Editors’ Note:

In this issue’s salute to the history of the University of Massachusetts Medical School, we celebrate the achievements of the Library’s Office of Medical History and Archives (OMHA), as well as commemorate the centenary of the birth of Dr. Lamar Soutter (March 9, 1909-October 12, 1996), our founding Dean, who was instrumental in establishing UMMS, and for whom the Medical Library was renamed in 1981.

We are indebted to Elizabeth Soutter Schwarzer (journalist, author of Motherhood Is Not for Wimps, and blogger at damomma.com), for her generous contribution of two personal vignettes and photographs of her famous grandfather that vividly convey his altruistic dedication and warm humanity.

These recollections of Dr. Soutter can be supplemented with the appreciation that appeared in SoutteReview #21 (Fall, 2003):http://library.umassmed.edu/issue21.pdf, as well as by this link to the Library’s permanent exhibit in his honor: http://library.umassmed.edu/soutter/.

We also feature the first of a series on the history of UMMS by our Library’s Ellen S. More, Ph.D., Head, OMHA and Professor, Department of Psychiatry. And we highlight one of the collections now housed in the UMMS Archives, the H. Brownell Wheeler papers, located in the Library’s Rare Book Room, which is under the aegis of the OMHA.

A Tribute to Dr. Lamar Soutter, M.D.

Recently I returned to the UMass Medical Center for the first time since the early 1980s.

It is strange to look at a bustling building—a community—and to know that it was built many years ago by someone gone but still loved.

Walking the halls of the hospital Granddad cared so much about, I thought of what Dr. Brownie Wheeler said in his eulogy: “Lamar Soutter was truly an honorable man, and he recruited honorable men. The character of Dr. Soutter became the character of the whole institution. His values have been carried down over the years by those whom he recruited, and by those later colleagues whom his appointees recruited in their turn.”

It occurred to me that, in a funny way, the school and I are cousins. We have been gifted with the same founding principles from the same person: we are the legacy Lamar Soutter left.

Granddad was born in Boston, March 9, 1909. His mother was Helen Elizabeth Whiteside, whose ancestors included the founders of St. Paul’s School and Wellesley College.

Granddad’s father, Robert Soutter, was the grandson of one of New York City’s first bankers. On the other side, he was the grandson of Gazaway Bugg Lamar, a Savannah confederate who was among the first to denounce slavery and sign a pledge of loyalty to the Union.

(continued on page 2)
These elements of Lamar Soutter’s heritage manifested throughout his life: in his commitment to education; his willingness to take calculated risks, and to lead others in those risks; and his unwavering dedication to speaking the truth, even when it made him unpopular.

I was five or so when Granddad invented the game of “Superman” – whereby my brother Nick and I would lie across the bow of his motorboat, the Vanguard, while Granddad piloted it at top speed through the waters of the Atlantic. We held on tight to the rail, but at the crest of the large waves, our bottom halves were airborne.

“What happens if they fall off?” my mother asked.

“We’ll circle around and pick them up,” he answered. Granddad was very firm about the importance of lifejackets.

This is not the story of a callous grandparent. This is the story of a man with a particular relationship with fear.

Of the legends that follow Granddad, perhaps the most admired is the story of his heroism in the Battle of the Bulge. But I’ve always thought that the retelling of that story has left out the most important part.

In December, 1944, Nazi forces launched a surprise assault on allied lines. The Belgian city of Bastogne became the center of the conflict, held by Americans and surrounded by Nazi elite troops. Ammunition was so low the Americans had been ordered not to fire unless confronted by a strong concentration of the enemy. A thousand soldiers lay dying in a warehouse without medical care.

Lamar Soutter – newly arrived with the American army in Paris — volunteered to parachute behind Nazi lines to treat the wounded. Even if he got into Bastogne, the odds were that the city would be overrun by Hitler’s SS, already infamous for the murder of 140 American prisoners at Malmedy ten days earlier.

The army elected to send Soutter’s team in a glider, an engineless aircraft towed to a drop zone and released to fall, unpowered, to earth. Gliders had a catastrophic failure rate of 1-in-3. Six months earlier, most of the gliders going into Normandy had missed their drop zones entirely.

Lamar Soutter had no training at all and a desperate fear of heights.

