings which are impinging on good patient care and undermining the traditional form of health care delivery. We are advocates for quality health care within the framework of cost-awareness, not cost containment, and we are committed to preserving the private practice of medicine as one form of health care delivery."

The Maddox Society is once again a viable group. It meets at irregular intervals. The current president is Dr. Wayne Glazier.

THE EIGHTIES

CHAPTER 24

SOME COMMITTEES, AND OTHER TOPICS

Public Relations. The public relations committee had sponsored a series of "'legislative breakfasts" sporadically since the middle 1970s to which all legislators in the district were invited. Attendance was usually excellent. These were continued fairly regularly through the 1980s and are still held sporadically. The problems of the homeless were discussed at one of these, and at others the doctors and lawmakers exchanged ideas on the "determination of need" process which limited expansion of medical facilities, the impact on medical care by the Department of Public Health's cutbacks, and similar subjects.

The committee also conducted "media breakfasts" at which a few members of the society met with representatives of the press, radio, and the local television station to discuss medical topics in the news, and the relations between the medical profession and the news media. One of these was on the medical aspects and social implications of AIDS.

The committee was responsible for several radio programs, at one time or another through the years, including "To Your Good Health," a Monday evening dialogue with the listeners, "The WDMS on the Air," a weekly half-hour program on the local educational station, WICN, which has discussed coronary artery surgery, "right to die" issues, breast-feeding, and the Saikewicz case, among other topics, and also a monthly radio program on WSRS called "Worcester Speaks Out."

A popular activity of the committee is "Dial a Doctor," a three-hour evening session held once a year during which telephone calls from the public are received and issues discussed and questions answered over the telephone.

A mini-internship program, coordinated by Dr. Jack Ansell, provided a day's experience in an emergency room and a doctor's office, and attendance on hospital rounds, for a small number of community

activists from the business sector, the press, and civic organizations.

Much of the public relations committee's work involved projects with the MMS's Public Relations Committee.

Tax-Supported Health Care. The Committee on Tax-Supported Health Care assumed greater importance during the 1980s. Its members met with the state Department of Public Welfare and the rate-setting commission in 1985 to attempt negotiations to improve their low fees (e.g. $9.50 daily for acute hospital care). A Massachusetts Senate bill had been introduced to mandate participation in the Medicaid program (which was under the administration of Blue Shield) in order to maintain licensure to practice in the state. The MMS worked out an agreement to forestall this measure, perceived as fascist by many doctors, if it could accomplish voluntary participation by 85 percent of the practicing physicians in the state. The Worcester district soon exceeded this number. The WDMS Committee on Tax-Supported Health Care collaborated with a similar committee of the MMS to lessen the burdensome paperwork required by the Department of Public Welfare.

Public Health. The public health committee continued its community service, which was effective but largely unsung. It conducted a blood pressure screening program at Spag's, an enormous retail outlet in Shrewsbury, and engaged in a health education program in the public schools. It provided leadership in the Clean Air Coalition, a grouping of several civic organizations, which resulted in a city ordinance banning the distribution of free cigarettes (formerly a common advertising effort by tobacco companies) on public property, and in establishing nonsmoking areas in restaurants. The committee campaigned for a tobacco smoke-free environment in hospitals, and in 1987 saw seven hospitals in the area issue public statements that they would prohibit any smoking within their walls by 1990. The committee advised on the needs of, and current services to, the homeless in the district.

The Education Committee. The society's successful medical

education program of the 1950s began to falter. This, remember, had been the main reason for founding the society back in 1794. Because of declining attendance, in October 1961, Dr. John Stapleton, chairman of the medical education committee, had suggested "at least a temporary cessation in the formal course approach." The committee offered to put all the doctors in the district on the mailing roster of bulletins to be issued by each of the teaching hospitals in the district, listing the available educational programs. After a few years this service was dropped without comment.

In 1972 an attempt was made to revive the dormant medical education committee, under the chairmanship of Dr. Victor DiDomenico, and including UMass faculty members. Their first effort was the compilation of a catalog of all the current teaching sessions in central Massachusetts, which was sent monthly to members of the WDMS. After Dr. DiDomenico's untimely death, little was accomplished until several years later, when the expertise of members who were educators at the UMass Medical School was exploited. A renaissance of the committee occurred in the 1980s.

Under the enthusiastic chairmanship of Dr. Guenter Spanknebel, the medical education committee sponsored a number of programs, which achieved status sufficient to warrant awarding continuing medical education (CME) credits by the state, which in turn prompted a bylaws change to make it a standing committee of the WDMS in 1981. CME credits were required for renewal of the medical license.

In 1985 their semiannual presentations were accredited for CME credits for the next four years. Topics included colon cancer, drug interactions, medical ethics, computers in medicine, lung cancer, newer diagnostic techniques in various specialties, and similar subjects.

The Scholarship Committee. The WDMS scholarship committee continued to thrive. In 1980, the fund reached $138,000, and that year the sum of $25,000 in loans was guaranteed to students at the UMass Medical School and to residents of central Massachusetts at seven other medical schools. By 1981 a total of $100,000 had been given or loaned since the project had begun in 1964; that year the fund's assets reached the $150,000 level.

Dr. Henry A. Grzyb, a family doctor from Southbridge, was an especially active member of the Scholarship Committee. He received a touching letter from one of his patients in 1982, which illustrated his devotion to his profession. The letter is as follows.

"Dear Dr. Grzyb,

"Would you please give this check to the Worcester District Medical Society scholarship fund. I have been putting some money away every week for the scholarship fund. Thank you for being there when I needed you, Dr. Grzyb."

In 1983 there was a donation of $5,000 from an anonymous faculty member at the UMass Medical School.

The fund passed $200,000 in 1985. Each year contributions increased. For example, 210 persons contributed a total of $10,000 in 1985, the highest annual figure in the fund's history up to that point.

