

**HISTORY OF THE WORCESTER  
DISTRICT HOSPITALS AND ALLIED  
MEDICAL SOCIETIES**

**1752-1953**

**Paul F. Bergin, M.D.**

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## PREFACE

This volume of the History of the Worcester District Hospitals and Medical Groups or Associations connected with the Worcester District Medical Society is a necessary byproduct of the story of the Worcester District Medical Society.

At the turn of the mid-century, before the memories of those now alive are dimmed forever, the word must be written ere it is lost. It is with forbearance that this manuscript is presented because there are many hiatuses in the narrative; not through effort expended but knowledge not obtained. The accuracy is maintained throughout by complete perusal of voluminous hospital reports, town histories, and personal contacts.

I am deeply grateful to Miss Erna M. Kuhn, Superintendent at Hahnemann Hospital, Mr. Nils Bjork, a member of the Board of Trustees and Dr. Peter Colberg at Fairlawn Hospital, for their aid; to Dr. Marshall Colcord for information on the Harrington Memorial Hospital; to Dr. Francis O'Toole who furnished the facts on the Clinton Hospital; to Dr. Anna M. Klebart for her data on the Webster District Hospital; to Dr. Roy J. Ward for his plethora, collected through the years, and to Dr. Philip H. Cook for his kindly guidance and proof reading. The photographs were obtained from many diverse sources too numerous to recount.

Worcester, Mass. 1953  
Paul F. Bergin, M.D.

## EDITOR'S NOTE

I discovered the manuscript for this book in 2021 in the offices of the Worcester District Medical Society. The typewritten pages, interspersed with photo album pages with black and white copies of pictures glued to black sheets of paper, had never been published. It was written by Dr. Paul Bergin in 1953. Remarkably, he also wrote the History of the Worcester District Medical Society 1794-1954 the following year while serving as Secretary to the Society. This contains a wealth of information regarding the people and institutions that made up Worcester medicine from the 18<sup>th</sup> century until 1953.

What follows is a digitized version with only minor corrections to the text. The pictures presented a special challenge since many were of low-quality resolution and clarity. I have dealt with this by either scanning and digitally correcting them as best I could or by finding better quality substitutes. The pictures have also been integrated into the text for better flow.



Paul Bergin, M.D.

Paul Bergin was a remarkable man. Born in 1907 he was the son of a physician. He studied medicine at Boston University graduating in 1932. He served internships at St. Vincent and City Hospitals, entering into general practice with his father from 1935-37. He then trained in obstetrics at Harlem Hospital from 1937-38, returning to practice with his father from 1938-42. He was in the Navy from 1942-46. Paul served in WWII as a surgeon serving in the Pacific. During this time he contracted malaria and, due to repeated bouts, was discharged and returned home separating from the service as a Lieutenant Commander.

He was the father of six, helped with the grocery shopping as well as his son's paper route and did deliveries at City and St. Vincent Hospitals (driving an orange Volkswagen Beetle!). He was president of the WDMS from 1956-57 and remained active in practice and the Society until his death in 1970.

B. Dale Magee, M.D.  
Curator, WDMS  
2022

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## THE HISTORY OF WORCESTER DISTRICT HOSPITALS

This takes us back to 1752, when Dr. Robert Crawford's house on Green Hill was taken as a hospital during the great small pox epidemic, when four percent of the inhabitants of the town died. These epidemics of small pox appeared approximately at ten-year intervals. In 1776, during another outbreak, Dr. Joseph Lynde had charge of the hospitals, which were sequestered homes in various parts of the town to isolate and treat the disease. In 1794, during a recurrent epidemic, several places were opened under the care of Dr. Elijah Dix.

There is no record of any further attempt to establish a hospital until the year 1850, when Dr. Charles W. Wilder of Leominster made great efforts to establish in Worcester a county hospital, but sufficient money could not be obtained and the project was abandoned. The District Medical Society was prominently identified with this movement.

In 1851, Dr. Seth Rogers opened his water cure establishment on the street still appropriately called Fountain, where patients were given the opportunity to receive the peculiar benefits supposed to be inherent in cold water baths internally and externally applied. This hospital was in existence thirteen years until Dr. Rogers left town in 1864. Strangers used to be taken up to look at least at the outside of the building as one of the city sights.

In 1862, Mr. Timothy W. Wellington, who lost two sons in the war, convinced that the Massachusetts sick and wounded were not properly cared for in Washington, tried desperately to persuade the Secretary of War to have them removed to the state from which they enlisted. His efforts were unsuccessful, and, determined to care at least for those who became sick or disabled. In the various camps of instruction (there were two in Worcester), he opened at his own expense, and maintained for five months, a hospital at 110 Mason Street, where some sixty patients were attended by Dr. Oramel Martin with the occasional assistance of other physicians. Recruiting had ceased; the regiments in Worcester had gone to the front; there were in a short time no patients; and, the hospital opened in August 1862 and was closed in January 1863. The steward in charge was one Lunsford Lane, a former slave, then living in Worcester and well known to Mr. Wellington.

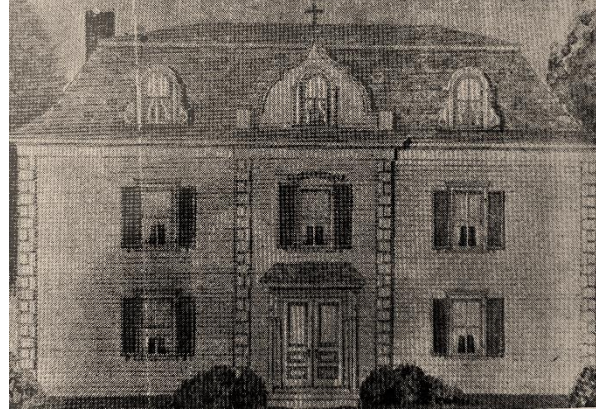
**The Dale Hospital.** In August 1864, the government, reversing its attitude, opened a hospital of one thousand beds, with fourteen one-story wooden wards, 100 feet long by 30 feet in breadth. This was on the grounds of the abandoned, much turreted building on Providence Street, erected for the use of the Botanic Medical School, later occupied by the Worcester Female Seminary, and now by Worcester Academy. This was called the Dale Hospital. It was never completely filled, but at one time as many as six hundred patients were attended. Dedicated with much ceremony, with the Governor and his staff present, in February 1865, but two months before the fall of the Confederacy, it was, less than a year later discontinued, the emergency for which it was created having passed away. The material sold and the site abandoned.



Dale Hospital 1864 1,000 beds  
Previously Worcester Medical School (Botanic)  
Later, Worcester Academy

**St. Elizabeth's Hospital.** The first public hospital in Worcester, an institution for women, was conducted by the Sisters of Mercy and was located on Pine Street, now known as Shrewsbury Street. The years were 1864 to 1871, the years in which Worcester was beginning to stir and realize its potential as a municipality. The population had climbed to over 30,000, and there was talk about industrial expansion and civic improvements, such as the widening of Pine Street and the re-locating of the East Worcester burial ground, which covered eight acres between the present Shrewsbury and East Worcester Streets. There was even talk about a City Hospital, but not too much, for hospitals were regarded pretty much as almshouses or welfare asylums in those days and people generally stayed home to have their operations and be treated for their sicknesses. The tendency to look upon hospitals as refuges for the impoverished was even reflected by the Worcester Spy, a pioneer daily publication in the city, in its story covering the opening of the hospital on Pine Street. The Spy referred to the private rooms as being "designed for cases requiring special treatment, and for patients, who, although not destitute of means, desire the benefits of a hospital". That was dated in October 1864. The article referred to the hospital as being named St. Ann's. Actually, it was called St. Elizabeth's Hospital. The confusion probably arose from the fact that the hospital was situated alongside the convent of St. Ann's parish, which, in turn, was alongside the original St. Ann's Church. At any rate, it was seven years before there was any other hospital in Worcester.





St. Elizabeth's Hospital(l) & Convent (r) 1864-1871 30 beds

When Worcester City Hospital opened on May 25, 1871 on Front and Church Streets, St. Elizabeth's Hospital closed, because its purpose of furnishing "a place where females otherwise unprovided far might find a home in time of sickness" obtained. During its seven years of operation, St. Elizabeth's Hospital fulfilled a vital function and merits a more conspicuous place in local recorded history than it has ever received. Before the outline of the highlights of the seven years service is given, it is more than passing interest to point out that the old hospital building is still standing. It was moved in 1906 and is now (1953) Turo's Market, 111½ Shrewsbury Street. Next door, at 111 Shrewsbury Street, is the structure that was St. Ann's Convent, and is now Toscano's Market. The building at 103-105 Shrewsbury Street was the original St. Ann's Church. It is now owned by the City of Worcester and adjoins their East Worcester Street warehouse. All three building have undergone some architectural changes over the years but the original lines are unmodified.

Credit for the opening of Worcester's first public hospital goes to Fr. John Power, the pastor of St. Ann's parish. A two-story 20 by 50 foot building was erected adjacent to the convent and according to the Worcester Spy was "comfortably fitted up for the purposes of a hospital". The first floor was made up of private rooms, and the upper story finished off in one large ward for general patients. The Spy estimated that the hospital would "furnish ample accommodations for about thirty patients". Then lapsing back to the peculiar attitude of the day toward hospitals, the Spy commented that "this is a larger number than we hope will be thrown upon charity by sickness at any one time". It concluded its item by noting that "all of the rooms are well lighted and ventilated and are warmed by a furnace in the basement". The hospital opened its doors on October 24, 1864. The Sisters of Mercy, to the number of four, who staffed the hospital came from St. Catherine Convent, the Mother House of the order in New York City, at the invitation of Fr. Power. The rules of the hospital were four: "(1) females only, received; (2) three dollars yearly paid when in health, gives one a right to a bed and to all the privileges of the hospital in time of sickness; (3) contagious and infectious diseases excluded for the safety of the other patients; (4) in admission, no distinction is made by reason of creed or nationality."

The two extant reports of St. Elizabeth's Hospital are important. They are a study in the social problems that confronted priests and religions almost a century ago, and their texts contain solutions which probably can challenge present maneuvers in social economics. The first of these two reports was read by Dr. Michael F. Fallon at the meeting of the American College of Surgeons held in Worcester on May 20, 1923, and subsequently printed in the Worcester Sunday Telegram. Dr. Fallon in his address stated that "the nurses of the hospital were the Sisters of Mercy, members of an order that had gained the gratitude of this nation for their work in the Civil War, both in hospitals and on the battlefield." He also stated that "scientific work was not neglected by the few members of the staff, and one case was so well studied and so interestingly recorded in the report that it attracted nationwide attention through the publication of it by the Atlantic Monthly." From that early record the reasons for opening the hospital were stated: "Nothing is truer than the fact that but a very small number while in health ever make provisions for a sick day. The poor girl, with nothing to depend upon but her week's wages, flatters herself that her health is beyond attack. She laughs and scoffs at the idea of falling sick some day; she spends as she earns; perhaps sends away to distant relatives the last dollar, generous to others, unjust to herself, even so far as to deny herself what is absolutely necessary, under the belief that nothing can affect her health or diminish her strength. But overwork, or exposure, or imprudence, or any of the unavoidable causes that affect poor humanity, convince her when too late, that sickness is most likely to be one day the portion of us all, and she awakes also to the bitter truth that to be sick without a home is to be wretched indeed.

For the sake of furnishing a home for such a class in time of sickness, this hospital was opened, and in order that it should be something more than a mere charity asylum which would soon merge into an almshouse, and to encourage habits of saving and self-reliance and for the preservation of proper self-respect in the inmates, it was thought better to conduct it on the cooperation or mutual benefits plan. Three dollars was the sum decided upon as a subscription paying which, during health, the subscriber is entitled to all the privileges of the hospital board, nursing, doctor's attendance and medicine, free of charge during 12 months - in case of sickness. The services of the sisters in charge being entirely gratuitous and the doctors of the city having volunteered their attendance, and a fair for the benefit of the Institution having proved successful, the hospital opened under peculiarly favorable circumstances and in its brief existence has already provided for nearly 30 patients whose recovery has been hastened, or whose sufferings have been lightened, by kind hands and sympathizing hearts, that bestowed upon them the comforts of a home to which otherwise many of them would have been strangers.

Special mention should be made in this connection of Dr. Mignault and of Dr. Huban of this city, whose gratuitous attendance has been constant and faithful since the opening of the hospital; of Dr. Gage whose services at the convent and hospital on certain occasions are hereby gratefully acknowledged; of those noble hearted donors who unsolicited have brought to the door of the convent their alms, feeling that they were entrusting them to the hands of those whose sphere and vocation enabled them to find out worthy and deserving objects of private charity. The blessings and prayers of the poor and sick have followed the footsteps of their benefactors."

Thus, the early report concluded. St. Elizabeth's Hospital was founded with assets totaling \$9,075. of that sum, \$8,300 came from the aforementioned fair; \$542 from memberships, and

\$233 from private donations. Early records showed that the old McConville family of Worcester were generous donors to the hospital, and the following doctors were also known to have furnished prescriptions gratuitously: Drs. Sargent, Clark, Rice, Martin, Francis, Wood and M.S. McConville.

In addition to the work in the hospital the Sisters also visited the sick, without distinction of race or creed, throughout the city. The total number of these visits in four years was 2008. For their valiant work the Sisters of Mercy won wide praise. Governor Bullock and General Devens testified to their worth in the Worcester Spy for October 16, 1866: "the Sisters of Mercy gave money in charity to the worthy poor and instructed them as to the ways they could keep both their bodies and their souls healthy. Their teachings could be summed up thus: better is a poor man who is sound and strong of constitution, than a rich man who is weak and afflicted with evils; and there are no riches above the riches of the health of the body; and there is no pleasure above the joy of the heart."

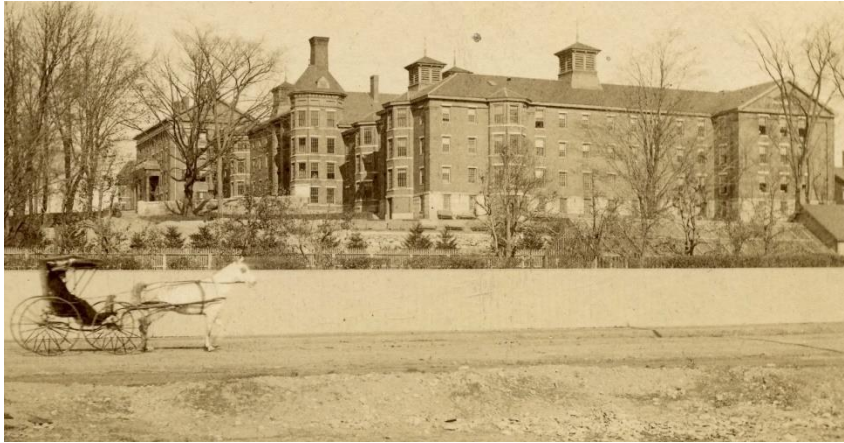
The other report of the hospital saluted the Sisters thusly: " The Sisters are but the 'Almoners of the Public'. So far as money is concerned, they are poor as those on whom their charity is bestowed. Food and raiment are all that they receive, nor does the rule of their order allow them to possess or retain more."

With the opening of Worcester City Hospital in 1871, the Sisters of Mercy closed St. Elizabeth's Hospital. The City Hospital, they felt, was in a position to carry ahead the work which they had so heroically pioneered. There was no further purpose at that time of their maintaining a hospital. The Sisters did not leave the city, however. They conducted Sunday School, sewing classes, an orphanage, and even night school on East Worcester Street for Irish immigrants. Later when Fr. Power went to found St. Paul's parish, he took the Sisters of Mercy with him. St. Gabriel's Orphanage on High Street is an outgrowth of the orphanage the Sisters conducted on Shrewsbury Street.

It is difficult to realize that Worcester, then a city of some thirty thousand inhabitants, depended on an institution with thirty beds to care for those who were ill, while for the stranger within its gates there was no recourse but the hotel bedroom or a cot at the poor farm, or if seriously injured temporary treatment in a room connected with the police station in the City Hall basement and, on the first train available, transfer to the Massachusetts General Hospital in Boston.

## WORCESTER LUNATIC HOSPITAL

The founding of the Worcester Lunatic Hospital on Summer Street, in 1830, marks an important event in the medical progress in America, for the reason that it was the first hospital established by a state government in this country primarily for the care of the criminal and the poor insane. Or, as the Act puts it, for those who had committed deeds which committed by persons of sane mind are heinous crimes, for pauper lunatics, and those who at large would be dangerous to the community.



Worcester Lunatic Asylum Summer St 1833-1877

At the session of the General Court in 1829 and 1830, a committee of five, consisting of Messrs. Mann of Dedham, Loud of Dorchester, Strong of Pittsfield, Oliver of Boston, and Frothingham of Newburyport was appointed to investigate and report on the number and condition of the lunatics and persons "furiously mad" in the Commonwealth, and to submit some suitable plans

for their accommodations.

The language used by this committee in reference to the "furiously mad" is of extreme interest. In the report to establish a hospital and remove the mentally sick from prisons and houses of correction is the following:

"To him whose mind is alienated, a prison is a tomb, and within its walls he must suffer as one who awakes to life in the solitude of the grave. Existence and the capacity of pain alone are left him. From every source of pleasure or contentment he is violently sequestered. Every former habit is abruptly broken off. No medical skill seconds the efforts of nature for his recovery, or breaks the strength of pain when it seizes him with convulsive grasp. No friends relieve each other in solacing the weariness of protracted disease. No assiduous affectation guards the avenues of approaching disquietude. He is alike removed from all the occupations of health, and from all the attentions everywhere but within his homeless abode bestowed upon sickness. The solitary cell, the noisome atmosphere, the unmitigated cold and the untempered heat, are of themselves sufficient soon to derange every vital function of the body, and this only aggravates the derangement of his mind. On every side is raised up an insurmountable barrier against his recovery. Cut off from all the charities of life, endued with quickened sensibilities to pain, and perpetually stung by annoyances which, though individually small, rise by constant accumulation to agonies almost beyond the power of mortal sufferance; if his exiled mind in its devious wanderings ever approach the light by which it was once cheered and directed, it sees everything unwelcoming, everything repulsive and hostile, and is driven away into returnless banishment."

The Commission Report resulted in the following Act:

"Commonwealth of Massachusetts. In the year of our Lord One Thousand Eight Hundred and Thirty.

Resolved, By the Senate and House of Representatives in General Court assembled, and by the authority of the same, That His Excellency the Governor, by and with the advice and consent of His Council, be, and he is hereby authorized and empowered to purchase a lot of land within this Commonwealth, and procure a deed thereof, in the name of the Commonwealth, which shall be an eligible site for a Lunatic Hospital; regard being had in the selection of such site, to the centre of population, and to the cheapness of labor and materials for the construction of the hospital.

And that His Excellency the Governor, with the advice and consent aforesaid, appoint a Board of three Commissioners, who shall cause to be erected on said site a Hospital, suitable for the accommodation of a superintendent, and of one hundred and twenty lunatics or persons furiously mad, and that said Commissioners shall have power to make all necessary contracts for, and to appoint agents to superintend the erection of the same; and shall also ascertain and report to His Excellency a system of discipline and government therefor, at or before the time when the same shall be completed.

And said Commissioners shall present all their accounts to the Governor and Council, to be by them audited and allowed as they shall deem just.

And Be It Further Resolved, that, to defray the expenses of erecting said Hospital, His Excellency the Governor, by and with the advice and consent aforesaid, be, and he hereby is authorized to draw his warrant, from time to time, upon the Treasurer of this Commonwealth, for the necessary sums of money, not exceeding in the whole thirty thousand dollars."

On January 27, 1831, the Building Committee, consisting of Horace Mann, chairman, with Messrs. Flint of Leicester and Tripp of Fairhaven reported that a tract of land for the First Public Insane Hospital in America consisting of eight acres had been presented to the State by the town of Worcester, and that the contract for the building had been let, and the foundation was already laid. The hospital building was completed the following year.

The conditions to be fulfilled by a building devoted to this purpose was practically new to the community. No accepted type of hospital construction had up to that time been adopted, but by following in part the arrangement of the McLean and Hartford Asylum, with such changes as the local conditions required, a type of building was erected which has been followed in the construction of all later public institutions for the care of the insane in America. The description of the problem as given in the report is too interesting to be omitted. It is as follows:

"The slightest reflection will render it obvious, that an edifice designed for the residence of the insane must be materially different, both in form and in interior arrangement from ordinary habitations. The insane require equable warmth, but they cannot be entrusted with fire. They require light and pure air, but the doors and windows which give light and ventilation to

common dwellings, would furnish them with facilities for escape, and with opportunity for inflicting personal injury, or even self-destruction.

The insane often possess more than the ordinary strength of men, but they are far less capable than children of rendering it subservient to their own welfare, and no human agency can always be present with them to direct or control it.

When great numbers of this unfortunate class of people are collected together, not only considerations of convenience in superintending them, but the probabilities of their restoration, and their security from mutual injuries, require a classification founded upon scientific principles, according to the various degrees of intensity, or forms of violence, which their maladies may assume.

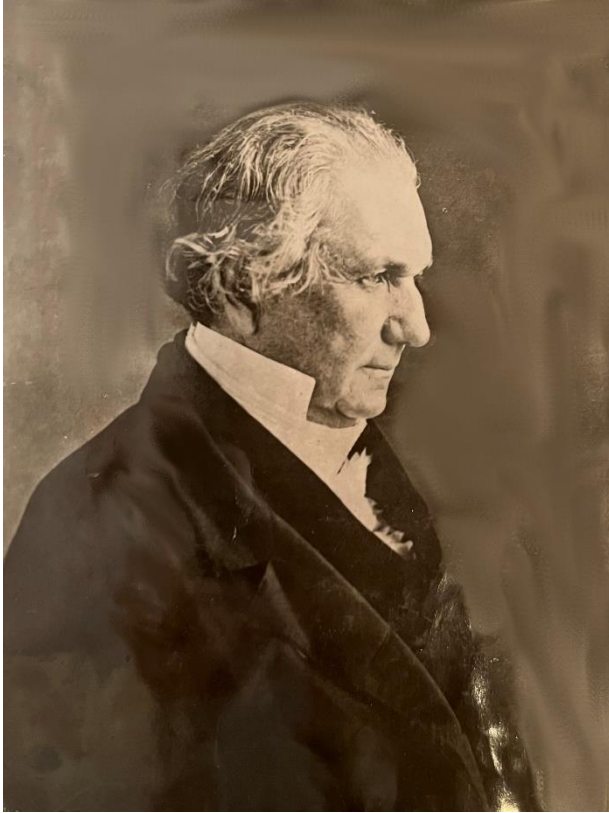
Regarded as individuals, suffering under some bodily or organic disease, (as is ordinarily the case) it is apparent that any habitation designed for their residence, must partake, in a great degree, of the character of an infirmary.

No vigilance of care, or expense of labor, can successfully accomplish all these objects, if unaided by the skillful adaptation of the form and interior arrangement of the edifice in which they are placed. Architectural fitness, then, becomes indispensable to their welfare; it promotes humane and compassionate treatment, gives additional efficacy to medical skill, and often disarms the rage of a spirit, intent upon the destruction of the body in which it dwells."

The first patient was received at the Worcester Insane Hospital January 19, 1833, and by the end of the year the hospital was filled to overflowing. The inmates were chiefly transfers from the jails and almshouses, and were brought to the hospital in teams or by stage coach, no railroad as yet having been built. The more violent were transported in cages, or tied hand and foot in wagons.

The first superintendent was Dr. Samuel S. Woodward of Wethersfield, Connecticut. He was the ancestor of the famous Woodward medical family in the city of Worcester.

Many were the trials of the first year. Flooded to overflowing by a class of patients, the like of which had never been received in any hospital, with every town in the state trying to unload its undesirable charges upon the newly organized institution. With no well-defined definition of insanity or laws governing the status of the insane, it was remarkable that they went through the



Samuel Woodward, M.D. 1<sup>st</sup> Superintendent,  
Worcester Insane Asylum

year without a serious accident and with a success in treatment far beyond expectation. Further enlargement of the building by the addition of two wings was completed in 1835.

In their choice of Dr. Samuel B. Woodward as their first superintendent, the trustees were singularly fortunate. Under his wise and humane administration the treatment of the insane in this hospital, one of the early state institutions in this country, was placed at once on a high level. At the time of the retirement of Dr. Woodward in 1846, the patients in the hospital numbered 360. Dr. George Chandler was appointed superintendent of the State Lunatic Hospital on July 1, 1846.

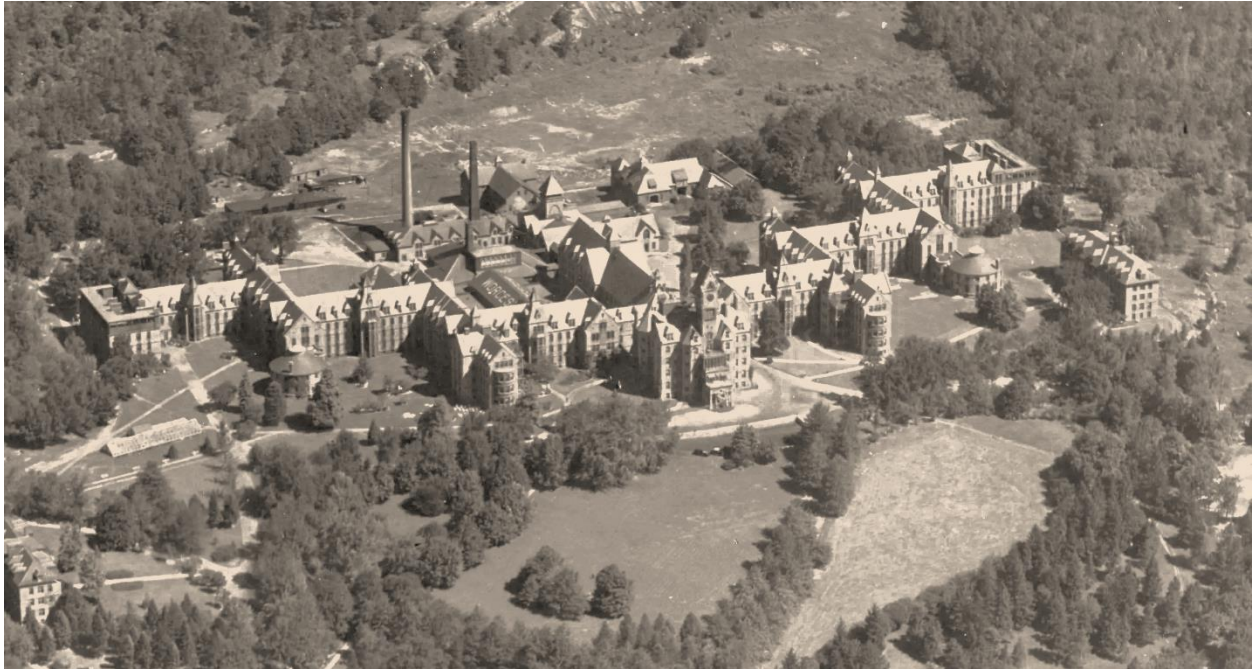
When the institution was first established, its location was considered sufficiently removed from the residence center of the town to be unobjectionable. With the growth of the community, the town steadily encroached upon the hospital and there began to be a feeling in the minds of many that another site should be found, to which the institution

should later be transferred. Dr. Chandler resigned in 1856 and was succeeded by Dr. Merrick Bemis. Under Dr. Bemis the good traditions of the hospital were preserved. He placed great stress on occupation in the treatment of mental disease and lessened restraint and seclusion.

The removal of the institution from its original location was again actively agitated, and in 1869, Dr. Bemis, under the direction of the trustees, bonded land in the outskirts of the town, on a site overlooking Lake Quinsigamond. The Legislature approving, the land was purchased the next year. In 1873, the plans for the new hospital buildings having been approved by the Governor and Council, the Legislature authorized the erection of a new institution, limiting the number of inmates to 400. The new hospital buildings received their first patients on October 8, 1877.

It was the intention of the state to abandon the old hospital buildings, but the temporary overcrowding of the other institutions compelled them to establish "The Temporary Asylum for the Chronic Insane at Worcester" in the abandoned hospital.

The number of insane, however, continued to increase faster than hospital accommodation could be supplied and the old buildings now thoroughly remodeled are still in use (1953).



Worcester State Hospital for the Insane 1877

Dr. Bemis retired in 1871 and was replaced by Dr. Barnard Eastman, who remained until 1879, to be followed by Dr. John G. Park. Dr. Park remained until 1890, succeeded by Dr. Hosea M. Quinby, who was followed by Dr. Ernest V. Scribner in 1912. Dr. William A. Bryan became superintendent in 1921 and remained in that position until 1940, when he was succeeded by Dr. Bardwell Flower, who still holds that position (1953). In 1940, the last hospital report published, the institution had 584.95 acres of land which was valued at \$343,273 and the buildings with equipment at \$2,498,973. The census at this time was approximately three thousand patients.

The Worcester State Hospital occupies a prominent position in the treatment of the mentally deranged and is considered to be one of the foremost in the country in research and establishment of the newer treatments instituted for recovery.

### WESTBOROUGH STATE HOSPITAL

The Westborough State Hospital occupies the original site of the Lyman School for Boys which was started in 1840. It was taken over for use as a hospital in 1886 upon removal of the school and after renovations and alterations was opened as a State Hospital in 1887. The main building of the hospital is the original Lyman School building.

Modern buildings have been added through the years to the main group and to compose three separate colonies. The hospital census has mounted steadily until, in 1949, the population consists of about 1660 patients. These are drawn from the suburbs of Boston and communities westward to Westborough, including the cities of Cambridge, Somerville, Newton and



Marlborough as well as neighboring towns and the southern part of Middlesex County around Framingham.



Westboro State Hospital est. 1886

The site comprises 700 acres, located around three sides of Lake Chauncey. Its standpipe is a landmark in the region and an adjunct to the Metropolitan Water Supply which comes from the Clinton Dam.

The hospital has an active turnover, replacements amounting from 500 to 600 new patients a year. It has a large consulting staff of specialists in

the various fields of medicine and surgery, mostly from Boston and some from Worcester.

## GRAFTON STATE HOSPITAL

The history of the Grafton State Hospital is rather intimately connected with that of the Worcester State Hospital. In 1902, the Legislature made an appropriation to purchase farm land and buildings in Grafton, Westborough, and Shrewsbury for the purpose of establishing a farm colony under what is now the Summer Street Department of the Worcester State Hospital.

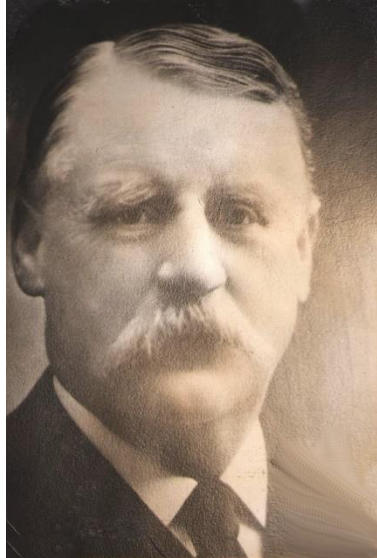


Grafton State Hospital est. 1903

In 1903, fifty male patients were transferred to live in an old farmhouse on the present property. This section gradually grew with the addition of new buildings until 1915 when the Grafton Colony became known as the Grafton State Hospital and became an independent State Hospital under the Department of Mental Health. In 1949, the capacity of the institution was 1564 with a quota of employees of 513. The Hospital is equipped to care for both acute and chronic psychotic patients with facilities for various psychiatric treatments, and for the ordinary type of medical and surgical care.