Granddad boarded the glider anyway, jettisoning the small flask of whisky he had intended to use to smooth his exit had the original plan of parachuting into Bastogne been implemented.

The landing was successful. Granddad and his team made their way to the warehouse, where he performed 60 operations in two days.

Asked by the Boston Globe in 1984 why he volunteered, Granddad replied, “This was just something we absolutely felt we had to do.”

The comment betrays his thinking: the mission was his obligation, and the fear that came with it was just an emotion. Granddad weighed risk – the probability the glider would go down, the chance that his life would be lost and none saved. Granddad did not weigh fear.

In his eulogy, Dr. Wheeler spoke of the early days of UMass Medical Center, before it was known what a success it would be – when the chance of failure was real. “To those of us who worked there then,” Dr. Wheeler said, “(Dr. Soutter) was an inspiring leader, someone we could rally behind in the pursuit of what we considered a noble, but rather risky and uncertain goal.”

As I consider the founding of the school – its unpopularity within the medical community; the way the budget was held hostage to national politics; the sheer, improbable scope of it—I know Granddad was afraid. It might have been a notorious end to a good career.

He did it anyway—

Because he believed so passionately in the need for excellent, affordable medical education;
Because without him it would not happen;
Because it was the right thing to do.

Recently my two-year-old, 35-pound daughter Kareenna trotted her pony in a local horse show. As she went tearing by—her helmet bouncing down over her eyes so that nothing of her was visible but a ridiculous grin and the tiniest pair of jodhpurs known to man—a bystander said, “She's going to fall off!” The criticism was unspoken: what crazy mother would let a baby trot a horse? The kind of mother raised with the idea that anything worth doing carries risk. Kareenna was there not just because she is my daughter, but also because Lamar Soutter was her great-grandfather.

People are not forever, but values can be. I watch UMass Med – my edificial cousin – with great interest. While the number of people here who knew Lamar Soutter diminishes every year, I have to believe that their legacy and his continue to grow together.

My hope is that when the school marks its own centennial—some 60 years from now—the people who make up its community will still hold to the principles of integrity, service, and education. I hope they will know how to take risks in the pursuit of things that really matter.

—ES
How New England Tried to Increase the Number of Homegrown Medical Students—and Failed.
Or, Why Massachusetts and Connecticut Built Their Own Schools

Many of you already know that UMass Medical School has established its own institutional Archives, housed in the Rare Book Room, a part of the Lamar Soutter Library. As you will read in Jeff Long’s interview with Information Literacy/Special Collections Librarian Kris Reinhard, the Archives has already acquired some rich and fascinating collections. With this short article, I’ll be introducing the first in a series of occasional pieces describing some of the revealing (and sometimes downright odd) material contained in those collections and related materials. Such records are crucial to restoring and preserving our institutional memory, heightening our understanding of the evolution of our health science center in the years since it was chartered by the state in 1962.

In 2008, UMass Med expanded the size of its entering class for the first time in decades, a response to a widespread call for more physicians, especially those dedicated to primary care. This was not the first time such a call was raised in Massachusetts or the nation. In the decade after World War II, in fact, the projected shortfall of physicians to care for an aging—and growing—population was a subject of intense concern to the federal government, the AMA, and the AAMC, as well as to average Americans unable to find a family doctor. In response to the perceived crisis in health “manpower,” the New England states were empowered by Congress in 1956 to create the New England Board of Higher Education (NEBHE).

Its first task was to assess the region’s production of physicians and dentists. To no one’s surprise, the region was found wanting in the number of its young men and women who went to medical school. In the words of a Board report of 1957, “Fewer New England students study medicine in proportion to its population than students from the country as a whole...Because we use more doctors than the national average...we must import them in sizable numbers from the rest of the country.” Yet, the Report continued, given the nation’s future demand for physicians, “Certainly many more young men and women will be competing for admission to medical schools. However, those schools supported by state and municipal funds will logically feel that their first responsibility is to students from their own area...”