Committee on the Impaired Physician. In September 1980, Dr. James Morrison, the society's representative to MMS's committee of that name, proposed that the WDMS activate a committee on the impaired physician. He reported that there were 39 referrals to the state committee in its first four years. At the January 1981 executive committee meeting a new special committee on the impaired physician was approved, and Dr. Morrison was appointed chairman pro tem.

Dr. Lewis Cataldo, who became chairman, enunciated the committee's goals. It would maintain and strengthen relations with the state committee. There would be an outreach program to seek clients, via committee members speaking at staff meetings of the various hospitals. Members of the auxiliary would be offered committee members' names to contact when needed. An educational program would be undertaken, for doctors and their families, on stress and stress management. The committee would develop a list of agencies and facilities for rehabilitation of impaired physicians, and they would recruit a team of doctors willing to help their impaired colleagues. Above all, the strictest confidentiality would be maintained. This, of course, would be necessary for the committee to function at all.

The next chairman, Dr. John I. Sanders, reported that, after four

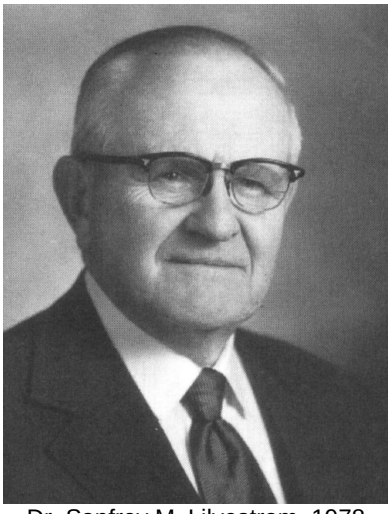
years of existence, "The committee has dealt with nine cases with varying degrees of success." At that time they were "monitoring two residents, both of whom are expected to have a successful rehabilitation, and a senior internist." Drug and alcohol abuse were the major problems encountered.

At the annual meeting of April 1987 the committee on the impaired physician was dissolved, because a newly passed professional liability law required any peer review committee to report to the draconian State Board of Registration in Medicine, thus destroying any possibility of promising confidentiality to anyone requesting help from the committee.

Sanfrey M. Lilyestrom, M.D. Dr. Lilyestrom was a pillar of the WDMS. One thinks of a pillar as tall, slender, fixed. This one was short, barrel-chested, feisty.

Sanfrey was born in Worcester, and never had a permanent address anywhere else. It should come as no surprise to those who knew him in later life that he quarterbacked the football team at Commerce High, played guard in basketball, and was a pitcher on the baseball team; his leadership qualities were obviously inborn.

He went to Tufts Medical School and interned at Worcester City Hospital for two years before going into general practice. He served in the U.S.Navy during World War 2, and rose to the rank of Commander. On his return to Worcester, Sanfrey developed an obstetrics practice, and has subsequently delivered literally thousands of babies.


Dr. Sanfrey M. Lilyestrom, 1978

Sanfrey served on many committees of the WDMS, including the scholarship committee and the reorganization committee which recommended that the society have an executive secretary. He was chairman of the committee which established the Medical Bureau, an

outstanding achievement which alone is sufficient for a large debt of gratitude on the part of the society. He served as president of the WDMS in 1963-1964. He was chairman of the board of the WML for many years, including the eventful period which culminated in the coming together of the WML and the UMass' Soutter Medical Library.

Sanfrey's athletic ability reappeared when he took up golf in his 50s. In the late 1970s I came up to a small group chatting before a WML board meeting as Sanfrey was finishing the story of the previous weekend's activities. He was saying that he'd shot a 75, but only finished second in the tournament. Someone remarked that 75 was a great score, but usually not quite good enough to win a golf tournament. We were all amazed when Sanfrey explained that the contestants all had to be age 75 or over! No one had ever thought of his age; he'd always fit in with whatever group with which he found himself.

Sanfrey was married to Catherine Riordan, who was able to go to Tufts College because of a Daughters of the American Revolution scholarship awarded to her for saving a drowning person in Lake Quinsigamond. Perhaps it was in gratitude for this education, which enabled his wife to become a teacher, that he worked so hard on the scholarship committee, and left the largest donation ever, $100,000, to a scholarship fund to be administered by the WDMS scholarship committee. The Lilyestroms had no children, but Catherine's nephew is Dr. John Riordan, a pediatrician and a stalwart of the WDMS. Catherine was a president of the auxiliary. She died less than a year before Sanfrey did, in 1989. He was 87.

The Medical School. Relations with the UMass Medical School were excellent. Students were becoming more and more involved with the WDMS, and there was some faculty support. Dr. Tranquada, chancellor and dean, was supportive of the society, and Dr. Jack E. Ansell became active in the society's work, so much so that he was elected president in 1988 and served for two years. He continues to be a workhorse for the WDMS and one of its most valuable members.

When Dr. Tranquada left in 1986 to become dean of the medical school at the University of Southern California, where his roots lie, Dr. James E. Dalen, chair of the Department of Medicine, took over the

position on an interim basis. He proved to be so successful that some of the faculty and many leading citizens of the community tried to influence the search committee to select him as the permanent incumbent. These efforts were unsuccessful, however, and the committee chose Leonard Laster, M.D. to be the new chancellor in 1986. Dr. Dalen soon left to become dean and vice-provost at the University of Arizona College of Medicine.

No sooner did Dr. Laster arrive in Worcester than he became the victim of an adverse press, being criticized for, among other things, the expensive drapes in the home provided for him. His name proved to be inaccurate, for he lasted only until 1989, when he became chancellor emeritus and distinguished university professor of medicine and health policy.