THE WORCESTER CITY HOSPITAL

Dr. Albert Wood can rightly be designated the "father of the Worcester City Hospital." In his annual report as City Physician in 1870, he called attention to the pressing need of hospital accommodations for the city poor and advised that a building, capable of accommodating at least twenty free patients, be leased by the city for hospital purposes. In accordance with the recommendation the City Government petitioned the legislature for the authority to establish such a hospital, and appointed a joint special committee of the City Council, consisting of Dr. F. H. Kelley, B. R. Sprague, Luther Ross, Maurice Malaney and Edward Eames, to consider the subject in all its bearing and report. This committee reported at considerable length under the date of May 8, 1871. A portion of the report is sufficiently interesting to quote:



Albert Wood, M.D.

Report

"To purchase a proper site, to erect suitable hospital buildings for the present and prospective wants of Worcester, to put a model institution of the kind in successful operation, and to provide for its maintenance would require an expenditure that would not be warranted in the opinion of the committee, at the present time, however desirable it might be to have it. But after full consideration with the trustees of the Washburn Hospital Fund and with many of the medical profession of the city, your committee are unanimous in the belief that some plans should be devised to meet the present exigency, and afford at least temporary relief. According to a careful estimate based upon information derived from some of our leading physicians, there are annually from two hundred to two hundred and fifty persons who would be proper subjects for hospital treatment and who would gladly avail themselves of such advantages if provided for them. Calling the total number of admittance two hundred and twenty five for the first year, with an average treatment of three weeks to each patient, would furnish from twelve to fifteen occupants constantly. To provide temporarily for this number in a comfortable but inexpensive manner would certainly not be a great burden upon the city. The cost of starting and supporting such an establishment for the year is estimated as follows:

Rent of some suitable dwelling house centrally located .....	\$1000
Salary of man and wife to superintend the hospital.....	600
Cost of furnishing and fitting up for 15 beds.....	3000
Help and supplies for an average from 12 to 15 patients throughout the year.....	5000
Contingencies.....	400
Total:	\$10,000

It is recommended by the committee "That the sum of ten thousand dollars be appropriated as soon as the authority for the same can be had from the legislature, if that be necessary, for the purpose of providing temporary hospital accommodations, free to such temperate and industrious persons residing in Worcester as may wish and deserve the same. That the City Treasurer be directed to open an account under the head of the City Hospital account, and charge said appropriation to such account. That this money and all future appropriations for this object be put into the hands of seven Trustees to be expended by them under such general rules and regulations as shall be fixed by ordinance. That said Trustees be elected by the City Council, one of them to be a member of the Board of Aldermen for the time being, two to be members of the Common Council, and four to be selected from citizens at Large. It is obvious that the objects of the proposed enterprise can best be attained by placing the detail of its management in the hands of an executive board, who shall be under the general control of the City Council. The precise object and management of a hospital can only be stated in this report in general terms: while its benefits are intended to be free to those persons of temperate and industrious habits who, by sickness or accident, require that care and attention for which they are unable to pay; yet where there is the ability, there is no reason why a just and proper amount should not be received to aid in meeting its expenses. Many patients or their friends would prefer to pay something in proportion to their means to prevent the feeling that they were the objects of public charity. This sentiment or desire of independence is strong among that class which the enterprise is designed to benefit; and it is one which, as the great barrier to pauperism, cannot be too highly commended and encouraged. Hence, 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 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, however well-disposed may be 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 sicknesses require that comfort society, whose sickness and medical advice which their means and homes cannot afford.

It is confidently believed that if the City Council will assume the responsibility at this time, and initiate the enterprise upon the scale herein recommended, it will form a nucleus around which will grow a City Hospital that will eventually be the pride of all our people."

On May 25, 1871, the necessary legislative act was passed, and on June 26, 1871 the city government passed an ordinance establishing the Worcester City Hospital, and the City Council



Worcester City Hospital 1871  
Church & Front Streets

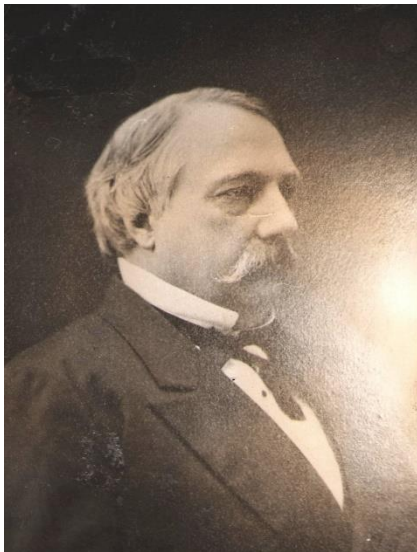
with the approval of Mayor Earle elected the following Board of Trustees: Dr. F. H. Kelley, Stephen Salisbury, George Jaques, Dr. Joseph Sargent, O. L. Hath, Sumner Pratt, and P. L. Moen. The newly appointed Board of Trustees selected a staff of three consulting physicians and twelve visiting physicians as follows:

Consulting Physicians: Dr. F. H. Kelley, Dr. Merrick Bemis, Dr. Joseph Sargent.

Visiting Physicians: Dr. R. Woodward, Dr. J. G. Park, Dr. C. Bates, Dr. Emerson Warner, Dr. O.

Martin, Dr. Albert Wood, Dr. Henry Clarke, Dr. J. Marcus Rice, Dr. J. N. Bates, Dr. George E. Francis, Dr. T. H. Gage, Dr. H. Y. Simpson.

Dr. John G. Park was appointed the first superintendent, and Miss M. A. Hales the first matron. The rest of the household consisted of a male and female nurse, a night watchman, a cook and her assistant and a laundress. The Board of Trustees, having neither authority or means to purchase real estate, leased the Abijah Bigelow estate at the corner of Church and Front Streets, and remodeled the venerable mansion into a hospital, which could comfortably accommodate eight to ten patients. The superintendent, who was also the admitting physician, received a salary of \$700 per annum, in addition to his office accommodations and board and was allowed to engage in private practice. The hospital was opened for the reception of patients on October 26, 1871. A few words in regard to the personnel of the staff:



F. H. Kelley, M.D.

Dr. F. H. Kelley was born in New Hampshire in 1827. He attended lectures in Dover, Cincinnati, and at Harvard Medical School, but obtained his degree of M.D. at the Worcester Medical Institute, where the Worcester Academy now stands, in 1852. He became a member of the Massachusetts Medical Society in 1874. He served on the Board of Trustees until 1883, and from 1877 was one of the Commissioners of the Jaques and other funds. It was largely through his influence when Mayor that the hospital was moved to the present site. He was a staunch friend to the hospital from its outset, and was one of the most valuable members of the organization.

Dr. Merrick Bemis' name has been associated rather with the treatment of the insane and the study of natural history than with the City Hospital. His life was long and useful, and his interests in all departments of medicine continued to the end.

No one in the community was better known than Joseph Sargent, born in Leicester in 1813. He studied medicine with Edward Flint of that town, and later took his medical degree at Harvard Medical School. For forty-eight years he was easily the leader of the medical profession in Worcester. A noted teacher, skillful surgeon, conscientious practitioner, and a friend to everyone. During his long life he assisted many young physicians in their studies before the days of medical schools. He filled many offices of trust, and his warm friendship with George Jaques may have had much to do with the generous bequests with which he later endowed the City Hospital.

The consulting staff in those days held an appointment which was not, as now, chiefly honorary.

Rule 6 reads: "Except in cases of emergency no capital or important operation shall be performed on any patient without previous consultation with the Board of Consulting Physicians and whenever any such operation shall be performed all the visiting physicians of the hospital shall be invited by the superintendent to be present."

The Visiting Staff comprised all of the best practitioners in the little city of 40, 000 Inhabitants.



Joseph Bates, M.D.



George Bates, M.D.

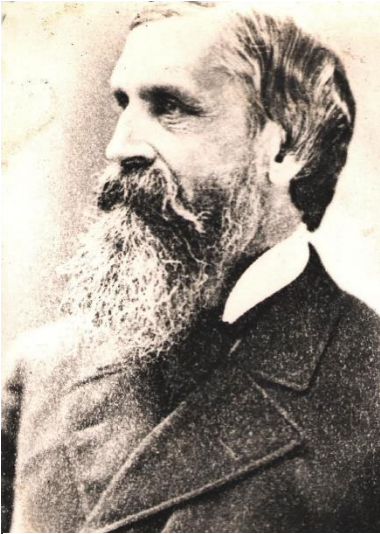
Worcester has always been remarkably free from medical strife and jealousy, and the original staff were all personal friends and daily associated with each other in the duties of their calling. The brothers, Joseph N. and George A. Bates, who were natives of Barre and, for many years the only physicians in this section of the county, had moved to Worcester. While not especially noted for scientific attainments, they were good students of human nature, and held their patients by many ties.

Joseph Bates possessed a keen sense of humor and a fund of anecdotes, which was always interesting, even though the basis of facts were more or less imaginary.



Oramel Martin, M.D.

Oramel Martin, one of Worcester's most original characters, was born in New York State in 1810. He received medical degrees at Pittsfield, Massachusetts, and Castledon, Vermont. He spent two years in Paris and practiced in New Braintree, North Brookfield and Hopkinton. He participated largely in the antislavery movement. In 1861 he went to the front and served with fidelity in many positions of responsibility to the end of the war. He was a man of great strength of mind and much originality.

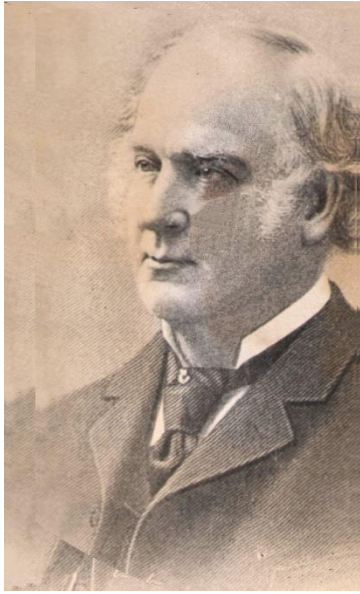


Henry Clark, M.D.

Henry Clarke was born in Marlborough in 1824. He studied with Joseph Sargent and took his degree in medicine in 1850. He spent much time in Paris and Vienna, and in 1851 began practice in Worcester, with as fine an education and equipment as it was possible to obtain in those days. He was a man of great ambition and devoted himself to his work with such zeal and industry that he repeatedly broke down his health, and finally died in middle life after a short illness. His ideas of surgery were advanced, and he was much interested in the new specialty of gynecology, and operated extensively in this field.

Rufus Woodward, a son of Samuel B. Woodward, the first superintendent of the Worcester Lunatic Hospital, was born in 1819. He graduated from Harvard College and the Harvard Medical School, besides being a student of Joseph Sargent. He was assistant superintendent at the Worcester Insane Hospital for three years, when he resigned to take up private practice. To him belongs the credit of having done the first successful abdominal operation in Worcester, this was prior to 1857, and the case was a Cesarean section. He remained on the hospital staff until 1880.

From the outset Thomas H. Gage took a great interest in the new hospital, and for more than thirty years was connected with it in some capacity: nine years a member of the visiting staff, seven years on the consulting staff, and for twenty-two years a member of the Board of Trustees.



Thomas Gage, M.D.

Through this long and gratuitous service to the city, to him largely belongs the credit of outlining the policy directing the management and advancing welfare of the City Hospital. It is becoming that the record of his life's work be reviewed here so that the lessons which it teaches may be impressed on the generations to come.

Dr. Gage was born in Waterford, Maine, May 22, 1826 and died at his home in Worcester, September 17, 1909 of cardiac disease. He was the fourth child of Dr. Leander and Anne Sargent Gage, who had a family of eight children. At the age of sixteen, while attending Brighton Academy where he was preparing to enter Bowdoin College, the premature death of his father obliged him to leave the Academy and go home to work on the farm to help support the family. From this time he got a systematic course of study for himself and found the same accuracy and carefulness of writing and expression which was his habit throughout his long life.

After the family had grown up so that they could care for themselves, he went to Lynn to work as a clerk in a store. This was distasteful and he went back to Waterford, becoming a pupil of Dr. Holt of that town. He finally borrowed the necessary money and went to Harvard Medical School in 1849 where he graduated in 1852. He was a Surgical House Officer at the Massachusetts General Hospital and then opened an office in Upton for a few months. Fortunately, he became associated on equal terms with Dr. Kendall of Sterling. In 1857 he left Sterling and accepted the position of Assistant Physician at the Worcester Lunatic Hospital, remaining one year before establishing himself in this city. His surgical instincts and judgment were keen and he was a bold, neat and skillful operator, never, however, reckless. For many years he performed most of the operations in this vicinity. He was a very active member of the Worcester District Medical Society, filling all of the offices in succession, presented many valuable and interesting papers and took a prominent part in the discussions. He was a ready speaker and expressed his thoughts in concise, lucid and forceful language. Dr. Sargent once said "How rare it is for a doctor to be able to get up and talk extempore easily and intelligently upon any question brought before the medical society. I know one man who can do it, and that is Dr. Gage". For forty years he was a councilor of the Massachusetts Medical Society and in 1880 delivered the annual address before that body on "The Prevention of Typhoid Fever." In 1886 and 1887 he was elected President of the Massachusetts Medical Society. The underlying principle which governed Dr. Gage's whole life was "That it is the duty of everyone to do all he can to help others, and to add something to the sum of human happiness and for the betterment of the people," In addition to the exacting and laborious duties of his profession, he served as a trusted and faithful officer on the governing boards of many of the Institutions of the city. He was a Trustee of the Worcester Lunatic Hospital; Trustee of the Washburn Fund and was on the executive committee to build the Memorial Hospital, the president of its board in 1891 and resigned trustee In 1904; director of the State Mutual Life Assurance Company in 1865; trustee of Clark University from 1891, director of the City National Bank; trustee of the Worcester County Institution for Savings; trustee of the Old Men's Homes; member of the American



Antiquarian Society; member of the Worcester Fire Society; and fifty years a member of the Central Congregational Church.

Dr. Gage married Anne N. Lane, of Boston, in 1860, two sons and one daughter were born to them. During the last fifteen years of his life he suffered from increasing infirmity, becoming both blind and deaf. During his residence over fifty years he had seen the city grow from a population of 20,000 to that of 140,000. In the organization of the Worcester City Hospital Dr. Gage, from the first, strongly and earnestly advocated that the trustees should be elected by the City Council from the citizens at large, the same plan as was always adopted in choosing the directors of the Public Library. Experience has shown that had his advice been accepted, the organization of the board would have been much better than it is today; and the politics which have been slowly creeping into its management in recent years would probably never have occurred.

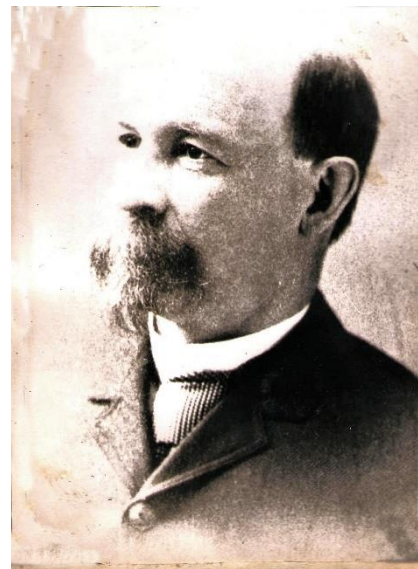
The younger members of the staff were Dr. J. O. Park, who was the first superintendent, but who resigned during the first year to take an appointment at the Worcester Insane Hospital where his life work was to be.



Emerson Warner, M.D.

Emerson Warner, at first assigned to the medical side, was later transferred to the surgical, and for more than twenty years was one of the leading operators on the staff.

J. Marcus Rice came to the hospital with a large surgical experience gained in the Civil War. He served for fifteen years on the visiting staff, and was a member of the consulting staff up to the time of his death.

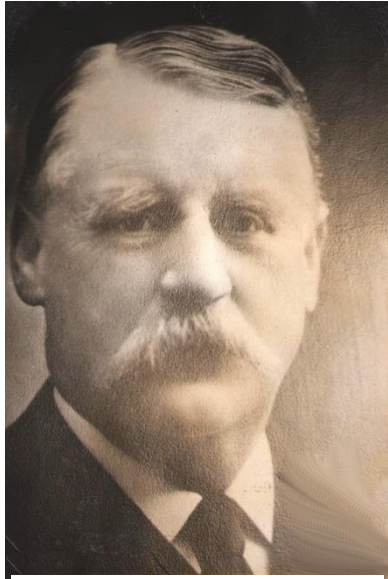


George Francis, M.D.

George E. Francis also had a distinguished record of serving in the Civil War. He began his work at the City Hospital on the medical side, but later transferred to the surgical side. He gave the City of Worcester nearly twenty years of active service.

H. Y. Simpson was also on the original staff, but resigned and withdrew from practice the following year.

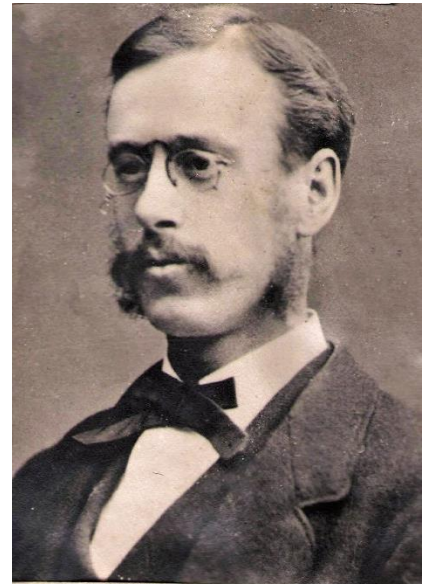
To Dr. Albert Wood, more than any other one man, do we owe the success which the City



Albert Wood, M.D.

Hospital attained. The first conception of the institution originated with him. For ten years he was on the visiting staff, and then became one of the strong members of the Board of Trustees in directing the growth and policy and in maintaining the high standard of the institution.

Although not on the original staff, one staunch friend and supporter of the City Hospital deserves notice: Dr. Leonard Wheeler, who came on the staff in the first year of the hospital's existence and succeeded Dr. Park as



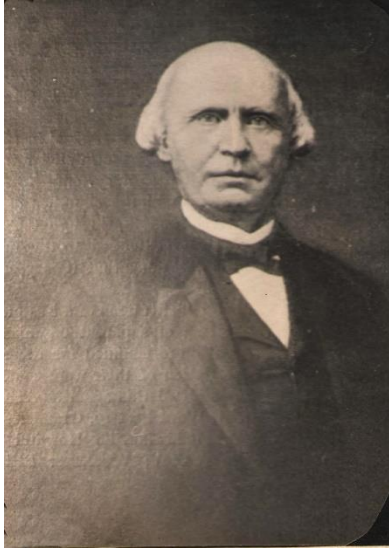
Leonard Wheeler, M.D.

superintendent. Dr. Wheeler, naturally a student and educated in the best schools, showed in marked contrast to the older members of the staff who did not believe in records, and whose treatment depended on personal experience rather than on scientific research. Note that in 1872, during his service, for the first time in the history of the hospital the diagnosis of pneumonia was made on physical signs, and not on cough and rusty sputum. Dr. Wheeler gave untiring service on the hospital staff for thirty-five years.

It may be of interest to know that Dr. Park's salary was fixed at \$700 a year, that the Matron's compensation was \$25 per month and that the total expenses for the first year were in the neighborhood of \$6,000, while ten years later they were but \$8,000.

In their very first report the Trustees complained of the inadequacy of accommodations and undesirability of the situation, declaring that a hospital of forty beds, at least, in a more retired situation, was desirable. Things began to move with great speed.

In March 1872, Mr. George Jaques, one of the Trustees, deeded to the City of Worcester a hospital site of three and one-half acres of land on the south side of Prince Street. Prince Street



George Jaques

was then a narrow way running through the Jaques land from near his house on Wellington Street as far as King Street. Mr. Jaques' deed provided that the street should be widened to the extent of fifty feet and "so made as to be in reasonably good condition for carriages to pass over," while \$25,000 had to be appropriated and laid aside by the City within one month from the date of the deed, said money to be used for the creation of 1 hospital of not less than twenty-five beds and that within three years. Mr. Jaques died five months later, leaving the bulk of his estate, with an estimated value of over \$200,000, for the furtherance of the same object, the erection of a hospital for the sick poor. This estate included a large tract of unimproved and unoccupied land, twenty-one acres in all, on Wellington and Chandler Streets, on both sides of Prince Street, and Included the land previously deeded, where the City Hospital now stands.

Mr. George Jaques born Brooklyn, Connecticut, February 18, 1816. He was the son of Abiel Jaques who was a civil engineer and mathematician, and who came to Worcester in 1833, and bought a large part of the Chandler Farm, most of which his son, George, inherited. George graduated from Brown University in 1836, taught school for several years in Virginia and here; he was especially interested in horticulture and in the schools, the hospital, public library and Horticultural Society.

Mr. Jaques in his will declared his purposes in regard to the City Hospital in the following language: "I have been convinced, for some time, that the City of Worcester, containing within it as it does, so many elements of prosperity, thrift and rapid growth, has no greater want to be supplied than that of a well endowed and properly managed general hospital, which can minister to the comforts of the sick and unfortunate, among the poorer classes of the city's population, by furnishing that care, nursing, and medical skill which otherwise they never would receive. I have already given evidence of a conviction upon this point, by the gift recently made to the City for that object; but at the same time I realize how little that alone can do towards the proper and full accomplishment of the work, or even to such degree as to render it of any permanent and real value to those for whose comfort and wellbeing it is designed. In making disposition of the balance of my property, situated as I am with no relatives likely to survive me nearer than cousins, with whom I have never been on terms of intimacy, and any of whom are comparative strangers to me. I have thought I could not be the Instrument of more good to my fellow man, or serve a better purpose with said balance of my estate, than by contributing still more to the object above named. Therefore, all the rest, residue, and remainder of my estate, real, personal, or mixed, not herein otherwise disposed of, of which I may die, seized and possessed, or to which I may in any way be entitled at the time of decease, whatever the same may be. wherever it may be or be situated, or however it may be known, designated or described, I give, devise and bequeath unto the City of Worcester, in trust, however, to be by the city applied to the sale and particular use and benefit of the Institution recently established and known as the Worcester City Hospital, and to no use or purpose other than that whatsoever. While I would not wish to give any particular direction to the bequest, nor incur the risk of defeating the purpose I have in view

in making it, by imposing any limitation or condition as to the manner of its use, still I should prefer to see it set apart as a separate fund, and the income thereof only applied to the support and maintenance of said Hospital, if such a course shall commend Itself to the wisdom of those having it in charge."

Thus, it may be seen how munificently Mr. Jaques endowed this charity, without limitation or condition, and with no provision for connoting his name with the object of his bounty. Let it be the duty of those who administer his bequest, to provide such proper memorial of his liberality as shall serve to make his name and example familiar to citizens of Worcester in coming time.

In 1874 the hospital was moved from Front Street to the Jaques homestead on Wellington Street, while awaiting the action of the City in the matter of erecting a proper hospital on the site provided. Sixteen patients could then be cared for and two years later the building of two wooden pavilions, with accommodations for five and eight patients respectively, nearly doubled the accommodations provided. A room for autopsies was arranged in the old barn.

It is pleasing to note that delay and shilly-shally are not confined to our times and that Mr. Jaques built better than he knew, or perhaps knew his city better than most people. He provided in his will that the City should forfeit \$200 every month for twenty-five years until a permanent hospital was built on the site provided by him and for eight years, while the Trustees and the city fathers debated and talked and talked some more and nobody wanted to have the hospital built where Mr. Jaques had planned to have it, \$200 came to the Jaques Fund twelve times each year. The Trustees thought that the lot was too long and too narrow, that it faced the wrong way, that it was too far away from the City center and that the site where they were was the better one and the City applied to the Supreme Court for a release of the obligations of the original deed. The Supreme Court refused this request; the Trustees finally agreed to the plan and to the architect's plan.

In May 1874, the Hospital Medical Staff, consisting of twelve members, created an organization to enable them better to consider and discuss the condition and needs of the Hospital, to establish a means of official communication with the Board of Trustees, and to advance medical knowledge. For this purpose they adopted a set of by-laws and appointed officers and committees. The following is quoted from their first report: "We learn the true work of the hospital, the cure of its patients. Nothing should stand in the way of securing this most desirable object. Nothing should be considered impracticable or inexpedient, no question of mere economy should become paramount. The hospital grounds should not be so limited as to prevent carrying out this plan."

In 1878 a special committee of the City Council recommended the purchase of a small lot of land on the north side of Prince Street, and the discontinuance of Prince Street, and the laying out of a new street on the purchased property, afterwards called Jaques Avenue. This was done for the purpose of enlarging the hospital lot, which at that time was considered too narrow for the proper arrangement of the buildings. In 1880 the work on the new hospital was begun, and it was ready for occupation by patients, and opened December 8, 1881. The dedication which had been elaborately planned for was omitted on account of the sudden serious illness of Mayor Kelly who had been the prime mover in settling the final location of the hospital upon Jaques' lot.

The hospital this time consisted of two wards to accommodate forty patients, an administration building, a kitchen and a laundry. It may be of interest at this point to call attention to the fact that in 1878 a committee of the Trustees, appointed to consider the re-arrangement of the land on Prince Street, stated "If the arrangements be carried out, there will be a tract 400 by 700 feet, thus furnishing abundance of land for hospital purposes and an opportunity to accommodate such buildings as may hereafter be required by the Memorial Hospital or the Washburn Free Dispensary, if arrangements should be made for their joint occupancy of the land belonging to the City." Four hundred feet by seven hundred feet of land for both hospitals and this at a time when only one story buildings were to be thought of. How short a time ahead could the Trustees be really looking?

As an explanation of the plan of the original hospital and an instance of the medical feeling at the time, be it noted that the committee of the staff quoted numerous authorities to prove that no more large or high buildings for hospitals should be in the future erected, "because the aggregation of the sick in such buildings begets and brings to maturity a most formidable enemy which has now been christened hospitalism." All statistics show," said they, "that the rate of mortality increases in a nearly geometrical ratio to the number associated together," and they quoted medical authority who said, "It has been shown that an outbreak of surgical fever can with certainty be predicted when the number of severe cases reach a given point. In a ward of fourteen beds, if there be more than seven open rounds, then septic disease will certainly break out. It was for this reason that the Hospital was built in the form adopted, with the expectation that the two one-story wards would, after a few years' use, be destroyed and others erected in their place. The staff committee went on to say: "What the sick need is fresh, pure air. The fewer there are crowded together, charging the air with their fetid and poisonous exhalations, generating the miasma of hospitalism, the better their chances of recovery." Sir James Simpson defined hospitalism as "the unfavorable action of a crowded hospital on its inmates" and with every wound streaming with pus, with doctors and nurses with unwashed hands passing from one dressing to another, with no wound, unless by some miracle, healing by first intention one can understand that pure air was a consideration devoutly to be wished for, but practically impossible of attainment.

It is of interest to describe some of the early services. The prolonged examination of the patient by many dirty hands, the earnest consultation, which however, was often attended by pleasantries on the part of the consultants at each other's expense, and the operation where everybody present felt the liberty to assist, both with his hands and with his advice. The dressing for wounds consisted of strips of old linen or cotton, which was contributed by the good housewives of the City, and was applied to the wound in the condition in which it was received at the hospital, without even being washed. The operator's hands were never washed before an operation, and not after unless badly soiled. The sponges, etc. were used over and over again until worn out, with only a rinsing in water. The results, however, were in the main good, and the mortality much below that of many older hospitals.

Mr. George Jaques died on August 24, 1871 and despite his vision in compelling the City to abide by the conditions of the will and leaving a tremendous amount of land to the City, twenty-one acres in all, with only a small area of three and one half more so designated for the hospital site, the city of Worcester was empowered by the Act of Legislature in 1875 to sell any of the

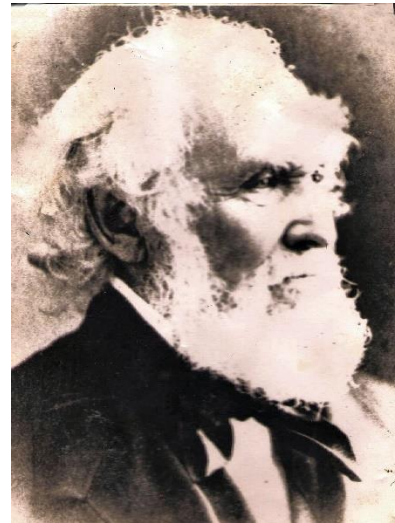
real estate willed to it by George Jaques. Hence, with no thought of tomorrow, land parcels were sold until only the land area that the hospital now occupies remained.

In the original staff roster it is noted that all the medical men are called physicians. It was not until 1881, ten years later, that a distinction was made and the list divided into Visiting Surgeons and Visiting Physicians.



Charles Peabody, M.D.

In 1874 Dr. Lewis E. Dixon received an appointment as oculist and aurist. In this year Dr. Leonard Wheeler resigned as superintendent and Dr. Charles A. Peabody was appointed to his place. Dr. W. H. Workman was appointed as microscopist and pathologist in 1875. In 1876 Dr. J. B. Rich succeeded Dr. Peabody as superintendent.



William Workman, M.D.

The City Council passed an ordinance, October, 1877, establishing a Board of three

Commissioners to take charge of the Jaques and other funds, now or hereafter belonging to the City Hospital, the management of which is not otherwise determined by the condition of gift.

With the opening of the new hospital in 1881, the Trustees decided that the superintendent should devote his whole time to the Institution and not engage in private practice. For this reason, Dr. Rich resigned, and Dr. Peabody was again appointed superintendent. The administration at this time consisted of a superintendent, matron, two male nurses, two female nurses, one cook, two assistant cooks, one night watchman and one fireman. Dr. A. O. Everett was appointed pathologist, succeeding Dr. Workman. Dr. Samuel B. Woodward succeeded Dr. Everett in 1883.



City Hospital from Queen St.

People in those days did not, as a rule, wish to go to hospitals where they were liable to say the doctors experimented on them, yet there was one disease then extremely prevalent that helped to keep the meager number of beds in the buildings of the two sites first utilized from an innocuous desuetude. This disease was typhoid fever. The total admissions in the eight years was 1,595, of which 105 were typhoid fever. The first birth recorded was in 1872, averaging one a year and in 1882, this is recorded: "This was from a married woman, deserted by

her husband, homeless, and actually driven into the street. The present arrangement of the hospital does not provide for such patients; but humanity will call for such provision in the near future." In the hospital the two wards were called Ward M for male patients and Ward F for female patients. In 1883 four confinements were refused and brought forth the following comment: "The old story of the refusal of confinement cases has again to be repeated, it cannot be too strongly stated, nor too often reiterated that such cases cannot be put in the same ward, or indeed under the same roof, with other patients, suffering from sickness or injury, without incurring the gravest risks. They need to be cared for as much as any patient who comes here, and it is hard to turn away a homeless and destitute woman when she has nowhere else to go,"

The Training School for Nurses was opened in September 1883 with five pupils; Miss Creemer, being the first Superintendent of Nurses. The Trustees made arrangements for giving two years training to women desirous of becoming professional nurses, Miss Russell succeeded Miss Creemer in 1884 and was replaced by Miss Z. E. Whitaker in 1885. In 1885 the Gill bequest was



City Hospital Nurses Residence

received, from which was built the present Ward O; Ward K was built for Maternity patients through the generosity of Mrs. Helen Knowles; and Ward 3 was constructed through the gift of Stephen Salisbury. Dr. A. C. Getchell was the first house officer in 1883. The first graduation exercises of the Training School were held in January 1886. The Out-Patient Department was opened on March 17, 1890, in the center basement of the administration building. The

Colton estate in the rear of the hospital was acquired by the City in 1893 and the house was converted into a nurses' home.