The NEBHE thus proposed that each New England state agree to spend $2500 for each local medical student who enrolled in one of the region’s medical schools—public or private—beyond the number enrolled in 1956. For a moderate investment, the region might increase its medical graduates by the same number as if they had built a new school. Yet, when the Board examined the results of its plan three years later, despite the fact that every state but Connecticut had agreed to participate, the figures revealed a sorry story. The numbers had not improved. In fact, they had declined by 12.3%. Only the University of Vermont had kept its part of the bargain. Other New England schools, notably Harvard, Boston University, and Tufts, had actually reduced the number of students admitted from New England, recruiting instead from the increasing number of students applying from across the United States.

In the face of these results, the Board changed its tune. In 1959, it recommended: “That Massachusetts and Connecticut extend their programs of publicly supported higher education by establishing medical and dental schools.” Within three months of this report, the AAMC received “serious” inquiries from both these states about creating a new medical school. From 1960, when the UMass system president J. W. Lederle took office, a campaign for a new, four-year, state-supported medical school began in earnest.1

More to come in future issues....

—EM

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ulty member of UMMS and, as founding Chair of Surgery and Lamar Soutter's right-hand man, he played an integral role in establishing the medical school. He also was instrumental in building a highly regarded surgical residency program. Dr. Wheeler was involved in many aspects of founding the medical school and chaired committees responsible for issues ranging from faculty recruitment to educational policies and institutional by-laws. His dedicated service to UMMS earned him the University Medal for Outstanding Service in 1984. In addition to being a respected vascular surgeon, educator, scientist, and administrator, Dr. Wheeler was deeply interested in the medical humanities, including the history of medicine, and was selected as the prestigious Centennial Shattuck Lecturer by the Massachusetts Medical Society in 1990. His concern for patient care extended to the treatment of patients at the end of life. When he retired from surgical practice, Dr. Wheeler devoted his time to this issue and helped to establish an elective course on end-of-life care. His papers help illustrate his role in the development of UMMS and give us a first-hand glimpse of the way in which the school evolved from its beginnings, housed in the H.E. Shaw building, to the education and research institution it is today.

SR: What are the nature and scope of this collection? Does it include any non-manuscript oral history material (i.e. sound or video recordings)? Other realia? Does the Wheeler collection include any materials that pertain to his career or life before or after his lengthy and distinguished tenure here at UMMS? About how many shelf feet does it occupy?

KR: The H. Brownell Wheeler Papers document Dr. Wheeler's professional career at UMMS as well as his role in the early history of the institution. The collection consists of Dr. Wheeler's papers, as well as many photographs, slides, negatives, videotapes, audio cassettes, books, artifacts, and oral history recordings. His papers alone occupy approximately 32 linear feet of shelf space in the Archives. There are also 3 boxes (14” x 11” x 3”) that house photographs, an album containing approximately 600 slides, approximately 30 videotapes, and more than 50 books. Moreover, we have a 26” x 22” color portrait of Dr. Wheeler, which was painted in 1979. Most of the collection relates to Dr. Wheeler's professional life at UMMS. In addition, there is quite a bit of material associated with the end-of-life issues on which he focused after he left surgical practice.

SR: Were these items donated entirely by Dr. Wheeler, or have there been additional sources?

KR: The materials have been donated by Dr. Wheeler.

SR: Are there any particular items in this collection that you think others would find particularly interesting or surprising?

KR: The documents pertaining to all aspects of planning the school, from the facilities to the curriculum and policies are interesting when one realizes that less than 50 years ago this was a large field used as a farm by Worcester State Hospital. Looking through the documents, one gets a sense of the determination and excitement that those involved in the early years of the school must have felt. It's fascinating to think how far UMMS has come in a relatively short time.

SR: Have you had to take any unusual measures to preserve, repair, or otherwise restore the physical integrity of any items in the collection?

KR: Most of the items in the collection were in good shape, but measures have been taken to ensure they remain that way for the future. Newspaper clippings have been photocopied onto acid-free paper, photographs have been encased in polyester photo sleeves, and all the documents have been placed in acid-free folders within acid-free boxes.

SR: Is there anything else you'd like our readers to know about this collection? Are there perhaps further extant items relating to Dr. Wheeler's legacy at our campus that you are seeking?

KR: This is a rich collection that will assist researchers with various interests. By using the collection's finding aid, researchers will be able to access materials relating to Dr. Wheeler's professional career, the history of UMMS, vascular surgery, medical humanism, and end-of-life issues.