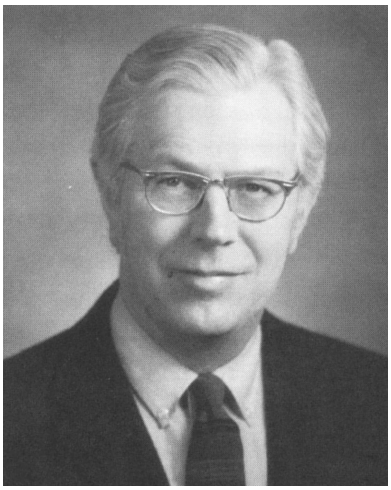
He was succeeded in 1990 by the chairman of the Department of Psychiatry, Aaron Lazare, M.D., who continues as dean and chancellor. Besides the usual qualifications for the position, Dr. Lazare brought two additional attributes to the deanship, which were particularly valuable at this time: a special sensitivity to interpersonal relations, and an exceptional skill in communicating. His published research had been in the fields of hysteria, the doctor-patient relation, unresolved grief, the delivery of outpatient psychiatric care, and psychiatry in primary care medicine, and his more recent interests reflect his concern with the patient's view of his or her medical care, and with the healing nature of apology. His analysis of shame and humiliation in the therapeutic relationship has attracted interest beyond the medical profession. He has recently been interviewed on National Public Radio, and been featured in Psychology Today. Dr. Lazare and his wife have adopted eight children, including six non-Caucasians.

Drs. Elwood Horne and Arthur Ward. Drs. Horne and Ward deserve a special place in the history of the WDMS because of their long and rich services to the society. Dr. Horne was treasurer of the WML from 1935 to 1956, and Dr. Ward was treasurer of the WDMS from 1947 to 1984.

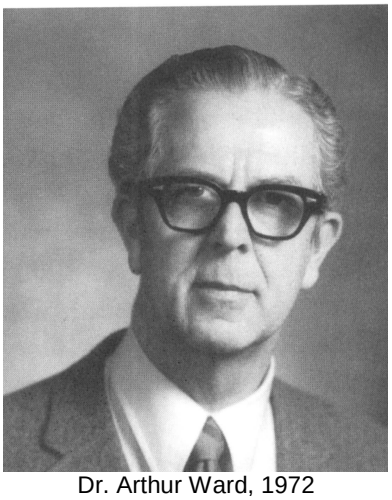
"Trader" Horne (after a character in a best-selling novel) was an outstanding general surgeon, who was chief of surgery at the

Hahnemann Hospital in the 1960s. He had served in the army in World War II and was awarded the Silver Star, the Bronze Star with Oak Leaf Clusters, and the Purple Heart. Later in his career he became interested in emergency care.

His wife, Dorothy, and he were avid travelers, and covered much of the world. They often gave travelogue lectures for the benefit of the YMCA, a cause to which they were devoted. Dr. Horne died in 1984.



Dr. Elwood Horne, 1978



Dr. Arthur Ward, 1972

Arthur Ward was the son of Dr. Roy Ward and the father of Dr. Allen Ward, all members of the WDMS. He was a skillful internist, with an interest in pulmonary disease and a reputation for the diagnosis and treatment of tuberculosis. His patients recognized that he "cared" for them in the Peabody sense of the word. His major interest outside of medicine and the WDMS was the First Baptist Church, a cause which he still embraces in his retirement. He has been seen clipping the hedges there, and doing other chores around the building. He and Mrs. Ward were leaders in starting up a retirement home sponsored by the church.

Arthur's father, Dr. Roy J. Ward (1895-1965), was a general practitioner, who was especially interested in public health, and who was a school physician for over forty years. He had helped found the Medical Milk Commission, promoted childhood immunizations, served

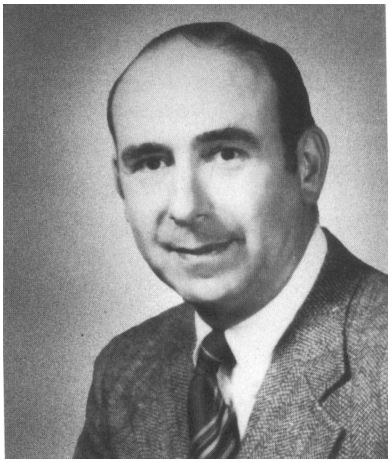
as health commissioner, and was active in the local branch of the National Tuberculosis Association.

Arthur's son, Allen, is an oncologist who is a leader in the local hospice program.

Francis X. Dufault, M.D. Dr. Dufault has been an active and effective member of the WDMS for 36 of the 40 years covered by this account of its history. He was born in Gardner, son of a general practitioner who had his office in his home. Frank received his M.D. from Tufts, served an internship and a residency in medicine in the New England Medical Center, and joined the Air Force. Following two years of service he trained in VA hospitals in Memphis and Pittsburgh, where he subspecialized in allergy. He then became chief resident in medicine at the Worcester City Hospital during the academic year of 1958-1959. He joined the staff at City and was immediately made assistant director of medical education. (Dr. Victor DiDomenico was the DME). A year or two later, Dr. Robert Boynton, a member of the Hahnemann Hospital staff, left his busy practice to join the VA system, and Frank assumed the care of most of Dr. Boynton's patients. He became more and more active at Hahnemann, becoming chief of medicine in 1965, a position he held for 18 years. During that time an intensive care unit was established, and the Department of Medicine expanded enormously, attracting numerous specialists in all the medical subspecialties. Frank was also a member of the board of directors of the hospital. He has been a successful and proficient internist; he was recertified by the American Board of Internal Medicine at the first re-certification examination.

Those who served with him on the finance, personnel, and executive committees were aware of the hard work he performed, and how effective he was. His leadership qualities came to the fore when he

led a successful campaign to elect Dr. Harold Constantian, chief of urology at Hahnemann, as president of the WDMS in 1966. Although Dr. Constantian was a veteran of World War 2, he was not a member of the "establishment" which had controlled most offices until then.


Dr. Francis X. Dufault, 1972

Frank himself was secretary of the society, and then president in 1972-1973. During his administration he was able to bring in Senator Edward M. Kennedy to speak at a regular meeting. A slip of the tongue had him introduce the then vigorous and youthful politician, not as the senior senator from Massachusetts, but as the "senior citizen." (cf. Freud, The Psychopathology of Everyday Life.)

Perhaps his most valuable service to the society has been as treasurer of the WML, where at times he seemed to be the power behind the throne. During his tenure, the WML's assets quintupled because of his watchfulness and wise investments.