City Hospital, Winslow Surgical Unit

In July 1896 the Samuel Winslow Surgery was opened for service, a gift of Col. Samuel E. Winslow, in memory of his father. The new surgical ward was occupied in October 1895. This was composed of two stories, Ward C for clean and Ward D for dirty cases.

The Memorial Home for Nurses, at the cost of \$50,000, was given to the hospital in 1898 by Mr. Edward C. Thayer of Keene, N.H. as a memorial to his two sisters, Sarah Thayer Chapin and Louisa Thayer Chapin, who were successively wives of the late Mayor of Worcester, Judge Chapin. In 1899 the Training School for Nurses increased the course from two to three years. The Heating and Power Plant was placed in operation in 1900 at a cost of \$72,000.

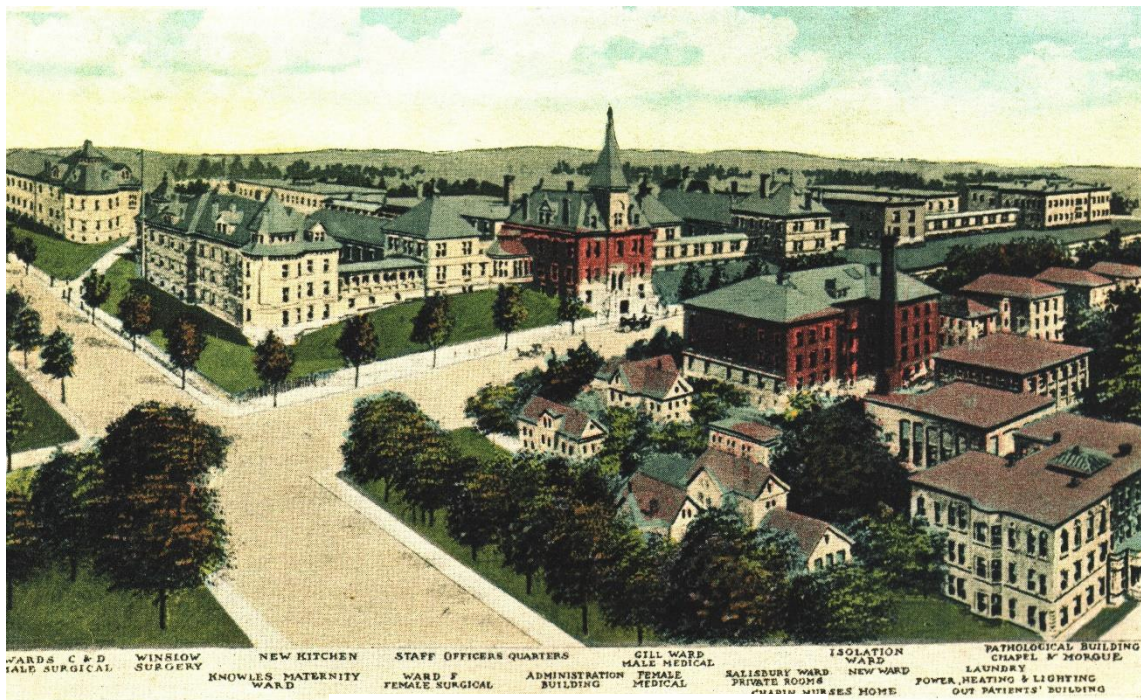
An outbreak of smallpox in May, 1901 caused the hospital to close admissions for six weeks. The old wooden building, the isolation ward, called Ward I, was filled with five cases of this disease. Dr. William J. Campbell, a house officer, died in this epidemic as well as one other patient. The Trustees unanimously "voted that the wooden building known as Ward I, which has been successively used as a stable, a laundry, an isolating ward for foul and infectious cases, and recently for smallpox, is, in the judgement of the Board, by reasons of long and ineradicable contamination unfit for further hospital use, and should be destroyed."

A bombshell hit the hospital on February 3, 1902, when Dr. Charles A. Peabody, the Superintendent, was arrested on a charge of larceny. The exact complaint was embezzlement of money paid to him as board for patients at the City Hospital, the sum aggregating about \$8400. At an emergency meeting of the Board of Trustees, his resignation as superintendent was accepted immediately and Dr. R. W. Greene was appointed temporarily to fill his position. Dr. Peabody was the first official of Worcester to go wrong since the City was incorporated in 1848, and the announcement of his defalcations and his arrest caused the biggest sensation Worcester has known for years, because Dr. Peabody was always looked upon by his associates as thoroughly honest and his long connection with the hospital made him known to a large number of people in Worcester. The money was taken over a period of five or six years and was used for the benefit of relatives, not spent on himself, because he was not an extravagant man in any way, confining his pleasures to his secret society affiliations which were many and prominent. The burden of his crime weighted so heavily on him that he was forced to make a voluntary confession of his wrong-doing, expecting that it would be made public and that he would suffer for his crime. The first knowledge that anyone had that he had gone wrong was on the afternoon of January 27th when he went to the office of Henry F. Harris, one of the Trustees of the City Hospital and confessed to the misappropriation of funds. The investigation of his books by the City auditor showed that the stealing had been going on since 1895 and it had been made



possible by the way the financial affairs have been conducted with reference to the City Hospital. The Mayors who have presided over the destinies of Worcester during this period had trouble with Dr. Peabody about his financial management of the hospital and he was threatened with suspension on previous occasions if he did not pay more attention to his affairs and show a better knowledge of what was being done with the money. He insisted that the officials at City Hall had no authority over the hospital. The matter was finally referred to City Solicitor Arthur P. Rugg who ruled that the City Council had full authority over the institution. Under the ordinance the City Treasurer is supposed to collect all the money due the City from whatever source but for the convenience of the patients at the hospital who wanted to pay, Dr. Peabody took the money and gave his receipt. The custom from many years back was for the superintendent to make collections from the patients, give them credit on the hospital books and pay the money over to the treasurer without any itemized account of receipts accompanying the payments. There was no way of finding out whether he turned over all he received and his theft would never have been discovered if he had not confessed. The City authorities held back the story with the hope that his friends would make restitution but this failed and Dr. Peabody was arrested. He held the office of superintendent for over a period of twenty years. At the February meeting of the Trustees it was voted "That a committee of three be appointed by the Chair to study hospital management in other cities, and to learn if any new method or improvements can be introduced with advantage to the hospital, the travelling expenses of the committee be charged to the hospital." Improvements were noted and instituted. Dr. Thomas Howell of Worcester was elected and assumed the duties of Superintendent on May 1, 1902. Dr. Thomas H. Gage resigned from the Board of Trustees on account of the infirmity of increasing deafness, after serving the hospital for over thirty-one years.

The City appropriated \$300,000 in 1902 for building purposes at the hospital and by 1904 the project was completed. This included the out-patient building on Chandler Street, the



City Hospital, early 1900's

pathological building which included the Maria Gill Wilson Chapel and Ward J-1 and J-2; two story building for male patients, called Ward H-1 and H-2; isolation building, designated as Ward I-1 and I-2 to be used for isolating contagious cases; kitchen building; addition to Knowles Maternity; addition to heat, light and power plant.

The office of Assistant Resident Physician was created in September 1903 and Dr. Charles D. Wilkins was appointed to it.

Early in 1903 there was no X-ray apparatus in the Worcester hospitals. A few surgeons had table-type coils or static machines, bought in the first flush of enthusiasm after Roentgen's discovery, when it was thought that every man would do his own work. But already, it was being found out that it was not feasible. The static machine consisted of a revolving disc inside a glass case. It was very temperamental, especially in hot weather. Tubes were held in a small wooden stand and were wholly unprotected.

One of these static machines stood in the office of Drs. Trowbridge and Farnham at 58 Pleasant Street. On Wednesday afternoon when Farnham was on Outpatient Service the more difficult fracture cases under treatment would be sent there for fluoroscopy. The House Officer manipulated them before the screen for Dr. Farnham's observation, and then for his own. Frequently he left the office with hands tingling; not for some years did he realize how good the gods had been. Tubes were classed as "soft" and "hard" according to the color of the fluorescence in the active hemisphere (not seen in modern tubes); hard tubes were prized for their greater penetration, but did not last long; when punctured there was no remedy. So, Dr. Trowbridge used to buy a soft tube and let it run a half hour or so while he sat within a few feet working on his books. Both he and Dr. Farnham received severe radiation injuries. They gave their machine to City Hospital, which was installed in the Outpatient Department. But meanwhile the City Hospital had installed a large coil (in the summer of 1903). Interruption of the current was effected by a jar of acid, into which two platinum points, driven by a motor attached to an endless belt, dipped alternately. The pull of the bolt frequently displaced the motor sufficiently to relax the belt and stop operations. One put an ordinary photographic plate in a double light-proof envelope, placed it under the patient and went outside to smoke a cigarette while the exposure (ten minutes or more for a hip) was going on. In charge of this apparatus was a graduate orderly then serving as Assistant Superintendent. He spent a day at the factory in Lowell, another with Dr. Walter Dodd at the Massachusetts General Hospital and then was regarded as qualified. His efforts in the first three months produced three terrific third-degree reactions, two of which were still unhealed after fifteen months. One of these, seen many years later, was undergoing malignant degeneration.

But ere long Dr. Farnham, having observed radiation effects on his own body, wisely decided to quit. He asked his former House Officer to take over, and that individual, now dignified by the Trustees with the title of Skiagrapher (the Greek words mean shadow writing), did so in December 1904. That person was Dr. Philip H. Cook.

The X-ray occupied a low rung on the diagnostic ladder. A plan to examine all fractures was promptly vetoed by the Superintendent on the grounds of expense; little remained save difficult fractures and metallic foreign bodies. The first House case handled under the new regime was a bullet in the region of the pharynx; the exposures took five minutes each, but the localization was successful.

Treatment was handled by the static machine. No technique chart existed. There was no accurate way of measuring output; like the diagnostic exposures, it was largely trial and error, and much effort was wasted. There was an incident of a vaginal sarcoma, which Dr. Daniel F. Jones of Boston had found impossible to remove in toto, being treated through a speculum improvised from lead foil. After two treatments a week for more than a year, it had cleared up sufficiently to ask Dr. Howard Kelly of Johns Hopkins, who was giving a clinic in Worcester, to consider hysterectomy for total extirpation of the disease. In the presence of most of the Worcester County medical profession, Dr. Kelly examined the patient and turned to the crowd: "Gentlemen this is one of the most extraordinary cases in my experience. There is nothing to operate for; the patient is clinically cured." And, the budding Skiagrapher was duly elated. This patient remained well for more than a year and a half, then had a rapid recurrence and died. Looking back more than forty years the apparent cure obtained is hard to explain; the dosage given was by modern standards very small; there must have been a strong lymphatic element in the tumor, or else we were dealing with one of those very rare instances of recession.

After exposure, the plates were taken to the laboratory on the King Street end of the hospital, the x-ray room being in the Administration Building, and there developed in trays. Presently came the cone diaphragm, and showing a renal stone became something less than a gamble. The Massachusetts General Hospital had once operated on the basis of a shadow which proved to be caused by a button on the patient's shirt. This embryonic stage in X-ray is quite different from Roentgenology today when the production of such a film means merely a glance at a chart, a few adjustments on the control board, and the pressure of a button in the certainty of a satisfactory result.

In 1905 two new services were added; one for the treatment of the diseases of the nervous system, and one for cystoscopy. In the same year the City passed an ordinance authorizing the morgue in the pathological building to be used as a public morgue, thereby easing the duties of the medical examiner. Dr. Benjamin Burly was chosen neurologist and Dr. H.W. Beal cystoscopist.



Thomas Howell

Dr. Howell made an excellent Superintendent. He looked very carefully after the collections, encouraging more patients in the general wards to pay something towards the cost of their

support; the income from private patients greatly increased the revenue of the hospital. The reduction in expenses accomplished by careful supervision did not in any way lower the high standard and efficiency of the hospital.

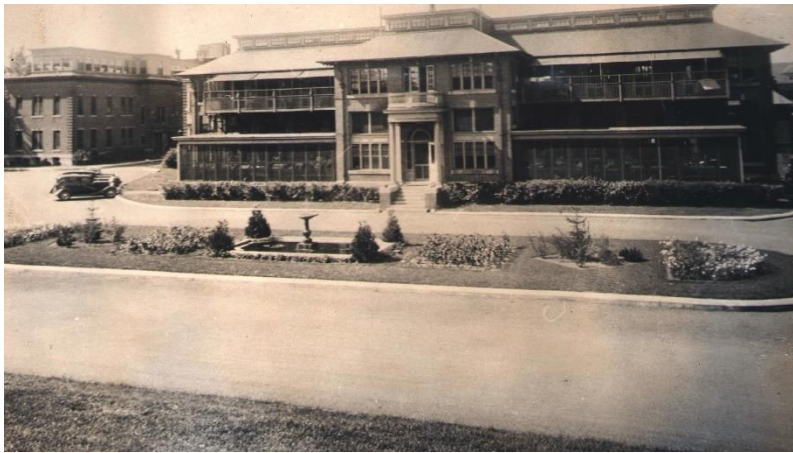
In 1905 the Easter Audit Company was employed to devise and introduce a new system of accounting. By means of this system it could be seen at a glance what it costs to care for private room patients, for ward patients, for out-patients and for accident room patients; also medical, surgical or maternity cases, and the cost of educating a nurse and the expense involved in nursing a patient.

Dr. Thomas Howell resigned in April 1909 to accept a position as superintendent of the New York Hospital, New York City and was replaced by Dr. Charles A. Drew.

There has always been more or less misunderstanding, and probably always will, as to the class of people which the City Hospital accepts as free patients. The only patients eligible for free treatment are those who have gained legal settlement in the City of Worcester and who required relief during temporary sickness. Patients, though legally settled in Worcester, are expected to pay when able to do so. Patients legally settled in other cities and towns, failing to pay their hospital bills, are charged to those cities and towns wherein they have settlements. Applicants who have no legal settlement in the Commonwealth are accepted and charged to the State, providing they are not physically able to travel to the State Hospital at Tewksbury. If they are able to undertake the journey we are compelled to reject them as free patients. Many unsettled cases apply for treatment each year, who absolutely have no claim on Worcester. When refused admission as free patients they cannot understand the reason for their rejection and are likely to resent it, frequently appealing to influential outside friends.

In the late summer and early autumn of 1910 there was a severe typhoid epidemic which taxed the resources of the hospital.

On March 4, 1912, Dr. William Sproat, who had been a house officer for a year, died of pneumonia.



City Hospital, Children's Ward

In November 1914 the Children's Ward, B-1 and B-2, were occupied. The following is recorded in the annual report of the Trustees in 1917: "The Trustees believe that the City Hospital should be provided and equipped to serve all classes of citizens of the City of Worcester. Those citizens who can pay should certainly pay cost or little more than cost. The poor who cannot pay should, of course, be well cared for free, or for such part of the cost of their care as

they may be able to pay. Those who urge that a municipal hospital should not provide for those who are able to pay for private hospital services may not fully appreciate the stimulating influence which comes to a hospital which not only cares for the poor but for the most critical class of citizens. In the opinion of the Trustees, City Hospital has greatly benefited by caring for hundreds of the most intelligent and critical citizens of Worcester. Occasionally, one amply able to pay for private service in the beginning of a serious illness has found his means exhausted before his need of hospital care has ended. The City of Worcester has had some financial losses from such cases. But the indirect benefits of the public may outweigh those losses many times. The Trustees believe that City Hospital turns out better graduate nurses and physicians because these nurses and physicians have at times successfully cared for a highly intelligent and discriminating class of the citizens of Worcester. They believe it would be unwise and unfair to

ask the visiting staff of physicians and surgeons to give of their services gratuitously to the poor people of Worcester and deny them suitable accommodations for their private patients who are willing to pay for private room service. At no time has the line been sharply drawn between "private" room and public ward patients."

In the fall of 1918, during the Influenza epidemic an auxiliary emergency hospital to care for one hundred patients was established at the Fair Grounds for a two month period.

In 1919, a major change in staff organization was made when Dr. Ernest L. Hunt was appointed director of surgical services and Dr. Edward B. Bigelow, director of medical services. These appointments were made with the expectation of securing better coordination of all the scientific work of the hospital. The purpose was to provide a competent advisor and teacher for the interns and junior members of the staff so that no patient need suffer for want of an experienced counselor. Drs. Hunt and Bigelow were both enthusiastic students of medical progress, experienced laboratory workers, and had the cordial support and encouragement of the senior members of the medical and surgical staff.

In 1922, at the invitation of Surgeon General Ireland, and with the approval of the Trustees, a General Hospital Unit No. 70, of the U.S. Army, Medical Section Officers' Reserve Corps was organized at the hospital. On February 11, 1923, Dr. George F. Caldicott, a house officer, died in line of duty from influenza pneumonia.



City Hospital Nursery 1923

In 1923 tragedy struck at the Maternity Department. The elevator in the Knowles building was old, moved slowly and was not equipped with safety devices. The nursery was located on the second floor. After the 2.00 P.M. nursing period one Sunday, eighteen newborn infants were placed in the elevator, the student nurse climbing the stairs to await its arrival on the floor above. There was an abutment above the first floor door and this caught the bassinets, crushing two babies to death. One of the infants had an imperforate anus and an atresia of the lower bowel, which was not correctable in those days. The

other was a child of an unwed mother. After the inquest, the City Council appropriated the sum of seven hundred and fifty dollars to be paid to the families involved.

In 1925 in the Annual Report of the Trustees it is recorded: "The work of our hospital personnel during the past year has been of a high order. Worcester City Hospital is now well established as a Class A Hospital. Dr. Ernest L. Hunt, the Surgical Director, by his constructive suggestions and enthusiastic devotion to the work of clinical superintendence has been a large factor in bringing about this improved standing of the hospital. In addition to his regular duties, the Superintendent has as in past years devoted himself whole-heartedly to the work of lightening the lot of many patients who are so unfortunate as to require hospital treatment. In conclusion, we are convinced that the Worcester City Hospital should be made the best place in the

community where the accumulative skill and experience of surgeon, physician, nurse and laboratory technician are so scientifically and sympathetically directed that the patient may receive the maximum benefit thereof and be restored speedily and comfortably to health. To bring this about, we bespeak the hearty cooperation not only of the Mayor and City Council, but of all the citizens for whom and by whom the Worcester City Hospital has been established and is maintained."

The year 1928 saw many changes in the hospital. Dr. Charles A. Drew resigned as superintendent and was replaced by Dr. George A. MacIver on January 1st. The Accident Ward, adjoining the Surgical Wards, was opened at a cost of \$11,551. The ornamental iron fence surrounding the hospital was erected at a cost of \$6,000. The grade of Graduate Assistant was inaugurated in the organization of the staff, created to encourage and train young physicians who in the future may aspire to staff positions. the formation of The Worcester City Hospital Aid Society was formed, being an outgrowth of the Public Health Department of the Worcester Woman's Club.

Thayer Hall, a nurses' residence, was completed on January 1, 1929, and occupied early in February at a cost of \$474,880. The name of the edifice was in memory of those in whose memory the Memorial Home was erected. It furnished accommodations for 170 nurses and is located at the corner of Queen Street and Jaques Avenue.

In 1929, a full-time Assistant Pathologist was appointed in the person of Dr. Raymond H. Goodale.

In 1929 it is recorded in the annual report of the Trustees: "The Trustees desire to call the attention of the public to the fact that although the City Hospital is at present maintained chiefly from municipal appropriation and the revenues of the Hospital, the latter include income from generous gifts of individuals who have added to the hospital endowment by generous gift or bequest. The Worcester City Hospital cannot with propriety conduct a campaign for private funds so long as it is chiefly a municipally sustained institution. Nevertheless, the opportunity of the Hospital to serve its citizens who are in need of medical or surgical care or of reconstruction can be greatly enlarged if, through gift or bequest, funds are supplied which may be devoted to those admirable purposes, and thus, in many instances, increase the usefulness of the institution at an early date in ways which would not be possible if such Improvements are forced to await the actions of the City Government, which must perforce take into consideration many other needs and requirements of the City in addition to those of the Worcester City Hospital."

The Staff Advisory Committee was initiated In 1931. It is elected at the annual meeting of the Staff Association and at its monthly meetings considers such matters as are referred to it by the Board of Trustees or proposed by the staff.

In 1933, Dr. Ernest L. Hunt resigned from the active staff, severing his connection which began in 1903. In the capacity of surgical director, he carried out important measures or organization affecting favorably the professional work of the hospital. Thirty years of intensive association was abruptly terminated, a brief resume of his life was ably presented by Dr. Philip Cook in his memorial: "Ernest Leroi Hunt was born in Abington, Mass., on November 11, 1877. After completing high school he took a pharmacy course and worked in that line to acquire funds for



Ernest L. Hunt, M.D.

his medical education. Entering Harvard Medical School in the fall of 1898, he graduated cum laude in 1902. He served his internship at the Worcester City Hospital and then opened his office at 2 Wellington Street. In 1905 he opened offices with Dr. Cook at 771 Main Street where he remained until 1919 when he was appointed to full-time duty at City Hospital as Surgical Director. He assumed a prominent part in the development of the Pathology Department under Dr. Frederick H. Baker, improving the techniques in bacteriology, serology, and clinical chemistry. In 1908 he was appointed Associate Medical Examiner, a position he held to the time of his death. This appointment led him into the Massachusetts Medico-legal Society, which later he served as secretary and then as president. Dr. Hunt served as Captain in the Army Medical Corps in World War I, and on his return to Worcester became the Surgical Director of the Worcester City Hospital, entailing reorganization of the staff and

other changes according to the ideas of the American College of Surgeons. He resigned in 1933 to head the staff at Fairlawn Hospital, a position he held for the rest of his life. He was a diplomate of the American Board of Surgery; Fellow of the American College of Surgeons; a member of the New England Surgical Society; a past President of the Worcester District Medical Society; a councilor of the Massachusetts Medical Society for twenty years; for years head of the Worcester Cancer Clinic; President of the Worcester Chapter Red Cross in 1926; and a Lieutenant-Colonel in the Medical Reserve Corps, U.S.A. Dr. Hunt was twice married, first in 1907 and again in 1929, following the death of his first wife. On January 17, 1948, while on the Accident Ward of City Hospital he suddenly collapsed and died two hours later."

In 1936 it is recorded in the report of the Superintendent: "Nursing organizations have prompted State Boards of Nurse Examiners to be more exacting in their demands and there is so much agitation for revised curricula, increased requirements and higher standards, that is feared by many that a nurse will come to need a bachelor's degree to give back rub."

In July 1937, a new surgical and obstetrical building was occupied. This building, inaugurated as a W.P.A. project cost \$730,300 including furnishings and equipment, 30% of the cost coming through Federal Grant, the balance through appropriation by the City. It replaced the old administration building and Ward F, which were razed. Its brick and artificial stone trim rises in an L-shaped structure six stories above the mound with a frontage of 125 feet on Jaques Avenue and a wing of approximately the same length at right angle, thereto, on the east end, housing the administration offices, library, staff room, X-ray department, record room, pharmacy and the surgical and obstetrical departments, increasing the bed capacity to 475. This edifice is called the Jaques Memorial building.

In 1939, Miss Cullen retired on pension and was replaced by Miss Laura Robinson as superintendent of nurses. Alberta M. Trunck succeeded Miss Robinson in 1942. Mrs. Trunck resigned in 1945 and was replaced by Miss Margaret Dieter.

Thirty-three members of the staff were in the Armed Services during World War II.

In 1946 the Obstetrical Department was closed for a four month period due to an outbreak of infantile diarrhea. A complete new physical set-up of nurseries was completed in this department.

In 1947 Dr. MacIver resigned as superintendent and was replaced by Dr, Huston K. Spangler, and Dr. Benjamin F. Andrews was appointed by the Trustees as Chief of the Surgical Division. In 1948 Dr. John W. O’Meara was appointed Chief of the Orthopedic Service.

In 1947 the buildings and land of the Worcester City Hospital were inventoried at \$3,712,751.

Comparison of Statistics:	1872	1881	1905	1949
Total admissions	176	246	3891	11,913
Average daily census	8.5	17	193.14	417
Average stay in hospital	1.83	19.43	17.37	12.78
Per diem cost	\$1.25	\$1.60	\$1.37	\$10.73
Death rate	18%	11.43%	5.9%	5.9%

In 1949 the bed capacity was 480 and 60 bassinets.

In 1951 Mr. Theodore Austin replaced Dr. Spangler as Superintendent and Miss Mary Lotus was appointed Superintendent of Nurses. Dr. Edward Budnitz was appointed Chief of Medicine by the Board of Trustees. In November 1952, Dr. John O’ Meara resigned as Chief of Orthopedics and was replaced by Dr. John B. Kelley. In March 1953, Dr. Benjamin Andrews was placed on the Consulting Staff and Dr. Edmund Croce was appointed Chief of Surgery.

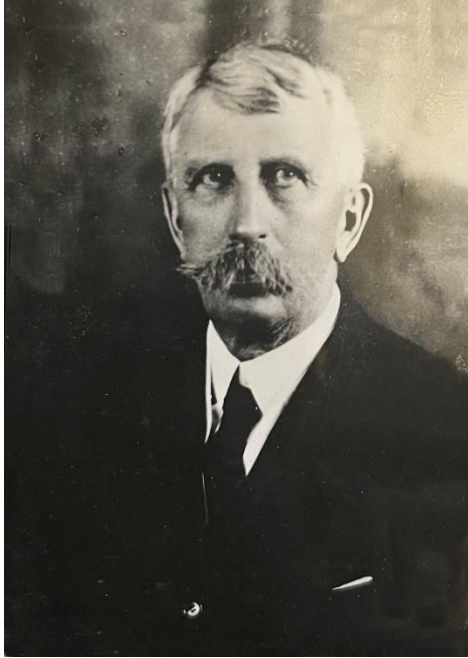
In 1953, at the present writing, the Worcester City Hospital was merged with the Belmont Hospital by State Legislative Act and became the Worcester City Hospitals. Controversy was raised by the attempt to include in the Act discriminatory legislation to prevent any physician, surgeon or dentist from serving on the Board of Trustees. This raised a storm of vigorous protest and this amendment was removed from the bill. The staff, under its President, Dr, Cecil C. McLaughlin, waged an untiring struggle in this conflict. The Merger Bill consolidating the Belmont Hospital into the Worcester City Hospital was signed into law on April 17, 1953. The Act is recorded in Appendix 1.

City Manager McGrath on May 30, 1955 appointed a seven member board of Trustees to govern the combined hospitals, namely Dr. John W. O’Meara, Archibald K. LeMieux, Mrs. Myra Kenney, Cosimo J.Toscano, Thomas J. Early, Jeremiah T. Shea, and Israel Joseph. With the addition of 250 additional beds by the merger, a large portion of which are not now in use, a vast amount of reorganization is now in -process. This will require lengthy study and consideration.

Before we leave this account of the development of the institution, the names of the staff who made all this possible should be briefly mentioned. The personalities of the early physicians have been recorded. There may be glaring omissions in the story through the years, but it is only personal memory that serves me.



As one sits back and dreams of yesteryear, a doctor of the old school strides erect and rapidly into the picture; Dr. William J. Delahanty, affectionately called "Handlebar Hank", due to his



William Delahanty, MD

bristling mustache. An acute diagnostician, who relied not on ancillary aids for making the correct diagnosis but upon the five senses endowed to him, experience, and intuition. His service of fifty-two years ranks with that of two other men, Dr. Royal P. Watkins, "Watso", and Dr. Arthur Marsh, "Swampy". Dr. Watkins, now in his eighty-sixth year, has been retired for many years but still retains much of his activity and gentlemanliness. His Van Dyke beard, hearty laugh, and favorite stories are still remembered, as well as his years of faithful service in surgery, the thyroid gland being his pet. Dr. Marsh, a year older than his confrere, served the hospital with distinction, not only as a surgeon but as a member of the Board of Trustees, until his death in 1948. Dr. Arthur H. Boyden, "Boots", was beloved by the house officers, chewing on his Smith Brothers cough drops to relieve his asthma, while he directed his boys in the surgery. Dr. Claudius J. Byrne, "Pop", the son of a minister, had a very distinctive way of expressing himself, and had a strong desire for doing most of the surgery in the early hours of the evening so that the

intern would receive better training. Dr. William K. Denning, "Wild Bill", ran the destinies of surgery and obstetrics for many years. He was a man of strong convictions, high ideals, and loyal friendships, but unpredictable at the operating table with demands for perfection. In the assisting team, he was a human dynamo, always a bachelor and who met sudden death in 1934. Dr. Thomas F. O'Brien, a combined obstetrician and surgeon who was known for the continual unlighted cigar poised in his mouth, was always thinking not of the present but ten years ahead. A tall, heavy-set man, he was prematurely hit in the middle of his career with a sudden loss, which caused his death six months later. Dr. Ernest L. Hunt, with his pedagogic appearance, conducted anatomical operations of great length during which his assisting house officer received an exhausting interrogation of the minutest structures passing in review. Dr. Howard W. Beal, the father of the Urology Service, paid the supreme sacrifice in France in World War I. Dr. O. Draper Phelps, with the cash register in his office, was the source of many tales in the G.U. department, and who met a tragic death in 1951. Dr. John A. MacFadyen, another member of this group, developed the specialty of Urology. Dr. Walter D. Bieberbach, "Beeby", a colorful urologist in his day, was beloved by the intern. His explosions in the cystoscopy room and stamping out in rage to the office of the superintendent are the subject of fond memories. His jousts with Dr. Lester Felton frequently enlivened the conversation. Dr. Frank L. Magune, a kindly, fatherly man did yeoman service in surgery and in later years found the necessity of wearing a back and leg brace due to affliction. Dr. Benjamin F. Andrews, the protege of Dr. Homer Gage, held sway on the surgical service for twenty years as top man, keeping the peace, solving major problems with excellent judgment. Dr. Frank E. Harriman, a font of stories and ready wit, spent many years on the surgical service, as did Dr. Earle E. Phippen. Dr. John F. Curran, always impeccably dressed, suave, and of striking appearance, served many years in surgery. Dr. Frank W. George was considered the father of the Orthopedic Service and had

many excellent men follow in his footsteps. Dr. James A. Givan died prematurely while in the service of his country. Dr. Ralph S. Perkins, with his deacon appearance, of silent mien, would whistle softly when emotionally upset. Dr. John W. O'Meara, conducted the service for many years, keeping the house officer busy from dawn to dusk endeavoring to have every minute detail letter perfect, and was known for his excellent judgment, flawless technique, and devotion to the hospital. Dr. Joseph P. Mulhern was everyone's friend, including the young physician starting in practice. Dr. Charles T. Estabrook organized the Eye, Ear, Nose and Throat Service. Dr. John E. Rice was the father of four sons who followed in his footsteps and were equal to him in height. Dr. A. Eugene Messier, who enjoyed conversation and always looked well tanned, served for many years. Dr. Stanley Copeland vied with the intern on the house tonsils. We kept a scoreboard in the flat but "Coppo" was always ahead; he died prematurely in the latter thirties. The Obstetrical Service was maintained by Drs. Francis D. Hart, Samuel C. Gwynne, Hugh L. Simmons and Albert O. Raymond. Of these members Dr. Simmons died in 1951, while President of the Staff. Dr. Benjamin Burley inaugurated the Neurological Service and was a man of easy conversation, mild mannered, bluff in character, agreeable and especially interested in the patient's welfare after discharge. Dr. Michael M. Jordan did much to further neuropsychiatry, a man of Integrity with a special gift of spotting a malingerer without difficulty. The morgue always found Dr. Frederick H. Baker in sway; universally liked by his fellow men, he practiced his specialty in the laboratory with the loss of vision in one eye. Dr. Raymond H. Goodale, his successor, conducted the laboratory for twenty years. Medicine is remembered by Dr. Edward B. Bigelow, "Minnie", who arrived to make rounds shortly after dawn and expected to have his house officer greet him at the door with all the admissions completely worked up. Dr. Roy J. Ward, an oasis of historical events, always conducted his ward rounds garbed in a long white coat. Dr. A. Wilson Atwood was stable and sound, with his shock of white hair, speaking softly to his medical interns. Dr. Ralph W. Ellis could always tell the house officer who was pronounced since the previous rounds as he always read the obituaries at the breakfast table, and who gave his boys an outing every year by taking them to the Harvard-Army football game and thence to dinner at the Bayside Inn. Dr. Roger W. Schofield, motherly, never a benedict, calvarium bare, was another wearer of the long white coat. Dr. Gilbert Haigh always made lengthy rounds recounting his World War I experiences and was intensely interested in any medical problem. Dr. Peter A. Colberg, with staccato speech, pleasant mien, fast in action, was well versed in his field. Dr. Gardner A. Cobb, a pediatrician despite a bachelor, displayed intricate methods of figuring out formulae. Dr. Thomas P. Cunningham, a misogynist, raconteur, and physical culturist served for many years on Pediatrics. Dr. Alfred E. O'Connor, "Fritz", was tall and soft spoken. Dr. Philip H. Cook, skiagrapher and later called Roentgenologist, hid a wealth of humor under a gruff exterior; the interns always called him the Boston Bull, but to him deserves the credit of establishing the X-ray department. His successor, Dr. Morton M. Langill, "Pep", belied his nickname. Dr. George M. Albee, the founder of the cardiology department, always demonstrated irregular heart rhythm by tapping on a neighboring wall.

