House Call

A publication of the Medical Heritage Center at The Ohio State University

FROM THE MHC ARCHIVES:



Ohio Tuberculosis Hospital, later Means Hall

THE MHC MISSION:

The Medical Heritage Center preserves, promotes, teaches and celebrates the health care legacy of central Ohio as the essential foundation from which the future of the health sciences is born.

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Note from the Curator

By Judith A. Wiener, MA, MLIS We are happy to announce that the Medical Heritage Center Advisory Committee has approved our 2016-2017 scholars for our Scholar-in-Residence Program.

Our 2016-2017 MHC Scholars-in-Residence are:



Dr. Susan Lawrence. Dr. Lawrence is a medical historian who is an Associate Professor in the OSU Department of History. An Affiliated Scholar of the MHC, she will be working with the MHC collections this summer and one of her current areas of research includes the concept of privacy in medicine. She was the 2016 Warren Lecturer and presented material from

her recent book, *Privacy and the Past: Research, Law, Archives, Ethics* (Rutgers, 2016).



Dr. George Paulson. Dr. Paulson is an emeritus professor of Neurology at OSU and is currently working on publishing a book about the medical care of U.S. Presidents. He will be presenting his research at the MHC Fall lecture. Stay tuned for further details. In addition, Dr. Paulson has also written frequently about topics in central Ohio medical history, such a Plan article featured in this issue

as the Practice Plan article featured in this issue.



Dr. Robert Stevenson. Dr. Stevenson is a part-time faculty member of the OSU College of Dentistry, has a private prosthodontics practice, and publishes in the areas of dental and OSU athletic history. He worked extensively on the 125th Anniversary of the OSU College of Dentistry last year and

is currently working on several dental history publication and presentation projects. You can view the 125th Anniversary lecture he gave at the MHC in 2015 at: http://go.osu.edu/stevenson125

The Medical Heritage Center Scholar-in-Residence Program allows a scholar to spend time within the Center to use our resources in order to research and publish in the field of health sciences history. Scholars are renewed or appointed annually by the MHC Advisory Committee.

More information about the Program, including a partial list of publications that have been supported by the Program can be viewed on our website at: http://go.osu.edu/mhcscholars



Introduction to Practice Plans for the Academic Medical Centers

By George Paulson, MD

Was the "Practice Plan Battle" actually the Vietnam for OSU Medical Center? Not really, of course, but the evolution in the management of medical practice took time and it was difficult. Dr. Ronald Berggren, former chair and a national leader in plastic surgery,



Dr. Thomas Williams, vascular surgeon, and still an active member of the surgical department, and Dr. George Paulson, currently a Scholar-in-Residence at the Medical Heritage Center (MHC) shared memories of those days.

Among the better sources of data regarding the evolution toward a unified practice plan are the historical summaries in University Archives of the "Eras" of Presidents Enarson, Jennings, Kirwin, and Gee. During the presidency of Fawcett, years earlier, there was already discussion of the need to clarify policy regarding practice at OSU Hospitals. Remember that the medical school had been on probation for 15 years around the time of World War II. The University had the county contract to treat indigent patients. However there were very few physicians on a full time basis at the hospital, and thus the administration deliberately recruited community physicians to teach and join the staff at OSU Hospitals. The salaries were very low and practice was encouraged.

In 1964, and again in 1971, plans were floated to assure that the physicians, not the state or university, paid for the expenses of practice and also contributed to the support of teaching and education. A faculty committee stated in 1971 that proceeds from practice were "the sole property of physicians." Around this time, 1972, the national accreditation agencies pointed out the need for clarity at OSU about physician salaries, and already over 85% of medical schools had a practice plan in place. During the administration of President Harold Enarson (1972-1981) and while Dr. Henry Cramblett was dean, the issue boiled over. Paul Underwood's summary of the Enarson years reports: "...an effort by the Enarson Administration to gain a measure of control over medical affairs resulted in one of the most brutal and most costly power struggles in the university history, involving before it ended, politicians, the public and even the federal courts."