Frank became the medical director at Hahnemann, and continued in that position for the entire system when the hospital became part of the Medical Center of Central Massachusetts.

THE NINETIES

HERE AND NOW

CHAPTER 25

THE WOMEN'S CAUCUS

The American Medical Association has designated September as "Women in Medicine Month," and in September 1992 several women members of the WDMS convened a breakfast meeting in honor of the occasion. Fifty-one women physicians and 21 UMass medical students attended. The issue of *Worcester Medicine* for the summer of 1992 had been devoted to women in the profession. It contained eight articles, including "Reflections on 50 Years of Medicine" by Dr. A. Jane Fitzpatrick; an article by Mrs. Joyce Cariglia, the executive-secretary of the WDMS, for which she interviewed nine women in active practice in Worcester who shared their experiences with sexism and other problems that women face within the profession; a historical article by Mrs. Sande Bishop on "Worcester's First Woman Medical CEO" (Dr. May Salona Holmes, superintendent of the Isolation Hospital on Belmont Street, from 1896 to 1941); and several articles on sexism in medicine, including a statement by two medical students. The excellent attendance at the meeting of September 1992 may have been due in part to the interest stimulated by *Worcester Medicine*.

A survey of the attendees, and a subsequent mailing to all women doctors in the district, indicated strong interest in forming a women's committee within the society. The Women's Caucus resulted. The ten original members were Drs. Ann Errichetti (chairperson), Debbie Ekstrom, Karen Green, Jane Lochrie, Mary O'Neil (a senior at the UMass Medical School), Linda Pape, Phyllis Pollack, Karen Reuter, Lynda Young, and Randy Wertheimer.

The first meeting of the caucus was held on April 7, 1993, with representation from all the hospitals in the district and across many medical and surgical specialties. Dr. Ann Errichetti was elected chairperson. The following mission statement was approved at this

meeting:

1. To address career issues specific to women physicians and women medical students;

2. To promote women's health issues within the WDMS and the community;

3. To increase the involvement of women physicians and women medical students in the WDMS; and

4. To increase the number of women physician leaders in the Worcester medical community.

In November 1993 the Women's Caucus co-sponsored a dinner meeting and panel discussion at the UMass Medical School for 50 freshman and sophomore women medical students, at which career choices and lifestyles were discussed. In April 1994, the caucus, in cooperation with the WDMS Education Committee, held a symposium on domestic violence.

The group has become well established and promises to become a force within the WDMS.

It must also be mentioned here that two women doctors were recently honored by having institutions named for them. The WDMS established the A. Jane Fitzpatrick Community Service Award in 1991 in order to recognize annually a "health care professional of central Massachusetts for an outstanding contribution, beyond his or her professional duties, to improve the health and well-being of others." The 1991 recipient was Dr. Harvey G. Clermont, founder of Children's Healthcare and Nutritional Goals through Education; in 1992 the award went to Dr. Joseph DiFranza, president of Doctors Ought to Care; Dr. Burte Guterman received it in 1993 for his work on the scholarship committee; in 1994 it was presented to Dr. Randy Wertheimer who organized a partnership program with the public schools.

In June 1994 the Fallon Clinic dedicated the Dr. M. Elizabeth Fletcher Women's Wellness Center, to provide health education materials to women and families. Dr. Fletcher is a native of Syracuse, N.Y., where she received her undergraduate and early medical education. She came to Worcester at the behest of Dr. John Fallon in 1947, after completing her fellowship in radiology at the Mayo Clinic,

and has practiced radiology at the Fallon Clinic ever since.

A. Jane Fitzpatrick, M.D. Dr. Fitzpatrick can fairly be called the social conscience of the WDMS. It was she who quietly reminded doctors of the medical relevance of such problems as drug abuse and domestic violence. Her experiences as a pediatrician, especially those gained while making house calls in inner city Worcester in the post-World War 2 period, and while serving as a school physician, made her aware of societal troubles which were little known to many doctors.

In the 1960s, Massachusetts Attorney General Elliot Richardson called a conference on the emerging drug abuse problem, inviting physicians, public health nurses, educators, and law enforcement officials. Dr. Fitzpatrick was the only doctor from central Massachusetts to attend. She became an activist in this area. Under her prodding, the WDMS organized educational programs for members and assigned volunteer physicians to schools to help bring the message to susceptible adolescents. A clinic for drug withdrawal, using methadone and other techniques, was started at the Worcester City Hospital, under the leadership of Drs. Bruce Brown and Allen Ward. Jane spent every Thursday evening there, doing intake medical histories and physical examinations on adult addicts.


Dr. A. Jane Fitzpatrick, 1993

She served on the school advisory committee of the Worcester Department of Health, where physical education programs drew her interest, and was active in promoting immunization practices. She joined the board of the regional Society for the Prevention of Cruelty to Children at a time when most people had to be convinced that the battering of children is a serious problem, and is still an honorary member.

Dr. Fitzpatrick's husband, Dr. Edward Kilroy, was president of the WDMS in 1974-1975. She raised their children while conducting a busy pediatric practice. Most of her in-patient work was at the Hahnemann Hospital. Recently she became a member, along with Drs. Richard Church and Marvin Baum, of the MMS committee for retired physicians.

CHAPTER 26

THE WDMS ALLIANCE

On a table just inside the entrance of the WDMS headquarters there is a beautiful album, containing pictures of the presidents of the auxiliary of the society, compiled by Mrs. Janet Spanknebel. She introduces the pictures with a brief account of the founding of the organization. Dr. F. Benjamin Carr, president of the WDMS, called a meeting of physicians' wives on April 14, 1948 at Knowles Hall in the Memorial Hospital. He addressed the following statement to the women: "Knowing that a concentrated effort by women can disseminate knowledge or medical news and keep the public intelligently informed, we have voted to organize a Women's Auxiliary to the Worcester District Medical Society". An advisory committee was appointed, consisting of Drs. John Fallon, Nicholas Scarcello, and George Dunlop.