In these musings concerning the staff characteristics as they step on the stage, in retrospect, no offense is meant. They were the finest body of men who built the hospital standards up to what they are today. The recollections are only personal and there may be many lacunae in the offering. Without this caliber of physician there would be no Worcester City Hospital today but just a municipal hospital without reputation and confined to restricted service to the community. To quote from a paper given before the Worcester District Medical Society by Dr. Thomas Howell on October 14, 1903: "The City Council votes about one-half enough money to meet the

annual expenditures and the other half must come from other sources. There being just enough incentive to produce watchfulness on the part of hospital officials, but not enough to make them careless about the rights of the staff. If such an institution were not to receive paying patients the results would not be satisfactory. The City Council might become critical over the expenditures, and cut down the appropriation and thereby impair the usefulness of the hospital, and maybe cause it to be run on the alms-house plan, as are so many of the so-called city hospitals."

[See Appendix III for pictures of City Hospital House Staff](#)



City Hospital Nurses 1900



Worcester City Hospital Medical Staff 1931 (top) & 1951 (below)

## BELMONT HOSPITAL AND PUBLIC HEALTH

Belmont Hospital at 249 Belmont Street, Worcester had a bed capacity of 250, and is owned and maintained by the City of Worcester.

The history of Belmont Hospital is intimately related with the Board of Health of the City and the origin and progress of this department properly belongs in this portion of the record. In 1869, the State Board of Health, the first of its kind, was established in Boston. In 1870, a city board was established in Worcester, with Dr. Rufus Woodward as the first secretary and executive officer. The first report of the board dealt with complaints about sources of filth, the keeping of swine within the city limits and the supervision of the cleaning of privies. Dr. Woodward declared that drainage running from sinks into the gutters on Main Street should no longer be tolerated. In 1884, by a legislative act the reporting of contagious diseases was made compulsory and the Board of Health at that time complimented the physicians on their cooperation. One physician, however, did rebel, "but he was quickly and easily brought to his senses". This was the first year that Mr. James C. Coffey's name appeared as a member of the Board of Health. He remained a member until his death in 1921, thirty-seven years of service. The story of his life and development as an executive in health administration is a commentary on our democratic system of government, where a man can, from an untrained political appointee, develop into a valuable and efficient servant of the people. He was reappointed at the end of every term of service by Republican and Democratic Administrations alike.

In 1892, a picture of the health of the city was reflected in statistics of the Board of Health as published in their report for that year. The population of the city at that time was 93,000. In that year two hundred children died of cholera infantum, one hundred and ninety of tuberculosis, seventy of diphtheria, one hundred and fifty of pneumonia, thirty of scarlet fever, and thirty of typhoid fever. In 1904 the Board of Health reported that there was an epidemic of diphtheria in the Dix Street School, which although mild in character, culminated in the closing of schools and remodeling of the ventilating and drainage systems. There were forty cases of diphtheria with sixteen deaths, a mortality rate of forty percent. The impression was that sewer gas was the etiological agent although at this time the Board was dogmatic in asserting that the disease was caused by a germ and "safety lies in isolation of all suspicious cases". In this report was incorporated an appeal for a contagious hospital to care for such cases, which appear in boarding houses and in homes of the poor.

In 1894, at the suggestion of Dr. F. H. Baker, a municipal bacteriological laboratory was established at City Hall for the examination of sputa for tubercle bacilli and cultures for diphtheria bacilli. This was the first municipal laboratory in New England and was one of the first in the country after that begun in New York City. It was the beginning of a concerted attack on these two diseases in the district, which has led to remarkable results. In 1895, according to the Board of Health report of that year, Dr. W. T. Clarke, Chairman of the Board, assisted by the pathologist, Dr. Frederick Baker gave the first dose of diphtheria antitoxin. Repeated requests by the Board of Health for an Isolation Hospital coupled with legislative action brought results. The city government erected the first buildings in 1896, opening the contagious hospital in November of that year. The buildings consisted of an administration building in front and two separated buildings on each side, called wards D and S, twenty beds in each for diphtheria and scarlet fever respectively, and a building in the rear for a probation ward. Later horse sheds were built in the

rear for the convenience of the officials and staff. The first report written by the superintendent and resident physicians was modest and showed seventy cases of diphtheria with six deaths, mortality of eight percent, while outside the hospital there were two hundred forty-six cases and forty-nine deaths, nineteen percent mortality.

Patients admitted to the hospital increased year by year until 1906, when an epidemic of seven hundred fifty-eight cases of diphtheria crowded the wards to overflowing. At one time fifty-four patients were cared for in a ward built for twenty, and in 1907 an appropriation of \$45,000 was made for a new diphtheria ward. In 1906, the City Council, spurred on by this epidemic of seven hundred fifty cases, made an appropriation to begin the medical inspection of schools. Fifteen physicians were appointed at a salary of \$200 per year. This action was taken after repeated requests by the School and Health Departments for help in controlling the repeated epidemics of contagious diseases.

In an attempt to stay the large number of deaths of children from cholera infantum (a name given to deaths of children under five years of age from gastro-intestinal causes), in 1900, a group of physicians and laymen gathered in the office of the Board of Health and formed a clean milk committee. A supply of milk was secured at the Knowles Farm in Auburn, taken to a tent nearby and bottled by a trained nurse, iced and immediately transported to a distributing station on Green Street where it was sold or given away to those who applied. This was the first demonstration of the production of clean milk in this city. This committee was the forerunner of the Medical Milk Commission, which is still functioning (as of 1953) and has been a vital factor in reducing the infant death rate.

In 1912, the first school nurse was employed, and her first report states that pediculosis, impetigo, and scabies were very prevalent and caused a great many exclusions from school: this was followed the next year by the addition of a tuberculosis nurse and a baby hygiene nurse.

It is of interest to record the story of the individual contagious diseases. [editor's note: as of the writing of this book there were vaccines for small pox, diphtheria, pertussis, tetanus, but polio vaccine (Salk) had just been introduced and vaccines for measles (63), mumps (67), rubella (70) and chickenpox (84) had not been introduced. The rubella syndrome in in fetuses born to mothers who had rubella during pregnancy had not yet been described- BDM]

First, smallpox has been an infrequent visitor to this city. In 1888, there were seven cases with one death; in 1894, sixteen cases with no deaths; in 1901, eleven cases with four deaths; in 1902, six cases with one death; in 1932 two cases with no deaths. The problem in the control of smallpox is the vaccination of the entire population. The state law requiring the vaccination of all public school children takes care of this fairly well although it does not require it of the private schools. Dr. Samuel B. Woodward year after year tried to get a law covering all school children through the legislature but was defeated in every attempt. All of the smallpox cases were hospitalized in a building on the Home Farm called the Pest House until 1932 when the last two cases were cared for in the basement of the Coffey Ward.

Cholera infantum was formerly included among the contagious diseases and at one time was second only in number of deaths to tuberculosis. It is no longer a problem, due to the improvement in the milk supply and the knowledge of infant hygiene.

Diphtheria has been present constantly since records were kept and has caused the death of some two thousand people. A picture of the first use of antitoxin as treatment can be obtained by quoting Dr. Holmes, in her paper before the Society in 1901, telling of the obstinate skepticism and undue partiality which had been the enemies of antitoxin. At first one thousand to four thousand units of antitoxin was given but later the dosage was increased from three thousand to six thousand units. The larger dose prevented many of the sequelae. Dr. Holmes hoped that sometime a method would be found for removing the irritating elements of the serum which caused rashes and joint pains in thirty-six percent of all cases.

The victory over this disease will go down in history as outstanding in medical annals. The credit for pushing the immunization of school children should go to Dr. Kenney, the Director of Public Health. He was tireless in his advocacy of the procedure, and it is interesting to note that only after prolonged urging did the School Committee allow use of their buildings for this procedure and specified that no propaganda should be conducted. Some principals welcomed the visits of the immunizing group while others were outstanding in opposition. In one school the death of a child following the first immunizing dose was erroneously ascribed to the toxin antitoxin, and the procedure in that neighborhood was delayed several years, resulting in many deaths from the disease in that district. The first Schick test was done on a volunteer group of nurses in Worcester City Hospital by Dr. Garland of Boston. Following this preliminary test, permission was requested to test and immunize all the nursing force. After considerable delay and consultation with the Trustees, permission was given to test and immunize anyone who wished it. Talks were given to the various classes, twenty nurses requested the treatment and were immunized. That summer, less than three months afterward, three nurses who were not immunized died of diphtheria, and the procedure has been compulsory since then. Early in the use of toxin antitoxin an accident happened in Texas whereby, due to a mistake at the manufacturing plant, toxin was mislabeled as toxin antitoxin. Several deaths occurred as result of this error. Later here in Massachusetts some of the toxin antitoxin was frozen in transit. This released the mixture and separated the toxin from the antitoxin, resulting in several fatalities. History shows such accidents happening with every attempt of the profession to break into new fields. Since the late 1930s diphtheria toxoid has been used with doses of one-half and one cc and one cc respectively every three weeks. This gave the greatest protection and eliminated some of the unfortunate results seen with other mixtures.

The disease of measles has run in waves in a rather irregular cycle of three to four years. Treatment is still expectant and deaths have been due to complications. The treatment has not advanced since the early days of this hospital, but either the treatment has been effective or the disease less violent as the mortality rate has gone down.

German measles, while unimportant as far as mortality is concerned, still is frequently a problem in diagnosis.

The importance of chickenpox is the necessity of an accurate diagnosis, and most of the epidemics of smallpox which occurred were due to calling smallpox chickenpox.

While scarlet fever is as frequent as ever, the mortality for some time has been very low, and the severity has decreased over a long period of time the world over. Reduction in the mortality rate has been due in part to improved methods of treatment and prevention by chemotherapy. The first attempt was made again at City Hospital. In 1931, repeated appearances of scarlet fever



among the nurses caused alarm; search for carriers and contacts was unavailing. Appealing to Dr. Place of Boston brought the recommendation of wholesale Dick testing and Immunization of the entire force. This was done with the five-dose toxin recommended by the Dicks. This caused a lot of reactions, but scarlet fever stopped then and there. In 1934, newspaper notoriety and political influence demanded that something be done to stop a small epidemic of scarlet fever in the Gates Lane school. Dick testing and immunization with the five-dose toxin was offered and accepted by over one hundred and twenty of the pupils with the result that scarlet fever disappeared for the time. In the beginning of testing with state-produced Dick material, all of the children at St. Peter's School and some of the nurses who took the test complained of severe burning at the site of the injection. It was with consternation on the arm readings the following day that the site of each injection was found to have a vesicle of considerable size. The reaction of the toxin was discernible, however, and the toxoid administered. The explanation from Boston was that sodium carbonate had been used in preparing the toxin for the test material.

Whooping cough is another disease whose mortality has been reduced, but the incidence has remained about the same. Modern treatment with chemotherapy is quite effective.

Typhoid fever is also disappearing. The largest number of cases was in 1910, when there were two hundred and ninety-two cases in our city. Here is an excerpt from the report of the Board of Health of that year. To quote a report of the epidemic starting on a milk dealer's route: "This outbreak began on August eleventh when four cases were reported; on the following day, the delivery of milk by this dealer was stopped. It was found on investigation that the peddler, a resident of Worcester, derived his supply, about 1,000 quarts daily, from four dairies, and a milk car supply which came from Vermont and Northern Massachusetts. We were able to eliminate right away the car supply as a source of infection because the greater portion of its supply was taken by many other peddlers. Of the four dairies involved, three were in Worcester and one in Leicester. Blood was taken from sixteen persons concerned in the handling and distribution of the milk, and that same evening of the twelfth, Widal tests were made and the blood of the owner of one of the dairies gave a positive reaction. A second test was made the following day and again a positive test was obtained. The next day all the dairies except the one owned by this man were allowed to resume business after thorough disinfection of all utensils. Samples of urine and feces were obtained from the man whose blood had been found positive, and examination disclosed that his urine contained typhoid bacilli. A further corroborative test was made by injecting rabbits with the bacilli obtained from him and again positive results were obtained. This man gave a history of having typhoid fever some twenty-six years ago; but as he also gave a history of having had headaches and some diarrhea with a general out-of-sorts feeling about two weeks previous to the outbreak, it is probable that he had a slight attack, unknown to himself at that time, so mild that a physician was not called. This seems the more feasible as he has been a producer of milk for a number of years and no previous infection can be traced to him. In all one hundred eighty-three cases were the result of this outbreak, all of which, except three secondary cases, were infected prior to the date that the sale of the milk had been stopped. Deducting these from the two hundred ninety-two cases reported, it leaves one hundred nine, the normal number reported yearly.

Tuberculosis, the greatest enemy of all, is on the wane. It is no respecter of persons and has been called the great white plague. The first notice taken of the disease as an entity by the Board of Health was in 1887 when it was reported that tuberculosis led the list with 183 having it as a

cause of death. In vital statistics this disease was listed under several names: consumption, tuberculosis, pleurisy, and tubercular meningitis. When the laboratory at City Hall was first opened, only cultures for diagnosis of diphtheria were examined. In 1902, the Board declared that pulmonary and laryngeal tuberculosis was an infectious disease and was made reportable. They also offered the examination of sputa for tubercular bacilli at the laboratory, and directions for consumptives were published with recommendations for the use of various disinfecting solutions. This was the first activity devoted to the control of the disease. The next report of the bacteriological laboratory showed the examination of four hundred and three specimens of sputa of which one hundred and forty-seven were positive. The next mention of tuberculosis was made in 1908 when it was stated that three hundred and sixty-four cases were reported, and that there had been two hundred and five deaths, and that they had disinfected three hundred and ninety-five rooms. In the 1909 the report, they discoursed at length on the dangers of contacts with tubercular patients, deplored the fact that the only place to send moribund cases was to the City Farm, and that soon the state authorities might invoke a new law compelling the city to provide a suitable hospital for this disease. A word here on Dr. Melvin G. Overlock, a colorful personality who unfortunately together with his public health activities indulged in unethical medical practices which alienated the medical profession. However, to him goes the credit for initiating the state law requiring county tubercular sanatoria to be built.

In 1922, the report again called to the attention of the City Council the need for a tubercular hospital and the state law making it mandatory. Meanwhile, Mr. Putnam, the owner of the land from whom the site of the isolation hospital had been purchased, had offered this site for a tubercular hospital with the proviso that it be accepted in two years. The last meeting of the year of the City Council, when action could be taken on Mr. Putnam's offer, was at hand. The option was about to be withdrawn by limitation. The city was about to lose this site as a gift. Dr. Holmes, the superintendent of the Isolation Hospital, sat down at her telephone at nine o'clock in the morning and never left it until three o'clock in the afternoon, calling individual after individual to use his influence to urge the City Council to accept the gift. The President of the Board of Aldermen, a druggist, did not have time to reach his store before he was deluged by so many influential people emphasizing the necessity of favorable action by the City Council on the Putnam offer. The offer was accepted and the name of the new building, of fifty-five beds, was the Putnam Ward. It opened in 1914.

In 1913, a nurse was added to the staff of the Board of Health to aid in the control of tuberculosis. Her duties were educational and investigative.

It is difficult to appreciate at this time why there was such a long delay in the building of a hospital for tuberculosis when the death rate from this disease headed the list of causes of death for so many years. Perhaps diphtheria and scarlet fever were so acute and terrifying that they seemed more serious than the slow and lingering death from tuberculosis. The Putnam Ward was intended solely for advanced cases and that only those with positive sputa were admitted.



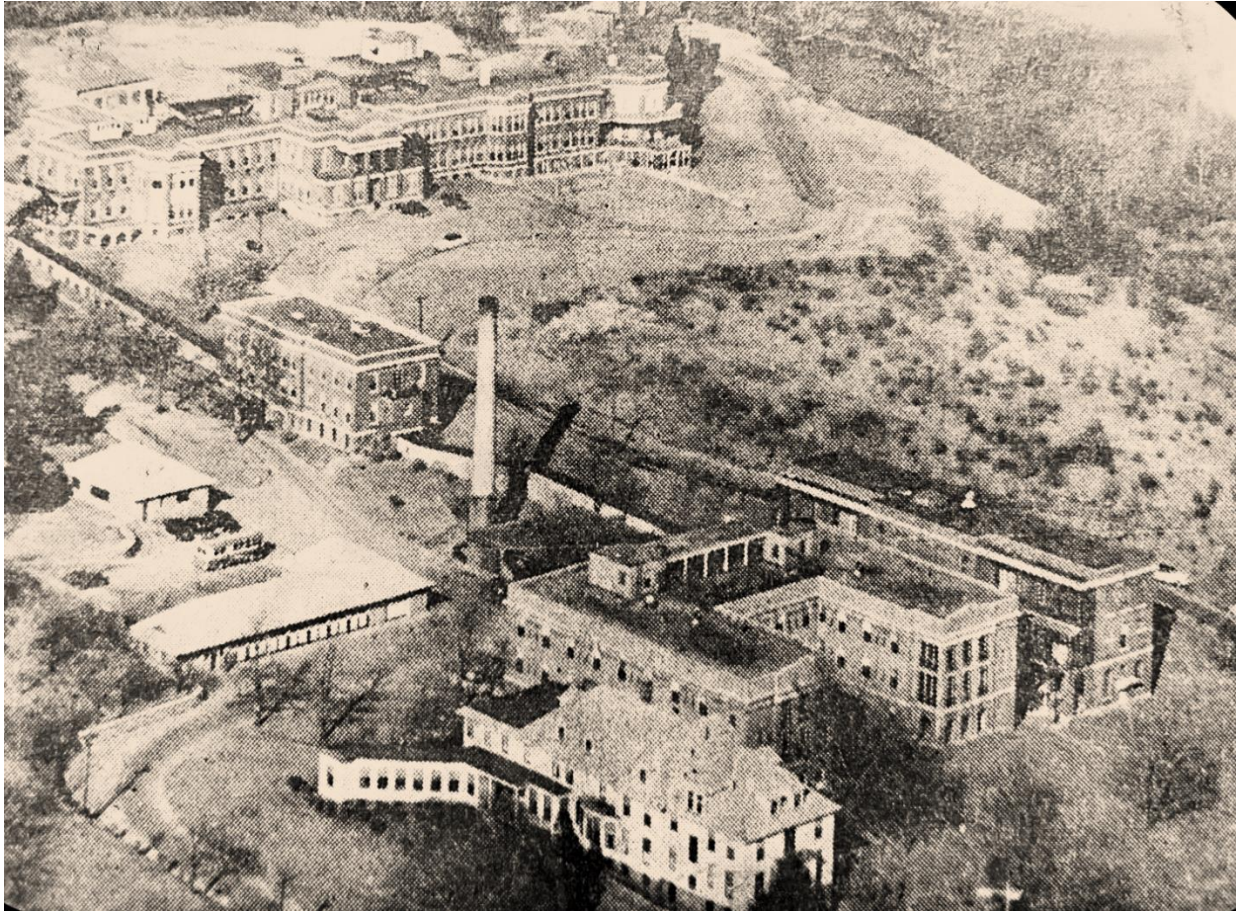
Belmont Hospital: Admin Building, Wards S & D

In 1922, the Coffey Ward, containing forty beds, was built for the increased load on the three wooden wards S, D1 and D2 and to accommodate other minor infections, such as measles and whooping cough.

In the annual report for 1922, Dr. Kenney, who assumed the post of Director of Public Health on the death of Dr. Coffey, recommended the introduction of the so-called Schick Test at once. He predicted that diphtheria, through immunization of school children, would become a rare disease.

In 1928, Dr. Trowbridge, Chairman of the Board of Health, stating that the Putnam Ward for tuberculosis patients was overcrowded and that there was an increasing demand for beds for incipient cases, recommended that Worcester provide them. An addition to the Putnam Ward was opened in 1932, increasing the bed capacity to one hundred and fifty.

In 1934 and 1935, there was increased agitation for a new and modern building for contagious diseases. There was some controversy as to the best procedure, namely whether to spend more money in trying an intensive drive to prevent contagious disease or to build a new modern building to care for those ill. Eventually the hospital won, and with the aid of the W.P.A., the new ward, rightly named the Holmes Ward, modern in all respects and a compliment to the city, was opened in 1936. The bed capacity was sixty. This new ward was one of few Communicable Disease hospitals in the country operating with "single unit control". Modern progressive methods in medicine and nursing technique made it possible to care for any type of Contagious Disease at any time in contrast to the open wards formerly equipped only for the care of two diseases.



Belmont Hospital 1950

The first record in the reports of this hospital of the use of X-ray for diagnosis was in 1928; twenty-seven adults and seventy-four children were examined. That report also mentioned that equipment was being secured for pneumothorax treatments. The first actual report of such treatment was in 1930, when eighty-one patients received two hundred and twenty-six treatments.

By act of the State Legislature in 1939, a nine member Board of Trustees was organized and the name of the institution became Belmont Hospital. In the reorganization there were created two divisions: Holmes Division of one hundred beds for acute Communicable Diseases and Putnam Division of one hundred and fifty beds for the care of Tuberculous patients.

Dr. Holmes retired in 1940 and her position was filled by Dr. Huston K. Spangler, who remained until 1951. In 1953, by a state legislative act, Belmont Hospital was abolished and became part of the Worcester City Hospitals. This was an economy move, for the yearly load of patients in the isolation portion of the hospital had been greatly reduced so that the Coffey Ward had remained closed for many years, and the daily census in the Holmes Ward rarely averaged five.

There are two names synonymous with this institution through the years.



May Salona Holmes, M.D.

When the Isolation Hospital was about to be opened, the Board of Health sought a trained nurse to act as superintendent. When it was realized that this hospital was on top of Belmont Hill, with traveling difficult and slow, especially in the winter, and the fact that, with contagious diseases, emergencies might arise needing a physician's attention, was considered, it was decided to find a recent graduate in medicine. Such a person was found who had just finished her internship at Memorial Hospital. Dr. May Salona Holmes was engaged and remained the active head until retirement in 1940. She saw the institution grow from one of forty beds to one of two hundred fifty beds, from a hospital population of six to one hundred twenty, from a budget of \$9,000 to one of \$311,000. She had been the spearhead of every demand for better provisions and better treatment for patients under her care. It was almost uncanny how she was able to obtain almost everything that she asked for. The age limitation of department heads in the city government caused her retirement.



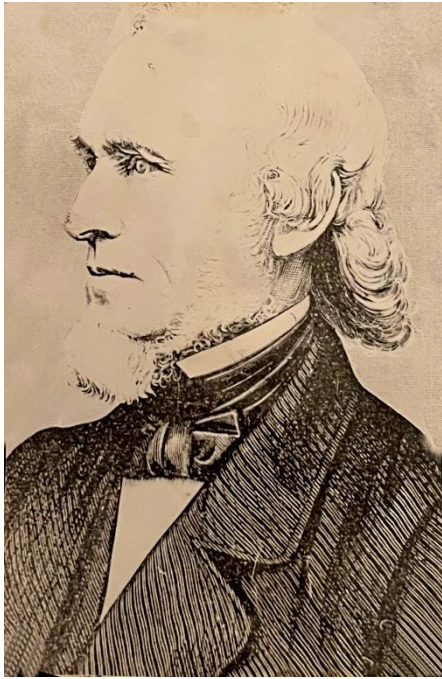
Albert Colby Getchell, M.D.

Dr. Albert Colby Getchell had been interested in tuberculosis from the early nineties, although his first love was nose and throat work. He was instrumental in organizing the first antitubercular society in Worcester and the income from the Tuberculosis Relief Association is still giving relief to the tubercular poor of Worcester. He retired from the visiting staff in 1944 and died on October 1, 1950 at the age of ninety-three.

## THE MEMORIAL HOSPITAL

On the death of Ichabod Washburn in 1869, a codicil to his will was found, the opening paragraph of which is as follows:

"Whereas it has pleased divine power to take from me the children whose comfort and happiness so long as they were spared to me were objects of my earnest care and solicitude and of whom I am desirous to have some memorial which shall be significant of what their own tastes and wishes would have dictated had it fallen to them to dispose of the competence which I now find myself possessed.



Ichabod Washburn

"I propose to this end to make provision for the founding of and maintaining a hospital in the city of Worcester, so long my home and scene of my active life, and thereby preserve the name and memory of my beloved daughters, Mrs. Eliza Ann Moen and Miss Parmelia Washburn, by giving to the same the name of the Memorial Hospital."

The codicil further provides that a Board of Trustees who are named by the testator, shall be appointed by the legislature, and that a Board of Visitors, consisting of the Judge of Probate, and chairman of the County Commissioners, the Superintendent of the Worcester Insane Asylum, the Mayor of the City, the District Attorney and the Sheriff of the County, who shall have authority to investigate the hospital management at any time and correct abuses or mismanagement.

The purpose of the hospital was "to afford care, comfort and relief to the sick and suffering, who require superior medical and surgical skill and science, and are, in the of the Trustees thereof, fit the proper subjects judgement for treatment."

The duties of the Trustees were outlined in detail, and wide discretion given to them in the running of the hospital. Nothing was said about patients being limited to women and children, including boys of ten years of age and under, but this regulation was made by the Trustees later and kept in force for almost thirty years. The twelve original trustees were duly incorporated and plans were formulated for a dispensary.

A fund worth about \$100,000, consisting of seven hundred and fifty shares of capital stock I. Washburn & Moen Wire Works, the predecessors of the Washburn & Moen Mfg. Co. was bequeathed, and by the terms of the will was not available until it had accumulated for five years.

The bequest was divided into a building fund, a hospital fund and a dispensary fund.



Washburn Dispensary 1874  
Church & Front Streets

In 1873, the funds having become available after an unsuccessful attempt to unite with the newly planned City Hospital, it was decided to start the dispensary at once, and the Bigelow house, which had just been vacated by the City Hospital, was taken for the Washburn Free Dispensary, in 1874.

Dr Albert Wood was elected superintendent at a salary of three hundred dollars per annum, and Dr. Emerson Warner and Dr. George E.

Francis visiting physicians at one hundred dollars per annum.

The following year, 1875, Drs. Leonard Wheeler and Workman succeeded Drs. Warner and Francis, and an eye and ear department was opened by Dr. Dixon. Some seven hundred patients were treated the first year and three thousand prescriptions given at an average cost of 18½ cents.

After a short period, the Abijah Bigelow house was torn down, and the dispensary removed to 11 Trumbull Street in 1881, where it remained until 1888. when it was transferred to the hospital on Belmont Street.

In the dispensary the poor were cared for at their homes as well as in the dispensary, and many of the young doctors were given opportunities to start their specialties, or add to their meagre income by doing dispensary work at a small salary.

In 1886, the hospital fund, having accumulated sufficiently, the Samuel Davis property on Belmont Street was purchased for \$25,000, and the dwelling house remodeled for a hospital for women and children. Miss Florence Rice was appointed matron, and a medical staff made up as follows:

#### CONSULTING BOARD

Dr. George E. Francis, Dr. Emerson Warner, Dr. John G. Park.

#### DEPARTMENT FOR WOMEN

Dr. Leonard Wheeler, Dr. O. H. Everett, Dr. S. B. Woodward.

#### DEPARTMENT FOR CHILDREN

Dr. L. F. Woodward, Dr. George O. Ward, Dr. Homer Gage.

The little hospital accommodated but fourteen patients and was immediately utilized to such an extent that four years later it became necessary to put up additional hospital wings.

The hospital met a public demand from the first. Being free from municipal control and sufficiently endowed, it has been able to extend charity to the deserving, and by its superior equipment and service has attracted many private patients to its homelike atmosphere.

The Davis property consisted of a large brick building, probably over forty years old, a barn possibly as old, and frame building erected about 1873. Work on all these buildings was begun in 1887, and completed in 1888. The main house was enlarged and renovated to include a kitchen, operating room, bath rooms, drug room, offices and five small wards containing fourteen beds. The frame building was remodeled so that the Dispensary occupied its lower floor and a four bed ward and bathroom the upper. The heating plant and laundry were housed in the former barn. Dr. T. H. Gage, as chairman of the Executive Committee, supervised this work which cost about \$18,000; and on July 1, 1888, the Hospital was formally opened for patients.

In its first year, according to the annual report, 158 adults and 109 children were cared for, the daily average number being 11.78. Most patients stayed in the hospital over a month; some for several months, with an average of 28 days. The present average is 8.8 days. From a strictly medical viewpoint it is interesting to notice the diagnoses current at that time, many of which described symptoms only, since the actual nature of the disease was unknown. For example, "cholera infantum," "anemia," "dyspepsia," "nervous prostration," "debility" would not be acceptable today. A majority of these early patients were surgical, but the number and type of operations were, of course, very limited. Only a single abdominal operation was done the first year, an ovariectomy, but she was discharged as well. Many of the longest cases were those of children with tuberculosis of the hip or spine. The disappearance of these types of cases from the wards was due very largely to the rigid inspection of milk, which is now required by law.

About the first of March, 1889, a training school for nurses was opened and the first enrollment consisted of five pupils.