154 physicians who worked at OSU sought the assistance of lawyers, claiming a breach of contract. Also in the early 1970's, 139 on the staff entered a class action suit. Although the overall efforts of administration were not totally successful, by 1979 the issue in large degree had

been left to the departments to assure expenses were covered and support to the medical center as a teaching laboratory was assured. A key figure as evolution continued was Dean Manuel Tzagournis, about whom Chris Perry's summary of the Kirwan years states that he was "...widely loved and admired and considered a healer not only of bodies but also of organizations." Tzagournis appointed a committee chaired by Dr. Grant Morrow of Children's Hospital, and by 1985 all physicians were to report income to the chair, the chair was to report the aggregate to the dean, and the chair was expected to reveal his or her own income to the dean. There was to be a single practice group in every department, all new members of the department had to join the group, and all must contribute for both research and teaching. A modest contribution for the dean's office to use for new initiatives was also approved. Additional changes were inevitable, of course, our institution is dynamic. For example Charles Lazarus and other members of the board insisted there had to be a way to simplify the billing for patients. But the two major concerns had been met, expenses were to be paid out of the income from practice and everyone was to contribute time and money for teaching and research.

But of course there are other national and local changes. Many previously independent groups have joined the staffs of community hospitals, and hospitalists and nurse practitioners may be the immediate contacts for even a very sick patient. Physicians may feel that in order to protect income they need to be linked with the administration of hospitals, perhaps specialty hospitals, recalling a day when physicians built and administered hospitals.

There will be continued evolution in the relationship between departments, practice units, and individuals but we can rejoice that issues about "the Practice Plan" are no longer so painfully derisive.



Practice Plans for the Academic Medical Centers by Ronald Berggren, MD and Thomas Williams, MD

In the late 1960s and into the 1970s there was a movement to establish "practice plans" in the academic medical centers. It began with the gradual development of the full time faculty. This brought to attention that these physicians function in a different milieu than is true for those who practice in the community. In the process of creating space and support for the practice of medicine within the academic centers, and to support other programs in the institutions, planning was necessary to make the relationships accountable to one another.

In most institutions faced with these concerns, the faculty was supportive of the need for changes. Nevertheless there were deep divisions between the individual physicians and/or their departmental organization concerning the organization and control of the systems that were to be instituted.

There was nearly universal agreement, however, that the support systems for the actual practices should be paid by the practitioner, consistent with the actual expenses of the practice. Similarly there was acceptance by the physicians that it was proper to supply contributions from their practices to the programs and goals of the academic centers. The major disagreement was on the organization and control of the programs and of the funds.

When members of the different institutions discussed the issue, there was uniform distaste expressed for what was termed the "Dean's Tax." This "tithe" was to be given to the "Dean" to be used at his or her discretion. Over time the concerns were assuaged, or overcome, by discussion with the parties involved, but not without some lingering resentment. In many cases the final plan was not fully implemented for years. Some individuals were "grandfathered" out of the plan initially, and in a few cases were never fully involved even until retirement.

The Ohio State University College of Medicine debated the issue for almost 20 years and there was at times acrimony and strongly stated disagreements between the University Administration and the physicians. Among the most difficult issues was the question concerning what was the appropriate group of practitioners to negotiate with the administration. Eventually there was agreement at OSU, and the College of Medicine and Medical Center went on to attain greater stature with advances in growth of faculty, clinical care, and research and teaching excellence.

Along with our local growth came changes in the practice of medicine throughout the rest of the country. At that time there was a strong feeling against what was termed the "corporate practice of medicine". Practice plans were looked upon as one more form of depersonalization of medicine. But the economy had changed. Economies of scale and the potential advantages of cooperation became perceived as concepts that could help practitioners. Some specialties saw that group practice made less demands on each individual and when linked together they could share time and information related to patient care, as well as improve their personal life style. Additional sub-specialization became feasible as knowledge and the numbers of specialists in a discipline increased.

Gradually the political and social attitudes have also changed. Technology moved on with innovations in care, including enhanced means to coordinate care. Hospitals have redefined their missions to include outreach into the community. This widens their patient base and increases their referral base. Practice plans were merged with the hospital care networks. Practice administration was carried out by the administration of the network, hopefully freeing up the physicians to do medical care, not billing and collecting. Physician compensation was determined by parameters set by the network. In most cases a portion of the general revenues generated by the work of physicians was diverted into various research activities or into efforts to advance the growth of the network.

The result was that what started in much of the academic world as a Practice Plan has morphed into the Health Networks we have today.



William G. Myers Endowment Supports New Exhibit Cases

By Kristin Rodgers, MLIS

For the first time since our founding in 1997, the Medical Heritage Center has professional archival quality exhibition cases!

What makes an exhibit case archival quality you may be wondering? The answer lies in the materials used in their construction. The top of our cases is an acrylic vitrine with an inert cloth deck that allows minimal air exchange from the outside to the inside of the case (ie. a sealed environment).