All the members were wives of the members of the WDMS. Mrs. Charles E. Ayers was elected the first president, and after the state auxiliary was formed (a month after the Worcester organization), Mrs. Ayers became active at that level and served as its second president. Since then, there have been three other state presidents from the Worcester district, namely Mrs. Bancroft C. Wheeler in 1958-1959, Mrs. John B. Butts in 1965-1966, and Mrs. F. Joseph Celona in 1990-1992.

The auxiliary established a fund for a nursing scholarship; the gift was rotated annually among the various nursing schools in the district. A dinner-dance was established to support the fund, and the White Cap Ball became the foremost social event for the profession in the area. The organization also carried out other community service and education projects, and was active in lobbying legislators on health issues. Members were exclusively female, and all were wives of members of the WDMS. (There were only a handful of women members of the

WDMS until the 1980s.) The excellent work of the auxiliary was carried out by fewer and fewer members, and even the White Cap Ball came to be only sporadically attended. Fortunately a cadre of dedicated women were able to keep the organization alive through the lean years which began in the late 1960s. Some of these were Ellie Brink, Margie Butts, Elvis Corrado, Catherine Lilyestrom, Jeanne MacGilpin, Vera Massarelli, Maxine Morse, Margie Pond, and Del Schur. Perhaps the nadir was reached in 1979, when, instead of their annual social function, the auxiliary had a "phantom ball", which was a request for contributions, but no ball, or in 1982, when the nominating committee failed to name a candidate for president.

Under the leadership of Mrs. Sandra Celona (who served as president of the state organization in 1990-1992), Phyllis Farmelant, Mary Kay Albert, Susan Kronlund, Martha Pellegrino, Zenni Popkin, and Janet Spanknebel, the auxiliary became more active, with increasing numbers of persons participating. The renaissance was capped in 1993, when its name was changed to the WDMS Alliance. A newsletter circulated in November 1993 defined the organization succinctly:

> "The Worcester Medical Society Alliance is a component of the Massachusetts Medical Society Alliance, Inc., comprised of physicians' spouses. The members fulfill their mission by promoting the goals of the medical profession, meeting community health needs, and providing support for the medical family."

Notice that "spouses" has replaced "wives," reflecting the membership of men, husbands of women members of the WDMS.

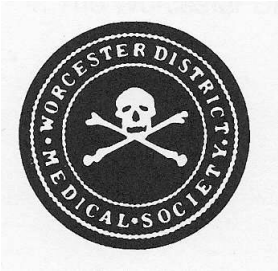
The alliance has adopted a number of causes in which it is active: domestic violence, bicycle safety, an anti-smoking campaign, a local kitchen to feed indigent people, sex education in the public schools, and similar projects. In 1994 the membership is enthusiastic, and the organization is thriving. The 1994-1995 directory of the MMS Alliance lists exactly 100 members in the Worcester district organization. One is male.

CHAPTER 27

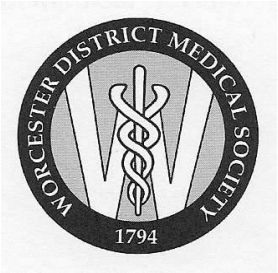
SOME ACTIVITIES OF THE SOCIETY IN THE 1990s

Mrs. Joyce Cariglia had been hired as a secretary in 1985, and she became executive secretary in January 1991, when Mrs. Wilder resigned in order to oversee staff services at the Medical Center of Central Massachusetts. Mrs. Cariglia has performed superbly in a quiet but efficient manner. In late 1994, there were 1,299 members of the WDMS, of whom 728 were regular members, 114 seniors, 202 resident members, 201 students, and 54 joint members.

The Seal. Since early in the 19th century the official seal of the society had been a larger than usual one, which imprinted a simple, gruesome device, consisting of a skull and crossbones circumscribed by the legend "Worcester District Medical Society." This was the gift of John Green Jr., and was taken from the margin of his bookplate, which was bordered by repetitions of the image.



Old Seal, ca. 1820



New Logo 1991-

As can be imagined, the membership was divided in regard to its

appreciation of the seal. Some members found it tolerable. Some strongly defended it because of its long history and because of its symbolism; the skull in medieval art stood for mortality or else the seat of thought, and the entire icon was a warning of poison. Some found it repugnant. These last were in the majority in 1991, when its use was discontinued, and a new logo was devised, consisting of a large W and a stylized caduceus.

The Scholarship Committee. The annual report of the committee in April 1994 announced that $18,311 had been donated during the previous year, a new record. During that year (1993-4) the committee guaranteed a total of $60,000 in loans, half to UMass students, equally divided among the four classes, and half to residents of the Worcester district at Tufts Medical School, the University of Chicago, Johns Hopkins, Harvard, George Washington, the University of Rochester, Virginia, Columbia, and the Dartmouth School of Medicine.

Specifically named donations were also administered by the committee to supply funds to medical students: the Sanfrey Lilyestrom Scholarship Fund gave $6,000 to a student at the Thomas Jefferson Medical School in Philadelphia, the Miriam and Burte Guterman Fund awarded $3,000 to a young woman studying at Vanderbilt University, and the Fallon Clinic donated $3,000 to a student at UMass. In addition, unnamed awards of $3,000 each were made to two students at UMass and one at Duke University.

This program, as we have seen, began with the unexpected windfall of $14,000 from the oral polio vaccine campaign. By 1994 the committee had outstanding loans of $200,258, backed by a fund of $243,168. In 1993 there was a single defaulter, for $1,203, and in the previous five years, $3,400 was in default from two borrowers. During its years of existence, the committee had had only one chairman, Dr. Burte Guterman, until 1994, when he passed the torch to Dr. Richard Danforth. In recognition of Dr. Guterman's services to this amazingly successful project, the WDMS presented him with the Dr. A. Jane Fitzpatrick Award for Community Service by a member of the WDMS in 1993.