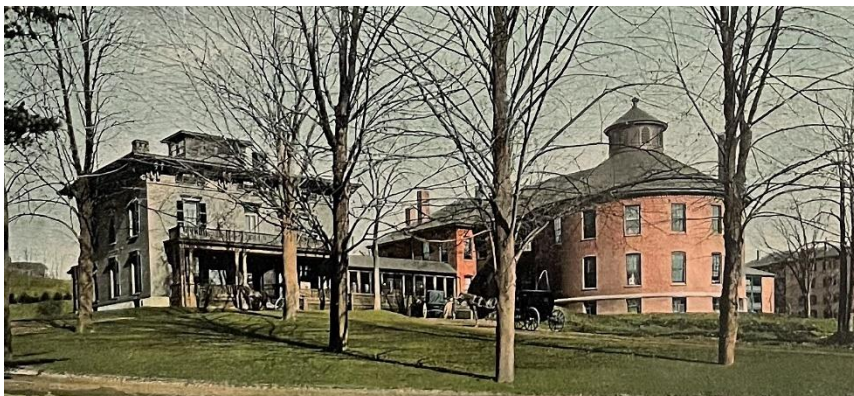
From the beginning the hospital tended to be crowded, and it was a common occurrence to turn patients away. Therefore, only three years later, plans for a new building were made and construction started with completion in 1892. This was for the present round wards M and C., with the addition of a few private rooms and an operating room in the rear. Ward M, was named for Philip L. Moen, Mr. Washburn's business partner, and first president of the Board of Trustees, and Ward C. for Dr. Henry Clarke, the first vice-president. The new wards, adding a total of fifty beds, occupied the site of the former Dispensary, and the latter was moved to the basement. By this time, the community had developed an active interest in the hospital and many gifts of money and supplies were pouring in. After reporting the details of the new building in 1892, Dr. T. H. Gage continued: "The Hospital enters the year with its means of



usefulness present vastly increased. It is equipped for the very best service. The possibility is reasonably within its reach to become the equal in reputation and efficiency of any similar institution in the land. The attainment of that result would confer enduring benefits upon the community in which it is placed and reflect imperishable honor upon the management that should accomplish it." During the same year, Miss Lucia Jaquith, a graduate of the Worcester City Hospital and Superintendent of Nurses there, became the new Matron (later superintendent), a post she was to hold with distinction until her resignation in 1929, at which time, Dr. Homer Gage, the President of the Trustees wrote: "For thirty-five years Miss Jaquith has managed the affairs of the hospital with a devotion, self-sacrifice and success that have been the admiration of everyone who has in any way come in contact with her. In her early years, she was not only Superintendent of the Hospital, but Superintendent of the Training School for Nurses, housekeeper, house officer, often anesthetist and surgical assistant. Every patient in the hospital was her personal charge and many a case on the danger list owed its successful outcome to her unremitting care and sound judgement. Many a time, by her constant watchfulness, she would catch the approach of dangerous symptoms even before the attending physician, and by her prompt action, avert a catastrophe. To her, more than to any other single individual, The Memorial Hospital owes its present enviable reputation among the hospitals of New England."

In 1893 there were fourteen pupils in the Training School and a Superintendent of Nurses was appointed. In 1894 came the first intern, a woman, as were all subsequent internes until 1932. This year also was marked by rather a severe outbreak of diphtheria in the Children's Ward, one nurse and one child died, and the ward was closed for two months.

The phenomenon of the annual deficit was first noted in 1894, and has been present ever since in greater or lesser magnitude. In 1889, several changes were made in the medical organization. The staff, which had previously been divided into sections for women and for children, was now for the first time to be made up of physicians and surgeons. The former were Drs. D. H. Everett, George O. Ward, Ray Greene, and F. H. Baker; and the latter, Drs. Leonard Wheeler, S. B. Woodward, Homer Gage and Lemuel Woodward. Also, the doctors were allowed to admit private patients and charge them fees. Furthermore, it was decided to transfer the children to the downstairs round ward and the women to the upstairs, on account of the annoyance caused the



Memorial Hospital circa 1906

women by the disturbances above them.

The next addition of consequence was the present surgery, given by Mrs. Georgie Compton Wood in memory of her husband, and completed in 1902. So far as general surgery is concerned, this

building has been unchanged since, although of course, the equipment has been modernized from time to time. In the first year of the new building, which was considered the best that could be had at that time, a total of 514 operations were done. In 1945, in the same space, 2938 operations were performed.

At about this time, the reports of the Superintendent mentioned regularly the crowded condition of the hospital. the need of a Children's Ward, an Obstetrical building, and a nurses' home. In 1903, a plea was made to discharge patients as soon as their condition permitted, and for refusing admission, as far as possible, to chronic cases, since thereby fewer people in all could be taken care of. The following quotation from the report of 1903 is of interest: "The cost of running the hospital this year is increased \$4,021 over last year. This is owing largely to the bills for coal, which were extraordinarily high on account of the strike."

In 1909, the size of the plant was more than doubled by the opening of the Children's building and the Newton and Morgan Wards. Mr. Charles H. Morgan gave the obstetrical wing in memory of his wife, and Mr. George L. Newton, the wards bearing his name. Each building cost



Memorial Hospital circa 1920

about \$40,000. The Children's building came to \$85,000, and this sum, together with the amounts necessary to build a power and laundry building, and the connecting corridors, was raised by a subscription campaign. Previous to 1904 not more than five deliveries took place in the hospital in a year; in 1906, the number reached thirty-four; in 1910, the first full year after the Morgan

building was opened, the number was two hundred; in 1945, nine hundred and seventy-three.

In 1911, the Social Service Department was established. In 1915, Dr. Leonard Wheeler in his annual report, wrote: "This hospital has been running twenty-seven years. The bequests and gifts of individual benefactors and a generous public have created an excellent hospital which will bear favorable comparison with any not connected with a medical school."

The first World War had a crippling effect, since 50% of the staff including the Surgeon-in-Chief, Dr. Gage, and many nurses left for the armed services. Dr. Howard Beal, one of the visiting surgeons, died of wounds received in France. In 1919, a small annex was built in the rear of the round wards for industrial accident cases, adding thirty beds to make a total of two

hundred. The grounds were improved and a number of old houses on Oak and Kendall Streets were bought and either torn down or remodeled. In 1926, Dr. and Mrs. Gage had erected the present brick wall and entrance gate on Belmont Street. In 1927, a series of additions were opened, including the Jaquith House, the nurses' home, including Knowles Hall, the Higgins Building, housing the Out Patient, and the Homer Gage recovery wards. To quote from the President's report for 1926: "To the completion of all this work, Dr. Homer Gage, in the capacity of Chairman of the Building Committee, has devoted much time and attention. When we remember that his executive ability organized and managed the campaign which provided some \$671,000 for the use of the hospital, that his brother has for many years acted as our zealous and efficient Treasurer, and that his father held the hospital almost in the hollow of his hand for as many years or more, one does not hesitate to say that to this one family Memorial Hospital probably owes more than any other with the possible exception of that of its founder, Ichabod Washburn." Dr. Homer Gage was later president of the Board of Trustees for nine years, and he was constantly providing out of his own pocket for repairs, improvements and new equipment, of which he knew the hospital was in need.

A brief sketch of this man, who played such an important part in the history of medicine in Worcester, is presented. Dr. Homer Gage was born in Worcester on October 18, 1861, and died



Homer Gage, M.D.

at his summer residence in Shrewsbury on July 3, 1938. His ancestry was sturdy English stock, with the first Gage settling in Ipswich Massachusetts in 1633. In his line came many substantial citizens with soldiers and officers in the Colonial Indian Wars and in the Revolutionary War. He was fortunate in medical heritage, born of a distinguished father, Dr. Thomas H. Gage, who was a former president of this District Society and of the Massachusetts Medical Society. His grandfather, Dr. Leander Gage was a physician of note. He was a graduate of Harvard College and Medical School in 1887; interned at the Children Hospital, Massachusetts General Hospital and The Boston Lying-in-Hospital; opened an office in Worcester in 1888, beginning a career destined to receive marked distinction in surgery, in finance, in public service and in business

enterprises. He saw service in World War I as Chief of the Surgical Division at Camp Devens. He was a surgeon of note in the three Worcester hospitals, namely Worcester City, Memorial, and St. Vincent; medical director of the State Mutual Life Insurance Company; president of Crompton and Knowles Loom Works; director of the First National Bank and The Old Colony Trust Company, both of Boston; The Worcester County Trust Company and a Trustee of the Worcester Community Chest for many years; interested in educational and charitable organizations in France and a donor of the Worcester Medical Library.

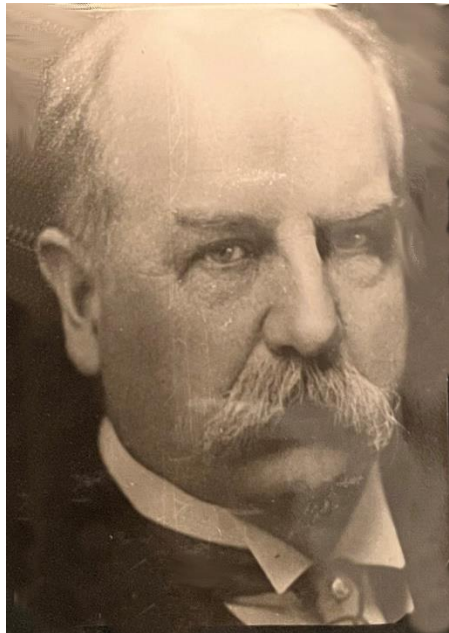
The depression brought a very serious financial problem to the hospital, which had dropped to 61% of its capacity. Expenses were reduced twenty-five percent by the strenuous efforts on the part of Dr. Stone, the Superintendent. Some assistance was derived from the "Guarantor's fund," contributed annually for this purpose by a group of public-spirited citizens. This trend had reached a point where the next step would have to be a curtailment of the hospital's activities. Fortunately, before this was necessary, the overall economic tide had turned.

The recent war, as in the previous instance, affected the hospital chiefly in the necessity of handling a constantly increasing amount of work with a much-diminished staff of physicians, graduate nurses and employees. Twenty-three members of the Medical Staff entered the army or navy, including three of the six surgeons.

In 1946, construction of the Memorial Building began and the first patient admitted on December 22, 1947. The Memorial Building houses the Gage Surgery in memory of Dr. Homer Gage, the Woodward Ward in memory of Dr. Samuel B. Woodward, the Memorial Ward, the Administrative Offices, hospital Dining Rooms and Kitchen. This increased the bed capacity to 273 beds. In 1951, 10,217 patients were admitted, 5,342 operative procedures performed with 1,870 of these of a major nature, 3,472 minor; 1,187 babies were born.

It is of interest to record that in 1951, the total endowments received from the inception of the hospital amounted to \$5,881,858. Of this amount, Dr. and Mrs. Homer Gage contributed \$1,130,655, and Dr. Samuel B. Woodward \$535,319.

Samuel Bayard Woodward (1853-1946), grandson of Samuel B. Woodward, the first superintendent of the State Lunatic Hospital and son of Samuel Woodward, a Worcester



Samuel B. Woodward, M.D.

Merchant, was born in Worcester, August 24, 1853. He graduated from Harvard Medical School in 1878 and interned at the Boston City Hospital; the following two years were spent in European study. He then settled in Worcester, married Margaret Perley, daughter of the chief justice of the supreme judicial court of New Hampshire and had no issue. The activities of his life were varied; medicine claimed his chief interest, being associated with the three hospitals of the city; pathologist and visiting surgeon at Worcester City Hospital from 1883 to 1902; visiting physician and surgeon at Memorial Hospital from 1882 to 1909; visiting surgeon at St. Vincent Hospital from 1896 to 1901. A list of the offices held by him in his native city makes one wonder how he had time to go from meeting to meeting while carrying on an active practice. He held every office of the District Medical Society; President of the Massachusetts Medical Society for three terms 1916 - 1919;

affiliated with four banks as director; trustee of the Worcester Insane Hospital and Memorial Hospital; president or director of many social organizations. He was a historian par excellence, particularly on medical history in Worcester: crusader for vaccination; plethora of subjects producing a flood of information, which defy systematic listing; such a diversity of subjects as Foreign Policy Association, City Planning, Civic Arms, Finger Printing, Street across the Common, stable money Association, World Court, Child Guidance, Society of Mental Hygiene, Society for Prevention of Cruelty to Children. Dr. Woodward was a man of positive convictions, always ready to stand up and be counted. With a figure of commanding presence, like all the Woodwards, he presided well, therefore had been selected often to act in that capacity. His ability to get along harmoniously with various classes of his fellow citizens was attested by the offices he held and by reelections. Every problem presented to his alert mind was considered at once. He had been a valued official to his native city and to the Massachusetts Medical Society.



Memorial Hospital Staff--1923.  
Front row, left to right: Drs. Stevens, Emerson,  
L.C. Miller, Gage, Rose, Seelye, Clark.  
Second row: Rockwood, Williams, Talbot, Smith,  
Burley, George, Adams, Halloran, Holzer, Grant.  
Third row: G. Lincoln, Phelps, Gordon Berry,  
Stowell, Cutler, Kinnicutt, Gibby, Dolan,  
Stansfield, J.W. O'Connor.  
Fourth row: Higgins, Sparrow, Cook, Alton, Ayers,  
Richardson, Cahill, Fryburg.

## ST. VINCENT HOSPITAL

In 1893, Msgr. Thomas Griffin, pastor of St. John's church, thinking of the care of the sick, while Vernon Hill was still a rural area purchased the Bartlett Farm and then invited the sisters of Providence to open a hospital that would admit the sick regardless of color or creed. On September 8, 1893, the hastily improvised hospital, containing twelve beds, was opened in the remodeled Bartlett farmhouse. The name then was the House of Providence. On January 27, 1894, the first meeting of the Board of Trustees was held. This meeting was held in the rectory of St. John's Church, where a number of citizens gathered through the personal influence and inspiration of Rt. Rev. Msgr. Thomas A. Griffin and Dr. Thomas A. O'Callaghan to cooperate in building up the institution. On this day, the board of trustees was formed, a hospital staff approved and the management placed on a business basis by the farsighted group of influential men and women. Previously Msgr. Griffin had purchased the Bartlett estate on Vernon and Winthrop Streets to be used at first for a dormitory for the Christian brothers, who came from Ireland to teach in St. John's Parish School. Soon after the home at Temple and Harding Streets was used and plans made by the beloved clergyman for the Hospital. Dr. O'Callaghan spared no effort to found the hospital here and assist the Sisters of Providence in their labors. The hospital was successful from the very beginning; had no endowment, but was supported by people of all creeds. The first public effort to assist the institution was made by the Washington Club, which sponsored the "Midway Plaisance" to raise a generous sum of money to help finance the hospital.



St. Vincent Hospital 1895 with Bartlett farmhouse

During the first year, one hundred and four patients were admitted. So great was the demand for beds that a wooden building was erected in 1895, increasing the capacity to thirty-five beds, and the previous building was utilized for the care of the aged, accommodating twenty incurables of both sexes. With the erection of the wooden building, the name

of the hospital was changed to St. Vincent Hospital. Three basic principles characterized this foundation: unfaltering trust in Divine Providence, unselfish devotion to the sick, and systematic organization.

The original staff was as follows:

CONSULTING BOARD

Dr. George E. Francis, Dr. Leonard Wheeler

SURGEONS

Dr. Homer Gage, Dr. J. H. O'Keefe, Dr. Joseph Kelly, Dr. T. A. O'Callahan

PHYSICIANS

Dr. Mary V. O'Callaghan, Dr. J. A. Carroll, Dr. J. J. Brennan, Dr. J. E. Gendron, Dr. J. J. Duggan, Dr. M. J. Halloran

ORTHOPEDIST

Dr. W. J. Delehanty

OCULIST AND AURIST

Dr. David Lovell Dr. David Harrower

PATHOLOGIST

Dr. M. F. Fallon

OBSTETRICIAN

Dr. M. J. O'Meara

St. Vincent Hospital is operated by the Sisters of Providence, a nursing order which originated in Kingston, Ontario. This Canadian order was an offspring from France, the distaff origin being the Sisters of Charity. In 1873 they began their work in the United States, settling in Holyoke, Massachusetts, where they operated an orphanage and cared for the sick in their homes, thus virtually inaugurating the field of work known as social service. Time brought about the development of other branches of charitable ministrations. Under the leadership and direction of Mother Mary of Providence, pioneer worker of the Community, the apostolate of charity grew and fruitified. Today (1953) the sisters administer five general hospitals, two maternity hospitals, three homes for the aged, three orphanages, two working girls' homes, two day nurseries and one sanatorium. The Community, which follows the Rule of St. Vincent, has its headquarters and Novitiate at the Providence Mother House in Holyoke. The Sisters of Providence were established in Worcester in 1893 and from a nucleus of five sisters have grown in 1953 to sixty-five serving at St. Vincent's.

St. Vincent de Paul, born in 1576, was a French priest who spent his whole life in alleviating the spiritual and temporal misery of his fellow men. It was the life of this humble servant of the poor which prompted the recent filming of the picture "Monsieur Vincent", which has been an inspiration to so many people in our own day. While exercising a tender charity toward the poor, he also taught the rich to do works of mercy. Through the religious orders of men and women he founded, his work has been perpetuated throughout the ages. It is he who is the beloved patron of St. Vincent Hospital. His motto is ours: "God is Charity."

The corporation of the St. Vincent Hospital was formed in 1898, and the brick edifice, planted in the center of the property, was erected, containing one hundred and fifty beds. The old hospital



St. Vincent Hospital circa 1900

building became the Home for Aged. Drs. William E. Denning of Burlington, Vermont, and J. Arthur Barnes of Fitchburg were the first house officers in 1899 and 1900; Drs. John F. Harkins of Boston, and Stephen A. Bergin of Waltham served as internes in 1901 and 1902. The original medical staff of seventeen had increased to sixty-

eight by 1949. The total admissions in 1949 was 11,660

Responding to the requests for training in nursing, the hospital opened a school for lay nurses in 1900, with two graduating in 1902, five in 1905, six in 1907, four in 1909. In 1908 there were fourteen students in training and the number of Sisters had increased to forty. By 1953 more than one thousand graduates of the school have become registered nurses.

Rev. Mother Mary of Providence said, in her 1906 report to the Hospital Corporation, "An X-Ray machine would be a valuable aid, but we dare not incur this expense so long as we find the hospital income barely equal to the current expense". This statement was answered by a donation of \$600 from George Crompton, a member of St. Vincent Hospital Corporation and a valued friend of the hospital.

The first X-Ray department was opened in October 1907, in charge of Dr. Andrew E. O'Connell who, down through the years, had a long list of capable Sisters serving as technicians, including Sister M. Perpetual Help, Sister M. Sacred Heart, Sister M. Isidore, Sister M. Dolorosa, Sister M. Leocadia, Sister M. Philip, Sister M. Louis and Sister M. Ignatius. Dr. Harvey Van Allen,



Roentgenologist at the Mercy Hospital, Springfield, Mass., helped in planning this X-Ray department, emphasizing the need of protection from the X-Rays.

The first X-Ray room was 10' X 20' with lead-lined partitioned-off developing and control rooms. The apparatus consisted of a Waite & Bartlett coil with valve tubes, an electrolytic interrupter and a chemical rectifier which delivered 20 amperes to the primary of the coil. There were no meters; voltage was judged by the distance the high-tension current would jump a spark-gap; the penetration of the X-Rays was judged by the appearance of a gas-tube in operation. The tube stand had various sized cones so that secondary radiation from the patient's body could in part be eliminated. The tube, stand and cones could also be used in exerting pressure on the patient and thus restricting motion during the long exposure time. Single-coated glass plates were enclosed in black and yellow envelopes and developed in trays, although a little later electrically controlled rocking apparatus came into vogue.

Most of the X-Ray examinations during the first few years were of fractures, foreign bodies and calculi in the urinary tract. Long exposures were necessary; hand: 8 seconds at 17" distance; shoulder: 20 seconds; urinary tract: 30 to 60 seconds and chest: 15 seconds at 18" distance. Films of the chest were later taken at 6' distance.

The records show that there were 307 admissions to the X-Ray department in 1910, including 131 fractures, 14 dislocations, 58 bone diseases, 8 urinary calculi and 27 cases grouped under the category of abdominal. Contrast the 1907 admissions with 4077 admissions to the X-Ray department in 1940. There were few X-Ray examinations of the chest during the early years; a review of the records from 1907 to 1914 shows only 17 chest X-Ray examinations.

The year 1910 saw the addition of an adjoining room to the Roentgen laboratory with some new apparatus including a counterbalanced tube-stand, stereoscopic apparatus and intensifying screens reducing film-time to one tenth of former exposures.

The first X-Ray examination of the stomach was made in 1908; interval plates were taken in both horizontal and standing positions. The diagnosis in 1908 was nearly always Gastropotosis as the ptosed hypotonic stomach could only be shown with the long exposures.

X-Ray Therapy in the early days was limited to the treatment of skin lesions: epitheliomata, eczema, ringworm, etc. The X-Ray treatment of skin cancer was even in the early days quite successful; the treatment was given through a field one centimeter larger than the lesion.

The X-Ray Department was given large quarters in the new Wing of the hospital erected in 1918 with new X-Ray machines and apparatus including shock-proof fluoroscopic apparatus and portable shock-proof apparatus to be used on the floors and in the operating rooms. Deep-therapy apparatus and an X-Ray unit for a cystoscope table were installed a little later.

It would require a large book to detail later developments of Roentgenology at the hospital. The interrupterless transformer of Clyde Snook, later rectification with Kenotron tubes, and the Coolidge tube made possible instantaneous exposures of any part of the body. The Bucky-Potter diaphragm eliminated practically all secondary radiation. The development of intensifying screens and double-coated fast films aided in reducing the time of exposure. Powerful and still more powerful apparatus and better Coolidge tubes have made possible the deliverance of a known amount of radiation to deep-seated lesions through multiple fields without serious damage to the healthy tissues. The development of various contrast substances made possible the visualization of the entire gastro-intestinal tract, the gallbladder with the entire biliary tract, ventricles of the brain and subarachnoid space, the heart and blood vessels and the renal pelvis, ureters and bladder- both by the retrograde and excretory methods.

In the year 1910, a dramatic and far-reaching change is recorded in the hospital report, when the surgical service was closed. The report of the corporation is quoted, "In our responsibility as Manager of St. Vincent Hospital we entered upon the year 1910 with some anxiety and misgivings because of the radical change in the administration of the Hospital regarding its surgical service, which was then limited and closed except to those elected by the Trustees to perform surgical operations. We had closed the year 1909 with a report of 2031 patients treated, and in the new order of things, there might come a withdrawal of patronage. Persons not in close touch with hospital theories, might regard a diminution of the number of patients as evidence of a decrease in hospital efficiency and consequent loss of income and other disastrous results. Confident, however, that the quality of work done is of first importance and knowing that both the Medical Profession and the Public could place their confidence in the eminent ability of the Hospital Surgeon, Dr. Michael F. Fallon, and his associate, Dr. J. Arthur Barnes, supplemented by the assistance of our permanent House Surgeon, Dr. William F. Lynch, took a hopeful view of conditions. We can testify that in the surgical service, limited to one Surgeon, and his Assistants, there has been a notable increase of patients with less labor for the Nursing Corps. There were 2244 patients treated, 213 in excess of 1909. Among the large number, there were only 374 medical cases." Thus, the hospital became primarily a surgical hospital which it has remained even until this day.

Michael Francis Fallon was born in Worcester in 1863 and died in June, 1936. He graduated from Holy Cross College in 1883 and Harvard Medical School in 1887, subsequently studying abroad for two years before entering practice in Worcester. With the founding of St. Vincent Hospital, Dr. Fallon was appointed to the staff, and in 1908 was advanced from Fellow to the position of Chief Surgeon. He was a fellow of the Massachusetts Medical Society, a member of

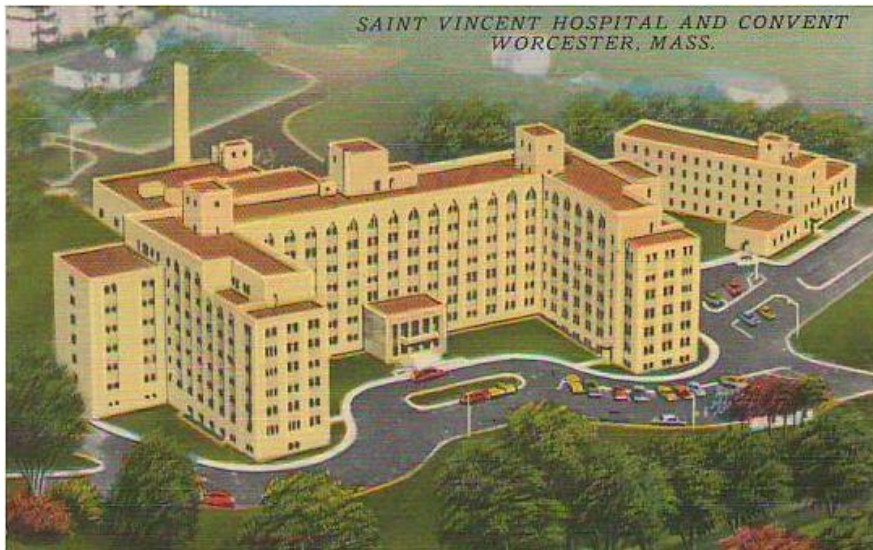


Michael F. Fallon, M.D.

the Council for many years and a Past President of the Worcester District Medical Society. For several years, up to the time of his death, he was chairman of the Committee on Funds of the District Society. Governor Walsh appointed Dr. Fallon to membership on the State Board of Registration in Medicine in 1915 where he served the State for the succeeding seven years. In 1919 he organized and headed the Fallon Clinic which became a strong entity at St. Vincent Hospital. From the year 1909 until his death his name was synonymous with that institution.

The surgical staff thus limited in 1910 remained under the control of one man until 1933 when two appointments were made to the surgical staff other than the Fallon Clinic, namely Drs. Eugene Richmond and John B. Butts, who became associated with Dr. J. Arthur Barnes. Since 1933, the surgical service has remained open with the addition of many capable and well-trained men.

In 1918, a 60 bed addition was erected connected with the existing building, and in 1922, residence for the Sisters and Nurses was constructed at the rear of the property on Providence Street. No major changes were made in the physical setup until in August 1951 construction of a new hospital was started at Providence and Winthrop Streets, on property acquired by the



St. Vincent Hospital 1954

Church from the noted Crompton family. This came through the generosity and encouragement of Bishop Wright and members of the hospital corporation. This new hospital consists of a \$7,000,000, fireproof building, consisting of seven stories; 400 beds; 10 major operating rooms; tubercular and psychiatric wards for putting to work the latest techniques in

curing ancient maladies. The new hospital was completed and ready for occupancy in the Spring of 1954 and the old St. Vincent Hospital was remodeled for the use of the chronically ill and maternity patients, bringing the total bed capacity up to well over 600.

At the onset of this ambitious step in building the new hospital one of the main staff supports was removed by death. John M. Fallon was born in Worcester on September 17, 1901, the son



John Fallon, M.D.

of a distinguished surgeon, Dr. Michael F. Fallon. He graduated from Holy Cross College in 1919 and Harvard Medical School in 1923. He trained at the Peter Bent Brigham Hospital in Boston and the Mayo Clinic, Rochester, Minn. He was director and surgeon at the Fallon Clinic and practiced surgery at St. Vincent Hospital from 1929 until his death. A Diplomate of the American Board of Surgery and a Fellow of the American College of Surgeons; he was elected a Fellow of the International Society of Surgery because of "distinguished record and honorable standing among surgeons of the United States." He was a prolific writer, published numerous papers on surgery, gynecology, surgical photography and medical history, in state and national medical and scientific journals; he was especially interested in endometriosis and had exhibits at medical

conventions of state and national societies; past president of the New England Obstetrical and Gynecological Society and American College of Surgeons, Massachusetts, delegate to the American Medical Association, councilor of Massachusetts Medical Society, a member of the Committee on Publications, trustee of the Boston Medical Library, Consulting Librarian of Worcester Medical Library. At his death he was President of the staff at St. Vincent Hospital and orator-elect of the Massachusetts Medical Society. He died suddenly on June 21, 1951, at the age of forty-nine, from a coronary thrombosis and the hospital lost its most valued member.

Before we leave the story of this hospital, the members of the staff who were prominent through the years will be briefly mentioned. In surgery, Thomas O'Callaghan and J. H. O'Keefe died within a few years after appointment; Homer Gage, Charles Wheeler, Royal P. Watkins and Lemuel Woodward were active until 1910 when Michael F. Fallon became surgeon-in-chief; J. Arthur Barnes was assistant to M. J. Fallon from 1902 to 1908, when he was replaced by William F. Lynch. Dr. Barnes was able to hold his appointment and was active in surgery until his death in the late thirties. The Fallon Clinic was established in the early twenties with the addition of John J. Dumphy as the medical man, and Andrew E. O'Connell as the Roentgenologist, James C. McCann as a surgeon; this survived until 1932 when W. F. Lynch, J.C. McCann and J. J. Dumphy left to practice for themselves.

In medicine, John J. Duggan was active until his election as Mayor of Worcester shortly before World War I; Michael J. O'Meara from the opening of the institution until his death in 1931;



John J. Dumphy, M.D., Michael O'Meara, M.D., William Delahanty, M.D.

William J. Delehanty likewise until his death in the late thirties; Timothy J. Foley from early in the century until his death in 1935; Thomas E. McEvoy until his death early in the thirties; Theobald C. McSheehy and George F. O'Day for many years. Mary V. O'Callaghan, Mary E. Barrell, Clara P. Fitzgerald and Anna F. Murphy were the prominent female physicians through the years.

For close to a half a century, John J. Cummings and Stephen A. Bergin held sway in obstetrics;



in this department, until his untimely death in 1923, John F. O'Connor gave faithful service; his brother, Denis F. O'Connor, until his removal from the city in 1918, along with David B. Lovell. John J. McGillicuddy, John Cahill and John J. Brennan took care of the Ear, Eye, Nose and Throat needs. Andrew O'Connell founded the X-Ray department in 1907 and remained in charge until 1946.

This short sketch of the medical staff who were instrumental in the early growth of the hospital is from my memory and if any important figures are omitted, the blame rests with the hiatuses which are common to the recollections of all human beings. Thus, we leave this heritage to the physicians of tomorrow and may they do as well.

Stephen Bergin, M.D.



St. Vincent patient room and ambulance circ 1900

### WORCESTER HAHNEMANN HOSPITAL

Worcester Hahnemann Hospital was an outgrowth of a need for a hospital where homeopathic physicians could attend their patients. The feud between the allopathic and homeopathic schools finally ended in 1906, when admission was granted to the Massachusetts Medical Society to the followers of homeopathy.

A brief resume of the events preceding the foundation of this institution gives the basic reasons. In 1866, the Worcester County Homeopathic Medical Society had its origin with a membership of eight. The Worcester Homeopathic Dispensary Association opened on October 4, 1880 at 58 Mechanic Street. The first homeopathic hospital in the county under the auspices of Dr. John K. Warren was located at 78 Pleasant Street. The name given was the Warren Surgical Hospital and the first patient was received on December 15, 1893. The work of the hospital was carried on in this location until January 17, 1896, when Mrs. Elizabeth Colburn deeded to Dr. Warren her residence at 46 Providence Street to be used for hospital purposes. This became a public hospital on June 4, 1896, when it was incorporated and the name changed to the Worcester Hahnemann Hospital. The house was remodeled and accommodated fifteen patients. The first board of directors of the hospital was composed of David Hale Fanning, Charles A. Hill, R. C. Taylor, Herbert H. Fairbanks, R. F. Upham and Frank P. Kendall.

The hospital took its name from Samuel Christian Frederich Hahnemann (1755-1843), the founder of the school of homeopathy, one of the leading scientists on the continent of Europe, who evolved a concept of using a single minimum, infinitesimal dose and a selected drug which would produce symptoms similar to the symptoms produced by the disease, "Similia Similibus Curantur," (like cures like).

In 1907, the Hahnemann Hospital Association was presented with the beautiful Roche estate, at



281 Lincoln Street, composed of two and one-half acres land. This land was donated and selected by David Hale Fanning by reason of its ideal location for a hospital. A new building on the estate, consisting of thirty-five beds, was opened for service on October 19, 1909. Mr. Fanning also contributed much equipment to it and a very generous endowment for a free bed in memory of his wife.

Dr. J. K. Warren, who was already getting along in years, guided the infant institution and worked faithfully for some years but there was at that time no provision for retirement by reason of age, and a delicate situation arose. He was finally induced to retire and Dr. Edgar A. Fisher, for some years his junior on service, succeeded him.