Because the dimensions of our new cases do not allow us to display items from our Textile Collection, we have also acquired conservation forms (ie. mannequins) to display our textiles. Like the exhibit cases, the forms are made of inert materials that will not cause any damage to the textile on display.

Both the cases and forms were made possible through the generosity of the William G. Myers Endowment Fund.

Our exhibits are available for viewing on the 5th floor of Prior Hall anytime the building is open (Mondays – Thursdays 7:30am-11:45pm; Fridays 7:30am-7:45pm; Saturdays 10am-5:45pm; and, Sundays Noon-11:45pm).





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Recent Donations (December 11, 2015 – May 9, 2016)

The staff of the Medical Heritage Center would like to acknowledge and thank Drs. George and Ruth Paulson for their generous donation to provide long-term publication support for the House Call newsletter.

Material

Dr. John and Mrs. Marjorie Burnham (books and journals) • Dr. John A. Burns (books) • Dr. Reinhard Gahbauer (books) • OhioHealth Grant Medical Center (papers of James F. Baldwin, MD) • OSUMC Communications and Marketing (books) • Dr. William Pease (artifacts) • Dr. John and Mrs. Carol Robinson (book) • Mr. John F. and Ms. Roxie Lee Underwood (two artifacts) • Dr. Thomas T. Vogel: in memory of Timothy John Kelleher M.B., B.Ch., B.O.A., N.U.I., U.C.C., Marjorie Kennedy Kelleher, Thomas A. Vogel, MD and Charlotte Hozam Vogel, LLB, JD (books, journals, and two artifacts) • Ms. Pamela Wesley: in memory of Dr. Martin Lewis Mansfield (Columbus Medical College class photograph)

Financial

Dr. Susan Benes • Dr. Evan W. Dixon • Dr. Louis Goorey • Mr. Charles E. Hoffhine • Mrs. Karen F. Lane • Dr. Carl V. Leier • Mrs. Frances McNew • Dr. Krzysztof Mrozek • Drs. George and Ruth Paulson (in memory of Mr. Ralph Lach, Mrs. Emily Meckstroth, Ms. Nancy Ross, and Dr. Martha Suchestron) • Dr. John Sauer • Mr. Jack W. Shaffer • Col. Kevin Spillers and Mrs. Lucia Anne Wooley • Mr. Laurence and Dr. Linda Stone (in memory of Ms. Karen Hartker) • Mr. Michael and Mrs. Judith Wiener

For information on how to make a material or financial donation to the MHC, please contact Judith Wiener at judith.wiener@osumc.edu or visit our website at go.osu.edu/mhc

Collection Highlight: Samuel A. Corson, PhD Papers

Spanning 54 linear feet with a date range of 1925 to 1999, the Samuel A. Corson, PhD Papers is one of 158 collections that comprise the MHC archives. Corson's Papers primarily contain information related to his experiments on dogs.

Samuel A. Corson, PhD (December 31, 1909 – January 27, 1998) was known as the father of pet-assisted therapy.

A native of Ukraine who came to Philadelphia as a teenager, Dr. Corson studied physiology at New York University and the University of Pennsylvania, received a doctorate in biophysics at the University of Texas. He later held teaching posts at the University of Minnesota and elsewhere before becoming professor of psychiatry and biophysics at Ohio State in 1960 and establishing his research laboratory there with his second wife, Elizabeth O'Leary Corson, who had been his graduate assistant at Minnesota.

With Mrs. Corson as his lab manager, Dr. Corson immersed himself in research that included applying Pavlovian techniques to study the effects of stress on dogs and gaining so much international recognition, especially in Eastern Europe, where such research was more prevalent than in the United States, that he was forever flying off to address international conferences or serving as host to visiting scientists from abroad.

Dr. Corson published many papers on pet-assisted therapy, including one based on a word-by-word analysis that found that patients spoke significantly more often and responded significantly more quickly to questions once dogs were introduced into therapy sessions.

Although Dr. Corson and his colleagues found that pets were used in psychotherapy as early as the 18th century and that at least one paper was written on the subject in the 1960's, his own research was credited with helping to stimulate a surging new interest in the field.

As a result of his studies and a host of related research by others, dogs and other pets have become commonplace in nursing homes and other such settings.



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©2016 Medical Heritage Center; All rights reserved. Reprints with permission The images below are from the National Library of Medicine travelling exhibit Binding Wounds, Pushing Boundaries: African Americans in Civil War Medicine. The Medical Heritage Center will host this exhibit from September 26 through November 5, 2016.





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