Note: A finding aid providing descriptive information about the collection will be available on the Office of Medical History and Archives page of the Library's website on March 9. Researchers can access this or other archival holdings by contacting Kristine Reinhard at Kristine.reinhard@umassmed.edu or 508-856-2204 or Ellen More at ellen.more@umassmed.edu or 508-856-6733. A minimum of one day's notice is required.
The Lamar Soutter Library’s Office of Medical History and Archives (OMHA) has also been active in supporting teaching to highlight the history of UMMS and the history of American medicine and health care. Beginning in the Fall of 2007 and continuing into the present, OMHA has collaborated with the Department of Medicine to offer a student-faculty seminar titled “History of Medicine” as an Optional Enrichment elective. The course was originally created by Ellen More, Ph.D. (Medical History/Psychiatry and Head of OMHA), Richard Glew, M.D. (Infectious Disease), and Thomas Cropley, M.D. (formerly, Dermatology), and is now taught by Drs. More and Glew.

“History of Medicine” is intended to help students incorporate knowledge of the history of the medical profession into their own professional identity formation. Thus, a primary objective of the course is to help students acquire a deeper understanding of the historical context regarding the pressing issues of today’s health care system, and to gain needed perspective on the social, professional, and moral climate in which they will be practicing. A secondary objective is to foster an open learning environment in which students of any year (first through fourth) and faculty will participate in small-group discussion collaboratively and jointly to create a collegial learning environment.

Research topics, frequently researched and presented by teams of students, have included histories of the public health responses to syphilis, malaria control in India, the history of diabetes, the microscope in laboratory medicine, advice to mothers on the newborn, maternal-child health in Guatemala, the principles of medicine in the Ancient world, polio and President FDR, and others. One of the unusual features of the course is its availability to students in all four years. Residents, fellows, and faculty are also welcome to participate. The course meets for six sessions during the fall semester, usually on Tuesdays, from 5:00 to 6:30, in the Library’s Rare Book Room.

Dr. More also collaborates with faculty in the Psychiatry Department to offer a seminar series for Psychiatry Residents, tracing important issues in the history of psychiatry. In its first offering in Spring 2007, Professor Sheldon Benjamin, M.D., with collaborators Jeffrey Geller, M.D., and Dr. More, used the history of Worcester State Hospital as a theme for several classes. The faculty team also has utilized iconic films from the history of Psychiatry, such as Titicut Follies and One Flew Over the Cuckoo’s Nest, to spark discussion of the evolution of public psychiatry, forensic psychiatry, and the emergence of experimental therapies, for good and ill, during the past century.

Both courses have been well-received and will continue to be offered regularly to enhance the UMMS curriculum.

For more information on these courses, please contact Ellen More at Ellen.More@umassmed.edu.

—BI

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More Memories of Dr. Soutter from His Granddaughter

I remember Granddad’s telling of his blood bank involvement with the aftermath of the Cocoanut Grove inferno. [Editor’s Note: The Cocoanut Grove was a Boston nightclub that burned down on November 28, 1942, killing 492 and injuring hundreds more.] He had refused to thaw plasma for a crisis a month before, and that was the reason they had enough available that night. In my young history, this was a famous parable: never use reserves unless you absolutely have no choice.

My favorite blood bank story of his always makes me weep. The day Pearl Harbor was bombed, people ran to donor centers to give blood for the wounded. An elderly woman stood in line all day, but was declined because of her age. She appealed directly to Granddad. Her grandson was on the Arizona, she said. This was all she could do for him.

Granddad set her up on a gurney and they took a pint of blood. They made her rest for an hour. But when she walked out, she fainted on her way to the elevator. They hustled her back in, and while she was still unconscious, Granddad put the pint of blood back into her, hiding the evidence before she came around.

She waited another hour before leaving, secure in the notion that she had done her bit for the effort. His great gentleness and compassion were what I loved best about him.

—ES
New Web Exhibit Launched


The content of the site, written by Dr. Ellen More, with research assistance from Dr. Heather-Lyn Haley, uses archival documents, photos, and oral history interviews to explain the challenges of bringing Family Medicine to an academic health center.

Designed by Robert Vander Hart, the site includes audio clips, digitized documents, and a bibliography.

—JP

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