Edgar Fisher

Dr. Fisher was the moving spirit in his capacity of chief of staff. His surgery had been learned under Kelley at Johns Hopkins, and his standards were, and remained, high. A general surgeon (and general surgeon it was in those days), he continued to do tonsils, mastoids and similar operations long after the staff had acquired specialists along these lines. Nearly every year he and his good friend Dr. Michael Fallon of St. Vincent Hospital made pilgrimage to the Mayo Clinic to brush up on their surgery. Dr. Fisher was exceedingly retiring by nature and he carried it to the point of refusing all offers of elective office in the District Medical Society, a circumstance which caused considerable embarrassment to the nominating committees when they first wished to recognize the homeopathic members of the group. But the hospital was Dr. Fisher's life, and he had few outside interests; his devotion to it continued to his death in 1938.

In 1916, the hospital was enlarged and a home for nurses was established. In 1921, the nurses



were moved to larger and more convenient quarters. In 1925, the capacity of the hospital was increased to one hundred beds by a new addition; in 1931 to one hundred eighteen beds.

The Worcester Hahnemann Hospital School of Nursing was established in 1899. Its object was to provide an opportunity for young women in the



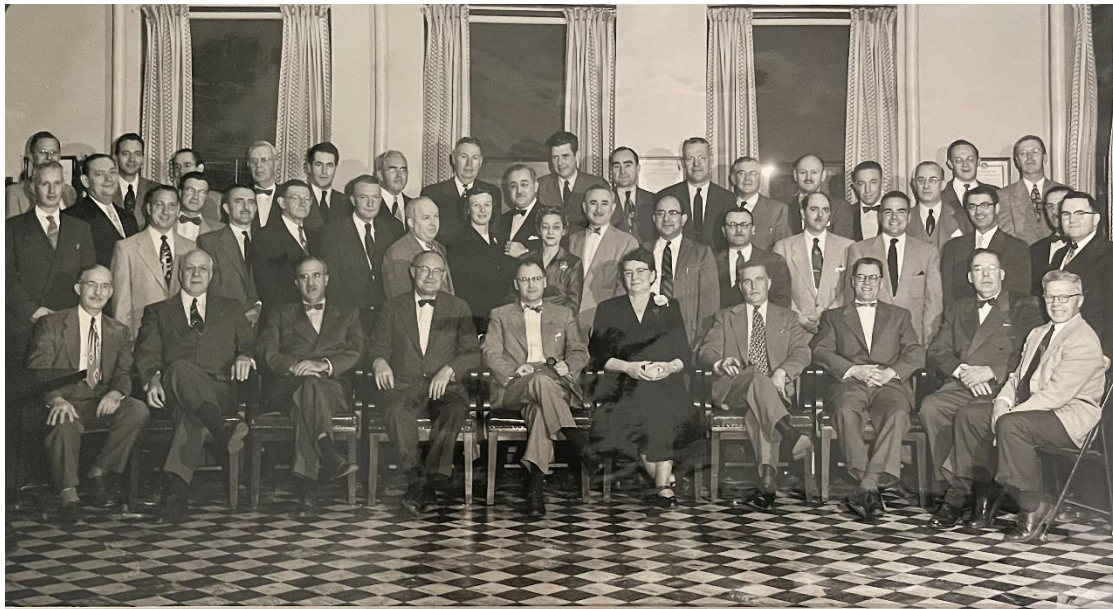
Worcester Hahnemann Hospital circa 1950

locality to study nursing. The Governing Board of the hospital managed the school and arranged for the instruction of the nurses. Students were admitted at irregular intervals, placed on the wards and gave such service as they could until a class period was designated. Most of the instruction was given by physicians. The first class was graduated on October 27, 1902. Prior to graduation a final examination was held. The type of uniform was selected by Dr. Edith Clark and Dr. J. K. Warren designed the pin. The

first class consisted of four young women. The place chosen for the graduation exercises was the Worcester Women's Club. At this time the day nurses were on duty from 7.00 AM until 8.00 PM. Each nurse was allowed two hours each day for rest and recreation, one afternoon each week and six hours on Sunday. Two weeks of vacation was allowed each year. The sketchy educational program which consisted chiefly of lectures by physicians and instruction on the apprenticeship system showed three hours of recitation each week in addition to the lectures. Included in the three-year course was a three months experience in District Nursing at the Hull House, North End Mission in Boston. As time progressed and the Massachusetts Board of Registration in Nursing was established the curriculum was revised to meet the standards set by that Board. The school has graduated some six hundred nurses.

Since 1931, more and more demands have been put on the hospital so in 1953, we see another building program. A new nurses' home, which will house seventy-six nurses, and a completely modern educational unit is under construction. Plans are nearing completion for a new wing which will add to the hospital a completely new operating room, a surgical supply unit, a delivery room suite, a nursery, a kitchen, dining room, coffee shop, boiler rooms, storage and maintenance space and thirty additional beds which will increase the capacity to one hundred and seventy-five. This construction will begin in June of 1953. Erna M. Kuhn, R.N. has been the superintendent of this institution for many years and under her capable direction the hospital has progressed to be considered one of the four major units for the care of the sick in the City of Worcester.





Hahnemann Hospital Staff. June 1953.

*FIRST ROW:* ANTHONY D. VAMVAS - DAVID G. LIUNGBERG - FRANKLYN P. BOUSQUET - JOEL M. MELICK - GERALD SHELBY - MISS ERNA KUHN, *Supr.* - HAROLD K. BRIGHAM - LESTER M. FELTON - ALFRED S. O'CONNOR - ARTHUR M. KIMBERLY.     *SECOND ROW:* ROBERT L. MOORE - JOHN A. KOREYWO - HERMAN L. MATERN - JAMES E. GRAINGER - ROY J. SMITH - SAMUEL G. GWYNNE - JOSEPH MILLIN - ARTHUR L. FITZGERALD - JANE FITZPATRICK - FREDERICK E. DUPRE - CONSTANCE KALIRIS - PAUL P. MONTAG - HAROLD K. CONSTANTIAN - ROBERT C. DAMIANI - SAUL DOPKEEN - GEORGE A. KENTROS - MICHAEL W. SCRICO - JOSEPH LUNDY - GEORGE F. CLANCY.     *THIRD ROW:* PETER KARDOWICH - MILTON YUDELL - GORDON C. MILNE - CHARLES M. CHURCH - ERVING D. HARDY - DONALD K. McCLUSKY - RAYMOND H. GOODALE - THEODORE M. RICE - EDWARD J. FAIRBANKS - WILLIAM J. ELLIOTT - THOMAS HUNTER - PERCY T. WHITNEY - JAMES R. LINGLEY - JESSE O. ARNOLD - EDWARD F. KILROY - ELWOOD O. HORNE.

### FAIRLAWN HOSPITAL, INC.

Fairlawn Hospital, established in Worcester in 1921 by the Scandinavian emigrants and their descendants, is but one of the many so-called Scandinavian hospitals to be found throughout the United States wherever a larger group of these people has settled. These hospitals have had their inception from the same motives which brought forth the mutual sick benefit societies so numerous among the earlier Scandinavians. The emigrants felt a natural responsibility to care for their own people when misfortune or sickness came into any of their homes.

The idea of establishing such an institution in Worcester was proposed by Rev. Andrew J. Lofgren at a meeting of the Swedish National Federation in Worcester in February 1921. This proposal was turned over to a representative group of our Swedish business and professional



Fairlawn Hospital 1923

men. The direct purpose, from their point of view, was to create a general hospital as an expression of their interest in the welfare of their city. The idea was acted upon favorably and committees were appointed to draw up plans of organization and find a suitable location. It was reported by the investigating committee that the Norcross estate on May Street could be bought for the sum of about sixty-five thousand dollars, and that thirty-eight Swedish-American business and

professional men would contribute thirty-three thousand dollars toward the purchase of this property. A mass meeting was held at the Salem Square Swedish Congregational Church in June of that year, where it was unanimously voted to go ahead with the proposition. A committee was appointed to accept the thirty-three thousand dollars subscribed and conduct a drive to raise the balance to make a fund of one hundred thousand dollars. No contributions were to be accepted from other than Scandinavians for this campaign as it was felt that this was their obligation. About five thousand subscribers raised the above amount. It was also voted that anyone who gave five dollars or more would be entitled to be voted in as member of the organization. More money was, however, required for alterations and equipment and for this purpose bonds were sold to the amount of ninety-two thousand dollars; bank loans amounting to forty-four thousand dollars were granted by a local bank. In 1941 a campaign was conducted which cleared the hospital of all debts.

The first fifteen years it was supported entirely by donations and contributions from Trustees, the Aid Society, Guarantors and Members, composed of our Scandinavian people. During the latter fifteen years, because of the severe depression starting in 1931, it was found necessary to appeal in a general way to the public for subscriptions to assist in the operation of the hospital. It was felt that this was justified as the hospital was now well established and the patients during this

period were fifty per cent American born, twenty-five per cent Scandinavians, and the other twenty-five per cent of other nationalities. Many people of various racial backgrounds have made generous gifts to Fairlawn Hospital.

A period of thirty years has passed (as of 1953). A hospital does not just happen. In the background of every relatively large institution, and especially those that have a humanitarian objective, there is usually the story of unselfish work carried forward by a group of men and women who believe in the cause. The Aid Society, founded soon after the opening of the hospital, has been an untiring organization during all these years, and has helped not only financially with large sums, but has been a great inspiration through its continual efforts in many ways, as set forth in its annual reports. One of its outstanding contributions has been the gift of a ten-thousand dollar Free Bed Fund.

The Swedish National Federation has continued its interest and has demonstrated that fact by endowing a ten-thousand dollar Free Bed Fund.

The Junior Aid Society, organized in 1936, of younger women interested in Fairlawn, has been very active in raising money for special items of equipment. Each year has seen some important addition to the greater efficiency and facilities of the Hospital.

The bond holders have been very generous in donating to the Hospital the greater part of the ninety-two thousand dollar bond issue. Several civic organizations in our community, especially the churches, have often shown their interest by giving of both time and money.

The hospital is greatly indebted to the Swedish Ministers' Association for its general co-operation through its churches, for their Sunday afternoon services, and for those who serve by singing.

The local newspapers, including Svea, have been co-operative and generous. This has greatly helped the activities.



Fairlawn Hospital 1953

Special recognition should be given to our efficient medical staff. our superintendents, and our corps of nurses and other personnel for their faithful services.

The Board of Trustees has naturally borne the brunt of the work and the members of this board have served continuously in Various capacities and have donated substantial sums through the years as special needs have developed. Although the Hospital opened in 1923 with thirty-four beds, more have been added from time to time, and when the present addition is completed there will be eighty beds plus eighteen bassinets. As of 1953, with the new addition, it is valued at more than six hundred thousand dollars. It has administered to thousands of sick people and has operated continuously on an increasingly efficient basis. From the outset it has been, and still is, rated as an A-1 hospital by the American College of Surgeons.



Fairlawn Hospital Staff--1924.  
Front (Sitting), left to right: Colberg, Holzer, Stansfield, Cobb, Berry, Quist, Hart, Jordan.  
Center Row: Talbot, Lincoln, Denning, Hunt, Werner, Albee, Watkins, Alton, Peterson, Olson, Grant, Rockwood.  
Rear Row: Cottle, Fielding, Lindquist, Brassau, Ussher, Ljungberg, Fryburg, Dix, Swenson, Bieberbach, West, Emery, John Rice, E. Smith, Pierce, Cutler.

### LOUIS PASTEUR HOSPITAL

This institution at the corner of Catherine and Windsor Streets was established in 1925 as a general hospital of thirty-eight beds and six bassinets. It was primarily for the use of the French population. Miss Cecile Masse was Superintendent and Mr. J. Arthur Belisle, President; Dr. Alfred P. LaChance was Chief of Staff. Financial difficulties beset this enterprise and the doors were closed in 1937.

### LINCOLN HOSPITAL

The Lincoln Hospital at 107 Lincoln Street was the private hospital of Dr. Elie J. LaLiberte. The history of its inception is not obtainable, but it is thought to have opened in the 1924. In the 1930's Dr. LaLiberte sold out his interests to Drs. Walter E. Masters and Frank H. Russell, who continued to operate the institution, as had their predecessor, for the benefit of medical men without other hospital connections. Finally on December 19, 1947, the State Department of Public Health saw fit to close the doors

### DOCTORS HOSPITAL

A group of twenty-one physicians, ten of whom were members of the District Medical Society, purchased the Lincoln Hospital and undertook its renovation. They complied with every suggestion made by the State and local authorities, determined to prove their complete willingness to cooperate in every way in order to make the hospital structure safe. On March 9, 1948, the doors of the new Doctors Hospital, with a capacity of thirty beds, were opened with the official blessings of the State Commissioner of Health. The determination of the staff to establish and to run hospital free of criticism and without profit has continued. They enlisted the assistance of a complete and interested group of consultants to help guide them. They installed the machinery necessary for the proper function of a hospital. In 1953, a brick addition was constructed on the South side of the Building to enlarge overcrowded facilities.

### EMERGENCY HOSPITAL

This institution was opened at the turn of the century at 50 Orange Street, Worcester, by Drs. Louis A. Cottle and Alston H. Lancaster. This was before the industrial insurance laws, and contracts were made with the workers for medical care, which would also include family membership at a higher rate. It originally had thirty beds, but was only used as an out-patient. The building is still there (1953) and is used as an office by Dr. Lancaster.

### HARVARD PRIVATE HOSPITAL

This hospital was established in May 1918 on the Baldwin estate. 81-83 Chatham Street, Worcester. It was opened under partnership by two registered nurses, Miss Edna F. Lawson and Miss Pearl M. Bowker with Edward H. Trowbridge, M.D., as surgeon in chief. The stated purpose was to provide facilities for surgery, primarily of women, and safe adequate pre-operative and post-operative care of the patient. In the early days, under the guidance of Dr. Trowbridge, a cancer clinic was established and maintained until such clinics were removed to



Harvard Hospital 1918

larger hospitals with accommodations for a greater number of patients. A little later an out-patient clinic for arthritis was developed under Dr. Leroy A. Woodward and remained in operation until his death. The hospital maintains a closed surgical staff under Rockwood H. Thayer, M.D. surgeon in chief. The hospital has facilities for obstetrics and medical cases, maintaining an active complete X-ray service. The hospital has eighteen beds and seven bassinets.

In 1931. the hospital was incorporated under the laws of the State of Massachusetts, with the three original founders as joint members of the Corporation and was later accepted as a member of the American Hospital Association.

The is now using every available space for its services and plans are in the making for a new surgery, scrub rooms, sterilizing rooms and a new x-ray laboratory, as well as additional private rooms, service areas and bath rooms. The need for such additions and the consistent low mortality rate would seem to indicate that the avowed purposes of the hospital, as stated at its opening, have been accomplished up to the present time. The intention was to carry on and to continue the same sort of service, with continuing benefits to the patient and the community, however, the hospital closed circa 1952.

### WHITINSVILLE HOSPITAL

The Whitinsville Hospital has been in existence since 1914. The idea of a hospital in this



Whitinsville Hospital 1914 17 beds

vicinity originated with Drs. G. Marston Whitin, who wished to provide a place in which the women of this community could be delivered. The total bed capacity in 1953 was seventeen, of which eight are for obstetrics and nine for general use. At that time plans were under way for an addition to the present building to increase the capacity to thirty-six beds.

## MILFORD HOSPITAL

Although Milford is not now in the Worcester District, it was within the fold for many years and a history of the hospital is included.



Milford Hospital 1940's

The founders and donors of the hospital were the late Governor and Mrs. Eben Sumner Draper of Hopedale. It was opened in September 1903 with a bed capacity of eighteen. The Training School for Nurses was established in 1905 with six nurses in the first class. In 1911, the late Governor and Mrs. Draper donated a wing on the easterly side of the hospital accommodating twelve additional patients. In 1916, the Nurses' Home was donated by Mrs. Dorothy Draper Gannett, B. H. Bristow Draper and Eben S. Draper, the children of the late Governor. In 1918, the third floor of the

hospital was converted into a Maternity Ward. In 1936, a second floor was added to the wing on the easterly side of the hospital for a new Maternity Department. The bed capacity was enlarged from forty beds and fifteen bassinets to sixty-one beds and fifteen bassinets. In 1950, an addition to the main building was completed, housing the Reception Room, Admitting office, Bookkeeping office, Record Room and Basal Metabolism room. In 1951, the Laboratory and X-ray Department were enlarged and completely modernized.

## HARRINGTON MEMORIAL HOSPITAL

This general hospital of forty beds is situated on South Street, Southbridge. In 1928, Mr. and



Harrington Hospital

Mrs. Harrington announced a donation of \$150,000 for a hospital with the stipulation that the townspeople should contribute an additional \$50,000 and that the hospital requirements of the community should be studied by a competent committee. The Harrington Hospital Corporation was formed in 1928 by a group of representative citizens headed by Mr. Harrington and was granted a charter under the Massachusetts law in October 1928, as a charitable corporation. In June 1930, a total of \$231,000, in addition to the Harrington gift, was procured through the united efforts of 300 workers and nearly

4,000 contributors. On Labor Day, 1931, a year from the time that ground was broken on a site near the center of Southbridge, just beyond the corner of South Street and Oakes Avenue, the hospital was opened. It is a monument to the generosity, the ideals, the hard work, the community spirit of the people of Southbridge and its two beloved citizens Mr. & Mrs. Charles D. Harrington.

### WEBSTER DISTRICT HOSPITAL

Until the year 1929 there had been no hospital in the Webster area. The doctors had long felt that many patients who were either treated at home, or transferred to Worcester, could be treated in Webster if only a hospital were available. The opportunity came when a private hospital



Webster District Hospital

which had operated in the former home of Mr. A. J. Bates on the Thompson Road, found it necessary to close. The interested doctors held a number of meetings, and were able to make plans to lease this building, including the equipment and supplies, the greater part of which had not been paid for. Accordingly a drive was put on and \$9,500 of the \$10,000 goal was reached.

On April 2, 1929, the first meeting of the organization was called by Dr. Littlefield.

Dr. L. R. Bragg was appointed temporary clerk; Mr. Charles Robba, Secretary; and Mr. Harold Wilcox, Treasurer. Plans were laid for the incorporation of the Webster District Hospital, to serve the towns of Oxford, Dudley and Webster. It was to be a general hospital to furnish medical and surgical treatment to the sick, to minister to their wants, and for such charitable services as it might be able to render. The papers were drawn up by Mr. Charles Robba after many hours had been spent by him in getting the necessary signatures and assisting Dr. Bragg in taking inventory of the equipment and supplies to be taken over. These papers were then taken by the Secretary to Boston for filing with the State Welfare Department.

A second meeting of townspeople and doctors was called on April 12, 1929, when final action was taken and the following officers were elected: President, Mr. Sherman Whipple, Jr.; Vice Presidents, Alfred M. Chaffee, Mr. Ralph K. Hubbard; Secretary, Mr. Charles B. Robba; Treasurer, Mr. Harold A. Wilcox. A Service Committee was appointed consisting of Drs. L.R. Bragg, J. N. Roy, and G. C. Littlefield, whose duty it was to equip the hospital with everything needed for medical and surgical purposes, and the direct management of the hospital including the selecting of a Superintendent. The Corporation by-laws were adopted.

An immense amount of work and planning was done by these men. They were given much helpful advice by Dr. Frank Washburn and Mr. William Jamieson of Holden who had recently done similar work in their town. The remaining doctors of the town at this time (Drs. J. O.



Genereux, J. C. Sullivan, Q. Merrill, Bernard Plouffe, Herbert Hale, Inez Currie, Daniel Casey, Emil M. Bizub, Arthur Chartier, Anna Murray) gave what assistance they could.

The hospital was first managed by Mr. and Mrs. Harry Russack from its opening until September 1929, when Miss Ruth Webster was temporarily appointed Superintendent. Miss Webster held this position until January 1, 1930 when Miss Georgia Gillis of Pugwash, N.S., became Superintendent. To Miss Gillis must be given great credit for getting the hospital started on a going basis. She had a fine personality and was an exceedingly good manager. In addition to the administration of the hospital, she helped the doctors with anesthesia, intravenous, etc. The food supply was augmented by a garden and a flock of poultry, the care of which she superintended.

The equipment was improved from time to time, and the number of patients to whom care could be given was gradually increased from sixteen to twenty-eight. In 1935 the Directors of the hospital voted to purchase the building from the American Woolen Company. A complete X-ray equipment was given by Mrs. Emma Sargent in memory of her husband, Dr. Charles Sargent. The X-ray Department was to be under the supervision of Dr. L. R. Bragg. In 1936 an elevator was donated by Mr. and Mrs. Hubbard.

In 1938 Miss Mary Mongeau from Brockton, Mass. took Miss Gillis' place. During this year Mr. and Mrs. Hubbard again came to the aid of the institution by building and completely furnishing a fine nurses' home, called the Hubbard House.

Mrs. Wayland became Superintendent in 1940, followed by Miss Olive Boucher in December 1942, who remained until the coming of our present superintendent, Miss Nulda Stein, in 1944. She continues to do a commendable job (as of 1953).

During the years of 1944 and 1945, of Miss Stein's administration, an addition was built at the rear of the hospital, consisting of a nurses' dining room on the first floor (to replace a dining room in the basement of the nurses' home which necessitated carrying their food to that place). On the second floor, a four bed Maternity Ward, a two-bed Labor Room, and a private room; the Nursery was enlarged and remodeled.

The hospital nursing care is carried out by twenty-three nurses twenty graduate nurses and three attendant nurses. The willingness of several married nurses residing in the vicinity to give either four or eight hours of their time daily has done much to keep the supply of nurses adequate. A new x-ray machine has recently replaced Mrs. Sargent's gift, and the service has greatly increased under the excellent supervision of Dr. Brochu and Dr. S. Remy. The in x-ray technicians are also the medical technicians; very necessary and important work has also been very competently carried out under the great handicap of an improvised hospital built time when the importance of these procedures are much under-estimated. And, finally, it may be added that our trusty orderly, Leonard Dutram, has been with us since the first day that the hospital opened, a record which all hospital administrators know speaks for itself.

No history of our hospital is complete without a word about the Webster District Hospital Guild, which was formed as soon as the hospital was incorporated. The first report of the President stated that: "The Guild was organized by representatives from all of the churches in Webster and surrounding towns, and has today membership of approximately one thousand women. This is a record which we believe has never been duplicated before in a town the size of Webster." Today our Guild has 579 members. Although the "Oxford Aides" work as a unit to provide articles for the hospital, e.g. the blanket warmer and the furnishings and upkeep of the Oxford Room, a large semi-private room on the first floor, etc., they are still a part of the Guild. The Town of Thompson, although in the adjoining state of Connecticut, wanted to participate in the recent hospital drive, and has eight to ten members in the Guild. The Hospital Guild gives \$800 to \$900 yearly to pay for hospital linens, and pays a woman a certain amount per month for their upkeep. In addition, they contribute many other things, such as the children's cribs, the furnishing of the four bed obstetrical ward, the large mixer for the kitchen, the chairs in the nurses dining room, one dozen chairs to be used in the wards, two incubators for the nursery, and many, many similar gifts. Without their hard work and great interest, we should really be much worse off.

So stands today the hospital, overlooking a beautiful lake. Other directors manage the hospital. Today's President is Mr. George White; Secretary, Atty. Abe Heller; Vice Presidents, Mr. Ernest McGuinness, Mr. Edward Wagner, Mr. Joseph Patenaude; Director Emeritus, Mr. R. K. Hubbard; and sixteen other directors. Also, many of our older doctors are gone and new ones are coming. The President of the Hospital Staff is Dr. Hyman Heller; Vice President, Dr. Anna M. Klebart; Secretary, Dr. Rocco Verilli; members of the Courtesy Staff are Dr. Joseph C. Sullivan of Webster, Dr. Herbert Hale of Oxford and Dr. Quincy Merrill of Dudley; the remaining doctors are members of the regular staff: Drs. Arthur D. Chartier, Anthony Szwarc, Inez M. Currie, Agostina I. Corrado, Anthony Wojciechowski, and Dr. Norman Brodeur.

The hospital has continued to be approved, but in 1952 only on condition that the wooden structure be either completely renovated or a new building erected. The Directors agreed that a new building should be built, and accordingly a Drive was launched in December, 1952 to raise \$500,000, in addition to \$250,000 which the Federal Government would contribute. Mr. George White, who is now President of the Board of Directors, did an outstanding piece of work in this respect, and gave generously of his time and ability. A total of \$570,000 was paid in money or pledges, and work will be commenced in August of this year (1953). The aim is to be a forty-bed hospital, which can be made to accommodate sixty patients if necessary

From the small nucleus of a beginning by these men of vision in 1929 who had faith in a hospital and who worked against great odds, we have in the near future the hope of a hospital of which the citizens of the Webster District may feel honored to call their Hospital, one which will be equipped to give our patients medical care of the high standards practiced in this great country.

## CLINTON HOSPITAL

The hospital was established in 1889, through the efforts of Dr. W. P. Bowers and the Episcopal rector, Rev. Thomas L. Fisher. The Clinton Hospital Association was formed: President, Charles



Clinton Hospital circa 1910

G. Stevens; Vice-Presidents, Dr. G. M. Morse and Rev. J. C. Duncan; Secretary, Dr. C. L. French; Treasurer, Edward L. Greene. During this organization period a semi-hospital service was established in the home of Mrs. John T. Coulter, who agreed to care for the few patients in her house on Laurel Street. This was not professional care but it was better than nothing. The first patient was received December 10, 1889. On June 7, 1892, plans for a simple hospital building on land belonging to the Thayer estate were formulated. It was still

rather a nursing home than a hospital under the motherly care of Mrs. Rollins, the first matron, but the beginning had been made which was to revolutionize the care of the sick in Clinton. Patients were transferred from Laurel Street to the new building on May 8, 1893. The Clinton Hospital Association conducted a drive in 1921 and raised a total of twenty-two thousand dollars in Clinton, Lancaster, Berlin, Bolton and Sterling. In December 1944, one of the greatest community projects got under way, the building of a new hospital. The moving spirit was ninety-year old, Dr. Walter P. Bowers. A total of close to four hundred thousand dollars was raised and, as conditions were not propitious for building in 1945, the fund was invested awaiting the war's end. Dr. Walter P. Bowers died on July 22, 1947, leaving most of his estate to the Clinton Hospital Building Fund, the amount being approximately one hundred thousand dollars.

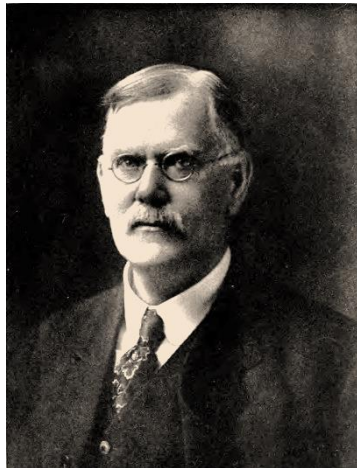


Clinton Hospital circa 1950

Construction costs had mounted rapidly at this time and the Building Fund only had one-third the amount of money necessary to build and equip the new building. The Building Committee decided to use the money already contributed to build a brick shell in which the new hospital would ultimately find a home. The shell was completed in 1948 and the United States Government made the Trustees an offer of \$225,000, provided the hospital would match it two for one. The balance in the Building

Fund and the Bower's legacy were added together, but there was a deficit still of \$275,000.

Another campaign for funds resulted in the subscription of the amount needed and the building was completed. In June 1950, the Walter P. Bowers Memorial Building was opened for the reception of patients. In 1949, Charles L. Stevens, former postmaster, died leaving a sum of \$90,000 in his will to the Building Fund. In August, 1950, the position of Chief of Staff, long vacant, was filled by the election of Dr. Edward F. Mitchell, universally respected and esteemed as Clinton's foremost physician and student of medicine.



Walter Bowers, M.D.

The spark and founder of the Clinton Hospital, Dr. Walter Prentice Bowers was born in Clinton on May 19, 1855, the son of a Baptist clergyman and one of six children. He graduated from Harvard Medical School in 1879, and opened an office in Lancaster for a period of a year before returning to Clinton. For sixty-eight years he carried on a large general and surgical practice. He was for years a member of the Massachusetts Board of Registration in Medicine and Managing Editor of The New England Journal of Medicine. He was a past President of the Worcester District Medical Society, and for two terms, President of the Massachusetts Medical Society. He served his town in civic positions, in public office, in banks and other institutions. He died at the age of ninety-two years on July 22, 1947.

### HOLDEN DISTRICT HOSPITAL

The Holden District Hospital is located on a hill at the right, as one enters the town, coming from Worcester, and from this beautiful location one may view the town and countryside for many miles around, and, not so far away, the ever-changing beauty of our well beloved Wachusett Mountain.

The hospital, which today holds such a very important place in the town and community, stands



Holden Hospital 1914-21

as a monument to the interest and loyalty of the citizens of this and other towns, and to a group of men and women, who, with this objective in mind, were willing to give unsparingly of their time and effort that the goal might be reached.

The interesting beginning of the hospital was in the town of Rutland, when Mrs. Ethel M. Jenkins learned of the ambition of Dr. Frank H. Washburn, a Holden physician and surgeon, to have a hospital established in

Holden. This idea strongly appealed to Mrs. Jenkins, and she discussed the matter with her husband, and they decided to undertake the venture. Accordingly, they sold their farm in Rutland, and September 1, 1914, purchased the Emory Rogers place, located on Pleasant Street in Holden. This was renovated, and beds for five patients made available, and, with Dr. Washburn as resident physician, and one nurse secured by him, and Mrs. Jenkins as superintendent, and her husband in charge of other work, the Holden Cottage Hospital was opened October 1, 1914.



Frank Washburn, M.D.

Dr. Washburn was born in Falmouth, Maine, graduated from Medical School in 1899, and had practiced in Jamaica Plain before coming to Holden.

During the first four and a half years, three hundred and thirty-one patients received treatment at the hospital, but Mrs. Jenkins health was breaking under the strain, and she could continue the work no longer. To lose the hospital with Dr. Washburn and his staff was not to be thought of, and immediately a group of citizens decided to form a corporation. This was done on February 20, 1918 with the following persons present: Henry W. Warren, Dora L. Warren, James H. Kendall, Clifford Stickney, M.D., Claude A. Gray, Robert I. Bramhall, Bertram S. Newell, Frank H. Washburn, M.D., Harry A. Creamer, Rev. George E. Cary,

Rev. James W. Leonard, Walter H. Welch, D.D.S., William H. Swenson, Rev. James M. Pendergast, Jefferson W. Coe, William H. Warren, and William J. Jamieson. The Holden Hospital Incorporated was title given under the Act of Incorporation, which stated its purpose as "acquiring and maintaining a general hospital, and of furnishing therein medical and surgical treatment to the sick and ministering to their wants, and for such charitable service as it may be able to render."

At a meeting of the directors in April, 1920 arrangements were made with Mr. and Mrs. Jenkins for the Hospital to continue in their building as "tenants at will" under the terms lease, and Mr. Newell announced at the meeting the purchase of the Milton Holden lot on Boyden Road consisting of nine and one-half acres as a site for the proposed new Hospital. On March 1, 1922, it was voted that the name of the corporation should be changed to the Holden District Hospital Incorporated. On November 20, 1922, the new building of thirty-eight beds was opened, at cost of \$60,000. The present district comprises the towns of Holden, Rutland, Princeton, West Boylston, Barre, South Barre, and Oakham. In 1930, it was placed on the approved list of hospitals of the American Medical Association and the American College of Surgeons. The Hospital is supported by annual drives.



Holden Hospital 1922

In 1950, the Board felt the hospital situation called for public action. A campaign was launched to build a thirty-bed wing to relieve dangerous overcrowding. A sum of \$263,000 was raised and in 1953 construction of the new wing was commenced.

Since the inception of this hospital three medical names stand forth; that of Dr. Frank H. Washburn, the founder, beloved by the people; that of Dr. G. Arnold Rice, who was a pioneer in bringing

medical specialties to the Holden District and who bore overwhelming adversity with dignity, that of Dr. Harold W. Trask, who was a contemporary of Dr. Washburn, and whose devoted hands were instrumental in bringing many into the light of this world. Dr. Edward J. Crane has been chief of Staff since the death of Dr. Washburn.