WMN, Worcester Medicine. In 1990, Dr. James C. Hurowitz became editor of the WMN, and some innovations soon became evident. The name of the publication was changed to *Worcester Medicine*, a professional communications organization was engaged to improve the physical appearance of the journal, the contents reflected a community-wide viewpoint rather than one limited to the WDMS, and advertising picked up so that the goal of fiscal independence seemed in sight. The themes of some issues were: the impact of the medical school on the community, maternal and fetal health in the Worcester area, managed care, mental health, geriatrics services, health care proxy, conflicts of interest, and trauma care.

Dr. Hurowitz' career took him afield, and Dr. John Paul Lock became editor of Worcester Medicine beginning with the Fall 1991 issue.

The Bicentennial. As the WDMS approached the 200th anniversary of its founding, a bicentennial committee was established by President Peter Schneider. Vice-president Robert Sorrenti was named its chairman. Planning began in early 1993, and a number of events were organized for the celebration.

The bicentennial year was inaugurated in the fall of 1993 with the meeting of the Council of the Massachusetts Medical Society in Mechanics Hall. Three hundred doctors from all over the state attended. Thoru Pederson, Ph.D., president and director of the Worcester Foundation for Experimental Biology was the featured speaker at the luncheon. A doctor's office from about 100 years ago was re-created in detail and exhibited in the room adjoining the WDMS headquarters. A slide show was prepared, depicting some changes in medical practice over the 200 years of the society's existence. In the spring of 1994 this exhibit was moved to the Worcester Historical Museum, where it remained on display for three months. The presentation had been previewed at a special reception at the museum for notables in the Worcester Historical Society.

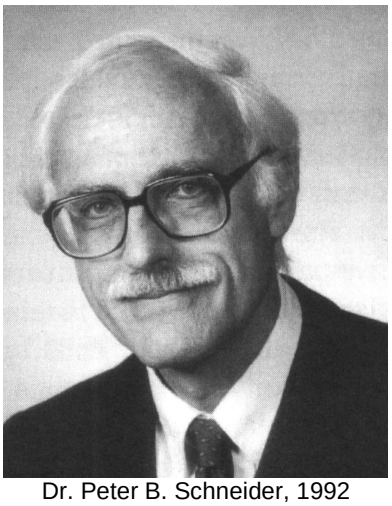
The last 1993 issue of Worcester Medicine, proudly called the Bicentennial Issue, was 78 pages long, and devoted to historical articles and vignettes. Dr. Locke, the editor, had assembled an all-star

group of writers and produced a successful issue.

In March 1994 a major social event was held: a gala dinner-dance, in association with the Worcester Dental Society, which would become 100 years old in 1995. (Dr. Martin Deranian of the dental society, whose avocation is dental and medical history, was an invaluable member of the WDMS's bicentennial committee, and author of a fascinating article in the bicentennial issue of Worcester Medicine on Dr. William T. G. Morton of Charlton, the man who first publicly demonstrated ether anesthesia.)

The Worcester Chamber of Commerce honored the WDMS at its annual meeting and presented the society with a plaque recognizing 200 years of service to the community. Five hundred civic leaders, businessmen and members of other professions were in attendance.

Dr. Bergin's history of the WDMS from its founding up to 1954 had existed only in typescript. One bicentennial project was its publication and distribution to all members. Dr. John Massarelli edited the manuscript, and Dr. Peter Schneider was especially effective in producing the book. It was first presented at the annual meeting, a festive dinner-dance at Mechanics Hall in June 1994. An ad book for this ball realized donations of $15,000, which was given to the Worcester Public Library "to establish an endowment fund to purchase reference material on domestic violence to educate the community as a means to counter the violence that has become so prevalent in so many aspects of our lives."



Dr. Peter B. Schneider, 1992

The Worcester Medical Library. In 1987 the WML received a grant of $14,703 from the MMS as part of a grant-in-aid to four

medical libraries in Massachusetts. The MMS suggested that the money be used "to improve access to current information sources by health care providers."

At the present time the WML is comfortably settled in the Soutter Library on the first floor of the UMass Medical School building, and depends on the UMass' extensive and up-to-date holdings to fulfill its strictly library functions. Its trust fund has slowly increased, and to some extent is used to support various educational activities of the WDMS. It pays one-third of society staff salaries, helps with the purchase, maintenance, and repair of office equipment and furnishings, and pays for certain publications and subscriptions useful to the society and the library (e.g. various national physician directories). The collection of audio tapes at the Soutter Library was originally subsidized by the WML, as was the initial copying machine. These magnetic tape holdings, both audio and video, have come into widespread use for instruction in many medical and surgical areas, and are now quite extensive and continually expanding.

Plans were made in 1992 to commit up to $35,000 to improve the physical facilities of the Soutter Library collection, with matching funds from the university. This project has not advanced because of dilatoriness on the part of UMass, but it is expected to be undertaken in the near future.

The Mentor Committee. Since 1989 the WDMS has sponsored a special mentor committee, responsible for an annual symposium ("Career Night") at the UMass Medical School. This has been highly successful with about 100 students present each year to hear society members discuss their specialties. In addition the committee maintains a roster of physicians who welcome students to observe their medical practices. Dr. Daniel R. Massarelli has been chairman of the committee for four years.

MMS Presidents

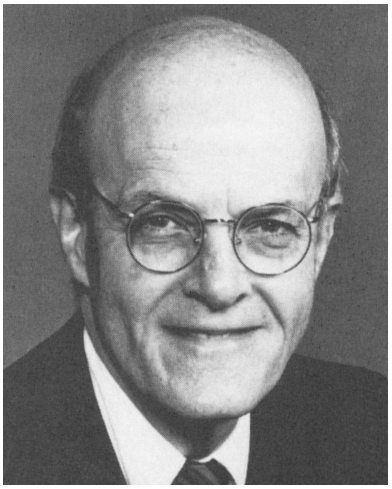
Dr. Thomas Hovey Gage was president of the MMS, 1886-1888, the first such officeholder from the WDMS. Subsequent presidents from the Heart of the Commonwealth were Dr. George Ebenezer

Francis, 1902-1904, and Dr. Samuel Bayard Woodward, 1916-1919. In addition, two other members of the WDMS had been elected president of the MMS prior to their becoming members of the WDMS: Dr. Lamar Soutter,1970- 1971 (he was from Concord then, and a member of the Suffolk District Medical Society), and Dr. William Lavelle, 1989-1990.