### THE VETERANS ADMINISTRATION HOSPITAL

The Veterans Administration Hospital, Rutland Heights has expanded from a nucleus of one Administration Building and outlying camps in 1921, to the third largest Government Hospital specializing in the Treatment of Tuberculosis. In 1921 the hospital site was purchased from Dr. Bayard T. Crane of Rutland, and plans were developed for a total of two hundred and fifty beds. The first consignment of tuberculosis patients arrived, from Groton, Massachusetts State Sanatorium, on May 15, 1923. New Construction in 1934, alterations in 1944, and the addition of a new wing in 1947 increased the capacity to its present six hundred and nineteen beds. The hospital unit is composed of fifty-one buildings and accommodates a maximum of 619 patients, is located fourteen miles northwest of Worcester on 87.18 acres of the highest area in Central Massachusetts.

### RUTLAND STATE SANATORIUM

The Rutland State Sanatorium, which was the first state managed institution of its kind built in



Rutland State Sanatorium

America, opened its doors on October 3, 1898. It was reserved at first for early and incipient cases of tuberculosis of the lungs, but since 1925 patients have been admitted in all stages of the disease. The bed capacity is three hundred and fifty. The buildings stand today (1953) practically as they did in 1898.

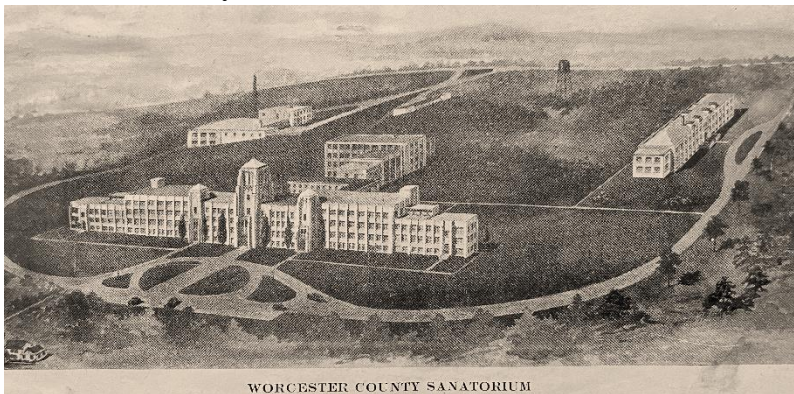
## WORCESTER COUNTY SANATORIUM

In 1916 the Massachusetts General Assembly passed an Act that County Commissioners must provide adequate hospital care for all persons residing in towns having less than 50,000 population (within the boundaries of their respective Counties) and suffering from tuberculosis, providing adequate hospital facilities did not already exist for these patients. The Commissioners were instructed to have these arrangements completed by September 1, 1918.

Acts of 1918, 1919, 1921 and 1924 extended the time to 1925. In the meantime, Acts of 1924 gave Worcester County authority to enter into contract with the State for the county tuberculosis patients at Rutland State Sanatorium for a period of three years. At the end of that period it was mandatory that the County erect their own hospital. However, authority was granted to Worcester County to continue treatment of such patients at the Rutland State Sanatorium until January 1932.

In 1930 land was purchased and plans were made to build and finance an adequate Sanatorium in the Towns of Boylston and West Boylston.

The Sanatorium was completed, equipped and opened on February 4, 1933. Patients of Worcester County were moved from the Rutland State Sanatorium to the Worcester County



Worcester County Sanatorium

Sanatorium, and others were admitted by direct application. By 1934, the average patient population was 116.

The cities of Worcester and Fitchburg are not in the Worcester County Tuberculosis Hospital District as those cities have sanatoria of their own.

In 1949 the facilities were: One hundred twenty-eight beds (no bassinets). About 40% of the patients are cared for in single and double rooms, the remainder in five and six bed rooms. There was a well equipped surgery for collapse therapy, including thoracic surgery, short of lobectomies and pneumonectomies. They had up-to-date x-ray equipment for thoracic work. Also, adequate laboratory equipment for bacteriologic work for our type of patients. All house-patients are given dental care in the dentistry. An occupational therapy service is maintained for house patients. And there is a schedule of rehabilitation study and advice to our patients as to future occupation after leaving the Sanatorium.

The Sanatorium conducts out-patient clinics for chest diagnostic cases upon request of physicians throughout Worcester County, except Worcester City and Fitchburg. Also, these clinics provide medical follow-up of former house-patients and clinic cases.

Dr. Edson W. Glidden was the first superintendent to be followed by Dr. Heinze Lorge, who at present supervises this institution(1953).

### THE WORCESTER FOUNDATION FOR EXPERIMENTAL BIOLOGY

The Foundation's work is essentially a continuation and expansion of the research program in physiology and biochemistry developed by Dr. Hudson Hoagland, Dr. Gregory Pincus and their collaborators at Clark University between 1931 and 1944. By 1944, their work in neurophysiology and in the chemistry and physiology of steroid hormones was being advanced by enough grants from Federal agencies, industries, philanthropic foundations and individuals to be self-supporting, and together with several of Worcester's leading business and professional men, Dr. Hoagland and Dr. Pincus decided to form the non-profit corporation of The Worcester



Worcester Foundation for Experimental Biology

Foundation for Experimental Biology. The work of the Foundation outgrew its quarters at Clark University and in 1947 they purchased the twelve acre estate and residence of Mr. Harry P. Hovey at 222 Maple Avenue, Shrewsbury. This purchase was made possible entirely through generous gifts from citizens and industries of Worcester and Worcester County. In 1949 the Foundation employed a staff of 57 persons.

The research program of the Foundation covers studies in the chemistry and physiology of cancer, the role of hormones in human aging, and in the physiology of certain mental diseases. There are also studies underway in the physiology of animal reproduction. These diverse and seemingly unconnected subjects are investigated primarily from the point of view of steroid chemistry and the physiology of steroid hormones which play significant roles in all of these processes. During 1949, the staff of the Worcester Foundation published 36 papers on various aspects of this work in scientific and medical journals. Many of these papers were originally presented at scientific meetings ranging from a UNESCO conference on animal husbandry in Italy in 1948 to the centennial celebration of the American Association for the Advancement of Science in Washington September, 1948.

The Foundation as an educational institution is directing the thesis work of a group of graduate students of the Department of Physiology of Tufts Medical School.

The operating support of the Foundation is entirely in the form of grants and gifts from industry, philanthropic foundations and individuals. Foundations which, since 1931, have contributed to the support of the work of Dr. Hoagland and Dr. Pincus include the Rockefeller Foundation, the National Research Council, the Josiah Macy, Jr. Foundation, the Bache Fund of the National



Academy of Sciences, the Permanent Science Fund of the American Academy of Arts and Sciences, the Penrose Fund of the American Philosophical Society, the Dazian Foundation for Medical Research, the Finney-Howell Cancer Research Foundation and the John Simon Guggenheim Memorial Foundation. Funds from the Federal Government have been granted both for cancer and for investigations of fatigue of airplane pilots.

As a service to the local medical community, a number of laboratory tests of value have been made available to. These consist of various hormone assays, semen examinations, vaginal smears and electroencephalograms.

## MEDICAL ASSOCIATIONS

In the early days of the Worcester District Medical Society, when the official meetings were held twice a year, many subsidiary medical groups were formed for various purposes. In the Worcester area it was felt that more frequent seminars would be of inestimable help in improving the medical profession while in the county area transportation was an important problem, hence many local groups formed into associations to meet at stated intervals with the reading of prepared papers and discussions of cases the major item of interest.

These groups formed an important part of medical development in the county and their origins and purposes are herein recorded as far as possible, as information in this regard was quite difficult to obtain and the record may not be complete.

## WORCESTER ASSOCIATION FOR MEDICAL IMPROVEMENT

October 20, 1845 Dr. Joseph Sargent, Secretary, states that: "At a meeting of medical gentlemen of Worcester and vicinity desirous of establishing an association for medical improvement called by advertisement in the 'Daily Spy' and convened at the State Hospital there were present Dr. Park, Dr. S. B. Woodward, Dr. Benjamin F. Heywood, Dr. William Workman, Dr. Blood, Dr. Wheeler of Paxton, Dr. Sargent, Dr. Erving, Dr. Benjamin Heywood, Dr. Rufus Woodward and Dr. Samuel Green."

Dr. S. B. Woodward spoke of a similar organization in Connecticut with which he had been connected.

Dr. Sargent gave an account of the Boston Society for Medical Improvement, according to him a model society.

Dr. S. B. Woodward, Dr. Workman and Dr. Sargent were chosen to draft a scheme which was later adopted and the Worcester Association for Medical Improvement organized with the following by-laws:

1. The Association for Medical Improvement under the auspices of the Worcester District Medical Society shall meet once a fortnight on Wednesday evenings at such places and hours as shall be designated.
2. There shall be a secretary chosen annually by ballot whose duty it shall be to keep full records of the doings and discussions of each meeting and to read the same at the opening of each meeting.
3. The presiding officer of each meeting shall be chosen on nomination from the gentlemen present when the hour of meeting shall have arrived.
4. When the Secretary is not present, one shall be chosen immediately pro tempore the oldest gentleman present calling the vote.

5. For convenience and good order the following shall be the course of proceedings at each meeting.

At the appointed hour the meeting called to order and the president for the evening chosen.

The President on taking the chair shall ask:

1st. Has any gentleman a morbid specimen to present?

2nd. He shall call upon each gentleman in turn by name asking him if he has any remarks to make and under this head. Remarks upon the morbid specimen, upon the written communication or upon any other medical subject shall be in order.

At the December meeting of this year it was voted that morbid specimens should be presented immediately after reading of the records of the preceding meeting and that members of the Society were hereafter to be admitted by vote. Forty-one years after its formation this Association held its last meeting, namely, on April 7, 1886, and was in the same year succeeded by the Worcester Medical Association.

#### WORCESTER MEDICAL ASSOCIATION

In September 1886, a special meeting of the Worcester Association for Medical Improvement, with Dr. Bemis as its chairman, was held at the office of Dr. George E. Francis, who stated that he had asked the Secretary to call the members together, feeling that the time had come when a society should be formed open to all regular practitioners in the city. This suggestion being generally approved, it was voted that the chair appoint a committee of five to report a plan for the formation of a new society and Doctors Francis, Gage, Wood, Wheeler and S. B. Woodward were made members of such a committee. At a later meeting, at the same place, this Committee on Plan reported that it was advisable to call a meeting of the Worcester members of the Massachusetts Medical Society at an early date for the purpose of organizing a general society to hold its meetings at such times and places as will supplement the work of the Worcester District Medical Society. The Treasurer was authorized to pay the of calling such a meeting out of expenses the remaining funds of the Society. Somewhat later a notice, signed by Dr. Francis and Dr. Harrower, the latter Secretary of the Society for Medical Improvement, was sent to Worcester members of the District Medical Society, requesting them to attend a general meeting Wednesday, October 27th, at the Horticultural Library, Front Street, to consider the proposed plan. Several weeks later, a card signed by C. B. Getchell notified those interested that there would a meeting of the Association at the Art Students' Club Rooms in the Walker Building, Wednesday, November 24th at 8 P. M., when officers would be elected and Dr. Wesley Davis would read a paper on venesection.

The bylaws of this Society called for an annual assessment of five dollars, stated that the Society "shall be for medical improvement and the cultivation of good fellowship," that it was to meet

once a month in September, November, January, March and May and twice a month in October, December, February and April. Exhibition of morbid specimens was provided for, but after discussion of matters of professional interest. An Executive Committee of three were to arrange for papers, provide places for meetings and had charge of the entertainment. Adjournment was to be at 11PM. Fifty-three men signed the bylaws during the first year and forty-five more later, but the largest number ever present at any meeting was forty-three and the average attendance less than twenty. Meetings were held at the Art Students Club, at No. 20 Clark Block, at the Horticultural Library, Natural History Hall, Hotel Adams, Board of Trade Rooms, and from 1897 until its last meeting, January 25, 1899, at the Lincoln House on Elm Street. Its Presidents were in order of their election Doctors Bemis, Wesley Davis, Rich, Trowbridge and W. T. Clarke.

Dr. Marsh, the last Secretary, states at the end of his book of records that a partial poll of members was taken and the opinion expressed that, as the District Medical Society now held monthly the meetings, the meetings of this Society had better be discontinued. Rescued from Dr. Marsh's attic, the record book is now in the possession American Antiquarian Society.

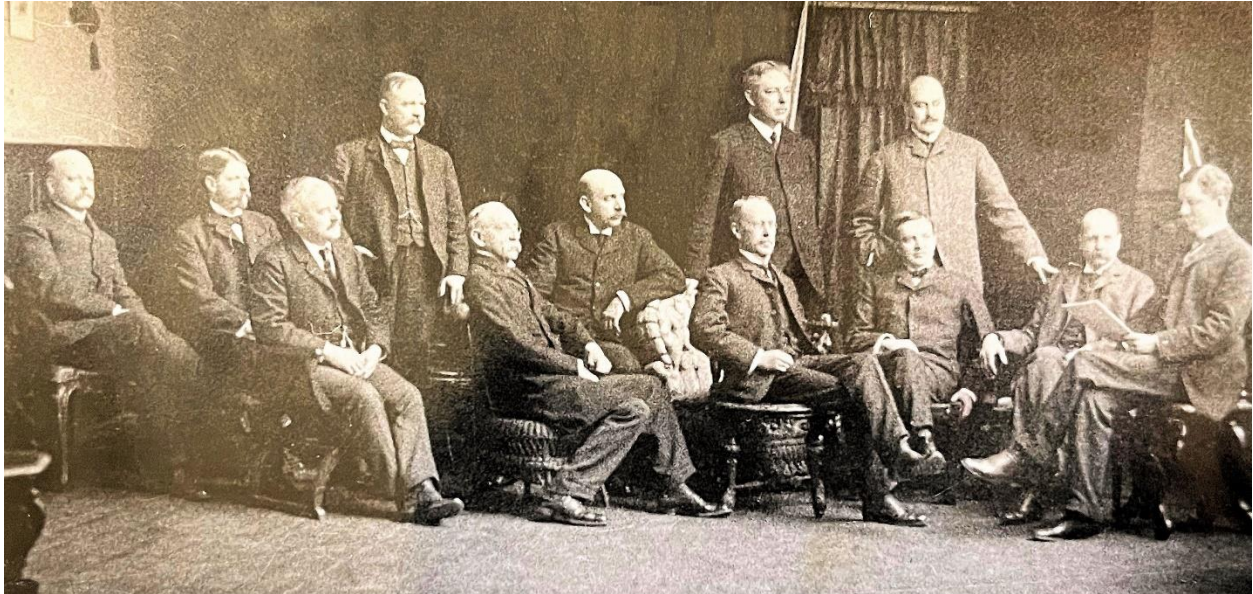
#### THE "12 APOSTLES"

This nameless Medical Society, called by the outsiders "The Twelve Apostles", was formed October 29, 1890 at a meeting held at the house of Dr. S. B. Woodward.

It was voted that meetings should be held on the first and third Wednesdays of each month from the third Wednesday in October to the third Wednesday in June inclusive. They restricted membership for the present to the ten charter members; namely, Doctors Wheeler, Gage, Getchell, Harrower, Quimby, Greene, Ward, Everett, L. F. Woodward and S. B. Woodward. That meetings held at the homes of members in turn should be called to order at 8:15 P. M. and should end at 10:15 P.M., after which refreshments should be served.

At a meeting held on February 4, 1891, it was voted that the possible membership should now be twelve, that no name should be voted on unless proposed two weeks beforehand, that voting should be by ballot and two negative ballots should reject the candidate. In March of the same year, it was decided that honorary members might be elected, and in April Doctors Wood and Francis were duly chosen. The same year Doctor Scribner became a member, and in 1896 Doctor Baker's name was added to the list.

No further additions to the membership were ever made, nobody ever resigned and although at the time of its formation the youngest member was twenty-nine, and the oldest forty-nine, it was thirty-six years before the circle was for the first time broken by death. At this by time the youngest member was sixty-five, the oldest eighty-five, and their longevity was attributed to the fact that all were victims of the smoking habit. Some smoked more, some less, but all were nevertheless addicts.



THE TWELVE APOSTLES--1903.

Left to right: O.H.Everett, A.C.Getchell, George O.Ward, David Harrower Jr, H.M.Quimby, Ray W.Greene, L.F.Woodward, Leonard Wheeler, Homer Gage, Fred H.Baker, Samuel B. Woodward, E.V.Scribner.

The early records are at the American Antiquarian Society. Those of the last few years of their existence have disappeared and careful search has failed to discover them. The exact time of the last meeting is not on record but is thought to be in the 1920's.

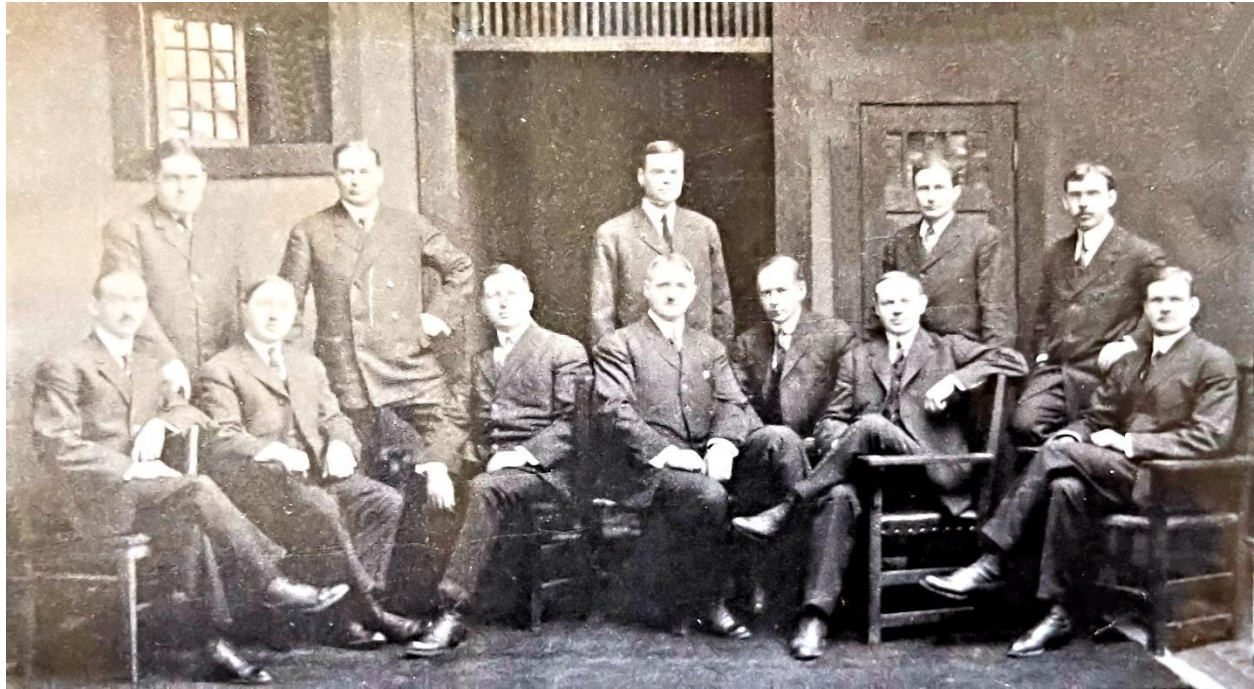
#### THE OWL CLUB

On February 2, 1903, six recent graduates of the Harvard Medical School met at 49 Pearl Street and formed for their medical advancement and social communion, the "Owl Club."

Forty-nine Pearl Street, until its destruction in the middle thirties, had been the springboard whence many doctors, some later reaching eminence, first entered the professional pool of Worcester.

Emulating the older and successful group familiarly called the "Twelve Apostles" the membership was limited to twelve, but since no name was appropriate, the best temporary substitute seemed the "Owls".

The charter members were: Doctors Foster, H. Cary, Kendall, Emerson, Merrick, Lincoln, William H. Rose, Walter O. Seelye, and James Taylor, Jr. Within the next year Doctors Howard W. Beal, Benjamin T. Burley and Ernest L. Hunt had joined. Two years later Doctors Theodore A. Hoch and Philip H Cooke were elected as members. In later years Doctors Roger Kinnicutt and W. Irving Clark and, following vacancies, Oliver Stansfield and George C. Lincoln. The membership, being designed to include the specialties, thus broadened the field of discussion.



THE OWL CLUB--1911.

Left to right, sitting: Foster H. Cary, Theo. A. Hock, William H. Rose, Willard Taylor Jr, Kendall Emerson, Benjamin Burley, Merrick Lincoln.  
Standing: P. H. Cook, H. W. Beal, Roger Kinnicutt, Walter C. Seelye, Ernest L. Hunt.

Meetings at which the host read a paper as well as furnishing a light repast were held twice a month, except in the summer, and the scientific as well as the social hours were so well absorbed that the homeward departure was late in the evening. The close friendships made in this small club, especially during its earlier years, were so valuable and seemingly indispensable that when untimely death or expedient removal from Worcester had decimated the ranks of more than half of their comrades they had not the heart to carry on regularly as "Owls." The last meeting of the group occurred in 1936.

#### THE PRACTITIONERS CLUB

By invitation a meeting of physicians interested in forming a Practitioners Club was held at the office of Dr. L. C. Miller on April 10, 1902. Those present were Doctors Marsh, Watkins, Stevens, Miller, Farnham, Tripp, Estabrook, Emery, Wheeler, Clark, Lindsay and Shattuck. The



THE PRACTITIONER'S CLUB--1917.

Left to right, sitting: G. Alston Tripp, Lester C. Miller, Timothy J. Foley, Joseph I. Lindsay, Royal P. Watkins, Charles B. Stevens, Albert M. Shattuck, Charles T. Estabrook.

Standing: George M. Albee, Arthur W. Marsh, Roy J. Ward, George A. Dix, Frank L. Magune, Frank W. George, George E. Emery.

number of members was fixed at fifteen but later raised to seventeen. Seven meetings were held each year from October to April inclusive, on the fourth Tuesday evening of each month at 8:30 P. M. The meeting place and the readers for each meeting were determined alphabetically. Meetings were held at member's homes, the order chosen starting with the last name and the end of the alphabet and proceeding backward. For the two readers, the sequence started at the beginning of the alphabet. Within two years after the start, the limit reached for members and for a number of years no changes occurred. Four of the original members resigned for one reason or another, five have been removed by death, six still remained in 1938 after thirty-six years of existence. The Club attempted to perpetuate itself by keeping the number at seventeen and elected new members whenever there were vacancies. The Club filled a need in Worcester until 1947 when the meetings were held once every year or two since and at the present writing the club has not met since 1951.



**THE PRACTITIONER'S CLUB--1935.**

Sitting, left to right: George Emery, Charles Estabrook, Albert Shattuck, Royal P. Watkins, J. I. Lindsay, Arthur W. Marsh, George M. Ibee.

Standing: Frank L. Magune, George A. Dix, Roy J. Ward, A. W. Atwood, Ralph Perkins, Charles A. Sparrow, Philip H. Cook, George A. MacIver, Joseph W. O'Connor.

**THE BROOKFIELD MEDICAL CLUB**

The Brookfield Medical Club was organized on November 23, 1882, at the home of Dr. A. G. Blodgett of West Brookfield, by Doctors A. G. Blodgett, John Yale of Ware, Joseph W. Hastings of Warren, David W. Hodskins of West Brookfield, Charles G. Stearns of Brookfield, Thomas G. Carrigan of North Brookfield and Josiah P. Bixby of West Warren.

Quotations from the first meeting records expresses the purposes of the man who organized the Society: "By invitation, number of Medical Gentlemen, named on the preceding page, met at the home of Dr. A. G. Blodgett in West Brookfield, on November 23, 1882. After a free interchange of views they voted unanimously to organize a Medical Improvement Club. In effecting a permanent organization, Dr. John Yale of Ware was elected President and Dr. A. G. Blodgett of West Brookfield, Secretary and Treasurer. On motion of Dr. J. W. Hastings of Warren it was voted to name the new organization "The Brookfield Medical Club." It was voted that regular physicians from the following towns, be invited to become members of the Club: Ware, Warren,



Hardwick, New Braintree, Oakham, North Brookfield, Brookfield, West Brookfield, Spencer and Sturbridge.

The members of the club entertained in rotation and furnished a dinner as well as a scientific program. For many years this was done at the homes of the members, but as the Club grew in size and later included the towns of Leicester, Rutland, Charlton, Palmer, Monson, Enfield and Three Rivers, the members entertained at some hotel or inn where dinner could be provided, and the facilities for the scientific program could be obtained.

Case reports of the members at each meeting is one of the interesting and profitable features of the Club's activities. In 1937, the membership was thirty-four members and at the present writing is still in existence.

### THURBER MEDICAL ASSOCIATION

On June 7, 1853, thirteen neighborly practitioners of medicine met in Milford in the office of Dr. Francis Leland to form an organization. Later four other men joined them and they launched the Thurber Medical Association, whose object was two-fold: "Medical improvement and the cultivation of comity and good-fellowship." It claims to be the oldest independent medical society in the country. The name was chosen as a tribute to Daniel Thurber, a physician of great local renown, who died in 1836 but whose memory has been kept green by the Association ever since. Dr. Thurber studied medicine privately and started his practice in Pawtucket, R. I., but soon moved to that part of Mendon which is known as South Milford. He joined the Massachusetts Medical Society in 1811 by the examination route and later received an honorary medical degree from both Harvard and Brown Universities.

The first president was Dr. George Nelson of Bellingham. Dr. John G. Metcalf of Mendon was secretary for the first fourteen years, treasurer for twenty-eight years and a member for thirty-nine years.

The membership included, and even today includes, most of the physicians in and near Milford as well as some residing at a distance. The beloved Maurice Richardson and Homer Gage were honorary members.

In 1853, medical publications were few, even good medical books were not numerous, medical meetings in Worcester and Boston involved time and transportation problems, so the six meetings a year were a valuable source of medical news and an opportunity for exchange of views among the country doctors. Original papers were read and discussed and sometimes clinics were held. The annual meeting and election of officers was held "on the Thursday on or before the full of the moon in October." The ladies were guests at the annual meeting. The custom is still maintained.

When the Association was five years old, it decided that steps should be taken to found a medical library. About one thousand dollars was collected, half of it being contributed by Horace B.

Clafin, a successful New York merchant and native of Milford. The library grew by gifts and purchases until it contained at one time 1,600 volumes.

As nearly all the present members are also members of the Massachusetts Medical Society, the scientific objectives have gradually yielded to the social. In 1939 there were thirty-nine members in good standing and at the present writing it is still in existence although not now included in the Worcester District Medical area.

#### THE SOUTHBRIDGE DISTRICT MEDICAL SOCIETY

A group of local physicians formed the Southbridge District Medical Society in 1928 to meet with the hospital corporation. This organization proved to be of great assistance in the planning of the Harrington Memorial Hospital and, when the hospital was officially opened in 1931, the group became the staff. It has continued to function since its origin with monthly meetings.

#### THE AESCULAPIADS

The Aesculapiads was founded on April 28, 1931 with ten original members. The object was to furnish a forum where various aspects of medicine could be discussed before a sympathetic group. The club feels that papers should not be limited to medicine alone, but papers on other subjects such as hobbies of the members should be given. This dual plan has been carried out so that papers on both medical and non-medical subjects furnish the program.

#### SEDATIVES

In the year 1920, a group of six physicians at the Worcester City Hospital formed an association to meet at the members' offices or homes on the first Monday of each month, with an annual banquet each January. The founders were Drs. C. N. Church, Frank Oberg, Alfred S. O'Connor, Ralph W. Ellis, Hugh L. Simmons, and Thomas P. Cunningham. The purpose was a combined social and scientific unit. Originally a paper was read at each meeting followed by a lively discussion period. Drs. C. W. Phippen and Lancey were admitted to membership in the first year and at this time the treasurer resigned to move to Kansas. This action caused much gnashing of teeth and enlivened many a discussion, for the records show that in 1923 efforts were still being made for a return of the funds, which were inadvertently carried off to Kansas. In 1922, Drs. J. W. O'Meara, Roger W. Schofield, and Gardner Cobb were added; in 1933 Drs. James A. Givan and Michael M. Jordan; in 1939, Dr. Joel M. Melick; in 1940, Drs. Benjamin F. Andrews and Carlton T. Smith; in 1941, Drs. William F. Holzer and Morton P. Langill; in 1947, Drs. George W. Ballantyne, Chester W. Brown, F. B. Carr, William J. Elliott, C. C. McLaughlin and Joseph Millin; in 1952, Drs. George E. McCabe, William E. Murphy, J. A. Koreywo, and Daniel J. Reagan. At the present writing (1953) the club is still active but meets on a quarterly basis.

## MADDOX SOCIETY

The World War II Veteran Physicians of southern Worcester County at an open meeting held December 6, 1945 at Putnam and Thurston's Restaurant voted to form the Maddox Society.

“The purpose of this Society shall be to 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 in so far as such consideration may properly come within the scope of this Society. This being our purpose we do hereby form ourselves into a Society and we agree to be open-minded and liberal in judgment toward all legitimate problems brought before the Society for discussion or investigation. The Society shall be named the Maddox Society, World War II Physicians, in memory of Dr. Raymond A. Dunn of Worcester, Massachusetts, who served as Medical Officer aboard the U. S. S. Maddox, a destroyer in the service of our country, which was lost by enemy action off Sicily in 1943. The seal shall be circular in form, utilizing the discharge emblem issued by the armed forces, with the words "Majus Structura, Major Fundamentum" (The higher the edifice, the deeper the foundation) around the periphery, a winged wand with a single serpent placed centrally behind the eagle and a close facsimile of the U. S. S. Maddox and its battle number "622" within.”

Twenty-one physicians were present at the first meeting. The society was organized on a broad basis. Aside from the social point of view, it was planned to discuss and hear discussions on current problems. The membership rapidly rose to eighty physicians and in the early years meetings were held on the last Tuesday of each month except June, July and August. From 1950, the dinner meetings were on a quarterly basis and on the annual meeting in May was a dinner dance, the members and their wives attending.

A copy of the original letter which was the basis formation of this society is included to complete the history.

August 21, 1945

Dear brother physician in the Service:

It is now time for the physician in military service to prepare for the day when he shall be come a civilian once again. The transition will not be easy, although various agencies are trying to smooth the path. For the past six months the Worcester District Medical Society has been endeavoring to crystallize some type of plan to assist us in returning to our place in the community. The effort so far has all been one-sided. We, too, must try to do our part.

It is proposed that the medical officers unite in some type of organization, which can aid during the re-establishing period. This inception is purely local but may later be connected with a state and national group. if the members so desire.

The object is manifold. There is an indescribable bond between those who have left their homes and family ties to serve their country in time of need. Committees will be formed to arrange for refresher clinics and lectures, if you feel that they are necessary. Our group can extend a helping hand financially to any of our members in need. In our small way we can try to find the solution for socialized medicine.

Those, who have served their country in the Army or Navy Medical Corps during the present



Lieut. Paul Bergin, M.D.  
NC USNR 1942

World War and who are members or who will qualify for admission to the Worcester District Medical Society, shall be eligible. A Board of censors will be elected to pass on the qualifications of those seeking membership. The officers will, of necessity, be fluid until we are all together again to make a more suitable arrangement. Those who return home first must put their shoulders to the wheel for those who are still away.

The writer is only an instrument, fortunately being on duty in the Nav Tran Unit, V-12 in Worcester. Please write to the undersigned expressing your ideas on this plan and give your reactions. Incorporate in your letter any suggestion for improvement. At least, answer this letter today, so that we can start to solve our many problems. The roster was obtained from the District Society and is somewhat incomplete. Of necessity, therefore, some of the eligibles will not receive this communication. So, pass the word along to the District men, if your paths should cross.

Paul F. Bergin

Lt. Comdr. (MC) USNR.

## OTHER ASSOCIATIONS

The Webster District Medical Club was formed in the late 1920' s and was connected with the Webster District Hospital. It has not functioned for many years and no information can be obtained concerning its history.

The Wachusett Medical Improvement Society was formed in the Holden district about the year 1918. It existed through 1943 and was connected with the Holden Cottage and then the District Hospital. No further history about this organization could be unearthed after a thorough search.

The Surgical Forum was formed in June 1948 by a group of surgeons within the district to meet four times a year in the Medical Library building. The purpose was for mutual education; papers were either read by members, or frequently out of Worcester speakers were obtained. The charter members were: Drs. Croce, Hight, Horne, Gadbois, Richmond, Crane, Dunlop, Meltzer, Whelan, and Seelye. Other members elected since are: Drs. Butts, Manning, McCready, Maroney, Healey and Charles Chandler. At present the group meets monthly with the exception of the summer months.

**APPENDIX I ACT COMBING WORCESTER CITY AND BELMONT HOSPITALS**  
**THE COMMONWEALTH OF MASSACHUSETTS IN THE YEAR ONE THOUSAND NINE**  
**HUNDRED AND FIFTY**

AN ACT REPEALING (a) CHAPTER THREE HUNDRED THIRTY-NINE OF THE ACTS OF EIGHTEEN HUNDRED AND SEVENTY-ONE ESTABLISHING A CITY HOSPITAL IN THE CITY OF WORCESTER, and (b) CHAPTER TWO HUNDRED SEVENTY-SIX OF THE ACTS OF NINETEEN HUNDRED AND THIRTY-NINE ESTABLISHING A BOARD OF TRUSTEES AT BELMONT HOSPITAL IN THE CITY OF WORCESTER AND PROVIDING FOR THE CORPORATE CONSOLIDATION OF THE MANAGEMENT CONTROL OF THE AFORESAID TWO HOSPITALS UNDER THE AND NAME OF "WORCESTER CITY HOSPITAL".

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:

SECTION 1. Chapter three hundred thirty-nine of the acts of eighteen hundred seventy-one establishing a city hospital in the City of Worcester and chapter two hundred seventy-six of the acts of nineteen hundred and thirty-nine establishing a Board of Trustees at Belmont Hospital in the City of Worcester and defining their powers and duties, are hereby repealed. The respective Boards of the Worcester City Hospital and of the Belmont Hospital are hereby abolished and their offices terminated.

SECTION 2. The Worcester City Hospital incorporated by chapter three hundred thirty-nine of the acts of eighteen hundred seventy-one and the Belmont Hospital heretofore managed and controlled by a Board of Trustees as set forth in chapter two hundred seventy-six of the acts of nineteen hundred and thirty-nine are, by virtue of this act, consolidated and shall hereinafter be known as the "Worcester City Hospital". Such corporate amalgamation of the two hospitals is for the purpose of management and control under a single Board of Trustees as herein provided for. By virtue of this consolidation, neither hospital shall be precluded from serving the general purposes for which they were originally created. They shall continue to render their distinctive medical services. It is intended that under the jurisdiction of the City Manager and the Board of Trustees, a program for added efficiency be developed and maintained.

The City Hospital is established for the reception of persons requiring relief during temporary sickness including pay patients and of such persons settled in the City of Worcester who by misfortune or poverty may require such relief. The other hospital heretofore called Belmont Hospital shall receive and treat persons affected with diseases dangerous to public health and tuberculosis, as defined in General Laws, Chapter one hundred eleven, section ninety-two.

The Board of Trustees in the management and control of the hospital may assign buildings and rooms in the former Belmont Hospital to patients who are not affected with diseases dangerous to the public health. The Board may transfer supplies, facilities, equipment, and the medical personnel in the hospitals heretofore known as the Worcester City Hospital and the Belmont Hospital in such manner and at such time as they may determine.

SECTION 3. A Board of seven trustees is hereby established to manage, control and supervise the Worcester City Hospital as it is now consolidated. The City Manager by virtue of General

Laws, chapter forty-three, is responsible for the administration of the Worcester City Hospital. All of the trustees shall be residents of the City of Worcester. The City Manager upon the effective date of this act shall appoint two members to the Board of Trustees for a term ending January first, nineteen hundred and fifty-four, two members for term ending January first, nineteen hundred and fifty-five and three members for a term ending January first, nineteen hundred and fifty-six. Thereafter, in January of nineteen hundred and fifty-four and in each succeeding January, the City Manager shall appoint for a term of three years such trustees whose terms of service shall have expired. Upon appointment, the trustees shall be sworn to the performance of their duties. Any vacancy in the office shall be filled for the balance of the unexpired term in the same manner as in the original appointment.

SECTION 4. The members of the Board of Trustees shall meet for organization purposes annually not later than the first Monday of February and choose one of their number as chairman and such other officers as they deem necessary. They shall have the power to make such rules and regulations relating to the administration of Worcester City Hospital and its officers and its employees as they deem expedient, subject, however, to the approval of the City Manager. These rules and regulations shall not be inconsistent with law or with any of the provisions of this act.

SECTION 5. The Board of Trustees shall have general management and control of the Worcester City Hospital and all of the branches thereof, which have been, or which may hereinafter be established, together with the buildings and the rooms containing the same and the use of the aforesaid buildings and rooms and the fixtures and furniture, supplies and equipment connected therewith and they shall likewise be responsible for the expenditures of all money appropriated to the Worcester City Hospital. The City Council has enacted a salary ordinance and salary schedules. It affects the salaries of all the employees of the Worcester City Hospitals. These shall remain in full force and effect subject to change only by the Worcester City Council.

SECTION 6. The City Manager shall, with the advice and recommendations of the Board of Trustees, appoint one or two administrators who shall be responsible to the City Manager for the management of the Worcester City Hospital. The City Manager may, however, delegate this responsibility to the Board of Trustees.

SECTION 7. All of the persons now employed at the two hospitals shall, on the effective date of this act, continue to serve in the respective grade and work classification without impairment of their civil service status and shall retain all present rights now given them under chapter thirty-one of the General Laws and such employees shall retain any step increases from the minimum pay of their grade earned during their service at the said hospitals and all as provided for in the salary schedules of the City of Worcester. The aforesaid persons so employed in the hospitals shall retain any and all of their rights and privileges in the contributory and in the non-contributory retirement laws and systems .

SECTION 9. This act shall take full effect upon its acceptance by a vote of the City Council of the City of Worcester at any time prior to December thirty-first, nineteen hundred and fifty-three and subject to the provisions of its charter but not otherwise.

## APPENDIX II Stages of development of the Worcester Public Health department

### Properties Unfit for Human Habitations.....

In 1878 when Worcester's first Board of Health met a matter of concern to that Board was the "number of poor and destitute families occupying basements and cellars that are wholly unfit for habitation. Some 75 years later, the present Worcester Board of Health still concerned with the adverse conditions under which some families live, went on record that "several properties within the city limits are a hazard to life, health and limb, being in a totally decrepit and unsanitary state." The owners are being notified that their properties will be condemned as "unfit for human habitation" unless corrections are made forthwith.

### History of Health Department is Synopsis

The Health Department's history may be divided into four phases, the first a long and expanding phase, the other three comparatively short in which the Health Department has become fully established with services, that have become standard. In greater detail the phases are as follows:

Phase I (Or Board of Health Phase) 1878-1920. During the earlier part of this phase the staff consisted largely of Inspectors in the fields of Sanitation, Milk Inspectors and Plumbing Inspectors. A Laboratory Service utilized mainly in the Control of Communicable Diseases was established during the early years and coincidentally a hospital (Belmont) was established for the care and treatment of cases of Communicable Diseases, namely, Diphtheria, Scarlet Fever, Measles and Tuberculosis. Child Health Services (including Public Health Nursing) particularly directed to the school child were established in 1905-1910 and reached completion with the addition of the Dental Clinics after the First World War. The board of Health of three, during most of the phase, had as its Executive Officer, Mr. James C. Coffey.

Phase II (Or Board of Health and Director of Health Phase.) 1920-1941. On the death of Thomas F. Kenney, who had directed the School Health services so ably was asked to direct the entire department as Director of Health. He was succeeded by Dr. Peter O. Shea.

Phase III ("Advisory Board of Health and Commissioner Phase") 1941-1953. On Dr. Shea's death in 1941 the Department was ripe for further reorganization and appointed Dr. Vlado A. Getting as Worcester's first Commissioner of Public Health (Under Chap. 59, Section 3, Acts of 1941.) The Board of Health of three (with 2 M. D. 's as members) was entirely advisory. Dr. James O. Wails succeeded Dr. Getting while Dr. Alexander Wikow succeeded Dr. Wails in 1948.

Phase IV (Sharing Board of Health Commissioner Phase) 1953-- The present phase started under the Acts of 1953, Chapter 181-Section 1-4 and the essential change was the establishment of a Board of Health of five members, (one of whom needed to be a physician and another a D. M. D.), "to act with and advise" the Commissioner; in other words to share his executive powers and responsibilities. The Commissioner's term was reduced from three to five years.



**APPENDIX III: Worcester City Hospital House Staff**



1902.  
Rear row, left to right: Albert J. Roberts, Frank W. George.  
Front row: Ernest F. Pope, Ernest L. Hunt, Benjamin T. Burley,  
Albert W. Steele.



House Officer Staff 1904  
Worcester City Hospital  
Charles S. Bridgham, Frank L. Magune, William H. Walker, George E. Deering, W. Russell MacAusland, Phillip H. Cook.

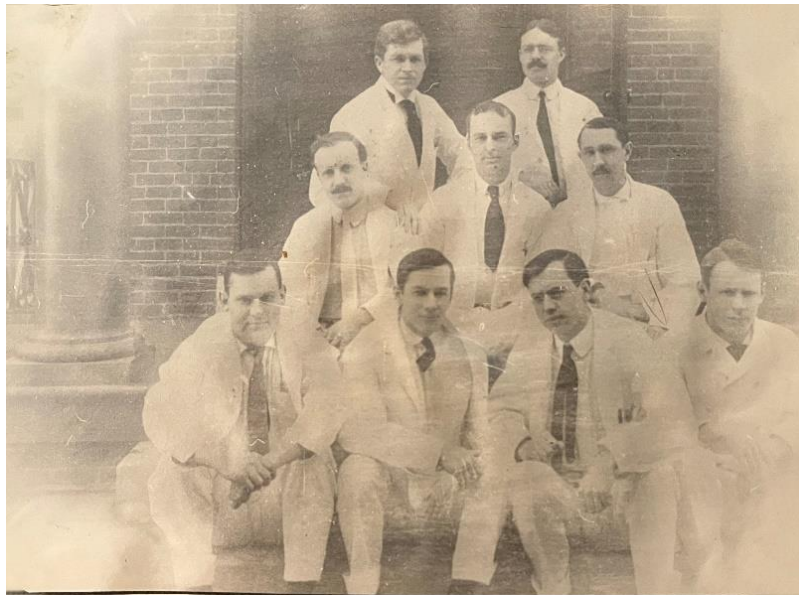


Worcester City Hospital House Officer Staff - 1906

Rear row, left to right: George B. Fenwick, Alfred W. Southgate.

Middle row: F. Leon Gage, Herbert W. Ellam, Edward R. Bigelow.

Front row: Walter L. Perry, Clarence O. Coburn.



1907.

Rear row, left to right: George W. Holmes, Lucius B. Pond.

Middle row: Gilman L. Chase, F. Leon Gage, Alfred W. Southgate.

Front row: John H. Manning, Park R. Hoyt, Clarence o. Coburn, Carl E. Richardson.



1908.

Rear row, left to right: Sherman Perry, Hjorleifur T. Krist, Arthur W. Carr, Clarence G. Lane.  
Middle row: Arthur S. Fletcher, Walter H. Young, Edward A. Bullard.  
Front row: Forrest L. Leland, Harold W. Hersey, Edward B. Baker.



1909.

Rear row, left to right: Henning V. Hendricks, John H. Woodruff, Edward B. Baker, Arthur H. Boyden.  
Middle row: Harold W. Hersey, Clarence G. Lane, Forrest L. Leland.  
Front row: Arthur O. Reebel, Herbert F. Gerald, Alexander J. McRae.



1910.  
Rear row, left to right: Claudius J. Byrne, George P. Corcoran,  
Thomas E. Reilly, Gilbert W. Haigh.  
Middle row: Otis F. Simonds, Artur O. Reebel, Herbert F. Gerald.  
Front row: George F. Bowers, Serafin M. Loredo.



1911.  
Rear row, left to right: Charles E. Ayers, George A. Buckley,  
Charles R. Abbott, Edmund J. Daley.  
Middle row: George C. Lincoln, Serafin M. Loredo, Ralph S. Perkins.  
Front row: Daniel C. Brennan, William D. Sproat.



1914.  
Rear row, left to right: William F. Holzer, John F. Curran, Harold  
A. Chamberling, Edward B. Simmons.  
Front row: Henry G. Armitage, Arthur O. McLaughlin, Daniel C.  
Brennan, Samuel C. Gwynne, Jeremiah A. Greene.

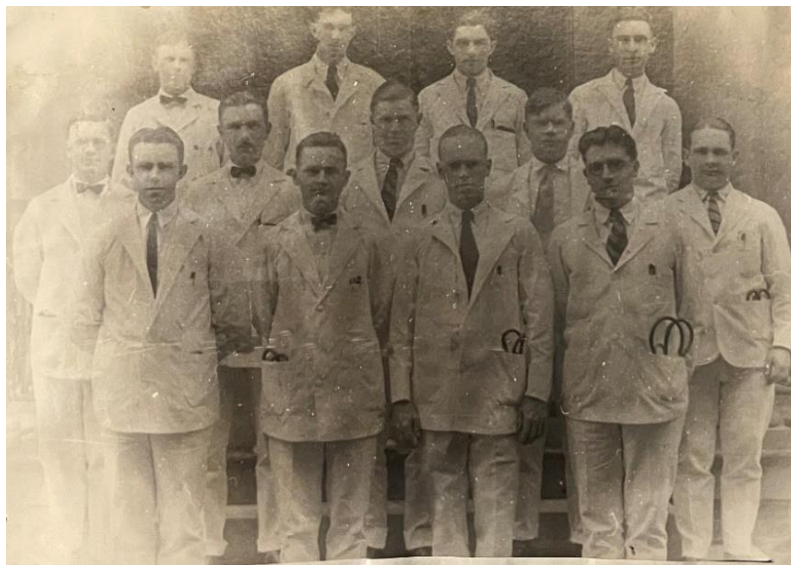


1915.  
Rear row, left to right: Leroy A. Woodward, Benjamin F. Andrews,  
Irving W. Fraim, Ernest E. Smith.  
Front row: Albert O. Raymond, James H. Erlenbach, Arthur W.  
Burnham, Roger O. Schofield, Charles W. Kinghorn.





1922.  
Rear row, left to right: Franklyn P. Bousquet, Winthrop P. Harrington, William N. Lannigan, George F. Caldicott.  
Front row: Alvord G. Nichols, Kenneth Rice, Thomas F. O'Brien, James A. Thompson.



1923.  
Rear row, left to right: Allen W. Locke, T. Lloyd Roberson, John J. Curley, William L. Kelliher.  
Middle row: Basil E. Barton, James A. Givan, James E. Coleman, Alvin R. Moses, Earle E. Fipphen.  
Front row: William N. Lannigan, Alvord G. Nichols, Winthrop W. Harrington, Franklyn P. Bousquet.



1924.  
Rear row, left to right: Richard T. Ergenbright, Ambrose J. Connelly.  
Third row: Theodore M. Stevens, T. Roland Ekvall, Harold V. Williams.  
Second row: A. Palmer Benedict, T. Llyod Roberson, James E. Coleman,  
James L. Simmons.  
Front row: James G. Burisch, James A. Givan, Basil E. Barton, William  
L. Kelliher, Maurice M. Philbrick.



1926.  
Rear row, left to right: Marshall Colcord, Charles R. Weaver, Dorrence  
Cowles, Allen W. Margold.  
Middle row: William A. Runkle, Alphonse B. Cardi, William C. Inman, Paul  
Youngberg, Edward M. Cook.  
Front row: Maurice M. Philbrick, Raymond H. Goodale, Carlton C. Smith,  
Ambrose J. Connelly, Wilfred C. MacDonald, John T. Jenkin.





1927.

Rear row, left to right: Carl R. Friborg, Russell Draper, Percy A. Brooke.  
 Middle row: Lawrence R. Dame, George W. Ballantyne, Clarence C. Peaslee,  
 Clifford F. Danforth, Charles E. Dumas, Robert G. Reynolds.  
 Front row: Maurice M. Tolman, William H. Swift, John B. Kelley, Harry N.  
 Kelley, Cecil C. McLaughlin, Haskell Talmo, Eske Windsberg, John W. McKoan.



1931.

Rear row, left to right: John B. Temple, Foster L. Vibber, Walter J.  
 Allegree, George C. Tully.  
 Middle row: Sanfrey M. Lilyestrom, Thomas Hunter, Irving L. Silverman,  
 Clyde E. Cox, William J. Dahill.  
 Front row: Alton B. Skelton, Edward J. Crane, Joseph Tartakoff, Frederick  
 Djerf, Ruppert A. Chittick, Lawrence F. Burke.



1933.  
 Rear row, left to right: Paul F. Bergin, Anthony Kohn, Joseph A. Lundy.  
 Middle row: Arthur C. Murray, George C. Erickson, Ernest H. Joy, John L.  
 Siemen, A. Walter Ciani.  
 Front row: John A. Maroney, Mitchell J. Zadwosny, Joseph Gugenberger,  
 Robert J. O'Doherty, Jerome J. Cohen, Edward J. McHugh, George C. Tully.



1935.  
 Rear row, left to right: George R. Eckert, Medical Student, John W.  
 Ervin, Smith G. Phillips, William R. Hill.  
 Middle row: Harry L. Dey, Joseph H. Giesen, George C. Erickson, Ernest  
 E. Wiesner, Lloyd H. Berrie, Antonio A. Matarese.  
 Front row: Lucius S. Nye, Duane E. Talcott, Paul F. Bergin, Joseph A.  
 Lundy, Arthur A. Thibodeau, Raymond F. Sullivan, Harry C. East.



1936.

Rear row, left to right: Joseph H. Giesen, Valdo A. Getting, Arthur Stern, George C. Erickson, Edmund J. Croce, John E. Smith.  
 Middle row: Knowlton D. Stone, Eugene D. Simmons, George R. Dunlop, Joseph M. Baker, Harry L. Day, Francis J. West, Leo F. Armhein.  
 Front row: Smith G. Philips, Leo J. McDermott, Ernest E. Wiesner, B. John Kiniry, Henry A. Campbell, Francis H. Carr.



1939.

Rear row, left to right: Samuel B. Wylie, Arthur H. Pearson, William T. Carlton, Merrill L. Welcker, Theodore A. Rice.  
 Middle row: Philip W. Harrington, Thomas G. Cogswell, Eugene E. Gormley, Michael Crofoot, Wilfred C. MacDonald, John E. Dee, Robert D. Cox, Edward T. Driscoll, Raymond F. Higgins, Arthur D. Ward, John H. Meany.  
 Front row: Lincoln Lebeaux, Edward J. Fairbanks, Arthur K. Haddad, B. John Kiniry, Charles Djerf, Paul Ducharme, Herbert T. Clough.



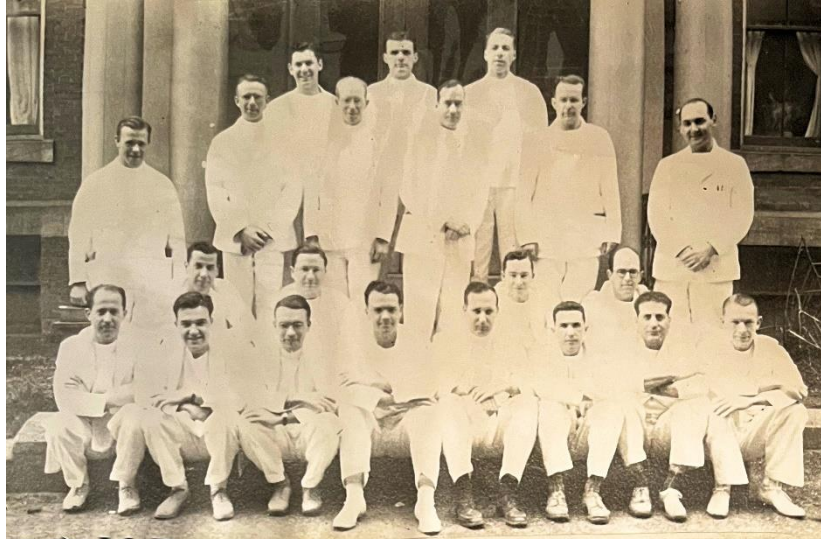
1941.

Rear row, left to right, standing: Fred W. Thyng, Edward P. Moran, Leo Berg, Arthur G. Richer, F. Clay Robinson, Richard H. Dennis, William F. Ryan, Warren H. Eddy, Abraham E. Nizel, Joseph D. Bergin, John D. Rice. Middle row, seated: Robert A. Hayes, Charles Rust, John A. Quigley, Daniel J. Reagan, Merrill L. Welcker. Front row: William T. Carlton, John H. Meany, John E. Dee, Elwood O. Horne, Clarence B. Foster, Robert D. Salomon, Thomas G. Cogswell.



1942.

Rear row, left to right, standing: F. Clay Robinson, John J. O'Day, Thomas Walker, Paul Colokathis, Robert B. DeLong, Louis Abdu, John J. McNeil, Thomas A. Glennon, William F. Ryan, Warren H. Eddy. Middle row, seated: Henry L. Pratt, Erving D. Hardy, John C. Bentley, Alfred Kant, Gordon Robertson. Front row: Albert E. Hall, John E. Dee, James P. Mallowney, Joseph D. Bergin, John H. Meany, Chester D. Brown, Franklin K. Fite.



1943.

First row, left to right: John A. Davidson, Phillipe W. Ouellette, James T. Blodgett, F. Clay Robinson, Chester D. Brown, John J. McNeil, Louis Abdu, S. A. den Guild.

Second row: James H. Masterson, Frank D. Berry, Frank L. Berry, E. Porter Jewett, Philip S. Butler, Philip M. Kramer.

Third row: Frank E. Woodruff, James E. Woodruff, Frederick J. McCready, George E. Deering.

Fourth row: Jason R. Lewis, M. Leroy Barry, George L. Cushman.



1944.

First row, left to right: Henry G. Armitage, Horace S. Bell, John A. Davidson, Robert D. Salomon, Chester D. Brown, Frederick J. McCready, George E. Deering, Eugene J. Balcanoff.

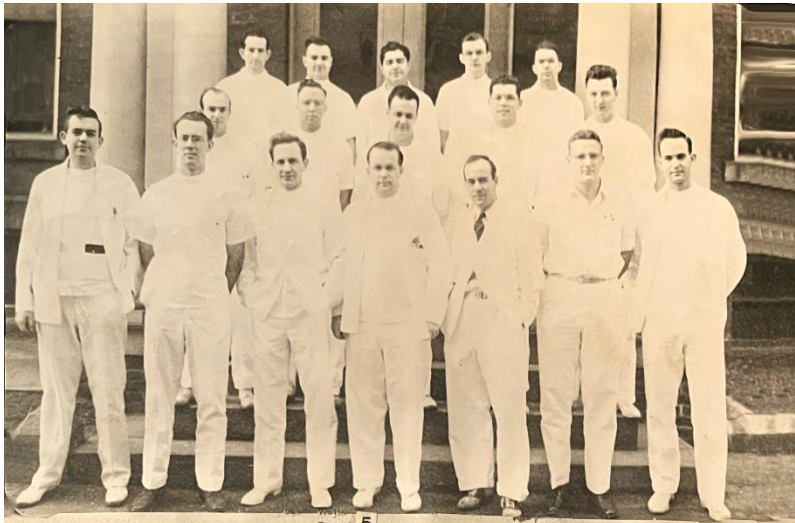
Second row: Philip A. Archambault, Samuel J. Perrone, Ingalls H. Simmons, Leo G. LaPalme, John T. Hunter.

Third row: Howard L. Leary, John J. Doyle, Thomas B. Daniels, Clark Streeter.



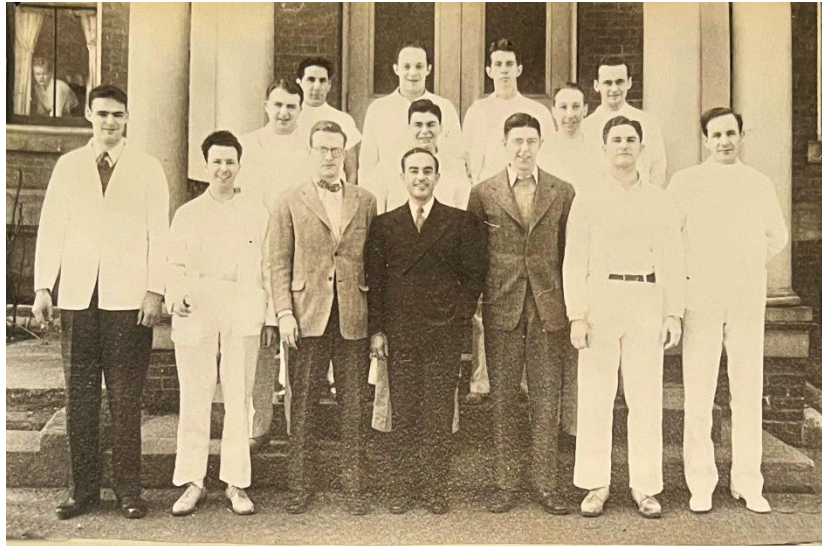
1944.

First row, left to right: Howard W. Leary, Albert H. Fregosi, Samuel J. Perrone, Clark Streeter.  
Second row: Ingalls H. Simmons, John J. Doyle, Thomas B. Daniels, Philip A. Archambault.



1945

Front row, left to right: Willard G. Rice, Edmund N. Kudarauskas, Eugene J. Balcanoff, George E. Deering, Frederick J. McCready, Robert I. Hinkley, George V. West.  
Second row: Franklin V. Sterling, Frank L. Berry, George L. Carroll, Richard E. Hunter, John F. Curran, Jr.  
Third row: William W. Shacklett, Glenn E. Lembert, Anthony Varjarbedian, Luther W. Euber, Harvey C. Pauley, Jr.

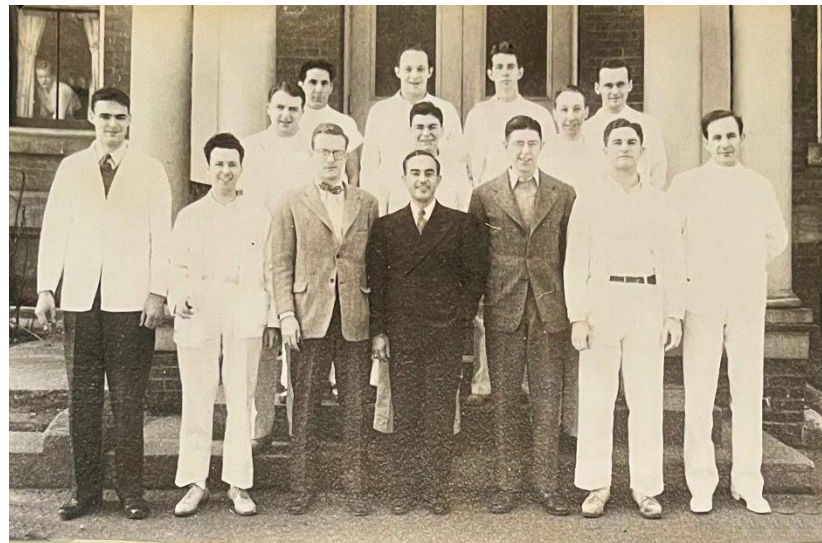


1946.

First row, left to right: Dwight P. Brigham, Daniel H. Callahan, Carl W. Johnson, Morton Bennett, Joseph H. Hanson, Eliot Young, Eugene J. Balcanoff.

Second row: James W. Dykens, Harold S. Rubin, Russell Sandberg.

Third row: William L. Wood, Edward F. Kilroy, Robert M. Johnson, Dale R. Dickens

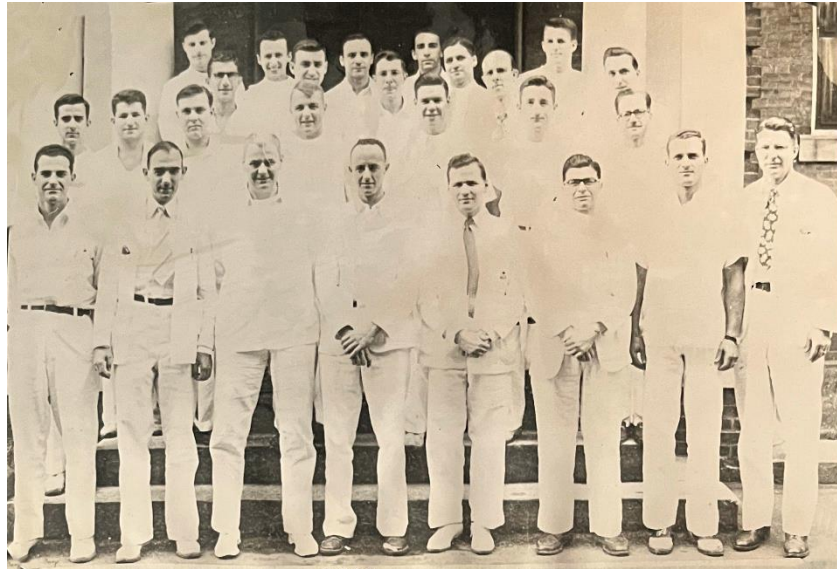


1946.

First row, left to right: Dwight P. Brigham, Daniel H. Callahan, Carl W. Johnson, Morton Bennett, Joseph H. Hanson, Eliot Young, Eugene J. Balcanoff.

Second row: James W. Dykens, Harold S. Rubin, Russell Sandberg.

Third row: William L. Wood, Edward F. Kilroy, Robert M. Johnson, Dale R. Dickens



1948.

Front row, left to right: Felix G. Cataldo, Paul J. Gardner, John W. Henderson, William F. MacGillivray, Merle S. Bacastow, Harold S. Rubin, Robert J. Silkman, Frank A. Slesinski.  
 Second row: Hamilton B. Wood, Wilfrid Rokowski, Francis H. Earthrowl, Bradford S. Colwell, Edward L. Cashman, Wallace W. Turner.  
 Third row: Joseph Siegal, Bernard B. Stone, James L. Guillette, Joseph M. Corcoran, Earl W. Rice.  
 Fourth row: Merle Ingraham, Robert F. Kelley, Daniel G. Calenda, Health D. Bourden, Anthony T. Carrellas, Harry G. Tapp.



1951.

Front row, left to right: Earl W. Rice, Robert F. Kelley, Joseph L. Cafarella, William B. Garvey, Sidney M. Pond, George H. Stevens, Thomas H. Tracy, Merle Ingraham, Maxwell E. Hagedorn, Francis H. Earthrowl.  
 Second row: William J. Dwyer, Edmund F. Rewinski, Roger J. Robert, Anthony T. Carrellas, Paul V. O'Leary, John L. Bianchi, Gimel Ortega, Edward L. Cashman, Jean Webster.  
 Third row: Cyprus J. Paskevich, John J. Foley, Robert J. Silkman, John W. Henderson, Victor DiDomenico, Daniel G. Calenda, Harry G. Tapp, Francis A. White.