Dr. Lavelle was born in Wisconsin, went to medical school in California, interned in Iowa, and came to Massachusetts for extensive training in otorhinolaryngology. After a residency at the Massachusetts Eye and Ear Infirmary in Boston, he entered practice, with offices in Boston and Everett. Bill became interested in organized medicine, rising through the ranks of the Middlesex District Medical Society, finally to become president of the MMS in 1989. Shortly before then, he had become chairman of the department of otorhinolaryngology at the UMass and transferred his membership to the WDMS.

Then in the 1990s we have had two more presidents from the Heart of the Commonwealth.

Leonard J. Morse, M.D. The name of Dr. Leonard Morse appears frequently in this history of the WDMS. He has served on and chaired several committees. He was editor of the WMN for five years, a notably productive and successful time for the journal, and has contributed many editorials, articles, and obituaries over a long span of years. He has been on the board of the WML, as well as those of the Boston Medical Library and the Goddard Library at Clark University. His pack-rat propensities ("I like to save everything") led him to collect the society's memorabilia. Some items which had to be rescued from the potential garbage heap have proved to be valuable historical relics. He was made curator of the collection. Dr. Morse was



Dr. Leonard Morse, 1994

a councilor (now called "delegate") to the MMS for many years, He served as president of the WDMS in 1978-1979. He was president of the medical staff of the St. Vincent Hospital.

Leonard found the rooms at Mechanics Hall which have made such a suitable headquarters, and led the campaign to relocate there. It was he who used the old skull and crossbones seal of the society in the WMN's pioneering anti-smoking campaign. He forced the removal of the odious word "discipline" from the state board's name. He was responsible for bringing Nobel laureate Dr. Albert Sabin to Worcester for the city's 250th anniversary. He was prominent in the altruistic use of the money inadvertently accrued in the polio immunization program, and of the money realized from the sale of the Medical Bureau. He championed the unsuccessful cause of keeping the Stubbs collection in Worcester. He was the prime mover in the resurrection of the Maddox Society. In 1987 he organized the Liability Investigation Fund Effort (L.I.F.E.) to raise $500,000 in order to challenge the constitutionality of the J.U.A.'s assessing its insured physicians (practically all the doctors in Massachusetts) a retroactive premium of $340,000,000 over a 3-year period. A famous constitutional lawyer was retained, using funds raised from medical personnel and organizations throughout the state.

Leonard served on the Massachusetts Board of Registration in Medicine for almost five years, becoming its chairman in 1985. That year, legislation was introduced to make the license to practice medicine contingent upon a physician's accepting the Medicare payment, determined by Blue Shield of Massachusetts, as payment in full for professional services. This "pollution" (Dr. Morse's word) of the licensing process by including economic and politically correct requirements, which were irrelevant to a physician's competence to practice medicine, was an insult to the profession. Only one legislator asked the board's opinion of the proposal, which, of course, was one of total opposition. The bill was passed unanimously by the Senate (39 to 0), and by the House (151 to 0), and the governor immediately signed it into law. After considerable soul searching, Dr. Morse resigned from the board in protest of this massive political perversion of its function.

Leonard became chairman of the MMS committee on public

health, and was an alternate delegate to the AMA's House of Delegates, then delegate, then chairman of the Massachusetts delegation. He was elected president of the MMS in 1993.

All through this service to organized medicine, he maintained a practice of internal medicine, specializing in infectious diseases, and was active in public health measures in the community. His work in local epidemics helped forge a bond of cooperation between the Worcester Public Health Department and the members of the WDMS, which continues to the present. Leonard achieved national recognition (including a story and picture in the National Inquirer, one of the tabloids for sale at the checkout counter in supermarkets) for discovering bacterial contamination of hand lotion.

Guenter Spanknebel, M.D. Dr. Spanknebel was born in Stuttgart, Germany in 1933 and educated in that country. He came to the United States for a rotating internship, through the Ventnor Foundation, at the Memorial Hospital in Worcester and stayed for a year's residency in internal medicine, before returning to Germany for two more years training in medicine. He then emigrated to this country for two more years at Memorial, including the chief residency in the department of medicine. He was chosen for the much-sought-for research fellowship in gastroenterology at Tufts/New England Medical Center in Boston, which he held for three years.


Dr. Guenter Spanknebel, 1987

Dr. Spanknebel began the private practice of gastroenterology in Worcester in 1968, which he has successfully pursued until the present, becoming chief of that service at the Medical Center of Central Massachusetts. He is also director of continuing medical education at that institution, and a former president of the medical staff.

Guenter has been a councilor

from the WDMS to the MMS continuously since 1974, and was executive councilor for eight years. He served as chairman of the WDMS's medical education committee, which he revived from a moribund condition to a position so viable that it enabled the society to become one of the first in the state to be empowered to grant Continuing Medical Education credits, and he was chairman of the important legislative committee. He was president of the WDMS for two years. It was Dr. Spanknebel who successfully pursued legal steps under the RICO law when he learned of the financial abuse of CMHC by its CEO.

He also held several important offices in the MMS, including delegate to the AMA, chairman of the insurance committee, and chairman of the membership committee. His interest in this last led him to receive the AMA's membership recruitment award for eight consecutive years. He was Speaker of the MMS for three years.

He was elected vice president of the Massachusetts Medical Society in 1993, and President-elect in 1994. He will become president in 1995.

THE NINETIES

CHAPTER 28

HOSPITALS AND HMOs IN THE WORCESTER AREA IN 1994

Hospitals. We have seen that in 1954 there were 19 hospitals in the Worcester area and that 18 of them were thriving. With the rise of comprehensive prepaid health plans (HMOs), and consequent cost consciousness, more and more medical practice took place outside the increasingly expensive hospital milieu. Technologic advances and the rise of outpatient diagnostic facilities further diminished hospital use.

When our story began, in the mid-1950s, patients were kept at bedrest in the hospital for three weeks after a myocardial infarction, and then allowed to ambulate gradually thereafter. Women remained in the hospital for five days following normal childbirth. Cataract patients were kept at bed rest for a week post-operatively, with their heads cradled in sandbags to prevent movement. A patient who had a hernia repair and left the hospital in less than a week was exceptional - and lucky. Large pediatric wards were full of children with all sorts of infectious diseases. All of the foregoing must be nearly incredible to a new medical graduate today, when the heart attack victim is up in a chair on the second day, an uncomplicated obstetrical stay is 24 hours, the cataract and hernia patients are home late on the same day as their operations, and only a handful of pediatric beds serves the entire community.

As the incidence of tuberculosis declined and antibiotic treatment became more effective, the Rutland State Sanitarium became a public health hospital of the commonwealth for the long-term institutional care of medically indigent patients, and its name was changed to the Rutland Heights Hospital. This was the first of several hospitals which have been forced to close.

THE NINETIES

In 1985 Doctors Hospital was purchased by a private organization which converted it to an institution for substance abuse treatment, known now as the Adcare Hospital. Two years later the Fairlawn Hospital became an in-patient rehabilitation facility, the Fairlawn Rehabilitation Hospital. In 1989, the Memorial Hospital, Hahnemann Hospital, and the Holden Hospital united into a single entity, the Medical Center of Central Massachusetts, and the Holden Hospital was soon closed; it serves today as a walk-in acute care facility and as a skilled nursing institution for chronic care patients. Hahnemann endures, but only with transition beds fated soon to be discontinued, and plans have been made to convert it to strictly outpatient care once the already-begun expansion of the Memorial Hospital plant on lower Belmont Street is completed. In 1990, the Saint Vincent Hospital merged with the Fallon Clinic to form the Fallon/Saint Vincent Hospital Healthcare Systems. In 1993 plans were formulated to construct a new hospital in downtown Worcester, with attached professional office buildings, a pharmacy, and space for many other ancillary services. The entire complex would be called "Medical City,"; it was hoped that it would be completed by 1998.

Even the once-wonderful Worcester City Hospital has been gone since 1991, the victim of increasing financial deficits which became unbearable to the city, and following a disastrous attempt to salvage it by a private hospital management company hired by the city. Part of this fiasco involved a $15 million debt incurred through an overpayment by Medicare which nobody noticed until late 1990. The buildings are now used by tenants who provide out-patient medical and surgical services, substance abuse treatment, and a geriatric and oncology rehabilitation program spun off from the Fairlawn Rehabilitation Hospital.

The modern University of Massachusetts Hospital, an expanded and modernized "Med Center" at the former Memorial Hospital, and the planned new Fallon/St. Vincent "Medical City" will provide all the medical and surgical beds in the city of Worcester. The Worcester State Hospital abides, albeit with fewer beds than before. The Hubbard Regional Hospital in Webster, the Clinton Hospital, and the combined Milford-Whitinsville Regional Hospital complete the current roster in

the Worcester District. In north county the Leominster Hospital has merged with the Burbank Hospital in Fitchburg, and this entity, as well as the Marlborough Hospital, affects medical practice in the Worcester area, as fewer patients travel to the larger hospitals in the city of Worcester.

HMOs. The Fallon Community Health Plan continued to expand, with over 160,000 subscribers in mid-1994, and now includes doctors outside the 280 - doctor Fallon Clinic. In 1988 a RICO (racketeering influenced corrupt organization) suit was brought against CMHC by three of its members, which exposed financial abuses by the chief executive officer, and fraudulent practices involving other persons, none of whom were physicians. This situation was soon corrected. The Central Massachusetts Health Plan has recovered from this affair, and is a highly successful, growing Independent Practitioner Association model HMO which contracts with a wide network of hospitals and solo and group practices to provide health care. It has 83,300 panel members, still a little under its peak enrollment before reorganizing its leadership structure. In August 1994 the CMHC announced tentative plans for its sale to Healthsource, a publicly traded plan based in New Hampshire. Proceeds from the proposed sale were expected to be used to set up a nonprofit foundation with a budget of several million dollars annually to fund health needs in the community. The Medical Center of Central Massachusetts (Memorial Hospital) announced in February 1994 a partnership with Pilgrim Health Care Inc. of New England, a large nationwide health benefits organization. The University of Massachusetts faculty practice is affiliated with several HMOs, including both Fallon and the Tufts Associated Health Plan. This last organization has about 40,000 members in central Massachusetts. HMO Blue has a little over 80,000 subscribers in the district. Other HMOs have some penetration in this market, and still others are attempting to do so.

At the end of 1994 the health insurance situation in the Worcester district was highly volatile, with HMOs dominating the market, but with rapid changes occurring in their interrelations and in their relations with entities outside the district.

L'ENVOI

And here our story stops, to be resumed, it is hoped, some time in the future by an involved member of the Worcester District Medical Society. Our forthcoming historian will write of the continuing social changes in our country, of the changes in the health care delivery system which are being so widely proposed and debated in 1994, and of the flourishing WDMS which will help to preserve professional standards while playing a prominent part in implementing these changes. Will there be further consolidation of medical practitioners and facilities, perhaps into a single regional health care system? Or will the plurality of provider modalities continue or even expand into now unforeseeable forms? How will the malpractice problem, so lucrative to a few and so expensive to many, be solved? What technological advances will change day-to-day medical practice? How will medical educational techniques evolve so that all the members of the WDMS will be fully informed of the state of the art?

These and many other currently unimaginable subjects will take up the next volume in the history of the society. I hope that the theme of dedication to the ideals of the medical profession will continue to pervade the story, that its leaders will continue to proclaim and exemplify those ideals, and that its members will preserve the principle of service to the public that has endured for 200 years.

THE END

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